STATE OF SOUTH DAKOTA DEPARTMENT OF SOCIAL SERVICES OUTPATIENT PROSPECTIVE PAYMENT SYSTEM [SD DSS OPPS]

EXCEPTION CODES LIST

EFFECTIVE JULY 1, 2016

UPDATED BASED ON THIRD QUARTER 2016 CMS OCE CHANGES

						07/25/2016
CODE	**DESCRIPTION**	**CMS PSI**	**SD DSS PSI**	**COVERED WITH FEE**	**COVERED PAID PCT OF CHARGE**	**DENIED AND PAID ZERO**
0019T	EXTRACORP SHOCK WV TX MS NOS	A	E			X
0042T	CT PERFUSION W/CONTRAST CBF	N	E			X
0071T	US LEIOMYOMATA ABLATE <200	T	E			X
0072T	US LEIOMYOMATA ABLATE >200	T	E			X
0100T	PROSTH RETINA RECEIVE&GEN	T	E			X
0101T	EXTRACORP SHOCKWV TX HI ENRG	T	E			X
0102T	EXTRACORP SHOCKWV TX ANESTH	T	E			X
0106T	TOUCH QUANT SENSORY TEST	Q1	E			X
0107T	VIBRATE QUANT SENSORY TEST	Q1	E			X
0108T	COOL QUANT SENSORY TEST	Q1	E			X
0109T	HEAT QUANT SENSORY TEST	Q1	E			X
0110T	NOS QUANT SENSORY TEST	Q1	E			X
0111T	RBC MEMBRANES FATTY ACIDS	A	E			X
0126T	CHD RISK IMT STUDY	Q1	E			X
0159T	CAD BREAST MRI	N	E			X
0171T	LUMBAR SPINE PROCES DISTRACT	J1	E			X
0172T	LUMBAR SPINE PROCESS ADDL	N	E			X
0174T	CAD CXR WITH INTERP	N	E			X
0175T	CAD CXR REMOTE	N	E			X
0184T	EXC RECTAL TUMOR ENDOSCOPIC	J1	E			X
0190T	PLACE INTRAOC RADIATION SRC	N	E			X
0198T	OCULAR BLOOD FLOW MEASURE	Q1	E			X
0200T	PERQ SACRAL AUGMT UNILAT INJ	T	E			X
0201T	PERQ SACRAL AUGMT BILAT INJ	T	E			X
0205T	INIRS EACH VESSEL ADD-ON	N	E			X
0206T	CPTR DBS ALYS CAR ELEC DTA	Q1	E			X
0207T	CLEAR EYELID GLAND W/HEAT	Q1	E			X
0208T	AUDIOMETRY AIR ONLY	Q1	E			X

STATE OF SOUTH DAKOTA DEPARTMENT OF SOCIAL SERVICES OUTPATIENT PROSPECTIVE PAYMENT SYSTEM [SD DSS OPPS]

EXCEPTION CODES LIST

EFFECTIVE JULY 1, 2016

UPDATED BASED ON THIRD QUARTER 2016 CMS OCE CHANGES

						07/25/2016
CODE	**DESCRIPTION**	**CMS PSI**	**SD DSS PSI**	**COVERED WITH FEE**	**COVERED PAID PCT OF CHARGE**	**DENIED AND PAID ZERO**
0209T	AUDIOMETRY AIR & BONE	Q1	E			X
0210T	SPEECH AUDIOMETRY THRESHOLD	Q1	E			X
0211T	SPEECH AUDIOM THRESH & RECOG	Q1	E			X
0212T	COMPRE AUDIOMETRY EVALUATION	Q1	E			X
0213T	NJX PARAVERT W/US CER/THOR	T	E			X
0214T	NJX PARAVERT W/US CER/THOR	N	E			X
0215T	NJX PARAVERT W/US CER/THOR	N	E			X
0216T	NJX PARAVERT W/US LUMB/SAC	T	E			X
0217T	NJX PARAVERT W/US LUMB/SAC	N	E			X
0218T	NJX PARAVERT W/US LUMB/SAC	N	E			X
0221T	PLMT POST FACET IMPLT LUMB	T	E			X
0222T	PLMT POST FACET IMPLT ADDL	N	E			X
0232T	NJX PLATELET PLASMA	Q1	E			X
0302T	ICAR ISCHM MNTRNG SYS COMPL	J1	E			X
0303T	ICAR ISCHM MNTRNG SYS ELTRD	J1	E			X
0304T	ICAR ISCHM MNTRNG SYS DEVICE	J1	E			X
0305T	ICAR ISCHM MNTRNG PRGRM EVAL	Q1	E			X
0306T	ICAR ISCHM MNTR INTERR EVAL	Q1	E			X
0307T	RMVL ICAR ISCHM MNTRNG DVCE	Q2	E			X
0308T	INSJ OCULAR TELESCOPE PROSTH	J1	E			X
0310T	MOTOR FUNCTION MAPPING NTMS	S	E			X
0312T	LAPS IMPLTJ NSTIM VAGUS	J1	E			X
0313T	LAPS RMVL NSTIM ARRAY VAGUS	T	E			X
0314T	LAPS RMVL VGL ARRY&PLS GEN	Q2	E			X
0315T	RMVL VAGUS NERVE PLS GEN	Q2	E			X
0316T	REPLC VAGUS NERVE PLS GEN	J1	E			X
0317T	ELEC ALYS VAGUS NRV PLS GEN	Q1	E			X
0330T	TEAR FILM IMG UNI/BI W/I&R	Q1	E			X

STATE OF SOUTH DAKOTA DEPARTMENT OF SOCIAL SERVICES OUTPATIENT PROSPECTIVE PAYMENT SYSTEM [SD DSS OPPS]

EXCEPTION CODES LIST

EFFECTIVE JULY 1, 2016

UPDATED BASED ON THIRD QUARTER 2016 CMS OCE CHANGES

						07/25/2016
CODE	**DESCRIPTION**	**CMS PSI**	**SD DSS PSI**	**COVERED WITH FEE**	**COVERED PAID PCT OF CHARGE**	**DENIED AND PAID ZERO**
0331T	HEART SYMP IMAGE PLNR	S	E			X
0332T	HEART SYMP IMAGE PLNR SPECT	S	E			X
0335T	EXTRAOSSEOUS JOINT STBLZTION	T	E			X
0336T	LAP ABLAT UTERINE FIBROIDS	J1	E			X
0337T	ENDOTHEL FXNASSMNT NON-INVAS	Q1	E			X
0338T	TRNSCTH RENAL SYMP DENRV UNL	J1	E			X
0339T	TRNSCTH RENAL SYMP DENRV BIL	J1	E			X
0340T	ABLATE PULM TUMORS + EXTNSN	T	E			X
0341T	QUANT PUPILLOMETRY W/ RPRT	N	E			X
0342T	THXP APHERESIS W/HDL DELIP	S	E			X
0346T	ULTRASOUND ELASTOGRAPHY	N	E			X
0347T	INS BONE DEVICE FOR RSA	Q1	E			X
0348T	RSA SPINE EXAM	Q1	E			X
0349T	RSA UPPER EXTR EXAM	Q1	E			X
0350T	RSA LOWER EXTR EXAM	Q1	E			X
0351T	INTRAOP OCT BRST/NODE SPEC	N	E			X
0353T	INTRAOP OCT BREAST CAVITY	N	E			X
0355T	GI TRACT CAPSULE ENDOSCOPY	T	E			X
0356T	INSRT DRUG DEVICE FOR IOP	Q1	E			X
0357T	CRYOPRESERVATION OOCYTE(S)	Q1	E			X
0358T	BIA WHOLE BODY	Q1	E			X
0360T	OBSERV BEHAV ASSESSMENT	V	E			X
0361T	OBSERV BEHAV ASSESS ADDL	N	E			X
0362T	EXPOSE BEHAV ASSESSMENT	V	E			X
0363T	EXPOSE BEHAV ASSESS ADDL	N	E			X
0364T	ADAPTIVE BEHAVIOR TREATMENT	S	E			X
0365T	ADAPTIVE BEHAVIOR TX ADDL	N	E			X
0366T	GROUP BEHAVIOR TREATMENT	S	E			X

STATE OF SOUTH DAKOTA DEPARTMENT OF SOCIAL SERVICES OUTPATIENT PROSPECTIVE PAYMENT SYSTEM [SD DSS OPPS]

EXCEPTION CODES LIST

EFFECTIVE JULY 1, 2016

UPDATED BASED ON THIRD QUARTER 2016 CMS OCE CHANGES

						07/25/2016
CODE	**DESCRIPTION**	**CMS PSI**	**SD DSS PSI**	**COVERED WITH FEE**	**COVERED PAID PCT OF CHARGE**	**DENIED AND PAID ZERO**
0367T	GROUP BEHAV TREATMENT ADDL	N	E			X
0373T	EXPOSURE BEHAVIOR TREATMENT	S	E			X
0374T	EXPOSE BEHAV TREATMENT ADDL	N	E			X
0376T	INSERT ANT SEGMENT DRAIN INT	N	E			X
0377T	ANOSCPY INJ AGENT FOR INCONT	T	E			X
0379T	VIS FIELD ASSMNT TECH SUPPT	Q1	E			X
0380T	COMP ANIMAT RET IMAG SERIES	Q1	E			X
0387T	LEADLESS C PM INS/RPL VENTR	J1	E			X
0388T	LEADLESS C PM REMOVE VENTR	T	E			X
0389T	PROG EVAL INPER LEADLS PM	Q1	E			X
0390T	PERIPROC EVAL INPER LEDLS PM	N	E			X
0391T	INTERGT EVAL INPER LEADLS PM	Q1	E			X
0392T	LAP ES SPH AUGMENT DEV PLACE	J1	E			X
0393T	ES SPH AUGMNT DEVICE REMOVAL	Q2	E			X
0396T	INTRAOP KINETIC BALNCE SENSR	N	E			X
0397T	ERCP W/OPTICAL ENDOMICROSCPY	N	E			X
0399T	MYOCARDIAL STRAIN IMAGING	N	E			X
0400T	MLTISPECTRL DIGITAL LES ALYS	N	E			X
0401T	MLTISPECTRL DIGITAL LES ALYS	N	E			X
0402T	COLLAGEN CROSSLINKING CORNEA	T	E			X
0404T	TRNSCRV UTERIN FIBROID ABLTJ	J1	E			X
0406T	SIN NDSC PLMT DRG ELUT MPLNT	N	E			X
0407T	SIN NDSC PLMT DRG ELUT MPLNT	N	E			X
0408T	INSJ/RPLC CARDIAC MODULJ SYS	J1	E			X
0409T	INSJ/RPLC CARDIAC MODULJ PLS GN	J1	E			X
0410T	INSJ/RPLC CAR MODULJ ATR ELT	J1	E			X
0411T	INSJ/RPLC CAR MODULJ VNT ELT	J1	E			X
0412T	RMVL CARDIAC MODULJ PLS GEN	Q2	E			X

STATE OF SOUTH DAKOTA DEPARTMENT OF SOCIAL SERVICES OUTPATIENT PROSPECTIVE PAYMENT SYSTEM [SD DSS OPPS]

EXCEPTION CODES LIST

EFFECTIVE JULY 1, 2016

UPDATED BASED ON THIRD QUARTER 2016 CMS OCE CHANGES

						07/25/2016
CODE	**DESCRIPTION**	**CMS PSI**	**SD DSS PSI**	**COVERED WITH FEE**	**COVERED PAID PCT OF CHARGE**	**DENIED AND PAID ZERO**
0413T	RMVL CAR MODULJ TRANVNS ELT	Q2	E			X
0414T	RMVL & RPL CAR MODULJ PLS GN	J1	E			X
0415T	REPOS CAR MODULJ TRANVNS ELT	T	E			X
0416T	RELOC SKIN POCKET PLS GEN	T	E			X
0417T	PRGRMG EVAL CARDIAC MODULJ	Q1	E			X
0418T	INTERRO EVAL CARDIAC MODULJ	Q1	E			X
0419T	DSTRJ NEUROFIBROMATA XTNSV	T	E			X
0420T	DSTRJ NEUROFIBROMATA XTNSV	T	E			X
0422T	TACTILE BREAST IMG UNI/BI	Q1	E			X
0423T	ASSAY SECRETORY TYPE II PLA2`	A	E			X
0424T	INSJ/RPLC NSTIM APNEA COMPL	J1	E			X
0425T	INSJ/RPLC NSTIM APNEA SEN LD	J1	E			X
0426T	INSJ/RPLC NSTIM APNEA STM LD	J1	E			X
0427T	INSJ/RPLC NSTIM APNEA PLS GN	J1	E			X
0428T	RMVL NSTIM APNEA PLS GEN	Q2	E			X
0429T	RMVL NSTIM APNEA SEN LD	Q2	E			X
0430T	RMVL NSTIM APNEA STIMJ LD	Q2	E			X
0431T	RMVL/RPLC NSTIM APNEA PLS GN	J1	E			X
0432T	REPOS NSTIM APNEA STIMJ LD	T	E			X
0433T	REPOS NSTIM APNEA SENSING LD	T	E			X
0434T	INTERRO EVAL NPGS SLEEP APNEA	S	E			X
0435T	PRGRMG EVAL NPGS APNEA 1 SES	S	E			X
0436T	PRGRMG EVAL NPGS APNEA STUDY	S	E			X
0437T	IMPLTJ SYNTH RNFCMT ABDL WAL	N	E			X
0438T	TPRNL PLMT BIODEGRDABL MATRL	T	E			X
0439T	MYOCRD CONTRAST PRFUJ ECHO	N	E			X
0440T	ABLTJ PERC UXTR/PERPH NRV	J1	E			X
0441T	ABLTJ PERC LXTR/PERPH NRV	J1	E			X

STATE OF SOUTH DAKOTA DEPARTMENT OF SOCIAL SERVICES OUTPATIENT PROSPECTIVE PAYMENT SYSTEM [SD DSS OPPS]

EXCEPTION CODES LIST

EFFECTIVE JULY 1, 2016

UPDATED BASED ON THIRD QUARTER 2016 CMS OCE CHANGES

						07/25/2016
CODE	**DESCRIPTION**	**CMS PSI**	**SD DSS PSI**	**COVERED WITH FEE**	**COVERED PAID PCT OF CHARGE**	**DENIED AND PAID ZERO**
0442T	ABLTJ PERC PLEX/TRNCL NRV	J1	E			X
0443T	R-T SPCTRL ALYS PRST8 TISS	T	E			X
0444T	1ST PLMT DRUG ELUT OC INS	N	E			X
0445T	SBSQT PLMT DRUG ELUT OC INS	N	E			X
11719	TRIM NAIL(S) ANY NUMBER	Q1	E			X
15775	HAIR TRNSPL 1-15 PUNCH GRFTS	T	E			X
15776	HAIR TRNSPL >15 PUNCH GRAFTS	T	E			X
15847	EXC SKIN ABD ADD-ON	N	E			X
17380	HAIR REMOVAL BY ELECTROLYSIS	T	E			X
20974	ELECTRICAL BONE STIMULATION	A	E			X
20975	ELECTRICAL BONE STIMULATION	N	E			X
20979	US BONE STIMULATION	Q1	E			X
22856	CERV ARTIFIC DISKECTOMY	J1	E			X
32561	LYSE CHEST FIBRIN INIT DAY	T	E			X
32562	LYSE CHEST FIBRIN SUBQ DAY	T	E			X
32701	THORAX STEREO RAD TARGETW/TX	B	A	X		
38204	BL DONOR SEARCH MANAGEMENT	N	E			X
38205	HARVEST ALLOGENEIC STEM CELL	B	A	X		
38207	CRYOPRESERVE STEM CELLS	S	E			X
38208	THAW PRESERVED STEM CELLS	S	E			X
38209	WASH HARVEST STEM CELLS	S	E			X
38210	T-CELL DEPLETION OF HARVEST	S	E			X
38211	TUMOR CELL DEPLETE OF HARVST	S	E			X
38212	RBC DEPLETION OF HARVEST	S	E			X
38213	PLATELET DEPLETE OF HARVEST	S	E			X
38214	VOLUME DEPLETE OF HARVEST	S	E			X
38215	HARVEST STEM CELL CONCENTRTE	S	E			X
49411	INS MARK ABD/PEL FOR RT PERQ	S	E			X

STATE OF SOUTH DAKOTA DEPARTMENT OF SOCIAL SERVICES OUTPATIENT PROSPECTIVE PAYMENT SYSTEM [SD DSS OPPS]

EXCEPTION CODES LIST

EFFECTIVE JULY 1, 2016

UPDATED BASED ON THIRD QUARTER 2016 CMS OCE CHANGES

						07/25/2016
CODE	**DESCRIPTION**	**CMS PSI**	**SD DSS PSI**	**COVERED WITH FEE**	**COVERED PAID PCT OF CHARGE**	**DENIED AND PAID ZERO**
54900	FUSION OF SPERMATIC DUCTS	T	E			X
54901	FUSION OF SPERMATIC DUCTS	T	E			X
55400	REPAIR OF SPERM DUCT	T	E			X
55870	ELECTROEJACULATION	T	E			X
55970	GENDER TRANSFORMATION M TO F	T	E			X
55980	GENDER TRANSFORMATION F TO M	T	E			X
58321	ARTIFICIAL INSEMINATION	T	E			X
58322	ARTIFICIAL INSEMINATION	T	E			X
58323	SPERM WASHING	T	E			X
58345	REOPEN FALLOPIAN TUBE	T	E			X
58350	REOPEN FALLOPIAN TUBE	J1	E			X
58672	LAPAROSCOPY FIMBRIOPLASTY	J1	E			X
58673	LAPAROSCOPY SALPINGOSTOMY	J1	E			X
58920	PARTIAL REMOVAL OF OVARY(S)	J1	E			X
58970	RETRIEVAL OF OOCYTE	T	E			X
58974	TRANSFER OF EMBRYO	T	E			X
58976	TRANSFER OF EMBRYO	T	E			X
59840	ABORTION	T	E			X
59841	ABORTION	T	E			X
59866	ABORTION (MPR)	T	E			X
65770	REVISE CORNEA WITH IMPLANT	J1	E			X
77061	BREAST TOMOSYNTHESIS UNI	E	A		X	
77062	BREAST TOMOSYNTHESIS BI	E	A		X	
80050	GENERAL HEALTH PANEL	E	A	X		
80055	OBSTETRIC PANEL	E	A	X		
80300	DRUG SCREEN NON TLC DEVICES	B	A		X	
80301	DRUG SCREEN CLASS LIST A	B	A		X	
80302	DRUG SCREEN PRSMPTV 1 CLASS	B	A		X	

STATE OF SOUTH DAKOTA DEPARTMENT OF SOCIAL SERVICES OUTPATIENT PROSPECTIVE PAYMENT SYSTEM [SD DSS OPPS]

EXCEPTION CODES LIST

EFFECTIVE JULY 1, 2016

UPDATED BASED ON THIRD QUARTER 2016 CMS OCE CHANGES

						07/25/2016
CODE	**DESCRIPTION**	**CMS PSI**	**SD DSS PSI**	**COVERED WITH FEE**	**COVERED PAID PCT OF CHARGE**	**DENIED AND PAID ZERO**
80303	DRUG SCREEN ONE/MULT CLASS	B	A		X	
80304	DRUG SCREEN ONE/MULT CLASS	B	A		X	
80320	DRUG SCREEN QUANTALCOHOLS	B	A		X	
80323	ALKALOIDS NOS	B	A		X	
80324	DRUG SCREEN AMPHETAMINES 1/2	B	A		X	
80325	AMPHETAMINES 3OR 4	B	A		X	
80326	AMPHETAMINES 5 OR MORE	B	A		X	
80327	ANABOLIC STEROID 1 OR 2	B	A		X	
80328	ANABOLIC STEROID 3 OR MORE	B	A		X	
80329	ANALGESICS NON-OPIOID 1 OR 2	B	A		X	
80330	ANALGESICS NON-OPIOID 3-5	B	A		X	
80331	ANALGESICS NON-OPIOID 6/MORE	B	A		X	
80332	ANTIDEPRESSANTS CLASS 1 OR 2	B	A		X	
80333	ANTIDEPRESSANTS CLASS 3-5	B	A		X	
80334	ANTIDEPRESSANTS CLASS 6/MORE	B	A		X	
80335	ANTIDEPRESSANT TRICYCLIC 1/2	B	A		X	
80336	ANTIDEPRESSANT TRICYCLIC 3-5	B	A		X	
80337	TRICYCLIC & CYCLICALS 6/MORE	B	A		X	
80338	ANTIDEPRESSANT NOT SPECIFIED	B	A		X	
80339	ANTIEPILEPTICS NOS 1-3	B	A		X	
80340	ANTIEPILEPTICS NOS 4-6	B	A		X	
80341	ANTIEPILEPTICS NOS 7/MORE	B	A		X	
80342	ANTIPSYCHOTICS NOS 1-3	B	A		X	
80343	ANTIPSYCHOTICS NOS 4-6	B	A		X	
80344	ANTIPSYCHOTICS NOS 7/MORE	B	A		X	
80345	DRUG SCREENING BARBITURATES	B	A		X	
80346	BENZODIAZEPINES1-12	B	A		X	
80347	BENZODIAZEPINES 13 OR MORE	B	A		X	

STATE OF SOUTH DAKOTA DEPARTMENT OF SOCIAL SERVICES OUTPATIENT PROSPECTIVE PAYMENT SYSTEM [SD DSS OPPS]

EXCEPTION CODES LIST

EFFECTIVE JULY 1, 2016

UPDATED BASED ON THIRD QUARTER 2016 CMS OCE CHANGES

						07/25/2016
CODE	**DESCRIPTION**	**CMS PSI**	**SD DSS PSI**	**COVERED WITH FEE**	**COVERED PAID PCT OF CHARGE**	**DENIED AND PAID ZERO**
80348	DRUG SCREENING BUPRENORPHINE	B	A		X	
80349	CANNABINOIDS NATURAL	B	A		X	
80350	CANNABINOIDS SYNTHETIC 1-3	B	A		X	
80351	CANNABINOIDS SYNTHETIC 4-6	B	A		X	
80352	CANNABINOID SYNTHETIC 7/MORE	B	A		X	
80353	DRUG SCREENING COCAINE	B	A		X	
80354	DRUG SCREENING FENTANYL	B	A		X	
80355	GABAPENTIN NON-BLOOD	B	A		X	
80356	HEROIN METABOLITE	B	A		X	
80357	KETAMINE AND NORKETAMINE	B	A		X	
80358	DRUG SCREENING METHADONE	B	A		X	
80359	METHYLENEDIOXYAMPHETAMINES	B	A		X	
80360	METHYLPHENIDATE	B	A		X	
80361	OPIATES 1 OR MORE	B	A		X	
80362	OPIOIDS & OPIATE ANALOGS 1/2	B	A		X	
80363	OPIOIDS & OPIATE ANALOGS 3/4	B	A		X	
80364	OPIOID &OPIATE ANALOG 5/MORE	B	A		X	
80365	DRUG SCREENING OXYCODONE	B	A		X	
80366	DRUG SCREENING PREGABALIN	B	A		X	
80367	DRUG SCREENING PROPOXYPHENE	B	A		X	
80368	SEDATIVE HYPNOTICS	B	A		X	
80369	SKELETAL MUSCLE RELAXANT 1/2	B	A		X	
80370	SKEL MUSC RELAXANT 3 OR MORE	B	A		X	
80371	STIMULANTS SYNTHETIC	B	A		X	
80372	DRUG SCREENING TAPENTADOL	B	A		X	
80373	DRUG SCREENING TRAMADOL	B	A		X	
81224	CFTR GENE INTRON POLY T	A	E			X
81246	FLT3 GENE ANALYSIS	A	E			X

STATE OF SOUTH DAKOTA DEPARTMENT OF SOCIAL SERVICES OUTPATIENT PROSPECTIVE PAYMENT SYSTEM [SD DSS OPPS]

EXCEPTION CODES LIST

EFFECTIVE JULY 1, 2016

UPDATED BASED ON THIRD QUARTER 2016 CMS OCE CHANGES

						07/25/2016
CODE	DESCRIPTION	CMS PSI	SD DSS PSI	COVERED WITH FEE	COVERED PAID PCT OF CHARGE	DENIED AND PAID ZERO
81287	MGMT GENE METHYLATION ANAL	A	E			X
81288	MLH1 GENE	A	E			X
81292	MLH1 GENE FULL SEQ	A	E			X
81293	MLH1 GENE KNOWN VARIANTS	A	E			X
81294	MLH1 GENE DUP/DELETE VARIANT	A	E			X
81295	MSH2 GENE FULL SEQ	A	E			X
81296	MSH2 GENE KNOWN VARIANTS	A	E			X
81297	MSH2 GENE DUP/DELETE VARIANT	A	E			X
81298	MSH6 GENE FULL SEQ	A	E			X
81299	MSH6 GENE KNOWN VARIANTS	A	E			X
81300	MSH6 GENE DUP/DELETE VARIANT	A	E			X
81301	MICROSATELLITE INSTABILITY	A	E			X
81302	MECP2 GENE FULL SEQ	A	E			X
81303	MECP2 GENE KNOWN VARIANT	A	E			X
81304	MECP2 GENE DUP/DELET VARIANT	A	E			X
81313	PCA3/KLK3 ANTIGEN	A	E			X
81317	PMS2 GENE FULL SEQ ANALYSIS	A	E			X
81318	PMS2 KNOWN FAMILIAL VARIANTS	A	E			X
81319	PMS2 GENE DUP/DELET VARIANTS	A	E			X
81321	PTEN GENE FULL SEQUENCE	A	E			X
81322	PTEN GENE KNOWN FAM VARIANT	A	E			X
81323	PTEN GENE DUP/DELET VARIANT	A	E			X
81324	PMP22 GENE DUP/DELET	A	E			X
81325	PMP22 GENE FULL SEQUENCE	A	E			X
81326	PMP22 GENE KNOWN FAM VARIANT	A	E			X
81330	SMPD1 GENE COMMON VARIANTS	A	E			X
81410	AORTIC DYSFUNCTION/DILATION	A	E			X
81411	AORTIC DYSFUNCTION/DILATION	A	E			X

STATE OF SOUTH DAKOTA DEPARTMENT OF SOCIAL SERVICES OUTPATIENT PROSPECTIVE PAYMENT SYSTEM [SD DSS OPPS]

EXCEPTION CODES LIST

EFFECTIVE JULY 1, 2016

UPDATED BASED ON THIRD QUARTER 2016 CMS OCE CHANGES

						07/25/2016
CODE	**DESCRIPTION**	**CMS PSI**	**SD DSS PSI**	**COVERED WITH FEE**	**COVERED PAID PCT OF CHARGE**	**DENIED AND PAID ZERO**
81412	ASHKENAZI JEWISH ASSOC DIS	A	E			X
81415	EXOME SEQUENCE ANALYSIS	A	E			X
81416	EXOME SEQUENCE ANALYSIS	A	E			X
81417	EXOME RE-EVALUATION	A	E			X
81425	GENOME SEQUENCE ANALYSIS	A	E			X
81426	GENOME SEQUENCE ANALYSIS	A	E			X
81427	GENOME RE-EVALUATION	A	E			X
81435	HEREDITARY COLON CA DSORDRS	A	E			X
81436	HEREDITARY COLON CA DSORDRS	A	E			X
81440	MITOCHONDRIAL GENE	A	E			X
81445	TARGETED GENOMIC SEQ ANALYS	A	E			X
81450	TARGETED GENOMIC SEQ ANALYS	A	E			X
81455	TARGETED GENOMIC SEQ ANALYS	A	E			X
81460	WHOLE MITOCHONDRIAL GENOME	A	E			X
81465	WHOLE MITOCHONDRIAL GENOME	A	E			X
81504	ONCOLOGY TISSUE OF ORIGIN	A	E			X
81510	FTL CGEN ABNOR THREE ANAL	E	A		X	
81511	FTL CGEN ABNOR FOUR ANAL	E	A	X		
81519	ONCOLOGY BREAST MRNA	A	E			X
81535	ONCOLOGY GYNECOLOGIC	Q4	E			X
81536	ONCOLOGY GYNECOLOGIC	Q4	E			X
81538	ONCOLOGY LUNG	Q4	E			X
81595	CARDIOLOGY HRT TRNSPL MRNA	A	E			X
82777	GALECTIN-3	Q4	E			X
83992	ASSAY FOR PHENCYCLIDINE	Q4	A	X		
86825	HLA X-MATH NON-CYTOTOXIC	Q4	E			X
86826	HLA X-MATCH NONCYTOTOXC ADDL	Q4	E			X
86828	HLA CLASS I&II ANTIBODY QUAL	Q4	E			X

STATE OF SOUTH DAKOTA DEPARTMENT OF SOCIAL SERVICES OUTPATIENT PROSPECTIVE PAYMENT SYSTEM [SD DSS OPPS]

EXCEPTION CODES LIST

EFFECTIVE JULY 1, 2016

UPDATED BASED ON THIRD QUARTER 2016 CMS OCE CHANGES

						07/25/2016
CODE	**DESCRIPTION**	**CMS PSI**	**SD DSS PSI**	**COVERED WITH FEE**	**COVERED PAID PCT OF CHARGE**	**DENIED AND PAID ZERO**
86829	HLA CLASS I/II ANTIBODY QUAL	Q4	E			X
86830	HLA CLASS I PHENOTYPE QUAL	Q4	E			X
86831	HLA CLASS II PHENOTYPE QUAL	Q4	E			X
86832	HLA CLASS I HIGH DEFIN QUAL	Q4	E			X
86833	HLA CLASS II HIGH DEFIN QUAL	Q4	E			X
86834	HLA CLASS I SEMIQUANT PANEL	Q4	E			X
86835	HLA CLASS II SEMIQUANT PANEL	Q4	E			X
88350	IMMUNOFLUOR ANTB ADDL STAIN	N	E			X
88387	TISS EXAM MOLECULAR STUDY	N	E			X
88388	TISS EX MOLECUL STUDY ADD-ON	N	E			X
89250	CULTR OOCYTE/EMBRYO <4 DAYS	Q1	E			X
89251	CULTR OOCYTE/EMBRYO <4 DAYS	Q2	E			X
89253	EMBRYO HATCHING	Q1	E			X
89254	OOCYTE IDENTIFICATION	Q1	E			X
89255	PREPARE EMBRYO FOR TRANSFER	Q1	E			X
89257	SPERM IDENTIFICATION	Q1	E			X
89258	CRYOPRESERVATION EMBRYO(S)	Q2	E			X
89259	CRYOPRESERVATION SPERM	Q1	E			X
89260	SPERM ISOLATION SIMPLE	Q1	E			X
89261	SPERM ISOLATION COMPLEX	Q1	E			X
89264	IDENTIFY SPERM TISSUE	Q1	E			X
89268	INSEMINATION OF OOCYTES	Q1	E			X
89272	EXTENDED CULTURE OF OOCYTES	Q2	E			X
89280	ASSIST OOCYTE FERTILIZATION	Q2	E			X
89281	ASSIST OOCYTE FERTILIZATION	Q1	E			X
89290	BIOPSY OOCYTE POLAR BODY	Q1	E			X
89291	BIOPSY OOCYTE POLAR BODY	Q1	E			X
89300	SEMEN ANALYSIS W/HUHNER	Q4	E			X

STATE OF SOUTH DAKOTA DEPARTMENT OF SOCIAL SERVICES OUTPATIENT PROSPECTIVE PAYMENT SYSTEM [SD DSS OPPS]

EXCEPTION CODES LIST

EFFECTIVE JULY 1, 2016

UPDATED BASED ON THIRD QUARTER 2016 CMS OCE CHANGES

						07/25/2016
CODE	**DESCRIPTION**	**CMS PSI**	**SD DSS PSI**	**COVERED WITH FEE**	**COVERED PAID PCT OF CHARGE**	**DENIED AND PAID ZERO**
89310	SEMEN ANALYSIS W/COUNT	Q4	E			X
89320	SEMEN ANAL VOL/COUNT/MOT	Q4	E			X
89321	SEMEN ANAL SPERM DETECTION	Q4	E			X
89322	SEMEN ANAL STRICT CRITERIA	Q4	E			X
89325	SPERM ANTIBODY TEST	Q4	E			X
89330	EVALUATION CERVICAL MUCUS	Q4	E			X
89331	RETROGRADE EJACULATION ANAL	Q4	E			X
89335	CRYOPRESERVE TESTICULAR TISS	Q1	E			X
89337	CRYOPRESERVATION OOCYTE(S)	Q1	E			X
89342	STORAGE/YEAR EMBRYO(S)	Q1	E			X
89343	STORAGE/YEAR SPERM/SEMEN	Q1	E			X
89344	STORAGE/YEAR REPROD TISSUE	Q1	E			X
89346	STORAGE/YEAR OOCYTE(S)	Q2	E			X
89352	THAWING CRYOPRESRVED EMBRYO	Q1	E			X
89353	THAWING CRYOPRESRVED SPERM	Q1	E			X
89354	THAW CRYOPRSVRD REPROD TISS	Q1	E			X
89356	THAWING CRYOPRESRVED OOCYTE	Q1	E			X
90281	HUMAN IG IM	E	A		X	
90283	HUMAN IG IV	E	A		X	
90284	HUMAN IG SC	E	A		X	
90287	BOTULINUM ANTITOXIN	E	A		X	
90288	BOTULISM IG IV	E	A		X	
90291	CMV IG IV	E	A		X	
90384	RH IG FULL-DOSE IM	E	A	X		
90386	RH IG IV	E	A		X	
90389	TETANUS IG IM	E	A	X		
90399	IMMUNE GLOBULIN	E	A		X	
90460	IM ADMIN 1ST/ONLY COMPONENT	B	A	X		

STATE OF SOUTH DAKOTA DEPARTMENT OF SOCIAL SERVICES OUTPATIENT PROSPECTIVE PAYMENT SYSTEM [SD DSS OPPS]

EXCEPTION CODES LIST

EFFECTIVE JULY 1, 2016

UPDATED BASED ON THIRD QUARTER 2016 CMS OCE CHANGES

						07/25/2016
CODE	**DESCRIPTION**	**CMS PSI**	**SD DSS PSI**	**COVERED WITH FEE**	**COVERED PAID PCT OF CHARGE**	**DENIED AND PAID ZERO**
90461	IM ADMIN EACH ADDL COMPONENT	B	A	X		
90586	BCG VACCINE INTRAVESICAL	B	A		X	
90644	HIB-MENCY VACCINE 4 DOSE IM	E	A		X	
90651	9VHPV VACCINE 3 DOSE IM	E	A		X	
90658	IIV3 VACCINE 3 YRS+ IM	E	A	X		
90664	LAIV VACC PANDEMIC INTRANASL	E	A		X	
90666	FLU VAC PANDEM PRSRV FREE IM	E	A		X	
90667	IIV VACC PANDEMIC ADJUVT IM	E	A		X	
90668	IIV VACCINE PANDEMIC IM	E	A		X	
90673	RIV3 VACCINE NO PRESERV IM	L	E			X
90697	DTAP-IPV-HIB-HEPB VACCINE IM	E	A		X	
90716	VAR VACCINE LIVE SUBQ	M	A	X		
90723	DTAP-HEP B-IPV VACCINE IM	E	A	X		
90736	HZV VACCINE LIVE SUBQ	M	A	X		
90738	INACTIVATED JE VACC IM	M	A		X	
90739	HEPB VACC 2 DOSE ADULT IM	E	A		X	
90748	HIB-HEPB VACCINE IM	E	A	X		
90785	PSYTX COMPLEX INTERACTIVE	N	E			X
90880	HYPNOTHERAPY	Q3	E			X
90887	CONSULTATION WITH FAMILY	N	E			X
90889	PREPARATION OF REPORT	N	E			X
90911	BIOFEEDBACK PERI/URO/RECTAL	S	E			X
90999	DIALYSIS PROCEDURE	B	A		X	
91200	LIVER ELASTOGRAPHY	S	E			X
92310	CONTACT LENS FITTING	E	A	X		
92325	MODIFICATION OF CONTACT LENS	Q1	E			X
92352	FIT APHAKIA SPECTCL MONOFOCL	Q1	E			X
92353	FIT APHAKIA SPECTCL MULTIFOC	Q1	E			X

STATE OF SOUTH DAKOTA DEPARTMENT OF SOCIAL SERVICES OUTPATIENT PROSPECTIVE PAYMENT SYSTEM [SD DSS OPPS]

EXCEPTION CODES LIST

EFFECTIVE JULY 1, 2016

UPDATED BASED ON THIRD QUARTER 2016 CMS OCE CHANGES

						07/25/2016
CODE	**DESCRIPTION**	**CMS PSI**	**SD DSS PSI**	**COVERED WITH FEE**	**COVERED PAID PCT OF CHARGE**	**DENIED AND PAID ZERO**
92354	FIT SPECTACLES SINGLE SYSTEM	Q1	E			X
92355	FIT SPECTACLES COMPOUND LENS	Q1	E			X
92358	APHAKIA PROSTH SERVICE TEMP	Q1	E			X
92371	REPAIR & ADJUST SPECTACLES	Q1	E			X
92551	PURE TONE HEARING TEST AIR	E	A	X		
92560	BEKESY AUDIOMETRY SCREEN	E	A	X		
92613	ENDOSCOPY SWALLOW TST (FEES)	B	A	X		
92615	EVAL LARYNGOSCOPY SENSE TST	E	A	X		
92617	INTERPRT FEES/LARYNGEAL TEST	E	A	X		
92630	AUD REHAB PRE-LING HEAR LOSS	E	A		X	
92633	AUD REHAB POSTLING HEAR LOSS	E	A		X	
93702	BIS XTRACELL FLUID ANALYSIS	S	E			X
94780	CAR SEAT/BED TEST 60 MIN	Q1	E			X
94781	CAR SEAT/BED TEST + 30 MIN	N	E			X
95120	IMMUNOTHERAPY ONE INJECTION	E	A	X		
95125	IMMUNOTHERAPY 2/> INJECTIONS	E	A	X		
95130	IMMNTX 1 STING INSECT	E	A		X	
95965	MEG SPONTANEOUS	S	E			X
95966	MEG EVOKED SINGLE	S	E			X
95967	MEG EVOKED EACH ADDL	N	E			X
96103	PSYCHO TESTING ADMIN BY COMP	Q1	E			X
96119	NEUROPSYCH TESTING BY TEC	Q3	E			X
96120	NEUROPSYCH TST ADMIN W/COMP	Q3	E			X
96127	BRIEF EMOTIONAL/BEHAV ASSMT	Q1	E			X
97010	HOT OR COLD PACKS THERAPY	A	E			X
97014	ELECTRIC STIMULATION THERAPY	E	A	X		
97124	MASSAGE	A	E			X
97535	SELF CARE MNGMENT TRAINING	A	E			X

STATE OF SOUTH DAKOTA DEPARTMENT OF SOCIAL SERVICES OUTPATIENT PROSPECTIVE PAYMENT SYSTEM [SD DSS OPPS]

EXCEPTION CODES LIST

EFFECTIVE JULY 1, 2016

UPDATED BASED ON THIRD QUARTER 2016 CMS OCE CHANGES

						07/25/2016
CODE	**DESCRIPTION**	**CMS PSI**	**SD DSS PSI**	**COVERED WITH FEE**	**COVERED PAID PCT OF CHARGE**	**DENIED AND PAID ZERO**
97537	COMMUNITY/WORK REINTEGRATION	A	E			X
97546	WORK HARDENING ADD-ON	A	E			X
97802	MEDICAL NUTRITION INDIV IN	A	E			X
97803	MED NUTRITION INDIV SUBSEQ	A	E			X
97804	MEDICAL NUTRITION GROUP	A	E			X
99001	SPECIMEN HANDLING PT-LAB	E	A	X		
99078	GROUP HEALTH EDUCATION	N	E			X
99080	SPECIAL REPORTS OR FORMS	B	A	X		
99172	OCULAR FUNCTION SCREEN	E	A		X	
99173	VISUAL ACUITY SCREEN	E	A	X		
99367	TEAM CONF W/O PAT BY PHYS	N	E			X
99368	TEAM CONF W/O PAT BY HC PRO	N	E			X
99408	AUDIT/DAST 15-30 MIN	E	A		X	
99409	AUDIT/DAST OVER 30 MIN	E	A		X	
99415	PROLONG CLINCL STAFF SVC	N	E			X
99416	PROLONG CLINCL STAFF SVC ADD	N	E			X
99487	CMPLX CHRON CARE W/O PT VSIT	N	E			X
99489	CMPLX CHRON CARE ADDL 30 MIN	N	E			X
99490	CHRON CARE MGMT SRVC 20 MIN	V	E			X
99495	TRANS CARE MGMT 14 DAY DISCH	V	E			X
99496	TRANS CARE MGMT 7 DAY DISCH	V	E			X
99497	ADVNCD CARE PLAN 30 MIN	Q1	E			X
99498	ADVNCD CARE PLAN ADDL 30 MIN	N	E			X
A0380	BASIC LIFE SUPPORT MILEAGE	E	A			X
A0384	BLS DEFIBRILLATION SUPPLIES	E	A			X
A0390	ADVANCED LIFE SUPPORT MILEAG	E	A			X
A0392	ALS DEFIBRILLATION SUPPLIES	E	A			X
A0394	ALS IV DRUG THERAPY SUPPLIES	E	A			X

STATE OF SOUTH DAKOTA DEPARTMENT OF SOCIAL SERVICES OUTPATIENT PROSPECTIVE PAYMENT SYSTEM [SD DSS OPPS]

EXCEPTION CODES LIST

EFFECTIVE JULY 1, 2016

UPDATED BASED ON THIRD QUARTER 2016 CMS OCE CHANGES

						07/25/2016
CODE	**DESCRIPTION**	**CMS PSI**	**SD DSS PSI**	**COVERED WITH FEE**	**COVERED PAID PCT OF CHARGE**	**DENIED AND PAID ZERO**
A0396	ALS ESOPHAGEAL INTUB SUPPLS	E	A			X
A0422	AMBULANCE 02 LIFE SUSTAINING	E	A			X
A0424	EXTRA AMBULANCE ATTENDANT	E	A			X
A0426	ALS 1	A	E			X
A0428	BLS	A	E			X
A0432	PI VOLUNTEER AMBULANCE CO	A	E			X
A0433	ALS 2	A	E			X
A0434	SPECIALTY CARE TRANSPORT	A	E			X
A0999	UNLISTED AMBULANCE SERVICE	A	E			X
A4270	DISPOSABLE ENDOSCOPE SHEATH	N	E			X
A4337	INCONTINENT RECTAL INSERT	N	E			X
A4395	OSTOMY POUCH SOLID DEODORANT	N	E			X
A4558	CONDUCTIVE GEL OR PASTE	N	E			X
A4660	SPHYG/BP APP W CUFF AND STET	N	E			X
A4663	DIALYSIS BLOOD PRESSURE CUFF	N	E			X
A9545	I131 TOSITUMOMAB, RX	E	A		X	
A9581	GADOXETATE DISODIUM INJ	N	E			X
A9582	IODINE I-123 IOBENGUANE	N	E			X
A9583	GADOFOSVESET TRISODIUM INJ	N	E			X
A9901	DELIVERY/SET UP/DISPENSING	A	E			X
C9399	UNCLASSIFIED DRUGS OR BIOLOG	A	E			X
C9476	INJECTION, DARATUMUMAB	G	E			X
C9477	INJECTION, ELOTUZUMAB	G	E			X
C9478	INJECTION, SEBELIPASE ALFA	G	E			X
C9479	INSTILL, CIPROFLOXACIN OTIC	G	E			X
C9480	INJECTION, TRABECTEDIN	G	E			X
D1352	PREV RESIN REST, PERM TOOTH	E	A		X	
D5992	ADJUST MAX PROST APPLIANCE	E	A		X	

STATE OF SOUTH DAKOTA DEPARTMENT OF SOCIAL SERVICES OUTPATIENT PROSPECTIVE PAYMENT SYSTEM [SD DSS OPPS]

EXCEPTION CODES LIST

EFFECTIVE JULY 1, 2016

UPDATED BASED ON THIRD QUARTER 2016 CMS OCE CHANGES

						07/25/2016
CODE	**DESCRIPTION**	**CMS PSI**	**SD DSS PSI**	**COVERED WITH FEE**	**COVERED PAID PCT OF CHARGE**	**DENIED AND PAID ZERO**
D5993	MAIN/CLEAN MAX PROSTHESIS	E	A		X	
D7251	CORONECTOMY	E	A		X	
D7295	BONE HARVEST,AUTO GRAFT PROC	E	A		X	
E0746	ELECTROMYOGRAPH BIOFEEDBACK	N	E			X
E0749	ELEC OSTEOGEN STIM IMPLANTED	N	E			X
G0008	ADMIN INFLUENZA VIRUS VAC	S	E			X
G0009	ADMIN PNEUMOCOCCAL VACCINE	S	E			X
G0010	ADMIN HEPATITIS B VACCINE	S	E			X
G0143	SCR C/V CYTO,THINLAYER,RESCR	A	E			X
G0145	SCR C/V CYTO,THINLAYER,RESCR	A	E			X
G0248	DEMONSTRATE USE HOME INR MON	V	E			X
G0249	PROVIDE INR TEST MATER/EQUIP	V	E			X
G0268	REMOVAL OF IMPACTED WAX MD	N	E			X
G0276	PILD/PLACEBO CONTROL CLIN TR	J1	E			X
G0281	ELEC STIM UNATTEND FOR PRESS	A	E			X
G0283	ELEC STIM OTHER THAN WOUND	A	E			X
G0289	ARTHRO, LOOSE BODY + CHONDRO	N	E			X
G0296	VISIT TO DETERM LDCT ELIG	S	E			X
G0328	FECAL BLOOD SCRN IMMUNOASSAY	A	E			X
G0329	ELECTROMAGNTIC TX FOR ULCERS	A	E			X
G0364	BONE MARROW ASPIRATE &BIOPSY	N	E			X
G0380	LEV 1 HOSP TYPE B ED VISIT	J2	E			X
G0381	LEV 2 HOSP TYPE B ED VISIT	J2	E			X
G0382	LEV 3 HOSP TYPE B ED VISIT	J2	E			X
G0383	LEV 4 HOSP TYPE B ED VISIT	J2	E			X
G0384	LEV 5 HOSP TYPE B ED VISIT	J2	E			X
G0390	TRAUMA RESPONS W/HOSP CRITI	S	E			X
G0420	ED SVC CKD IND PER SESSION	A	E			X

STATE OF SOUTH DAKOTA DEPARTMENT OF SOCIAL SERVICES OUTPATIENT PROSPECTIVE PAYMENT SYSTEM [SD DSS OPPS]

EXCEPTION CODES LIST

EFFECTIVE JULY 1, 2016

UPDATED BASED ON THIRD QUARTER 2016 CMS OCE CHANGES

						07/25/2016
CODE	**DESCRIPTION**	**CMS PSI**	**SD DSS PSI**	**COVERED WITH FEE**	**COVERED PAID PCT OF CHARGE**	**DENIED AND PAID ZERO**
G0421	ED SVC CKD GRP PER SESSION	A	E			X
G0422	INTENS CARDIAC REHAB W/EXERC	S	E			X
G0423	INTENS CARDIAC REHAB NO EXER	S	E			X
G0424	PULMONARY REHAB W EXER	Q1	E			X
G0428	COLLAGEN MENISCUS IMPLANT	E	A		X	
G0429	DERMAL FILLER INJECTION(S)	B	A	X		
G0436	TOBACCO-USE COUNSEL 3-10 MIN	S	E			X
G0437	TOBACCO-USE COUNSEL>10MIN	S	E			X
G0438	PPPS, INITIAL VISIT	A	E			X
G0439	PPPS, SUBSEQ VISIT	A	E			X
G0449	ANNUAL OBESITY SCREEN 15 MIN	A	E			X
G0450	SCREEN STI W FOUR LAB TEST	A	E			X
G0451	DEVLOPMENT TEST INTERPT&REP	Q3	E			X
G0453	CONT INTRAOP NEURO MONITOR	N	E			X
G0455	FECAL MICROBIOTA PREP INSTIL	Q1	E			X
G0466	FQHC VISIT NEW PATIENT	A	E			X
G0467	FQHC VISIT, ESTAB PT	A	E			X
G0468	FQHC VISIT, IPPE OR AWV	A	E			X
G0469	FQHC VISIT, MH NEW PT	A	E			X
G0470	FQHC VISIT, MH ESTAB PT	A	E			X
G0473	GROUP BEHAVE COUNS 2-10	S	E			X
G0477	DRUG TEST PRESUMP OPTICAL	Q4	E			X
G0478	DRUG TEST PRESUMP OPT INST	Q4	E			X
G0479	DRUG TEST PRESUMP NOT OPT	Q4	E			X
G0480	DRUG TEST DEF 1-7 CLASSES	Q4	E			X
G0481	DRUG TEST DEF 8-14 CLASSES	Q4	E			X
G0482	DRUG TEST DEF 15-21 CLASSES	Q4	E			X
G0483	DRUG TEST DEF 22+ CLASSES	Q4	E			X

STATE OF SOUTH DAKOTA DEPARTMENT OF SOCIAL SERVICES OUTPATIENT PROSPECTIVE PAYMENT SYSTEM [SD DSS OPPS]

EXCEPTION CODES LIST

EFFECTIVE JULY 1, 2016

UPDATED BASED ON THIRD QUARTER 2016 CMS OCE CHANGES

						07/25/2016
CODE	**DESCRIPTION**	**CMS PSI**	**SD DSS PSI**	**COVERED WITH FEE**	**COVERED PAID PCT OF CHARGE**	**DENIED AND PAID ZERO**
G9017	AMANTADINE HCL 100MG ORAL	A	E			X
G9018	ZANAMIVIR,INHALATION PWD 10M	A	E			X
G9019	OSELTAMIVIR PHOSPHATE 75MG	A	E			X
G9020	RIMANTADINE HCL 100MG ORAL	A	E			X
G9033	AMANTADINE HCL ORAL BRAND	A	E			X
G9034	ZANAMIVIR, INH PWDR, BRAND	A	E			X
G9035	OSELTAMIVIR PHOSP, BRAND	A	E			X
G9036	RIMANTADINE HCL, BRAND	A	E			X
G9140	FRONTIER EXTENDED STAY DEMO	A	E			X
G9143	WARFARIN RESPON GENETIC TEST	N	E			X
J0205	ALGLUCERASE INJECTION	E	A		X	
J0395	ARBUTAMINE HCL INJECTION	E	A		X	
J0890	PEGINESATIDE INJECTION	E	A		X	
J1562	VIVAGLOBIN, INJ	E	A		X	
J1655	TINZAPARIN SODIUM INJECTION	E	A		X	
J1826	INTERFERON BETA-1A INJ	E	A		X	
J1835	ITRACONAZOLE INJECTION	E	A		X	
J2513	PENTASTARCH 10% SOLUTION	E	A		X	
J2725	INJ PROTIRELIN PER 250 MCG	E	A		X	
J2940	SOMATREM INJECTION	E	A		X	
J7182	FACTOR VIII RECOMB NOVOEIGHT	E	A		X	
J7301	LEVONORGESTREL IU 13.5 MG	E	A	X		
J7303	CONTRACEPTIVE VAGINAL RING	E	A	X		
J7304	CONTRACEPTIVE HORMONE PATCH	E	A	X		
J7306	LEVONORGESTREL IMPLANT SYS	E	A	X		
J7307	ETONOGESTREL IMPLANT SYSTEM	E	A	X		
J7507	TACROLIMUS IMME REL ORAL 1MG	N	E			X
J7508	TACROL ASTAGRAF EX REL ORAL	G	E			X

STATE OF SOUTH DAKOTA DEPARTMENT OF SOCIAL SERVICES OUTPATIENT PROSPECTIVE PAYMENT SYSTEM [SD DSS OPPS]

EXCEPTION CODES LIST

EFFECTIVE JULY 1, 2016

UPDATED BASED ON THIRD QUARTER 2016 CMS OCE CHANGES

						07/25/2016
CODE	**DESCRIPTION**	**CMS PSI**	**SD DSS PSI**	**COVERED WITH FEE**	**COVERED PAID PCT OF CHARGE**	**DENIED AND PAID ZERO**
J7640	FORMOTEROL COMP UNIT	E	A		X	
J8515	CABERGOLINE, ORAL 0.25MG	E	A		X	
J8562	ORAL FLUDARABINE PHOSPHATE	E	A		X	
J8565	GEFITINIB ORAL	E	A		X	
J9160	DENILEUKIN DIFTITOX INJ	E	A		X	
J9300	GEMTUZUMAB OZOGAMICIN INJ	E	A		X	
L2861	TORSION MECHANISM KNEE/ANKLE	E	A		X	
L3891	TORSION MECHANISM WRIST/ELBO	E	A		X	
L8032	REUSABLE NIPPLE PROSTHESIS	A	E			X
L8300	TRUSS SINGLE W/ STANDARD PAD	A	E			X
L8310	TRUSS DOUBLE W/ STANDARD PAD	A	E			X
L8320	TRUSS ADDITION TO STD PAD WA	A	E			X
L8330	TRUSS ADD TO STD PAD SCROTAL	A	E			X
L8609	ARTIFICIAL CORNEA	N	E			X
L8680	IMPLT NEUROSTIM ELCTR EACH	E	A		X	
L8685	IMPLT NROSTM PLS GEN SNG REC	E	A		X	
L8686	IMPLT NROSTM PLS GEN SNG NON	E	A		X	
L8687	IMPLT NROSTM PLS GEN DUA REC	E	A		X	
L8688	IMPLT NROSTM PLS GEN DUA NON	E	A		X	
P3000	SCREEN PAP BY TECH W MD SUPV	A	E			X
P9010	WHOLE BLOOD FOR TRANSFUSION	R	E			X
P9011	BLOOD SPLIT UNIT	R	E			X
P9012	CRYOPRECIPITATE EACH UNIT	R	E			X
P9016	RBC LEUKOCYTES REDUCED	R	E			X
P9017	PLASMA 1 DONOR FRZ W/IN 8 HR	R	E			X
P9019	PLATELETS, EACH UNIT	R	E			X
P9020	PLAELET RICH PLASMA UNIT	R	E			X
P9021	RED BLOOD CELLS UNIT	R	E			X

STATE OF SOUTH DAKOTA DEPARTMENT OF SOCIAL SERVICES OUTPATIENT PROSPECTIVE PAYMENT SYSTEM [SD DSS OPPS]

EXCEPTION CODES LIST

EFFECTIVE JULY 1, 2016

UPDATED BASED ON THIRD QUARTER 2016 CMS OCE CHANGES

						07/25/2016
CODE	**DESCRIPTION**	**CMS PSI**	**SD DSS PSI**	**COVERED WITH FEE**	**COVERED PAID PCT OF CHARGE**	**DENIED AND PAID ZERO**
P9022	WASHED RED BLOOD CELLS UNIT	R	E			X
P9023	FROZEN PLASMA, POOLED, SD	R	E			X
P9031	PLATELETS LEUKOCYTES REDUCED	R	E			X
P9032	PLATELETS, IRRADIATED	R	E			X
P9033	PLATELETS LEUKOREDUCED IRRAD	R	E			X
P9034	PLATELETS, PHERESIS	R	E			X
P9035	PLATELET PHERES LEUKOREDUCED	R	E			X
P9036	PLATELET PHERESIS IRRADIATED	R	E			X
P9037	PLATE PHERES LEUKOREDU IRRAD	R	E			X
P9038	RBC IRRADIATED	R	E			X
P9039	RBC DEGLYCEROLIZED	R	E			X
P9040	RBC LEUKOREDUCED IRRADIATED	R	E			X
P9043	PLASMA PROTEIN FRACT,5%,50ML	R	E			X
P9044	CRYOPRECIPITATEREDUCEDPLASMA	R	E			X
P9045	ALBUMIN (HUMAN), 5%, 250 ML	K	E			X
P9046	ALBUMIN (HUMAN), 25%, 20 ML	K	E			X
P9047	ALBUMIN (HUMAN), 25%, 50ML	K	E			X
P9048	PLASMAPROTEIN FRACT,5%,250ML	R	E			X
P9050	GRANULOCYTES, PHERESIS UNIT	R	E			X
P9051	BLOOD, L/R, CMV-NEG	R	E			X
P9052	PLATELETS, HLA-M, L/R, UNIT	R	E			X
P9053	PLT, PHER, L/R CMV-NEG, IRR	R	E			X
P9054	BLOOD, L/R, FROZ/DEGLY/WASH	R	E			X
P9055	PLT, APH/PHER, L/R, CMV-NEG	R	E			X
P9056	BLOOD, L/R, IRRADIATED	R	E			X
P9057	RBC, FRZ/DEG/WSH, L/R, IRRAD	R	E			X
P9058	RBC, L/R, CMV-NEG, IRRAD	R	E			X
P9059	PLASMA, FRZ BETWEEN 8-24HOUR	R	E			X

STATE OF SOUTH DAKOTA DEPARTMENT OF SOCIAL SERVICES OUTPATIENT PROSPECTIVE PAYMENT SYSTEM [SD DSS OPPS]

EXCEPTION CODES LIST

EFFECTIVE JULY 1, 2016

UPDATED BASED ON THIRD QUARTER 2016 CMS OCE CHANGES

						07/25/2016
CODE	**DESCRIPTION**	**CMS PSI**	**SD DSS PSI**	**COVERED WITH FEE**	**COVERED PAID PCT OF CHARGE**	**DENIED AND PAID ZERO**
P9060	FR FRZ PLASMA DONOR RETESTED	R	E			X
P9603	ONE-WAY ALLOW PRORATED MILES	A	E			X
P9604	ONE-WAY ALLOW PRORATED TRIP	A	E			X
Q0092	SET UP PORT XRAY EQUIPMENT	N	E			X
Q0144	AZITHROMYCIN DIHYDRATE, ORAL	E	A		X	
Q1004	NTIOL CATEGORY 4	E	A		X	
Q1005	NTIOL CATEGORY 5	E	A		X	
Q2028	INJ, SCULPTRA, 0.5MG	B	A		X	
Q2034	AGRIFLU VACCINE	L	E			X
Q2035	AFLURIA VACC, 3 YRS & >, IM	L	E			X
Q2036	FLULAVAL VACC, 3 YRS & >, IM	L	E			X
Q2037	FLUVIRIN VACC, 3 YRS & >, IM	L	E			X
Q2038	FLUZONE VACC, 3 YRS & >, IM	L	E			X
Q2039	NOS FLU VACC, 3 YRS & >, IM	L	E			X
Q3028	INJ BETA INTERFERON SQ 1 MCG	E	A		X	
Q4117	HYALOMATRIX	N	E			X
Q4118	MATRISTEM MICROMATRIX	N	E			X
Q4119	MATRISTEM WOUND MATRIX	N	E			X
Q4120	MATRISTEM BURN MATRIX	N	E			X
Q5101	INJ FILGRASTIM GCSF BIOSIMIL	G	E			X
Q5102	INJ INFLIXIMAB BIOSIMILAR	K	E			X
Q9981	ROLAPITANT, ORAL, 1MG	K	E			X
Q9982	FLUTEMETAMOL F18	G	E			X
Q9983	FLORBETABEN F18	G	E			X
V2100	LENS SPHER SINGLE PLANO 4.00	A	E			X
V2101	SINGLE VISN SPHERE 4.12-7.00	A	E			X
V2102	SINGL VISN SPHERE 7.12-20.00	A	E			X
V2103	SPHEROCYLINDR 4.00D/12-2.00D	A	E			X

STATE OF SOUTH DAKOTA DEPARTMENT OF SOCIAL SERVICES OUTPATIENT PROSPECTIVE PAYMENT SYSTEM [SD DSS OPPS]

EXCEPTION CODES LIST

EFFECTIVE JULY 1, 2016

UPDATED BASED ON THIRD QUARTER 2016 CMS OCE CHANGES

						07/25/2016
CODE	DESCRIPTION	CMS PSI	SD DSS PSI	COVERED WITH FEE	COVERED PAID PCT OF CHARGE	DENIED AND PAID ZERO
V2104	SPHEROCYLINDR 4.00D/2.12-4D	A	E			X
V2105	SPHEROCYLINDER 4.00D/4.25-6D	A	E			X
V2106	SPHEROCYLINDER 4.00D/>6.00D	A	E			X
V2107	SPHEROCYLINDER 4.25D/12-2D	A	E			X
V2108	SPHEROCYLINDER 4.25D/2.12-4D	A	E			X
V2109	SPHEROCYLINDER 4.25D/4.25-6D	A	E			X
V2110	SPHEROCYLINDER 4.25D/OVER 6D	A	E			X
V2111	SPHEROCYLINDR 7.25D/.25-2.25	A	E			X
V2112	SPHEROCYLINDR 7.25D/2.25-4D	A	E			X
V2113	SPHEROCYLINDR 7.25D/4.25-6D	A	E			X
V2114	SPHEROCYLINDER OVER 12.00D	A	E			X
V2115	LENS LENTICULAR BIFOCAL	A	E			X
V2118	LENS ANISEIKONIC SINGLE	A	E			X
V2121	LENTICULAR LENS, SINGLE	A	E			X
V2200	LENS SPHER BIFOC PLANO 4.00D	A	E			X
V2201	LENS SPHERE BIFOCAL 4.12-7.0	A	E			X
V2202	LENS SPHERE BIFOCAL 7.12-20.	A	E			X
V2203	LENS SPHCYL BIFOCAL 4.00D/.1	A	E			X
V2204	LENS SPHCY BIFOCAL 4.00D/2.1	A	E			X
V2205	LENS SPHCY BIFOCAL 4.00D/4.2	A	E			X
V2206	LENS SPHCY BIFOCAL 4.00D/OVE	A	E			X
V2207	LENS SPHCY BIFOCAL 4.25-7D/.	A	E			X
V2208	LENS SPHCY BIFOCAL 4.25-7/2.	A	E			X
V2209	LENS SPHCY BIFOCAL 4.25-7/4.	A	E			X
V2210	LENS SPHCY BIFOCAL 4.25-7/OV	A	E			X
V2211	LENS SPHCY BIFO 7.25-12/.25-	A	E			X
V2212	LENS SPHCYL BIFO 7.25-12/2.2	A	E			X
V2213	LENS SPHCYL BIFO 7.25-12/4.2	A	E			X

STATE OF SOUTH DAKOTA DEPARTMENT OF SOCIAL SERVICES OUTPATIENT PROSPECTIVE PAYMENT SYSTEM [SD DSS OPPS]

EXCEPTION CODES LIST

EFFECTIVE JULY 1, 2016

UPDATED BASED ON THIRD QUARTER 2016 CMS OCE CHANGES

						07/25/2016
CODE	DESCRIPTION	CMS PSI	SD DSS PSI	COVERED WITH FEE	COVERED PAID PCT OF CHARGE	DENIED AND PAID ZERO
V2214	LENS SPHCYL BIFOCAL OVER 12.	A	E			X
V2215	LENS LENTICULAR BIFOCAL	A	E			X
V2218	LENS ANISEIKONIC BIFOCAL	A	E			X
V2219	LENS BIFOCAL SEG WIDTH OVER	A	E			X
V2220	LENS BIFOCAL ADD OVER 3.25D	A	E			X
V2300	LENS SPHERE TRIFOCAL 4.00D	A	E			X
V2301	LENS SPHERE TRIFOCAL 4.12-7.	A	E			X
V2302	LENS SPHERE TRIFOCAL 7.12-20	A	E			X
V2303	LENS SPHCY TRIFOCAL 4.0/.12-	A	E			X
V2304	LENS SPHCY TRIFOCAL 4.0/2.25	A	E			X
V2305	LENS SPHCY TRIFOCAL 4.0/4.25	A	E			X
V2306	LENS SPHCYL TRIFOCAL 4.00/>6	A	E			X
V2307	LENS SPHCY TRIFOCAL 4.25-7/.	A	E			X
V2308	LENS SPHC TRIFOCAL 4.25-7/2.	A	E			X
V2309	LENS SPHC TRIFOCAL 4.25-7/4.	A	E			X
V2310	LENS SPHC TRIFOCAL 4.25-7/>6	A	E			X
V2311	LENS SPHC TRIFO 7.25-12/.25-	A	E			X
V2312	LENS SPHC TRIFO 7.25-12/2.25	A	E			X
V2313	LENS SPHC TRIFO 7.25-12/4.25	A	E			X
V2314	LENS SPHCYL TRIFOCAL OVER 12	A	E			X
V2315	LENS LENTICULAR TRIFOCAL	A	E			X
V2318	LENS ANISEIKONIC TRIFOCAL	A	E			X
V2319	LENS TRIFOCAL SEG WIDTH > 28	A	E			X
V2320	LENS TRIFOCAL ADD OVER 3.25D	A	E			X
V2321	LENTICULAR LENS, TRIFOCAL	A	E			X
V2500	CONTACT LENS PMMA SPHERICAL	A	E			X
V2501	CNTCT LENS PMMA-TORIC/PRISM	A	E			X
V2502	CONTACT LENS PMMA BIFOCAL	A	E			X

STATE OF SOUTH DAKOTA DEPARTMENT OF SOCIAL SERVICES OUTPATIENT PROSPECTIVE PAYMENT SYSTEM [SD DSS OPPS]

EXCEPTION CODES LIST

EFFECTIVE JULY 1, 2016

UPDATED BASED ON THIRD QUARTER 2016 CMS OCE CHANGES

						07/25/2016
CODE	**DESCRIPTION**	**CMS PSI**	**SD DSS PSI**	**COVERED WITH FEE**	**COVERED PAID PCT OF CHARGE**	**DENIED AND PAID ZERO**
V2503	CNTCT LENS PMMA COLOR VISION	A	E			X
V2511	CNTCT TORIC PRISM BALLAST	A	E			X
V2512	CNTCT LENS GAS PERMBL BIFOCL	A	E			X
V2513	CONTACT LENS EXTENDED WEAR	A	E			X
V2522	CNTCT LENS HYDROPHIL BIFOCL	A	E			X
V2523	CNTCT LENS HYDROPHIL EXTEND	A	E			X
V2700	BALANCE LENS	A	E			X
V2730	SPECIAL BASE CURVE	A	E			X
V2745	TINT, ANY COLOR/SOLID/GRAD	A	E			X
V2755	UV LENS/ES	A	E			X
V2770	OCCLUDER LENS/ES	A	E			X
V2780	OVERSIZE LENS/ES	A	E			X
V2782	LENS, 1.54-1.65 P/1.60-1.79G	A	E			X
V2783	LENS, >= 1.66 P/>=1.80 G	A	E			X
V2785	CORNEAL TISSUE PROCESSING	F	A		X	
V2790	AMNIOTIC MEMBRANE	N	E			X
V5095	IMPLANT MID EAR HEARING PROS	E	A		X	

717	**CODES**

FOOTNOTES:

#1	AMBULANCE SERVICES MUST BE BILLED ON 1500 FORM AND ARE NOT PART OF SD DSS OPPS

STATE OF SOUTH DAKOTA DEPARTMENT OF SOCIAL SERVICES OUTPATIENT PROSPECTIVE PAYMENT SYSTEM [SD DSS OPPS]

EXCEPTION CODES LIST

EFFECTIVE JULY 1, 2016

UPDATED BASED ON THIRD QUARTER 2016 CMS OCE CHANGES

07/25/2016

CODE	DESCRIPTION	CMS PSI	SD DSS PSI	COVERED WITH FEE	COVERED PAID PCT OF CHARGE	DENIED AND PAID ZERO

THE INFORMATION ON THIS PAGE SERVES AS A REFERENCE ONLY. IT DOES NOT GUARANTEE THAT SERVICES ARE COVERED. SUBJECT TO CHANGE

PSI	CMS DESCRIPTION
A	PAID UNDER A FEE SCHEDULE OR PAYMENT SYSTEM OTHER THAN OPPS
B	SERVICE NOT ALLOWED UNDER OPPS ON HOSPITAL OUTPATIENT CLAIM
E	PAYMENT NOT ALLOWED UNDER OUTPATIENT PPS OR ANY OTHER MEDICARE PAYMENT SYSTEM
F	PAID REASONABLE COSTS, DEDUCTIBLES & COINSURANCE APPLY (CORNEAL TISSUE ACQUISITION CERTAIN CRNA SERVICES, & HEPATITIS B VACCINES)
G	DRUG/BIOLOGICAL TRANSITIONAL PASS-THROUGH
J1	HOSPITAL PART B SERVICES PAID THROUGH A COMPREHENSIVE APC
J2	HOSPITAL PART B SERVICES THAT MAY BE PAID THROUGH A COMPREHENSIVE APC
K	NON PASS-THROUGH DRUGS AND NON-IMPLANTABLE BIOLOGICALS, INCLUDING THERAPEUTIC RADIOPHARMACEUTICALS PAID APC RATE
L	PAID REASONABLE COSTS, NO DEDUCTIBLE OR COINSURANCE APPLY (INFLUENZA AND PNEUMOCOCCAL PNEUMONIA VACCINE)
M	ITEMS AND SERVICES NOT BILLABLE TO FI/MAC. NOT PAID UNDER OPPS
N	INCIDENTAL SERVICES OR PROCEDURES – PACKAGED INTO APC RATE; NO ADDITIONAL PAYMENT
QI	PACKAGED SERVICES SUBJECT TO SEPARATE PAYMENT UNDER OPPS PAYMENT CRITERIA [STVJ1]
Q2	PACKAGED SERVICES SUBJECT TO SEPARATE PAYMENT UNDER OPPS PAYMENT CRITERIA [TJ1]
Q3	SERVICES THAT MAY BE PAID THROUGH A COMPOSITE APC
Q4	CONDITIONALLY PACKAGED LABORATORY TESTS
R	BLOOD AND BLOOD PRODUCTS
S	PROCEDURE OR SERVICE, NOT DISCOUNTED WHEN MULTIPLE
T	PROCEDURE OR SERVICE, MULTIPLE REDUCTION APPLIES
V	VISIT TO CLINIC OR EMERGENCY DEPARTMENT

THE INFORMATION ON THIS PAGE SERVES AS A REFERENCE ONLY; SUBJECT TO CHANGE