

STATE OF SOUTH DAKOTA DEPARTMENT OF SOCIAL SERVICES OUTPATIENT PROSPECTIVE PAYMENT SYSTEM
 [SD DSS OPPS]
 FEE SCHEDULE
 EFFECTIVE JULY 1, 2016

UPDATED BASED ON SECOND QUARTER 2016 CMS OCE CHANGES

CODE	DESCRIPTION	PRICE WITHOUT CUTBACK % APPLIED
V2522	CNTCT LENS HYDROPHIL BIF	\$0.00
V2523	CNTCT LENS HYDROPHIL EXT	\$0.00
V2530	CONTACT LENS, SCLERAL, PER LENS (FOR CONTACT LENS MODIF	\$154
V2531	CONTACT LENS GAS PERMEABLE	\$46
V2599	NOT OTHERWISE CLASSIFIED, CONTACT LENS	\$21.2
V2624	POLISHING/RESURFACING OF OCULAR PROSTHESIS	\$62.35
V2625	ENLARGEMENT OF OCULAR PROSTHESIS	\$431.90
V2626	REDUCTION OF OCULAR PROSTHESIS	\$199.28
V2628	FABRICATION AND FITTING OF OCULAR CONFORMER	\$326.60
V2700	BALANCE LENS; PER LENS	\$0.00
V2715	PRISM, PER LENS	\$9.23
V2730	SPECIAL BASE CURVE	\$0.00
V2744	TINT, PHOTOCHROMATIC, PER LENS	\$14.37
V2745	TINT-ANY COLOR/SOLID/GR	\$0.00
V2755	U-V LENS; PER LENS	\$0.00
V2770	OCCLUDER LENS; PER LENS	\$0.00
V2780	OVERSIZE LENS; PER LENS	\$0.00
V2782	LENS TO 1.65 P/7.79 G	\$0.00
V2783	LENS >= 1.66 P/1.80 G	\$0.00
V2790	AMNIOTIC MEMBRANE	\$0.00

2203 CODES

FOOTNOTES

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

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