

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

FEE SCHEDULE

EFFECTIVE JULY 1, 2016

07/25/2016

UPDATED BASED ON THIRD QUARTER 2016 CMS OCE CHANGES

CODE	DESCRIPTION	SY17 PRICE WITHOUT CUTBACK % APPLIED
0019T	EXTRACORP SHOCK WV TX MS	\$0.00
0042T	CT PERFUSION W/CONTRAST	\$0.00
0071T	U/S LEIOMYOMATA ABLATE <	\$0.00
0072T	U/S LEIOMYOMATA ABLATE >	\$0.00
0100T	PROSTH RETINA RECEIVE&GE	\$0.00
0101T	EXTRACORP SHOCKWV TX HI	\$0.00
0102T	EXTRACORP SHOCKWV TX ANE	\$0.00
0106T	TOUCH QUANT SENSORY TEST	\$0.00
0107T	VIBRATE QUANT SENSORY TE	\$0.00
0108T	COOL QUANT SENSORY TEST	\$0.00
0109T	HEAT QUANT SENSORY TEST	\$0.00
0110T	NOS QUANT SENSORY TEST	\$0.00
0111T	RBC MEMBRANES FATTY ACID	\$0.00
0126T	CHD RISK IMT STUDY	\$0.00
0159T	CAD BREAST MRI	\$0.00
0171T	LUMBAR SPINE PROCES DIST	\$0.00
0172T	LUMBAR SPINE PROCESS ADD	\$0.00
0174T	CAD CXR WITH INTERP	\$0.00
0175T	CAD CXR REMOTE	\$0.00
0184T	EXC RECTAL TUMOR ENDOSCO	\$0.00
0190T	PLACE INTRAOC RADIATION	\$0.00
0198T	OCULAR BLOOD FLOW MEASUR	\$0.00
0200T	PERQ SACRAL AUGMT UNILAT	\$0.00
0201T	PERQ SACRAL AUGMT BILAT	\$0.00

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0205T	INIRS EACH VESSEL ADD-ON	\$0.00
0206T	CPTR DBS ALYS CAR ELEC D	\$0.00
0207T	CLEAR EYELID GLAND W/HEA	\$0.00
0208T	AUTOMATED AUDIOMETRY AIR	\$0.00
0209T	AUTO AUDIOMETRY AIR/BONE	\$0.00
0210T	SPEECH AUDIOMETRY THRESH	\$0.00
0211T	SPEECH AUDIOM THRESH & R	\$0.00
0212T	COMPRE AUDIOMETRY EVALUA	\$0.00
0213T	NJX PARAVERT W/US CER/TH	\$0.00
0214T	NJX PARAVERT W/US CER/TH	\$0.00
0215T	NJX PARAVERT W/US CER/TH	\$0.00
0216T	NJX PARAVERT W/US LUMB/S	\$0.00
0217T	NJX PARAVERT W/US LUMB/S	\$0.00
0218T	NJX PARAVERT W/US LUMB/S	\$0.00
0221T	PLMT POST FACET IMPLT LU	\$0.00
0222T	PLMT POST FACET IMPLT AD	\$0.00
0232T	NJX PLATELET PLASMA	\$0.00
0302T	ICAR ISCHM MNTRNG SYS CO	\$0.00
0303T	ICAR ISCHM MNTRNG SYS EL	\$0.00
0304T	ICAR ISCHM MNTRNG SYS DE	\$0.00
0305T	ICAR ISCHM MNTRNG PRGRM	\$0.00
0306T	ICAR ISCHM MNTR INTERR E	\$0.00
0307T	RMVL ICAR ISCHM MNTRNG D	\$0.00
0308T	INSJ OCULAR TELESCOPE PR	\$0.00

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0310T	MOTOR FUNCTION MAPPING N	\$0.00
0312T	LAPS IMPLTJ NSTIM VAGUS	\$0.00
0313T	LAPS RMVL NSTIM ARRAY VA	\$0.00
0314T	LAPS RMVL VGL ARRY & PLS	\$0.00
0315T	RMVL VAGUS NERVE PLS GEN	\$0.00
0316T	REPLC VAGUS NERVE PLS GE	\$0.00
0317T	ELEC ALYS VAGUS NRV PLS	\$0.00
0330T	TEAR FILM IMG INU/BI W/I	\$0.00
0331T	HEART SYMP IMAGE PLNR	\$0.00
0332T	HEART SYMP IMAGE PLNR SP	\$0.00
0335T	EXTRAOSSEOUS JOINT STBLZ	\$0.00
0336T	LAP ABLAT UTERINE FIBROI	\$0.00
0337T	ENDOTHEL FXNASSMNT NON-I	\$0.00
0338T	TRANSCATH RENAL SYMP DEN	\$0.00
0339T	TRANSCATH RENAL SYMP DEN	\$0.00
0340T	ABLATE PULM TUMORS + EXT	\$0.00
0341T	QUANT PUPILLOMETRY W/ RP	\$0.00
0342T	THXP APHERESIS W/ HDL DE	\$0.00
0346T	ULTRASOUND ELASTOGRAPH	\$0.00
0347T	INS BONE DEVICE FOR RSA	\$0.00
0348T	RSA SPINE EXAM	\$0.00
0349T	RSA UPPER EXTR EXAM	\$0.00
0350T	RSA LOWER EXTR EXAM	\$0.00
0351T	INTRAOP OCT BRST/NODE SPEC	\$0.00

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0353T	INTRAOP OCT BREAST CAVITY	\$0.00
0355T	GI TRACT CAPSULE ENDOSCOPY	\$0.00
0356T	INSRT DRUG DEVICE FOR IOP	\$0.00
0357T	CRYOPRESERVATION OOCYTE(S)	\$0.00
0358T	BIA WHOLE BODY	\$0.00
0360T	OBSERV BEHAV ASSESSMENT	\$0.00
0361T	OBSERV BEHAV ASSESS ADDL	\$0.00
0362T	EXPOSE BEHAV ASSESSMENT	\$0.00
0363T	EXPOSE BEHAV ASSESS ADDL	\$0.00
0364T	ADAPTIVE BEHAVIOR TREATMENT	\$0.00
0365T	ADAPTIVE BEHAVIOR TX ADDL	\$0.00
0366T	GROUP BEHAVIOR TREATMENT	\$0.00
0367T	GROUP BEHAV TREATMENT ADDL	\$0.00
0373T	EXPOSURE BEHAVIOR TREATMENT	\$0.00
0374T	EXPOSE BEHAV TREATMENT ADDL	\$0.00
0376T	INSERT ANT SEGMENT DRAIN INT	\$0.00
0377T	ANOSCPY INJ AGENT FOR INCONT	\$0.00
0379T	VIS FIELD ASSMNT TECH SUPPT	\$0.00
0380T	COMP ANIMAT RET IMAG SERIES	\$0.00
0387T	LEADLESS C PM INS/RPL VENTR	\$0.00
0388T	LEADLESS C PM REMOVE VENTR	\$0.00
0389T	PROG EVAL INPER LEADLS PM	\$0.00
0390T	PERIPROC EVAL INPER LEDLS PM	\$0.00
0391T	INTERGT EVAL INPER LEADLS PM	\$0.00

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0392T	LAP ES SPH AUGMENT DEV PLACE	\$0.00
0393T	ES SPH AUGMNT DEVICE REMOVAL	\$0.00
0396T	INTRAOP KINETIC BALNCE SENSR	\$0.00
0397T	ERCP W/OPTICAL ENDOMICROSCPY	\$0.00
0399T	MYOCARDIAL STRAIN IMAGING	\$0.00
0400T	MLTISPECTRL DIGITAL LES ALYS	\$0.00
0401T	MLTISPECTRL DIGITAL LES ALYS	\$0.00
0402T	COLLAGEN CROSSLINKING CORNEA	\$0.00
0404T	TRNSCRV UTERIN FIBROID ABLTJ	\$0.00
0406T	SIN NDSC PLMT DRG ELUT MPLNT	\$0.00
0407T	SIN NDSC PLMT DRG ELUT MPLNT	\$0.00
0408T	INSJ/RPLC CARDIAC MODULJ SYS	\$0.00
0409T	INSJ/RPLC CARDIAC MODULJ PLS	\$0.00
0410T	INSJ/RPLC CAR MODULJ ATR ELT	\$0.00
0411T	INSJ/RPLC CAR MODULJ VNT ELT	\$0.00
0412T	RMVL CARDIAC MODULJ PLS GEN	\$0.00
0413T	RMVL CAR MODULJ TRANVNS ELT	\$0.00
0414T	RMVL & RPL CAR MODULJ PLS GN	\$0.00
0415T	REPOS CAR MODULJ TRANVNS ELT	\$0.00
0416T	RELOC SKIN POCKET PLS GEN	\$0.00
0417T	PRGRMG EVAL CARDIAC MODULJ	\$0.00
0418T	INTERRO EVAL CARDIAC MODULJ	\$0.00
0419T	DSTRJ NEUROFIBROMATA XTNSV	\$0.00
0420T	DSTRJ NEUROFIBROMATA XTNSV	\$0.00

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0422T	TACTILE BREAST IMG UNI/BI	\$0.00
0423T	ASSAY SECRETORY TYPE II PLA2	\$0.00
0424T	INSJ/RPLC NSTIM APNEA COMPL	\$0.00
0425T	INSJ/RPLC NSTIM APNEA SEN LD	\$0.00
0426T	INSJ/RPLC NSTIM APNEA STM LD	\$0.00
0427T	INSJ/RPLC NSTIM APNEA PLS GN	\$0.00
0428T	RMVL NSTIM APNEA PLS GEN	\$0.00
0429T	RMVL NSTIM APNEA SEN LD	\$0.00
0430T	RMVL NSTIM APNEA STIMJ LD	\$0.00
0431T	RMVL/RPLC NSTIM APNEA PLS GN	\$0.00
0432T	REPOS NSTIM APNEA STIMJ LD	\$0.00
0433T	REPOS NSTIM APNEA SENSING LD	\$0.00
0434T	INTERRO EVAL NPGS SLEEP APNE	\$0.00
0435T	PRGRMG EVAL NPGS APNEA 1 SES	\$0.00
0436T	PRGRMG EVAL NPGS APNEA STUDY	\$0.00
0437T	IMPLTJ SYNTH RNFCMT ABDL WAL	\$0.00
0438T	TPRNL PLMT BIODEGRDABL MATRL	\$0.00
0439T	MYOCDR CONTRAST PRFUJ ECHO	\$0.00
0440T	ABL TJ PERC UXTR/PERPH NRV	\$0.00
0441T	ABL TJ PERC LXTR/PERPH NRV	\$0.00
0442T	ABL TJ PERC PLEX/TRNCL NRV	\$0.00
0443T	R-T SPCTRL Alys PRST8 TISS	\$0.00
0444T	1ST PLMT DRUG ELUT OC INS	\$0.00
0445T	SBSQT PLMT DRUG ELUT OC INS	\$0.00

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11719	TRIM NAIL(S) ANY NUMBER	\$0.00
15775	HAIR TRNSPL 1-15 PUNCH G	\$0.00
15776	HAIR TRNSPL >15 PUNCH GR	\$0.00
15847	EXC SKIN ABD ADD-ON	\$0.00
17380	HAIR REMOVAL BY ELECTROL	\$0.00
20974	ELECTRICAL BONE STIMULAT	\$0.00
20975	ELECTRICAL BONE STIMULAT	\$0.00
20979	US BONE STIMULATION	\$0.00
22856	CERV ARTIFIC DISKECTOMY	\$0.00
32561	LYSE CHEST FIBRIN INIT D	\$0.00
32562	LYSE CHEST FIBRIN SUBQ D	\$0.00
32701	THORAX STEREO RAD TARGETW/TX	\$222.13
36415	ROUTINE VENIPUNCTURE FOR COLLECTION OF SPECIMEN(S)	\$4.83
38204	BL DONOR SEARCH MANAGEME	\$0.00
38205	HARVEST ALLOGENEIC STEM	\$75.30
38207	CRYOPRESERVE STEM CELLS	\$0.00
38208	THAW PRESERVED STEM CELL	\$0.00
38209	WASH HARVEST STEM CELLS	\$0.00
38210	T-CELL DEPLETION OF HARV	\$0.00
38211	TUMOR CELL DEplete OF HA	\$0.00
38212	RBC DEPLETION OF HARVEST	\$0.00
38213	PLATELET DEplete OF HARV	\$0.00
38214	VOLUME DEplete OF HARVES	\$0.00
38215	HARVEST STEM CELL CONCEN	\$0.00

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49411	INS MARK ABD/PEL FOR RT	\$0.00
54900	FUSION SPERMATIC DUCTS	\$0.00
54901	FUSION SPERMATIC DUCTS	\$0.00
55400	REPAIR OF SPERM DUCT	\$0.00
55870	ELECTROJACULATION	\$0.00
55970	SEX TRANSFORMATION M TO F	\$0.00
55980	SEX TRANSFORMATION F TO M	\$0.00
58321	ARTIFICIAL INSEMINATION	\$0.00
58322	ARTIFICIAL INSEMINATION	\$0.00
58323	SPERM WASHING	\$0.00
58345	REOPEN FALLOPIAN TUBE	\$0.00
58350	HYDROTUBATION OF OVIDUCT	\$0.00
58672	LAPAROSCOPY FIMBRIOPLAST	\$0.00
58673	LAPAROSCOPY SALPINGOSTOM	\$0.00
58920	PARTIAL REMOVAL OF OVARY	\$0.00
58970	RETRIEVAL OF OOCYTE	\$0.00
58974	TRANSFER OF EMBRYO	\$0.00
58976	TRANSFER OF EMBRYO	\$0.00
59840	LEGAL-THERA ABORTION	\$0.00
59841	ABORTION	\$0.00
59866	ABORTION (MPR)	\$0.00
64550	APPLICATION OF SURF. NEUROSTIMULATOR	\$23.81
65770	REVISE CORNEA W IMPLANT	\$0.00
77051	CAD DIAGNOSTIC MAMMOGRAPHY	\$10.33

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CODE	DESCRIPTION	SY17 PRICE WITHOUT CUTBACK % APPLIED
77052	SCREENING MAMMOGRAPHY	\$10.33
77055	MAMMOGRAM ONE BREAST	\$74.46
77056	MAMMOGRAM BOTH BREASTS	\$97.37
77057	MAMMOGRAM SCREENING	\$80.56
77063	BREAST TOMOSYNTHESIS BI	\$52.13
78267	BREATH TST ATTAIN/ANAL C-14	\$11.41
78268	BREATH TEST ANALYSIS C-14	\$97.79
80047	METABOLIC PANEL IONIZED CA	\$12.73
80048	BASIC METABOLIC PANEL	\$12.28
80050	GENERAL HEALTH PANEL	\$56.47
80051	ELECTROLYTE PANEL	\$10.18
80053	COMPREHEN METABOLIC PANEL	\$15.34
80055	OBSTETRIC PROFILE	\$45.56
80061	LIPID PROFILE	\$19.44
80069	RENAL FUNCTION PANEL	\$12.60
80074	ACUTE HEPATITIS PANEL	\$68.19
80076	HEPATIC FUNCTION PANEL	\$11.86
80081	OBSTETRIC PANEL	\$94.25
80150	AMIKACIN	\$21.89
80156	ASSAY CARBAMAZEPINE TOTAL	\$21.14
80157	ASSAY CARBAMAZEPINE FREE	\$19.45
80158	DRUG ASSAY CYCLOSPORINE	\$26.21
80159	DRUG ASSAY CLOZAPINE	\$23.70
80162	ASSAY OF DIGOXIN TOTAL	\$19.28

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CODE	DESCRIPTION	SY17 PRICE WITHOUT CUTBACK % APPLIED
80163	ASSAY OF DIGOXIN FREE	\$16.98
80164	ASSAY DIPROPYLACETIC ACID	\$19.67
80165	DIPROPYLACETIC ACID FREE	\$17.33
80168	ETHOSUXIMIDE	\$23.42
80170	ASSAY OF GENTAMICIN	\$22.02
80173	ASSAY OF HALOPERIDOL	\$21.37
80175	DRUG SCREEN QUAN LAMOTRIGINE	\$17.00
80176	ASSAY OF LIDOCAINE	\$21.32
80177	DRUG SCR N QUAN LEVETIRACETAM	\$17.00
80178	ASSAY OF LITHIUM	\$9.59
80183	DRUG SCR N QUANT OXCARBAZEPIN	\$17.00
80184	ASSAY OF PHENOBARBITAL	\$16.63
80185	ASSAY OF PHENYTOIN TOTAL	\$18.42
80186	ASSAY OF PHENYTOIN FREE	\$18.43
80188	ASSAY OF PRIMIDONE	\$24.08
80190	ASSAY OF PROCAINAMIDE	\$24.32
80192	ASSAY OF PROCAINAMIDE	\$24.32
80194	ASSAY OF QUINIDINE	\$19.83
80195	ASSAY OF SIROLIMUS	\$20.14
80197	ASSAY OF TACROLIMUS	\$19.92
80198	ASSAY OF THEOPHYLLINE	\$20.54
80200	ASSAY OF TOBRAMYCIN	\$23.40
80201	ASSAY OF TOPIRAMATE	\$17.30
80202	ASSAY OF VANCOMYCIN	\$19.67

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80203	DRUG SCREEN QUANT ZONISAMIDE	\$17.00
80299	QUANTITATIVE ASSAY DRUG	\$19.86
80400	ACTH STIMULATION PANEL; FOR ADRENAL INSUFFICIENCY	\$38.41
80402	ACTH STIMULATION PANEL; FOR 21 HYDROXYLASE DEFICIENCY	\$87.84
80406	ACTH STIMULATION PANEL; FOR 3 BETA-HYDROXYDEHYDROGENASE	\$61.90
80408	ALDOSTERONE SUPPRESSION EVALUATION PANEL (EG, SALINE IN	\$182.19
80410	CALCITONIN STIMUL PANEL	\$108.64
80412	CORTICOTROPIC RELEASING HORMONE (CRH) STIMULATION PANEL	\$451.67
80414	CHORIONIC GONADOTROPHIN STIMULATION PANEL; TESTOSTERONE	\$74.96
80415	CHORIONIC GONADOTROPHIN STIMULATION PANEL; ESTRADIOL RE	\$81.13
80416	RENIN STIMULATION PANEL	\$191.62
80417	RENIN STIMULATION PANEL	\$63.87
80418	COMBINED RAPID ANTERIOR PITUITARY EVALUATION PANEL	\$823.51
80420	DEXAMETHASONE SUPPRESSION PANEL, 48 HOUR	\$95.63
80422	GLUCAGON TOLERANCE PANEL; FOR INSULINOMA	\$66.91
80424	GLUCAGON TOLERANCE PANEL; FOR PHEOCHROMOCYTOMA	\$73.33
80426	GONADOTROPIN RELEASING HORMONE STIMULATION PANEL	\$215.52
80428	GROWTH HORMONE STIMULATION PANEL (EG, ARGININE INFUSION	\$96.82
80430	GROWTH HORMONE SUPPRESSION PANEL (GLUCOSE ADMINISTRATIO	\$113.89
80432	INSULIN-INDUCED C-PEPTIDE SUPPRESSION PANEL	\$196.09
80434	INSULIN TOLERANCE PANEL; FOR ACTH INSUFFICIENCY	\$124.48
80435	INSULIN TOLERANCE PANEL; FOR GROWTH HORMONE DEFICIENCY	\$149.48
80436	METYRAPONE PANEL	\$123.40
80438	THYROTROPIN RELEASING HORMONE (TRH) STIMULATION PANEL;	\$73.15

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80439	THYROTROPIN RELEASING HORMONE (TRH) STIMULATION PANEL;	\$97.52
81000	URINALYSIS NONAUTO W/SCOPE	\$4.59
81001	URINALYSIS AUTO W/SCOPE	\$4.59
81002	ROUTINE URINALYSIS W/O MICRO	\$3.72
81003	URINALYSIS AUTO W/O SCOPE	\$3.26
81005	URINALYSIS CHEMICAL QUALITATIVE	\$2.70
81007	URINALYSIS BACTERIURIA SCREEN, BY NON-CULTURE TECHNIQUE	\$3.73
81015	MICROSCOPIC URINE EXAM	\$4.41
81020	URINALYSIS GLASS TEST	\$5.41
81025	URINE PREGNANCY TEST, BY VISUAL COLOR COMPARISON METHOD	\$6.31
81050	URINALYSIS VOLUME MEASURE	\$4.34
81099	UNLISTED URINALYSIS PROCEDURE	\$12.14
81162	BRCA1&2 SEQ & FULL DUP/DEL	\$2,297.68
81170	ABL1 GENE	\$304.57
81206	BCR/ABL1 GENE MAJOR BP	\$210.17
81211	BRCA1&2 SEQ & COM DUP/DE	\$2,012.46
81212	BRCA1&2 185&5385&6174 VA	\$158.63
81213	BRCA1&2 UNCOM DUP/DEL VA	\$523.13
81214	BRCA1 FULL SEQ & COM DUP	\$1,291.09
81215	BRCA1 GENE KNOWN FAM VAR	\$83.71
81216	BRCA2 GENE FULL SEQUENCE	\$2,397.32
81217	BRCA2 GENE KNOWN FAM VAR	\$83.71
81218	CEBPA GENE FULL SEQUENCE	\$304.57
81219	CALR GENE COM VARIANTS	\$153.14

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81220	CFTR GENE COM VARIANTS	\$218.66
81223	CFTR GENE FULL SEQUENCE	\$1,694.32
81224	CFTR GENE INTRON POLY T	\$0.00
81229	CYTOGEN M ARRAY COPY NO&SNP	\$1,114.59
81235	EGFR GENE COM VARIANTS	\$310.05
81240	F2 GENE	\$63.08
81241	F5 GENE	\$78.33
81245	FLT3 GENE	\$155.89
81246	FLT3 GENE ANALYSIS	\$0.00
81257	HBA1/HBA2 GENE	\$185.61
81270	JAK2 GENE	\$127.93
81272	KIT GENE TARGETED SEQ ANALYS	\$304.57
81273	KIT GENE ANALYS D816 VARIANT	\$115.41
81276	KRAS GENE ADDL VARIANTS	\$164.16
81287	MGMT GENE METHYLATION AN	\$0.00
81288	MLH1 GENE	\$0.00
81291	MTHFR GENE	\$55.95
81292	MLH1 GENE FULL SEQ	\$0.00
81293	MLH1 GENE KNOWN VARIANTS	\$0.00
81294	MLH1 GENE DUP/DELETE VAR	\$0.00
81295	MSH2 GENE FULL SEQ	\$0.00
81296	MSH2 GENE KNOWN VARIANTS	\$0.00
81297	MSH2 GENE DUP/DELETE VAR	\$0.00
81298	MSH6 GENE FULL SEQ	\$0.00

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81299	MSH6 GENE KNOWN VARIANTS	\$0.00
81300	MSH6 GENE DUP/DELETE VAR	\$0.00
81301	MICROSATELLITE INSTABILI	\$0.00
81302	MECP2 GENE FULL SEQ	\$0.00
81303	MECP2 GENE KNOWN VARIANT	\$0.00
81304	MECP2 GENE DUP/DELET VAR	\$0.00
81310	NPM1 GENE	\$232.20
81311	NRAS GENE VARIANTS EXON 2&3	\$246.23
81313	PCA3/CLK3 ANTIGEN	\$0.00
81314	PDGFRA GENE	\$304.57
81317	PMS2 GENE FULL SEQ ANALY	\$0.00
81318	PMS2 KNOWN FAMILIAL VARI	\$0.00
81319	PMS2 GENE DUP/DELET VARI	\$0.00
81321	PTEN GENE FULL SEQUENCE	\$0.00
81322	PTEN GENE KNOWN FAM VARI	\$0.00
81323	PTEN GENE DUP/DELET VARI	\$0.00
81324	PMP22 GENE DUP/DELET	\$0.00
81325	PMP22 GENE FULL SEQUENCE	\$0.00
81326	PMP22 GENE KNOWN FAM VAR	\$0.00
81330	SMPD1 GENE COMMON VARIAN	\$0.00
81370	HLA I & II TYPING LR	\$515.44
81376	HLA II TYPING 1 LOCUS LR	\$156.67
81379	HLA I TYPING COMPLETE HR	\$429.88
81380	HLA I TYPING 1 LOCUS HR	\$227.19

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

FEE SCHEDULE

EFFECTIVE JULY 1, 2016

07/25/2016

UPDATED BASED ON THIRD QUARTER 2016 CMS OCE CHANGES

CODE	DESCRIPTION	SY17 PRICE WITHOUT CUTBACK % APPLIED
81400	MOPATH PROCEDURE LEVEL 1	\$91.53
81402	MOPATH PROCEDURE LEVEL 3	\$109.87
81403	MOPATH PROCEDURE LEVEL 4	\$103.75
81404	MOPATH PROCEDURE LEVEL 5	\$247.52
81406	MOPATH PROCEDURE LEVEL 7	\$393.93
81410	AORTIC DYSFUNCTION/DILATION	\$0.00
81411	AORTIC DYSFUNCTION/DILATION	\$0.00
81412	ASHKENAZI JEWISH ASSOC DIS	\$0.00
81415	EXOME SEQUENCE ANALYSIS	\$0.00
81416	EXOME SEQUENCE ANALYSIS	\$0.00
81417	EXOME RE-EVALUATION	\$0.00
81425	GENOME SEQUENCE ANALYSIS	\$0.00
81426	GENOME SEQUENCE ANALYSIS	\$0.00
81427	GENOME RE-EVALUATION	\$0.00
81435	HEREDITARY COLON CA DSORDRS	\$0.00
81436	HEREDITARY COLON CA DSORDRS	\$0.00
81440	MITOCHONDRIAL GENE	\$0.00
81445	TARGETED GENOMIC SEQ ANALYS	\$0.00
81450	TARGETED GENOMIC SEQ ANALYS	\$0.00
81455	TARGETED GENOMIC SEQ ANALYS	\$0.00
81460	WHOLE MITOCHONDRIAL GENOME	\$0.00
81465	WHOLE MITOCHONDRIAL GENOME	\$0.00
81479	UNLISTED MOLECULAR PATHOLOGY	\$621.97
81504	ONCOLOGY TISSUE OF ORIGI	\$0.00

STATE OF SOUTH DAKOTA DEPARTMENT OF SOCIAL SERVICES OUTPATIENT PROSPECTIVE
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CODE	DESCRIPTION	SY17 PRICE WITHOUT CUTBACK % APPLIED
81511	FTL CGEN ABNOR FOUR ANAL	\$125.79
81519	ONCOLOGY BREAST MRNA	\$0.00
81528	ONCOLOGY COLORECTAL SCR	\$452.24
81535	ONCOLOGY GYNECOLOGIC	\$0.00
81536	ONCOLOGY GYNECOLOGIC	\$0.00
81538	ONCOLOGY LUNG	\$0.00
81595	CARDIOLOGY HRT TRNSPL MRNA	\$0.00
82009	ACETONE,QUALITATIVE	\$6.56
82010	ACETONE BLOOD	\$11.29
82013	ACETLCHOLINESTERASE	\$16.22
82016	ACYLCARNITINES QUAL	\$20.13
82017	ACYLCARNITINES QUANT	\$8.39
82024	ASSAY OF ACTH	\$56.07
82030	ASSAY OF ADP & AMP	\$16.38
82040	ASSAY OF SERUM ALBUMIN	\$7.19
82042	ASSAY OF URINE ALBUMIN	\$7.52
82043	MICROALBUMIN QUANTITATIVE	\$8.40
82044	MICROALBUMIN SEMIQUANT	\$6.66
82045	ALBUMIN ISCHEMIA MODIFIED	\$49.83
82075	ASSAY OF BREATH ETHANOL	\$17.51
82085	ALDOLASE, KINETIC ULTRAVIOLET	\$14.09
82088	ASSAY OF ALDOSTERONE	\$59.17
82103	ALPHA-1-ANTITRYPSIN TOTAL	\$19.49
82104	ALPHA-1-ANTITRYPSIN PHENO	\$20.99

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CODE	DESCRIPTION	SY17 PRICE WITHOUT CUTBACK % APPLIED
82105	ALPHA-FETOPROTEIN SERUM	\$24.35
82106	ALPHA-FETOPROTEIN AMNIOTIC	\$24.35
82107	AFP-L3 FRACTION ISOFORM & TOTAL AFP	\$94.54
82108	ASSAY OF ALUMINUM	\$36.99
82120	AMINES VAGINAL FLUID QUAL	\$3.64
82127	AMINO ACID SINGLE QUAL	\$20.13
82128	AMINO ACIDS MULT QUAL	\$20.13
82131	AMINO ACIDS SINGLE QUANT	\$8.39
82135	ASSAY AMINOLEVULINIC ACID	\$23.91
82136	AMINO ACIDS QUANT 2-5	\$8.39
82139	AMINO ACIDS QUAN 6 OR MORE	\$8.39
82140	AMMONIA BLOOD	\$21.16
82143	AMINIOTIC FLUID SCAN	\$9.44
82150	AMYLASE BLOOD QUANTITATIVE	\$9.41
82154	ANDROSTANEDIOL GLUCURONIDE	\$41.86
82157	ANDROSTENEDIONE RIA	\$42.51
82160	ASSAY OF ANDROSTERONE	\$36.30
82163	ANGIOTENSIN II,RIA	\$27.86
82164	ANGIOTENSIN-CONVERTING ENZYME	\$21.19
82175	ARSENIC	\$27.55
82180	ASCORBIC ACID BLOOD	\$14.36
82190	ATOMIC ABSORPTION SPECTROSCOPY, EACH ANALYTE	\$21.64
82232	ASSAY OF BETA-2 PROTEIN	\$23.49
82239	BILE ACIDS TOTAL	\$10.36

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CODE	DESCRIPTION	SY17 PRICE WITHOUT CUTBACK % APPLIED
82240	BILE ACIDS CHOLYLGLYCINE	\$38.58
82247	BILIRUBIN TOTAL	\$7.29
82248	BILIRUBIN DIRECT	\$7.29
82252	BILIRUBIN,FECES,QUALITATIVE	\$6.59
82261	ASSAY OF BIOTINIDASE	\$8.55
82270	OCCULT BLOOD FECES	\$3.68
82271	OCCULT BLOOD OTHER SOURCES	\$3.98
82272	OCCULT BLD FECES 1-3 TESTS	\$3.98
82274	ASSAY TEST FOR BLOOD FECAL	\$23.34
82286	BRADYKININ	\$8.00
82300	ASSAY OF CADMIUM	\$33.59
82306	VITAMIN D 25 HYDROXY	\$42.98
82308	CALCITONIN,RIA	\$34.30
82310	ASSAY OF CALCIUM	\$7.49
82330	ASSAY OF CALCIUM	\$19.83
82331	CALCIUM AFTER CALCIUM INFUSION TEST	\$7.52
82340	ASSAY OF CALCIUM IN URINE	\$6.78
82355	CALCULUS ANALYSIS QUAL	\$14.59
82360	CALCULUS ASSAY QUANT	\$18.70
82365	CALCULUS SPECTROSCOPY	\$18.72
82370	X-RAY ASSAY CALCULUS	\$18.20
82373	ASSAY C-D TRANSFER MEASURE	\$26.51
82374	ASSAY BLOOD CARBON DIOXIDE	\$7.10
82375	ASSAY CARBOXYHB QUANT	\$15.86

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CODE	DESCRIPTION	SY17 PRICE WITHOUT CUTBACK % APPLIED
82376	ASSAY CARBOXYHB QUAL	\$8.70
82378	CARCINOEMBRYONIC ANTIGEN (CEA)	\$27.55
82379	ASSAY OF CARNITINE	\$8.39
82380	ASSAY OF CAROTENE	\$13.39
82382	ASSAY URINE CATECHOLAMINES	\$24.96
82383	ASSAY BLOOD CATECHOLAMINES	\$36.37
82384	ASSAY THREE CATECHOLAMINES	\$36.66
82387	ASSAY OF CATHEPSIN-D	\$11.08
82390	ASSAY OF CERULOPLASMIN	\$15.60
82397	CHEMILUMINESCENT ASSAY	\$20.51
82415	ASSAY OF CHLORAMPHENICOL	\$18.39
82435	ASSAY OF BLOOD CHLORIDE	\$6.68
82436	ASSAY OF URINE CHLORIDE	\$7.30
82438	ASSAY OTHER FLUID CHLORIDES	\$7.10
82441	CHLORINATED HYDROCARBONS,SCREEN	\$8.72
82465	ASSAY BLD/SERUM CHOLESTEROL	\$6.33
82480	ASSAY SERUM CHOLINESTERASE	\$11.44
82482	ASSAY RBC CHOLINESTERASE	\$11.16
82485	ASSAY CHONDROITIN SULFATE	\$8.00
82495	ASSAY OF CHROMIUM	\$29.44
82507	ASSAY OF CITRATE	\$8.00
82523	COLLAGEN CROSSLINKS	\$27.14
82525	ASSAY OF COPPER	\$18.00
82528	ASSAY OF CORTICOSTERONE	\$8.00

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CODE	DESCRIPTION	SY17 PRICE WITHOUT CUTBACK % APPLIED
82530	CORTISOL FREE	\$24.27
82533	CORTISOL;RIA,PLASMA	\$18.05
82540	ASSAY OF CREATINE	\$6.73
82542	COL CHROMOTOGRAPHY QUAL/QUAN	\$26.22
82550	ASSAY OF CK (CPK)	\$9.56
82552	ASSAY OF CPK IN BLOOD	\$19.44
82553	CREATINE MB FRACTION	\$16.75
82554	CREATINE ISOFORMS	\$17.22
82565	ASSAY OF CREATININE	\$7.44
82570	ASSAY OF URINE CREATININE	\$7.52
82575	CREATININE,CLEARANCE *	\$13.56
82585	ASSAY OF CRYOFIBRINOGEN	\$12.46
82595	ASSAY OF CRYOGLOBULIN	\$8.82
82600	ASSAY OF CYANIDE	\$28.17
82607	CYANOCOBALAMIN;RIA	\$21.89
82608	CYANOCOBALAMIN UNSATURATED BIND CAP	\$20.80
82610	CYSTATIN C	\$16.24
82615	CYSTINE,URINE,QUALITATIVE	\$11.86
82626	DEHIDROEPIANDROSTERONE,RIA	\$8.44
82627	DEHYDROEPIANDROSTERONE-SULFATE (DHEA-S)	\$32.27
82633	DESOXYCORTICOSTERONE,11-RIA	\$44.96
82634	DESOXYCORTISOL,11-(COMPOND S),RIA	\$42.51
82638	ASSAY OF DIBUCAINE NUMBER	\$17.78
82652	VIT D 1 25-DIHYDROXY	\$55.87

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CODE	DESCRIPTION	SY17 PRICE WITHOUT CUTBACK % APPLIED
82656	PANCREATIC ELASTASE FECAL	\$16.94
82657	ENZYME CELL ACTIVITY	\$26.22
82658	ENZYME CELL ACTIVITY RA	\$26.22
82664	ELECTROPHORETIC TECHNIQUE,NOS	\$49.88
82668	ASSAY OF ERYTHROPOIETIN	\$27.28
82670	ASSAY OF ESTRADIOL	\$40.57
82671	ASSAY OF ESTROGENS	\$46.89
82672	ASSAY OF ESTROGEN	\$21.62
82677	ASSAY OF ESTRIOL	\$35.12
82679	ASSAY OF ESTRONE	\$36.24
82693	ASSAY OF ETHYLENE GLYCOL	\$21.63
82696	ASSAY OF ETIOCHOLANOLONE	\$34.25
82705	FATS/LIPIDS FECES QUAL	\$4.35
82710	FATS/LIPIDS FECES QUANT	\$24.39
82715	ASSAY OF FECAL FAT	\$25.00
82725	ASSAY OF BLOOD FATTY ACIDS	\$17.13
82726	LONG CHAIN FATTY ACIDS	\$26.22
82728	ASSAY OF FERRITIN	\$19.78
82731	ASSAY OF FETAL FIBRONECTIN	\$21.89
82735	ASSAY OF FLUORIDE	\$26.93
82746	ASSAY OF FOLIC ACID SERUM	\$21.35
82747	ASSAY OF FOLIC ACID RBC	\$23.16
82757	ASSAY OF SEMEN FRUCTOSE	\$25.18
82759	ASSAY OF RBC GALACTOKINASE	\$8.00

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CODE	DESCRIPTION	SY17 PRICE WITHOUT CUTBACK % APPLIED
82760	ASSAY OF GALACTOSE	\$16.25
82775	GALACTOSE-1-PO4 URIDYL TRANSFERASE	\$25.74
82776	GALACTOSE-1-PHOSPHATE URIDYL SCREEN	\$8.00
82777	GALECTIN 3	\$0.00
82784	ASSAY IGA/IGD/IGG/IGM EACH	\$13.49
82785	ASSAY OF GAMMAGLOBULIN IGE	\$23.19
82787	IGG 1 2 3 OR 4 EACH	\$6.76
82800	GASES,BLOOD,LH,ARTERIA OR RENOUS	\$12.29
82803	BLOOD GASES ANY COMBINATION	\$28.41
82805	BLOOD GASES W/O2 SATURATION	\$39.24
82810	BLOOD GASES O2 SAT ONLY	\$9.67
82820	HEMOGLOBIN-OXYGEN AFFINITY (PO2 FOR 50% HEMOGLOBIN SATU	\$13.34
82930	GASTRIC ANALY W/PH EA SPEC	\$8.07
82938	GASTRIN (SERUM) AFTER SECRETIN STIMULATION (EG, FOR GAS	\$25.71
82941	GASTRIN,RIA	\$25.60
82943	GLUCAGON,RIA	\$5.12
82945	GLUCOSE OTHER FLUID	\$5.75
82946	GLUCAGON TOLERANCE TEST	\$21.89
82947	ASSAY GLUCOSE BLOOD QUANT	\$5.70
82948	GLUCOSE,BLOOD,STICK TEST	\$4.59
82950	GLUCOSE,POST GLUCOSE TEST	\$6.89
82951	GLUCOSE TOLERANCE TEST,3 SPECIMENS	\$18.70
82952	GLUCOSE TOLERANCE TEST,E/ADDITIONAL	\$3.21
82955	ASSAY OF G6PD ENZYME	\$14.07

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CODE	DESCRIPTION	SY17 PRICE WITHOUT CUTBACK % APPLIED
82960	G6PD SCREEN	\$8.81
82962	GLUCOSE, BLOOD, BY GLUCOSE MONITORING DEVICE(S) CLEARED	\$2.72
82963	ASSAY OF GLUCOSIDASE	\$31.19
82965	ASSAY OF GDH ENZYME	\$11.21
82977	GAMMA-GLUTAMYL TRANSPEPTIDASE (GGT)	\$10.45
82978	ASSAY OF GLUTATHIONE	\$8.00
82979	ASSAY RBC GLUTATHIONE	\$8.00
82985	ASSAY OF GLYCATED PROTEIN	\$21.89
83001	ASSAY OF GONADOTROPIN (FSH)	\$26.99
83002	ASSAY OF GONADOTROPIN (LH)	\$26.90
83003	ASSAY GROWTH HORMONE (HGH)	\$24.21
83006	GROWTH STIMULATION GENE 2	\$28.12
83009	H PYLORI (C-13) BLOOD	\$98.86
83010	ASSAY OF HAPTOGLOBIN QUANT	\$18.26
83012	ASSAY OF HAPTOGLOBINS	\$24.96
83013	H PYLORI (C-13) BREATH	\$98.86
83014	H PYLORI DRUG ADMIN/COLLECT	\$11.41
83015	HEAVY METAL SCREEN, CHEMICAL	\$27.34
83018	QUANTITATIVE SCREEN METALS	\$31.88
83020	ELECTROPHORESIS HEMOGLOBIN	\$5.96
83021	HEMOGLOBIN CHROMOTOGRAPHY	\$26.22
83026	HEMOGLOBIN COPPER SULFATE	\$3.42
83030	FETAL HEMOGLOBIN CHEMICAL	\$12.02
83033	FETAL HEMOGLOBIN ASSAY QUAL	\$8.66

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CODE	DESCRIPTION	SY17 PRICE WITHOUT CUTBACK % APPLIED
83036	HEMOGLOBIN, GLYCOSYLATED	\$12.80
83037	GLYCOSYLATED HB HOME DEVICE	\$13.66
83045	HEMOGLOBIN,METHEMOGLOBIN,QUALITATIVE	\$7.19
83050	HEMOGLOBIN,METHEMOGLOBIN,QUANT.	\$5.71
83051	ASSAY OF PLASMA HEMOGLOBIN	\$10.62
83060	HEMOGLOBIN,SULFHEMOGLOBIN,QUANT.	\$12.02
83065	ASSAY OF HEMOGLOBIN HEAT	\$8.00
83068	HEMOGLOBIN,UNSTABLE,SCREEN	\$12.29
83069	ASSAY OF URINE HEMOGLOBIN	\$3.43
83070	ASSAY OF HEMOSIDERIN QUAL	\$5.12
83080	ASSAY OF B HEXOSAMINIDASE	\$8.39
83088	ASSAY OF HISTAMINE	\$36.97
83090	ASSAY OF HOMOCYSTINE	\$24.76
83150	ASSAY OF HOMOVANILIC ACID	\$28.08
83491	ASSAY OF CORTICOSTEROIDS 17	\$25.43
83497	ASSAY OF 5-HIAA	\$18.72
83498	ASSAY OF PROGESTERONE 17-D	\$23.42
83499	ASSAY OF PROGESTERONE 20-	\$36.59
83500	ASSAY FREE HYDROXYPROLINE	\$32.88
83505	ASSAY TOTAL HYDROXYPROLINE	\$35.29
83516	IMMUNOASSAY NONANTIBODY	\$16.75
83518	IMMUNOASSAY DIPSTICK	\$12.30
83519	IMMUNOASSAY, NONANTIBODY	\$11.06
83520	IMMUNOASSAY, ANALYTE; NOT OTHERWISE SPECIFIED	\$18.23

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CODE	DESCRIPTION	SY17 PRICE WITHOUT CUTBACK % APPLIED
83525	INSULIN,RIA	\$16.61
83527	INSULIN; FREE	\$18.80
83528	ASSAY OF INTRINSIC FACTOR	\$23.08
83540	ASSAY OF IRON	\$8.52
83550	IBC-SERUM-CHEMICAL *	\$11.75
83570	ASSAY OF IDH ENZYME	\$10.94
83582	ASSAY OF KETOGENIC STEROIDS	\$20.58
83586	ASSAY 17- KETOSTEROIDS	\$18.58
83593	FRACTIONATION KETOSTEROIDS	\$38.18
83605	ASSAY OF LACTIC ACID	\$15.51
83615	LDH-BLOOD-KINETIC ULTRAVIOLET *	\$8.77
83625	ASSAY OF LDH ENZYMES	\$18.58
83630	LACTOFERRIN FECAL (QUAL)	\$28.81
83631	LACTOFERRIN FECAL (QUANT)	\$28.81
83632	LACTOGEN,PLACENTAL(HPL),RIA	\$29.34
83633	LACTOSE,URINE;QUALITATIVE	\$3.43
83655	ASSAY OF LEAD	\$17.56
83661	L/S RATIO FETAL LUNG	\$31.91
83662	FOAM STABILITY FETAL LUNG	\$27.76
83663	FLUORO POLARIZE FETAL LUNG	\$27.76
83664	LAMELLAR BDY FETAL LUNG	\$27.76
83670	ASSAY OF LAP ENZYME	\$13.30
83690	ASSAY OF LIPASE	\$10.00
83695	ASSAY OF LIPOPROTEIN(A)	\$19.00

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CODE	DESCRIPTION	SY17 PRICE WITHOUT CUTBACK % APPLIED
83698	LIPOPROTEIN-ASSOCIATED PHOSPHOLIPASE A2	\$49.83
83700	LIOPRO BLD ELECTROPHORETIC	\$16.52
83701	LIPOPROTEIN BLD HR FRACTION	\$36.44
83704	LIPOPROTEIN BLD BY NMR	\$46.30
83718	ASSAY OF LIPOPROTEIN	\$9.61
83719	ASSAY OF BLOOD LIPOPROTEIN	\$16.89
83721	ASSAY OF BLOOD LIPOPROTEIN	\$13.85
83727	ASSAY OF LRH HORMONE	\$24.96
83735	ASSAY OF MAGNESIUM	\$9.73
83775	ASSAY MALATE DEHYDROGENASE	\$10.71
83785	MANGANE-BLOOD OR URINE	\$25.74
83789	MASS SPECTROMETRY QUAL/QUAN	\$26.22
83825	ASSAY OF MERCURY	\$23.60
83835	ASSAY OF METANEPHRINES	\$21.62
83857	ASSAY OF METHEMALBUMIN	\$13.69
83861	MICROFLUID ANALY TEARS	\$24.42
83864	MUCOPOLYSACCHARIDES-ACID-BLOOD	\$25.74
83872	MUCIN,SYNOVIAL FLUID (ROPE TEST)	\$8.50
83873	ASSAY OF CSF PROTEIN	\$24.98
83874	ASSAY OF MYOGLOBIN	\$18.74
83876	ASSAY MYELOPEROXIDASE	\$50.17
83880	ASSAY OF NATRIURETIC PEPTIDE	\$49.83
83883	ASSAY NEPHELOMETRY NOT SPEC	\$15.21
83885	ASSAY OF NICKEL	\$35.57

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CODE	DESCRIPTION	SY17 PRICE WITHOUT CUTBACK % APPLIED
83915	ASSAY OF NUCLEOTIDASE	\$16.20
83916	OLIGOCLONAL IMMUNE GLOBULIN	\$29.19
83918	ORGANIC ACIDS TOTAL QUANT	\$17.13
83919	ORGANIC ACIDS QUAL EACH	\$18.29
83921	ORGANIC ACID SINGLE QUANT	\$18.29
83930	ASSAY OF BLOOD OSMOLALITY	\$8.57
83935	ASSAY OF URINE OSMOLALITY	\$8.57
83937	ASSAY OF OSTEOCALCIN	\$43.35
83945	ASSAY OF OXALATE	\$18.70
83950	ONCOPROTEIN HER-2/NEU	\$94.54
83951	ONCOPROTEIN DCP	\$96.91
83970	PARATHORMONE,RIA	\$59.93
83986	ASSAY OF BODY FLUID ACIDITY	\$5.21
83987	EXHALED BREATH CONDENSATE	\$23.90
83992	PHENCYCLIDINE (PCP)	\$21.34
83993	ASSAY FOR CALPROTECTIN FECAL	\$28.81
84030	ASSAY OF BLOOD PKU	\$5.39
84035	ASSAY OF PHENYLKETONES	\$5.12
84060	ACID PHOSPATASE-BLOOD *	\$10.72
84061	PHOSPHATASE FORENSIC EXAM	\$11.13
84066	PHOSPHATASE,ACID,BLD, PROST FRAC RIA	\$14.02
84075	ALKALINE PHOSPHATASE-BLOOD *	\$7.52
84078	PHOSPHATASE,HEAT STABLE	\$10.36
84080	ALKALINE PHOSPHATASE-FRACTIONATED	\$21.47

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CODE	DESCRIPTION	SY17 PRICE WITHOUT CUTBACK % APPLIED
84081	ASSAY PHOSPHATIDYLGLYCEROL	\$23.99
84085	ASSAY OF RBC PG6D ENZYME	\$9.79
84087	PHOSPHOHEXOSE ISOMERASE	\$14.99
84100	ASSAY OF PHOSPHORUS	\$6.89
84105	ASSAY OF URINE PHOSPHORUS	\$7.52
84106	PORPHOBILINOGEN-URINE-QUALITATIVE	\$4.35
84110	ASSAY OF PORPHOBILINOGEN	\$8.57
84112	PLACENTA ALPHA MICRO IG C/V	\$95.20
84119	PORPHYRINS,COPRO-,URINE;QUALITATIVE	\$12.51
84120	ASSAY OF URINE PORPHYRINS	\$21.36
84126	ASSAY OF FECES PORPHYRINS	\$36.97
84132	ASSAY OF SERUM POTASSIUM	\$6.68
84133	ASSAY OF URINE POTASSIUM	\$6.23
84134	ASSAY OF PREALBUMIN	\$7.78
84135	ASSAY OF PREGNANEDIOL	\$27.77
84138	ASSAY OF PREGNANETRIOL	\$27.48
84140	ASSAY OF PREGNENOLONE	\$11.75
84143	ASSAY OF 17-HYDROXYPREGNENO	\$11.75
84144	ASSAY OF PROGESTERONE	\$30.30
84145	PROCALCITONIN (PCT)	\$36.87
84146	ASSAY OF PROLACTIN	\$28.12
84150	PROSTAGLANDIN,ANY ONE,RIA	\$8.00
84152	ASSAY OF PSA COMPLEXED	\$27.00
84153	ASSAY OF PSA TOTAL	\$26.69

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84154	ASSAY OF PSA FREE	\$26.69
84155	ASSAY OF PROTEIN SERUM	\$5.31
84156	ASSAY OF PROTEIN URINE	\$5.37
84157	ASSAY OF PROTEIN OTHER	\$5.37
84160	ASSAY OF PROTEIN ANY SOURCE	\$5.12
84163	PAPPA SERUM	\$22.10
84165	PROTEIN E-PHORESIS SERUM	\$15.60
84166	PROTEIN E-PHORESIS/URINE/CSF	\$26.18
84181	PROTEIN; WESTERN BLOT, WITH INTERPRETATION AND REPORT,	\$20.62
84182	PROTEIN WESTERN BLOT TEST	\$20.62
84202	PROTOPORPHYRIN,RBC,QUANTITATIVE	\$20.83
84203	PROTOPORPHYRIN,SCREEN	\$8.00
84206	PROINSULIN,RIA	\$23.64
84207	ASSAY OF VITAMIN B-6	\$40.78
84210	ASSAY OF PYRUVATE	\$12.91
84220	ASSAY OF PYRUVATE KINASE	\$12.91
84228	ASSAY OF QUININE	\$8.00
84233	ASSAY OF ESTROGEN	\$94.54
84234	ASSAY OF PROGESTERONE	\$95.21
84235	ASSAY OF ENDOCRINE HORMONE	\$75.96
84238	ASSAY NONENDOCRINE RECEPTOR	\$53.09
84244	RENIN(RIA)	\$31.93
84252	ASSAY OF VITAMIN B-2	\$29.37
84255	ASSAY OF SELENIUM	\$37.06

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CODE	DESCRIPTION	SY17 PRICE WITHOUT CUTBACK % APPLIED
84260	ASSAY OF SEROTONIN	\$44.96
84270	ASSAY OF SEX HORMONE GLOBUL	\$31.55
84275	ASSAY OF SIALIC ACID	\$19.49
84285	ASSAY OF SILICA	\$34.19
84295	ASSAY OF SERUM SODIUM	\$6.99
84300	ASSAY OF URINE SODIUM	\$7.07
84302	ASSAY OF SWEAT SODIUM	\$7.13
84305	ASSAY OF SOMATOMEDIN	\$27.00
84307	ASSAY OF SOMATOSTATIN	\$25.78
84311	SPECTROPHOTOMETRY, ANALYTE NOT ELSEWHERE SPECIFIED	\$10.15
84315	SPECIF GRAVITY-EXCLUDING URINE	\$3.64
84375	CHROMATOGRAM ASSAY SUGARS	\$28.46
84376	SUGARS SINGLE QUAL	\$3.64
84377	SUGARS MULTIPLE QUAL	\$3.64
84378	SUGARS SINGLE QUANT	\$16.72
84379	SUGARS MULTIPLE QUANT	\$16.72
84392	ASSAY OF URINE SULFATE	\$6.89
84402	ASSAY OF FREE TESTOSTERONE	\$36.96
84403	ASSAY OF TOTAL TESTOSTERONE	\$37.49
84425	ASSAY OF VITAMIN B-1	\$12.91
84430	ASSAY OF THIOCYANATE	\$12.04
84431	THROMBOXANE URINE	\$19.47
84432	ASSAY OF THYROGLOBULIN	\$22.07
84436	ASSAY OF TOTAL THYROXINE	\$7.66

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CODE	DESCRIPTION	SY17 PRICE WITHOUT CUTBACK % APPLIED
84437	ASSAY OF NEONATAL THYROXINE	\$8.95
84439	ASSAY OF FREE THYROXINE	\$9.72
84442	ASSAY OF THYROID ACTIVITY	\$11.92
84443	THYROID STIMULATING HORMONE,RIA	\$24.39
84445	ASSAY OF TSI GLOBULIN	\$73.83
84446	ASSAY OF VITAMIN E	\$20.59
84449	ASSAY OF TRANSCORTIN	\$26.13
84450	SGOT-TIMED KINETIC UV METHOD *	\$7.51
84460	SGPT-TIMED KINETIC UV METHOD *	\$7.68
84466	ASSAY OF TRANSFERRIN	\$18.54
84478	ASSAY OF TRIGLYCERIDES	\$8.35
84479	ASSAY OF THYROID (T3 OR T4)	\$9.40
84480	ASSAY TRIIODOTHYRONINE (T3)	\$19.96
84481	TRIODOTHYRONINE, FT-3 RIA UNBOUND T3	\$24.60
84482	T3 REVERSE	\$22.88
84484	ASSAY OF TROPONIN QUANT	\$9.72
84485	TRIPSIN-DUODENAL FLUID	\$10.89
84488	TRYPsin-FECES-QUALITATIVE 24-HR	\$8.57
84490	ASSAY OF FECES FOR TRYPsin	\$11.05
84510	ASSAY OF TYROSINE	\$15.11
84512	ASSAY OF TROPONIN QUAL	\$11.17
84520	ASSAY OF UREA NITROGEN	\$5.72
84525	BUN-STICK TEST *	\$3.43
84540	ASSAY OF URINE/UREA-N	\$6.89

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CODE	DESCRIPTION	SY17 PRICE WITHOUT CUTBACK % APPLIED
84545	UREA NITROGEN-URINE-CLEARANCE	\$9.58
84550	ASSAY OF BLOOD/URIC ACID	\$6.56
84560	ASSAY OF URINE/URIC ACID	\$6.89
84577	ASSAY OF FECES/UROBILINOGEN	\$18.12
84578	UROBILINOGEN-URINE-QUALITATIVE	\$4.35
84580	ASSAY OF URINE UROBILINOGEN	\$10.30
84583	ASSAY OF URINE UROBILINOGEN	\$7.30
84585	ASSAY OF URINE VMA	\$22.51
84586	ASSAY OF VIP	\$51.30
84588	ASSAY OF VASOPRESSIN	\$49.28
84590	ASSAY OF VITAMIN A	\$16.07
84591	ASSAY OF NOS VITAMIN	\$17.02
84597	ASSAY OF VITAMIN K	\$19.88
84600	ASSAY OF VOLATILES	\$11.33
84620	XYLOSE-TOLERANCE TEST-BLOOD	\$17.19
84630	ASSAY OF ZINC	\$16.53
84703	GONADOTROPIN, CHORIONIC; QUALITATIVE	\$10.90
84704	HCG FREE BETACHAIN TEST	\$22.10
84830	OVULATION TESTS, BY VISUAL COLOR COMPARISON METHODS FOR	\$14.57
85002	BLEEDING TIME;IVY	\$6.53
85004	AUTOMATED DIFF WBC COUNT	\$9.49
85007	BLOOD COUNT;DIFFERENTIAL WBC COUNT	\$5.00
85008	BLOOD COUNT; MANUAL BLOOD SMEAR EXAMINATION WITHOUT DIF	\$5.00
85009	DIFFERENTIAL WBC COUNT,BUFFY COAT	\$5.40

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CODE	DESCRIPTION	SY17 PRICE WITHOUT CUTBACK % APPLIED
85013	SPUN MICROHEMATOCRIT	\$3.43
85014	BLOOD COUNT HEMATOCRIT	\$3.43
85018	BLOOD COUNT,HEMOGLOBIN,COLORIMETRIC	\$3.43
85025	BLOOD COUNT; HEMOGRAM AND PLATELET COUNT, AUTOMATED, AN	\$11.28
85027	COMPLETE CBC AUTOMATED	\$9.40
85032	MANUAL CELL COUNT EACH	\$6.32
85041	BLOOD COUNT, RED BLOOD CELL (RBC)	\$4.36
85044	BLOOD COUNT,RETICULOCYTE COUNT	\$6.23
85045	BLOOD COUNT RETICULOCYTE COUNT, FLOW CYTOMETRY	\$5.81
85046	RETICYTE/HGB CONCENTRATE	\$8.11
85048	BLOOD COUNT,WHITE BLOOD CELL (WBC)	\$3.65
85049	AUTOMATED PLATELET COUNT	\$6.56
85055	RETICULATED PLATELET ASSAY	\$26.56
85130	CHROMOGENIC SUBSTRATE ASSAY	\$9.72
85170	CLOT RETRACTION	\$3.43
85175	CLOT LYSIS TIME	\$6.59
85210	CLOT FACTOR II PROTHROM SPEC	\$17.63
85220	BLOOC CLOT FACTOR V TEST	\$25.61
85230	CLOT FACTOR VII PROCONVERTIN	\$26.00
85240	CLOT FACTOR VIII AHG 1 STAGE	\$26.00
85244	CLOT FACTOR VIII RELTD ANTGN	\$29.65
85245	CLOT FACTOR VIII VW RISTOCTN	\$33.33
85246	CLOT FACTOR VIII VW ANTIGEN	\$33.33
85247	CLOT FACTOR VIII MULTIMETRIC	\$33.33

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CODE	DESCRIPTION	SY17 PRICE WITHOUT CUTBACK % APPLIED
85250	CLOT FACTOR IX PTC/CHRSTMAS	\$27.64
85260	CLOT FACTOR X STUART-POWER	\$26.00
85270	CLOT FACTOR XI PTA	\$26.00
85280	CLOT FACTOR XII HAGEMAN	\$28.41
85290	CLOT FACTOR XIII FIBRIN STAB	\$23.71
85291	CLOT FACTOR XIII FIBRIN SCRIN	\$12.90
85292	CLOT FACTOR FLETCHER FACT	\$27.49
85293	CLOT FACTOR WGHT KININOGEN	\$27.49
85300	ANTITHROMBIN III ACTIVITY	\$16.78
85301	ANTITHROMBIN III ANTIGEN	\$15.71
85302	CLOT INHIBIT PROT C ANTIGEN	\$17.46
85303	CLOT INHIBIT PROT C ACTIVITY	\$20.29
85305	CLOT INHIBIT PROT S TOTAL	\$16.83
85306	CLOT INHIBIT PROT S FREE	\$16.20
85307	ASSAY ACTIVATED PROTEIN C	\$17.28
85335	FACTOR INHIBITOR TEST	\$17.13
85337	THROMBOMODULIN	\$15.14
85345	COAGULATION TIME LEE & WHITE	\$4.87
85347	COAGULATION TIME ACTIVATED	\$6.17
85348	COAGULATION TIME OTR METHOD	\$5.40
85360	EUGLOBULIN	\$12.19
85362	FIBRIN DEGRADATION;AGGLUTINATION	\$10.00
85366	FIBRIN(OGEN) DEGRADATION (SPLIT) PRODUCTS (FDP)(FSP); P	\$7.99
85370	FIBRIN(OGEN) DEGRADATION (SPLIT) PRODUCTS (FDP)(FSP); Q	\$16.49

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CODE	DESCRIPTION	SY17 PRICE WITHOUT CUTBACK % APPLIED
85378	FIBRIN DEGRADE SEMIQUANT	\$10.35
85379	FIBRIN DEGRADATION QUANT	\$11.15
85380	FIBRIN DEGRADJ D-DIMER	\$11.89
85384	FIBRINOGEN ACTIVITY	\$12.32
85385	FIBRINOGEN ANTIGEN	\$12.32
85390	FIBRINOLYSINS SCREEN I&R	\$7.50
85397	CLOTTING FUNCT ACTIVITY	\$34.53
85400	FIBRINOLYTIC MECHANISMS-PLASMIN	\$11.91
85410	FIBRINULYTIC MECHANISMS-ANTIPLASMIN	\$10.60
85415	FIBRINOLYTIC FACTORS AND INHIBITORS; PLASMINOGEN ACTIVA	\$24.96
85420	FIBRINOLYTIC MECHANISMS-PLASMINOGEN	\$9.49
85421	FIBRINOLYTIC MECHANISMS; PLASMINOGEN, ANTIGENIC ASSAY	\$14.78
85441	HEINZ BODIES DIRECT	\$6.11
85445	HEINZ BODIES INDUCED	\$9.90
85460	HEMOGLOBIN FETAL	\$11.23
85461	HEMOGLOBIN FETAL	\$9.63
85475	HEMOLYSIN ACID	\$12.88
85520	HEPARIN ASSAY	\$19.00
85525	HEPARIN NEUTRALIZATION	\$17.20
85530	HEPARIN-PROOTAMINE TOLRANCE TEST	\$20.59
85536	IRON STAIN PERIPHERAL BLOOD	\$9.49
85540	LEUKOCYTE ALKALINE PHOSPHATE	\$8.57
85547	MECHANICAL FRAGILITY,RBC	\$12.49
85549	MURAMIDASE,SERUM	\$27.23

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CODE	DESCRIPTION	SY17 PRICE WITHOUT CUTBACK % APPLIED
85555	OSMOTIC FRAGILITY,RBC	\$9.71
85557	OSMOTIC FRAGILITY,RBC;INCUBATED,QUAN	\$19.39
85576	PLATELET, AGGREGATION (IN VITRO), ANY AGENT	\$20.46
85597	PLATELET NEUTRALIZATION	\$21.16
85598	HEXAGNAL PHOSPH PLTLT NEUTRL	\$22.73
85610	PROTHROMBIN TIME	\$5.70
85611	PROTHROMBIN TIME; SUBSTITUTION, PLASMA FRACTIONS, EACH	\$5.72
85612	PROTHROMBIN TIME;RUSSELL VIPER VENOM	\$13.32
85613	RUSSELL VIPER VENOM DILUTED	\$13.31
85635	REPTILASE TEST	\$14.31
85651	RBC SED RATE NONAUTOMATED	\$5.16
85652	RBC SED RATE AUTOMATED	\$3.91
85660	SICKLE CELL TEST	\$8.01
85670	THROMBIN TIME PLASMA	\$8.38
85675	THROMBIN TIME TITER	\$9.95
85705	THROMBOPLASTIN INHIBITION; TISSUE	\$8.00
85730	THROMBOPLASTIN TIME PARTIAL	\$8.72
85732	THROMBOPLASTIN TIME PARTIAL	\$9.40
85810	BLOOD VISCOSITY EXAMINATION	\$13.17
85999	UNLISTED HEMATOLOGY PROCEDURE	\$7.50
86000	AGGLUTININS FEBRILE ANTIGEN	\$10.14
86001	ALLERGEN SPECIFIC IGG	\$7.03
86003	ALLERGEN SPECIFIC IGE; QUANTITATIVE, EACH PANEL OF UP T	\$6.95
86005	ALLERGEN SPECIFIC IGE; QUALITATIVE, MULTIALLERGEN SCREE	\$10.16

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CODE	DESCRIPTION	SY17 PRICE WITHOUT CUTBACK % APPLIED
86021	ANTIBODY IDENTIFICATION,LEUKOCYTE	\$17.63
86022	ANTIBODY IDENTIFICATION,PLATELET	\$17.59
86023	ANTIBODY IDENTIFICATION; PLATELET ASSOCIATED IMMUNOGLO	\$16.78
86038	ANTI NUCLEAR ANTIBODIES (ANA) RIA	\$17.55
86039	ANTINUCLEAR ANTIBODIES (ANA); TITER	\$14.59
86060	ANTISTREPTOLYSIN O TITER	\$10.61
86063	ANTISTREPTOLYSIN O SCREEN	\$6.26
86140	C-REACTIVE PROTEIN	\$5.64
86141	C-REACTIVE PROTEIN HS	\$19.00
86146	BETA-2 GLYCOPROTEIN ANTIBODY	\$23.54
86147	CARDIOLIPIN ANTIBODY EA IG	\$22.07
86148	ANTI-PHOSPHOLIPID ANTIBODY	\$23.32
86155	CHEMOTAXIS ASSAY	\$17.98
86156	COLD AGGLUTININ SCREEN	\$8.32
86157	COLD AGGLUTININ TITER	\$8.32
86160	COMPLEMENT ANTIGEN	\$15.63
86161	COMPLEMENT; FUNCTIONAL ACTIVITY, EACH COMPONENT	\$15.63
86162	COMPLEMENT TOTAL (CH50)	\$29.50
86171	COMPLEMENT FIXATION EACH	\$14.55
86185	COUNTERELECTROPHORESIS,E/ANTIGEN	\$13.00
86200	CCP ANTIBODY	\$19.00
86215	DEOXYRIBONUCLEASE ANTIBODY	\$19.25
86225	DNA ANTIBODY NATIVE	\$19.95
86226	DNA ANTIBODY SINGLE STRAND	\$17.57

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CODE	DESCRIPTION	SY17 PRICE WITHOUT CUTBACK % APPLIED
86235	EXTRACTABLE NUCLEAR ANTIGEN,ANTIBODY	\$26.03
86243	FC RECEPTOR ASSAY	\$8.00
86255	FLUORESCENT ANTIBODY SCREEN	\$17.51
86256	FLUORESCENT ANTIBODY TITER	\$14.59
86277	GROWTH HORMONE,HUMAN(HGH)ANTIBDY RIA	\$22.85
86280	HEMAGGLUTINATION INHIBITION	\$11.88
86294	IMMUNOASSAY TUMOR QUAL	\$28.80
86300	IMMUNOASSAY TUMOR CA 15-3	\$30.53
86301	IMMUNOASSAY TUMOR CA 19-9	\$30.53
86304	IMMUNOASSAY TUMOR CA 125	\$30.53
86305	HUMAN EPIDIDYMIS PROTEIN 4	\$31.30
86308	HETEROPHILE ANTIBODY SCREEN	\$7.52
86309	HETEROPHILE ANTIBODY TITER	\$9.40
86310	HETEROPHILE ANTIBODY ABSRBJ	\$10.71
86316	IMMUNOASSAY TUMOR OTHER	\$30.21
86317	IMMUNOASSAY INFECTIOUS AGENT	\$21.76
86318	IMMUNOASSAY INFECTIOUS AGENT	\$18.79
86320	IMMUNDELETROPHORESIS-SERUM	\$20.12
86325	IMMUIOELECTROPHORESIS-URINE	\$19.41
86327	IMMUNOELECTROPHORESIS; CROSSED (2 DIMENSIONAL ASSAY)	\$23.30
86329	IMMUNODIFFUSION NES	\$20.38
86331	IMMUNODIFFUSION;GEL DIFFUSION QUAL	\$8.00
86332	IMMUNE COMPLEX ASSAY C1Q BINDING CELL	\$35.38
86334	IMMUNOFIX E-PHORESIS SERUM	\$20.12

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86335	IMMUNFIX E-PHORSIS/URINE/CSF	\$43.07
86336	INHIBIN A	\$19.00
86337	INSULIN ANTIBODIES, RIA	\$30.18
86340	INTRINSIC FACTOR ANTIBODIES, RIA	\$21.89
86341	ISLET CELL ANTIBODY	\$28.71
86343	LEUKOCYTE HISTAMINE RELEASE TEST	\$18.09
86344	LEUKOCYTE PHAGOCYTOSIS	\$11.59
86352	CELL FUNCTION ASSAY W/STIM	\$102.22
86353	LYMPHOCYTE TRANSFORMATION	\$71.17
86355	B CELLS TOTAL COUNT	\$55.36
86356	MONONUCLEAR CELL ANTIGEN	\$26.56
86357	NK CELLS TOTAL COUNT	\$55.36
86359	T CELLS TOTAL COUNT	\$54.77
86360	T CELL ABSOLUTE COUNT/RATIO	\$69.46
86361	T CELL ABSOLUTE COUNT	\$26.25
86367	STEM CELLS TOTAL COUNT	\$55.36
86376	MICROSOMAL ANTIBODY EACH	\$21.13
86378	MIGRATION INHIBITORY FACTOR TEST	\$26.88
86382	NEUTRALIZATION TEST VIRAL	\$24.54
86384	NITROBLUE TETRAZOLIUM DYE TEST (NTD)	\$16.53
86403	PARTICLE AGGLUT ANTBDY SCRN	\$14.79
86406	PARTICLE AGGLUT ANTBDY TITR	\$15.44
86430	RHEUMATOID FACTOR TEST QUAL	\$8.00
86431	RHEUMATOID FACTOR QUANT	\$7.99

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CODE	DESCRIPTION	SY17 PRICE WITHOUT CUTBACK % APPLIED
86480	TB TEST, CELL IMMUN MEASURE	\$90.93
86481	TB AG RESPONSE T-CELL SUSP	\$110.74
86590	STREPTOKINASE ANTIBODY	\$16.01
86592	SYPHILIS,QUALITATIVE	\$6.19
86593	SYPHILIS,QUANTITATIVE	\$6.40
86602	ANTIBODY; ACTINOMYCES	\$14.77
86603	ADENOVIRUS ANTIBODY	\$15.43
86606	ANTIBODY; ASPIRGILLUS	\$8.00
86609	BACTERIUM ANTIBODY	\$18.71
86611	BARTONELLA ANTIBODY	\$14.94
86612	BLASTOMYCES ANTIBODY	\$15.43
86615	ANTIBODY; BORDETELLA	\$19.14
86617	LYME DISEASE ANTIBODY	\$22.49
86618	ANTIBODY; BORELLIA BUFGDORFERI (LYME DISEASE)	\$25.01
86619	ANTIBODY; BORRELIA (RELAPSING FEVER)	\$19.42
86622	BRUCELLA ANTIBODY	\$11.25
86625	CAMPYLOBACTER ANTIBODY	\$19.04
86628	CANDIDA ANTIBODY	\$8.00
86631	CHLAMYDIA ANTIBODY	\$14.59
86632	CHLAMYDIA IGM ANTIBODY	\$14.59
86635	COCCIDIOIDES ANTIBODY	\$15.43
86638	ANTIBODY; COXIELLA BRUNETII (Q FEVER)	\$15.43
86641	ANTIBODY; CRYPTOCOCCUS	\$19.80
86644	ANTIBODY; CYTOMEGALOVIRUS (CMV)	\$20.89

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CODE	DESCRIPTION	SY17 PRICE WITHOUT CUTBACK % APPLIED
86645	CMV ANTIBODY IGM	\$14.59
86648	ANTIBODY; DIPHTHERIA	\$22.09
86651	ENCEPHALITIS CALIFORN ANTBODY	\$14.59
86652	ENCEPHALITIS EAST EQNE ANTBODY	\$14.59
86653	ENCEPHALITIS ST LOUIS ANTBODY	\$14.59
86654	ENCEPHALITIS WEST EQNE ANTBODY	\$14.59
86658	ENTEROVIRUS ANTIBODY	\$15.43
86663	ANTIBODY; EPSTEIN-BARR (EB) VIRUS, EARLY ANTIGEN (EA)	\$14.59
86664	EPSTEIN-BARR NUCLEAR ANTIGEN	\$14.59
86665	EPSTEIN-BARR CAPSID VCA	\$14.59
86666	EHRlichia ANTIBODY	\$14.94
86668	ANTIBODY; FRANCISELLA TULARENSIS	\$9.98
86671	FUNGUS NES ANTIBODY	\$15.43
86674	GIARDIA LAMBLIA ANTIBODY	\$14.59
86677	HELICOBACTER PYLORI ANTIBODY	\$21.06
86682	HELMINTH ANTIBODY	\$14.24
86684	HEMOPHILUS INFLUENZA ANTBODY	\$19.80
86687	HTLV-I ANTIBODY	\$12.18
86688	HTLV-II ANTIBODY	\$13.72
86689	HTLV/HIV CONFIRMJ ANTIBODY	\$28.09
86692	HEPATITIS DELTA AGENT ANTBODY	\$25.19
86694	HERPES SIMPLEX NES ANTBODY	\$20.89
86695	HERPES SIMPLEX TYPE 1 TEST	\$14.59
86696	HERPES SIMPLEX TYPE 2 TEST	\$20.89

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CODE	DESCRIPTION	SY17 PRICE WITHOUT CUTBACK % APPLIED
86698	HISTOPLASMA ANTIBODY	\$15.43
86701	HIV-1ANTIBODY	\$12.90
86702	HIV-2 ANTIBODY	\$13.72
86703	HIV-1/HIV-2 1 RESULT ANTBDY	\$13.72
86704	HEP B CORE ANTIBODY TOTAL	\$17.51
86705	HEP B CORE ANTIBODY IGM	\$17.10
86706	HEP B SURFACE ANTIBODY	\$15.60
86707	HEPATITIS BE ANTIBODY	\$16.79
86708	HEPATITIS A ANTIBODY	\$17.98
86709	HEPATITIS A IGM ANTIBODY	\$16.34
86710	INFLUENZA VIRUS ANTIBODY	\$15.58
86711	JOHN CUNNINGHAM ANTIBODY	\$19.14
86713	LEGIONELLA ANTIBODY	\$14.59
86717	LEISHMANIA ANTIBODY	\$14.59
86720	LEPTOSPIRA ANTIBODY	\$19.14
86723	LISTERIA MONOCYTOGENES	\$19.14
86727	LYMPH CHORIOMENINGITIS AB	\$15.43
86729	LYMPHO VENEREUM ANTIBODY	\$14.59
86732	MUCORMYCOSIS ANTIBODY	\$8.00
86735	MUMPS ANTIBODY	\$14.59
86738	MYCOPLASMA ANTIBODY	\$19.24
86741	ANTIBODY; NEISSERIA MENINGITIDIS	\$19.14
86744	NOCARDIA ANTIBODY	\$19.14
86747	PARVOVIRUS ANTIBODY	\$21.81

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CODE	DESCRIPTION	SY17 PRICE WITHOUT CUTBACK % APPLIED
86750	MALARIA ANTIBODY	\$19.14
86753	PROTOZOA ANTIBODY NOS	\$14.24
86756	RESPIRATORY VIRUS ANTIBODY	\$14.59
86757	RICKETTSIA ANTIBODY	\$28.60
86759	ROTAVIRUS ANTIBODY	\$19.14
86762	RUBELLA ANTIBODY	\$20.89
86765	RUBEOLA ANTIBODY	\$14.59
86768	SALMONELLA ANTIBODY	\$19.14
86771	SHIGELLA ANTIBODY	\$19.14
86774	TETANUS ANTIBODY	\$21.48
86777	TOXOPLASMA ANTIBODY	\$20.89
86778	TOXOPLASMA ANTIBODY IGM	\$14.59
86780	TREPONEMA PALLIDUM	\$19.92
86784	TRICHINELLA ANTIBODY	\$8.00
86787	VARICELLA-ZOSTER ANTIBODY	\$14.59
86788	WEST NILE VIRUS AB IGM	\$15.58
86789	WEST NILE VIRUS	\$21.13
86790	VIRUS ANTIBODY NOS	\$15.58
86793	YERSINIA ANTIBODY	\$19.14
86800	THYROGLOBULIN ANTIBODY, RIA	\$23.08
86803	HEPATITIS C AB TEST	\$20.74
86804	HEP C AB TEST CONFIRM	\$22.49
86805	LYMPHOCYTOTOXICITY ASSAY, VISUAL CROSSMATCH WITH TITRAT	\$75.92
86806	LYMPHOCYTOTOXICITY ASSAY, VISUAL CROSSMATCH WITHOUT TIT	\$69.09

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CODE	DESCRIPTION	SY17 PRICE WITHOUT CUTBACK % APPLIED
86807	SERUM SCREENING FOR CYTOTOXIC PERCENT REACTIVE ANTIBODY	\$57.45
86808	SERUM SCREENING FOR CYTOTOXIC PERCENT REACTIVE ANTIBODY	\$43.09
86812	HLA TYPING A B OR C	\$37.46
86813	HLA TYPING A B OR C	\$84.17
86816	HLA TYPING DR/DQ	\$40.43
86817	HLA TYPING DR/DQ	\$93.48
86821	LYMPHOCYTE CULTURE MIXED	\$81.98
86822	LYMPHOCYTE CULTURE PRIMED	\$53.08
86825	HLA X-MATH NON-CYTOTOXIC	\$0.00
86826	HLA X-MATCH NONCYTOTOXC	\$0.00
86828	HLA CLASS I&II ANTIBODY	\$0.00
86829	HLA CLASS I/II ANTIBODY	\$0.00
86830	HLA CLASS I PHENOTYPE QU	\$0.00
86831	HLA CLASS II PHENOTYPE Q	\$0.00
86832	HLA CLASS I HIGH DEFIN Q	\$0.00
86833	HLA CLASS II HIGH DEFIN	\$0.00
86834	HLA CLASS I SEMIQUANT PA	\$0.00
86835	HLA CLASS II SEMIQUANT P	\$0.00
86940	HEMOLYSINS/AGGLUTININS AUTO	\$8.34
86941	HEMOLYSINS AND AGGLUTININS, AUTO, SCREEN, EACH; INCUBAT	\$13.53
87003	ANIMAL INOCULATION	\$24.43
87015	SPECIMEN INFECT AGNT CONCNTJ	\$9.69
87040	CULTURE,BACTERIAL;BLOOD	\$12.80
87045	FECES CULTURE AEROBIC BACT	\$5.64

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CODE	DESCRIPTION	SY17 PRICE WITHOUT CUTBACK % APPLIED
87046	STOOL CULTR AEROBIC BACT EA	\$6.08
87070	CULTURE OTHR SPECIMN AEROBIC	\$12.51
87071	CULTURE AEROBIC QUANT OTHER	\$6.03
87073	CULTURE BACTERIA ANAEROBIC	\$6.03
87075	CULTR BACTERIA EXCEPT BLOOD	\$12.80
87076	CULTURE ANAEROBE IDENT EACH	\$11.86
87077	CULTURE AEROBIC IDENTIFY	\$11.86
87081	CULTURE,BACTERIAL,SCREENING	\$6.40
87084	CULTURE PRESUM PATHOGENIC ORGANISMS	\$12.51
87086	URINE CULTURE/COLONY COUNT	\$11.73
87088	CULTURE,URINE;IDENTIFICATION	\$8.57
87101	CULTURE,FUNGI,ISOLATION;SKIN	\$11.19
87102	CULTURE,FUNGI,ISOLATION;OTHER SOURCE	\$6.91
87103	CULTURE, FUNGI, ISOLATION BLOOD	\$13.39
87106	FUNGI IDENTIFICATION YEAST	\$6.91
87107	FUNGI IDENTIFICATION MOLD	\$7.38
87109	MYCOPLASMA	\$22.33
87110	CULTURE, CHLAMYDIA	\$28.45
87116	CULTURE,ACID-FAST BACILLI,ISOLATION	\$15.69
87118	CULTURE,DEFINITIVE IDENTIFICATION	\$15.89
87140	CULTURE TYPE IMMUNOFLUORESC	\$8.10
87143	CULTURE TYPING GLC/HPLC	\$18.20
87147	CULTURE TYPE IMMUNOLOGIC	\$8.10
87149	CULTURE TYPE, NUCLEIC ACID	\$29.65

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CODE	DESCRIPTION	SY17 PRICE WITHOUT CUTBACK % APPLIED
87150	DNA/RNA AMPLIFIED PROBE	\$52.80
87152	CULTURE TYPE PULSE FIELD GEL	\$7.67
87153	DNA/RNA SEQUENCING	\$173.55
87158	CULTURE TYPING ADDED METHOD	\$7.59
87164	DARK FIELD EXAMINATION	\$12.04
87166	DARK FIELD EXAM,W/O COLLECTION	\$2.43
87168	MACROSCOPIC EXAM ARTHROPOD	\$6.03
87169	MACROSCOPIC EXAM PARASITE	\$6.03
87172	PINWORM EXAM	\$6.03
87176	ENDOTOXIN,BACTERIAL;HOMOGENIZATION	\$8.53
87177	OVA AND PARASITES,DIRECT SMEARS	\$12.92
87181	MICROBE SUSCEPTIBLE DIFFUSE	\$6.89
87184	MICROBE SUSCEPTIBLE DISK	\$10.01
87185	MICROBE SUSCEPTIBLE ENZYME	\$6.97
87186	MICROBE SUSCEPTIBLE MIC	\$12.54
87187	MICROBE SUSCEPTIBLE MLC	\$15.06
87188	MICROBE SUSCEPT MACROBROTH	\$9.63
87190	MICROBE SUSCEPT MYCOBACTERI	\$8.21
87197	BACTERICIDAL LEVEL SERUM	\$21.80
87205	SMEAR GRAM STAIN	\$6.19
87206	SMEAR FLUORESCENT/ACID STAI	\$7.79
87207	SMEAR SPECIAL STAIN	\$8.70
87209	SMEAR COMPLEX STAIN	\$26.57
87210	SMEAR WET MOUNT SALINE/INK	\$5.64

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CODE	DESCRIPTION	SY17 PRICE WITHOUT CUTBACK % APPLIED
87220	TISSUE EXAMINATION FOR FUNGI (KOH)	\$6.19
87230	ASSAY TOXIN OR ANTITOXIN	\$28.65
87250	VIRUS INOCULATE EGGS/ANIMAL	\$26.86
87252	VIRUS INOCULATION TISSUE	\$36.09
87253	VIRUS INOCULATE TISSUE ADDL	\$24.47
87254	VIRUS INOCULATION SHELL VIA	\$28.69
87255	GENET VIRUS ISOLATE HSV	\$49.71
87260	ADENOVIRUS AG IF	\$17.73
87265	PERTUSSIS AG IF	\$17.43
87267	ENTEROVIRUS ANTIBODY DFA	\$17.60
87269	GIARDIA AG IF	\$17.60
87270	CHLAMYDIA TRACHOMATIS AG IF	\$17.43
87271	CYTOMEGALOVIRUS DFA	\$17.60
87272	CRYPTOSPORIDIUM AG IF	\$17.43
87273	HERPES SIMPLEX 2 AG IF	\$17.60
87274	HERPES SIMPLEX 1 AG IF	\$18.04
87275	INFLUENZA B AG IF	\$17.73
87276	INFLUENZA A AG IF	\$17.43
87277	LEGIONELLA MICDADEI AG IF	\$17.60
87278	LEGION PNEUMOPHILIA AG IF	\$17.43
87279	PARAINFLUENZA AG IF	\$17.73
87280	RESPIRATORY SYNCYTIAL AG IF	\$17.73
87281	PNEUMOCYSTIS CARINII AG IF	\$17.60
87283	RUBEOLA AG IF	\$17.60

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CODE	DESCRIPTION	SY17 PRICE WITHOUT CUTBACK % APPLIED
87285	TREPONEMA PALLIDUM AG IF	\$17.43
87290	VARICELLA ZOSTER AG IF	\$18.04
87299	ANTIBODY DETECTION NOS IF	\$17.60
87300	AG DETECTION POLYVAL IF	\$17.60
87301	ADENOVIRUS AG IA	\$17.43
87305	ASPERGILLUS AG IA	\$17.60
87320	CHYLM D TRACH AG IA	\$17.60
87324	CLOSTRIDIUM AG IA	\$17.43
87327	CRYPTOCOCCUS NEOFORM AG IA	\$17.60
87328	CRYPTOSPORIDIUM AG IA	\$17.43
87329	GIARDIA AG IA	\$17.60
87332	CYTOMEGALOVIRUS AG IA	\$17.43
87335	E COLI 0157 AG IA	\$17.43
87336	ENTAMOEB HIST DISPR AG IA	\$17.60
87337	ENTAMOEB HIST GROUP AG IA	\$17.60
87338	HPYLORI STOOL IA	\$17.60
87339	H PYLORI AG IA	\$17.60
87340	HEPATITIS B SURFACE AG IA	\$14.04
87341	HEPATITIS B SURFACE AG IA	\$14.20
87350	HEPATITIS BE AG IA	\$16.72
87380	HEPATITIS DELTA AG IA	\$23.85
87385	HISTOPLASMA CAPSUL AG IA	\$17.43
87389	HIV-1 AG W/HIV-1 & HIV-2 AB	\$32.36
87390	HIV-1 AG IA	\$25.89

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CODE	DESCRIPTION	SY17 PRICE WITHOUT CUTBACK % APPLIED
87391	HIV-2 AG IA	\$25.60
87400	INFLUENZA A/B AG IA	\$17.60
87420	RESP SYNCYTIAL AG IA	\$17.43
87425	ROTAVIRUS AG IA	\$17.43
87427	SHIGA-LIKE TOXIN AG IA	\$17.60
87430	STREP A AG IA	\$17.60
87449	AG DETECT NOS IA MULT	\$17.43
87450	AG DETECT NOS IA SINGLE	\$13.92
87451	AG DETECT POLYVAL IA MULT	\$14.06
87470	BARTONELLA DNA DIR PROBE	\$29.11
87471	BARTONELLA DNA AMP PROBE	\$50.95
87472	BARTONELLA DNA QUANT	\$62.20
87475	LYME DIS DNA DIR PROBE	\$29.11
87476	LYME DIS DNA AMP PROBE	\$50.95
87477	LYME DIS DNA QUANT	\$62.20
87480	CANDIDA DNA DIR PROBE	\$29.11
87481	CANDIDA DNA AMP PROBE	\$50.95
87482	CANDIDA DNA QUANT	\$60.60
87485	CHYLM D PNEUM DNA DIR PROBE	\$29.11
87486	CHYLM D PNEUM DNA AMP PROBE	\$50.95
87487	CHYLM D PNEUM DNA QUANT	\$62.20
87490	CHYLM D TRACH DNA DIR PROBE	\$29.65
87491	CHYLM D TRACH DNA AMP PROBE	\$47.00
87492	CHYLM D TRACH DNA QUANT	\$50.75

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CODE	DESCRIPTION	SY17 PRICE WITHOUT CUTBACK % APPLIED
87493	C DIFF AMPLIFIED PROBE	\$54.05
87495	CYTOMEG DNA DIR PROBE	\$29.11
87496	CYTOMEG DNA AMP PROBE	\$50.95
87497	CYTOMEG DNA QUANT	\$62.20
87498	ENTEROVIRUS DNA AMP PROBE	\$51.51
87500	VANOMYCIN DNA AMP PROBE	\$51.51
87501	INFLUENZA DNA AMP PROB 1+	\$75.85
87502	INFLUENZA DNA AMP PROBE	\$125.77
87503	INFLUENZA DNA AMP PROB ADDL	\$30.71
87505	NFCT AGENT DETECTION GI	\$164.02
87506	IADNA-DNA/RNA PROBE TQ 6-11	\$272.89
87507	IADNA-DNA/RNA PROBE TQ 12-25	\$532.89
87510	GARDNER VAG DNA DIR PROBE	\$29.11
87511	GARDNER VAG DNA AMP PROBE	\$50.95
87512	GARDNER VAG DNA QUANT	\$60.60
87515	HEPATITIS B DNA DIR PROBE	\$29.11
87516	HEPATITIS B DNA AMP PROBE	\$50.95
87517	HEPATITIS B DNA QUANT	\$62.20
87520	HEPATITIS C RNA DIR PROBE	\$29.11
87521	HEPATITIS C RNA AMP PROBE	\$50.95
87522	HEPATITIS C RNA QUANT	\$62.20
87525	HEPATITIS G DNA DIR PROBE	\$29.11
87526	HEPATITIS G DNA AMP PROBE	\$50.95
87527	HEPATITIS G DNA QUANT	\$60.60

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CODE	DESCRIPTION	SY17 PRICE WITHOUT CUTBACK % APPLIED
87528	HSV DNA DIR PROBE	\$29.11
87529	HSV DNA AMP PROBE	\$50.95
87530	HSV DNA QUANT	\$62.20
87531	HHV-6 DNA DIR PROBE	\$29.11
87532	HHV-6 DNA AMP PROBE	\$50.95
87533	HHV-6 DNA QUANT	\$60.60
87534	HIV-1 DNA DIR PROBE	\$29.11
87535	HIV-1 DNA AMP PROBE	\$50.95
87536	HIV-1 DNA QUANT	\$123.53
87537	HIV-2 DNA DIR PROBE	\$29.11
87538	HIV-2 DNA AMP PROBE	\$50.95
87539	HIV-2 DNA QUANT	\$62.20
87540	LEGION PNEUMO DNA DIR PROB	\$29.11
87541	LEGION PNEUMO DNA AMP PROB	\$50.95
87542	LEGION PNEUMO DNA QUANT	\$60.60
87550	MYCOBACTERIA DNA DIR PROBE	\$29.11
87551	MYCOBACTERIA DNA AMP PROBE	\$50.95
87552	MYCOBACTERIA DNA QUANT	\$62.20
87555	M.TUBERCULO DNA DIR PROBE	\$29.11
87556	M.TUBERCULO DNA AMP PROBE	\$50.95
87557	M.TUBERCULO DNA QUANT	\$62.20
87560	M.AVIUM-INTRA DNA DIR PROB	\$29.11
87561	M.AVIUM-INTRA DNA AMP PROB	\$50.95
87562	M.AVIUM-INTRA DNA QUANT	\$62.20

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CODE	DESCRIPTION	SY17 PRICE WITHOUT CUTBACK % APPLIED
87580	M.PNEUMON DNA DIR PROBE	\$29.11
87581	M.PNEUMON DNA AMP PROBE	\$50.95
87582	M.PNEUMON DNA QUANT	\$60.60
87590	N.GONORRHOEAE DNA DIR PROB	\$29.65
87591	N.GONORRHOEAE DNA AMP PROB	\$47.00
87592	N.GONORRHOEAE DNA QUANT	\$62.20
87623	HPV LOW-RISK TYPES	\$44.87
87624	HPV HIGH-RISK TYPES	\$44.87
87625	HPV TYPES 16 & 18 ONLY	\$44.87
87631	RESP VIRUS 3-5 TARGETS	\$189.61
87632	RESP VIRUS 6-11 TARGETS	\$315.45
87633	RESP VIRUS 12-25 TARGETS	\$313.18
87640	STAPH A DNA AMP PROBE	\$51.51
87641	MR-STAPH DNA AMP PROBE	\$51.51
87650	STREP A DNA DIR PROBE	\$29.11
87651	STREP A DNA AMP PROBE	\$50.95
87652	STREP A DNA QUANT	\$60.60
87653	STREP B DNA AMP PROBE	\$51.51
87660	TRICHOMONAS VAGIN DIR PROBE	\$29.43
87661	TRICHOMONAS VAGINALIS AMPLIF	\$49.96
87797	DETECT AGENT NOS DNA DIR	\$29.65
87798	DETECT AGENT NOS DNA AMP	\$51.51
87799	DETECT AGENT NOS DNA QUANT	\$62.20
87800	DETECT AGNT MULT DNA DIREC	\$59.29

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CODE	DESCRIPTION	SY17 PRICE WITHOUT CUTBACK % APPLIED
87801	DETECT AGNT MULT DNA AMPLI	\$103.02
87802	STREP B ASSAY W/OPTIC	\$17.60
87803	CLOSTRIDIUM TOXIN A W/OPTIC	\$17.60
87804	INFLUENZA ASSAY W/OPTIC	\$17.60
87806	HIV ANTIGEN W/HIV ANTIBODIES	\$28.00
87807	RSV ASSAY W/OPTIC	\$17.60
87808	TRICHOMONAS VAGINALIS	\$17.60
87809	ADENOVIRUS ASSAY W/OPTIC	\$17.60
87810	CHYLM D TRACH ASSAY W/OPTIC	\$17.43
87850	N. GONORRHOEAE ASSAY W/OPTIC	\$17.43
87880	STREP A ASSAY W/OPTIC	\$17.60
87899	AGENT NOS ASSAY W/OPTIC	\$17.43
87900	PHENOTYPE INFECT AGENT DRUG	\$196.12
87901	GENOTYPE, DNA, HIV REVERSE T	\$690.68
87902	GENOTYPE DNA/RNA HEP C	\$380.51
87903	PHENOTYPE DNA HIV W/CULTURE	\$735.22
87904	PHENOTYPE DNA HIV W/CLT ADD	\$38.26
87905	SIALIDASE ENZYME ASSAY	\$17.96
87906	GENOTYPE DNA HIV REVERSE T	\$190.26
87910	GENOTYPE CYTOMEGALOVIRUS	\$380.51
87912	GENOTYPE DNA HEPATITIS B	\$380.51
88130	CYTOLOGY SMEAR-BUCCAL	\$20.67
88140	CYTOLOGY SMEAR-WBC-FOR CHROMOSOMS	\$12.04
88142	CYTOPATH C/V THIN LAYER	\$23.22

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CODE	DESCRIPTION	SY17 PRICE WITHOUT CUTBACK % APPLIED
88143	CYTOPATH C/V THIN LAYER REDO	\$15.33
88147	CYTOPATH C/V AUTOMATED	\$15.33
88148	CYTOPATH C/V AUTO RESCREEN	\$15.33
88150	CYTOPATH C/V MANUAL	\$15.33
88152	CYTOPATH C/V AUTO REDO	\$15.33
88153	CYTOPATH C/V REDO	\$15.33
88154	CYTOPATH C/V SELECT	\$15.33
88155	CYTOPATH C/V INDEX ADD-ON	\$8.70
88164	CYTOPATH TBS C/V MANUAL	\$15.33
88165	CYTOPATH TBS C/V REDO	\$15.33
88166	CYTOPATH TBS C/V AUTO REDO	\$15.33
88167	CYTOPATH TBS C/V SELECT	\$15.33
88174	CYTOPATH C/V AUTO IN FLUID	\$31.35
88175	CYTOPATH C/V AUTO FLUID REDO	\$38.87
88230	TISSUE CULTURE LYMPHOCYTE	\$170.99
88233	TISSUE CULTURE SKIN/BIOPSY	\$204.31
88235	TISSUE CULTURE PLACENTA	\$213.77
88237	TISSUE CULTURE BONE MARROW	\$183.37
88239	TISSUE CULTURE TUMOR	\$214.18
88240	CELL CRYOPRESERVE/STORAGE	\$14.67
88241	FROZEN CELL PREPARATION	\$14.67
88245	CHROMOSOME ANALYSIS 20-25	\$216.11
88248	CHROMOSOME ANALYSIS 50-100	\$251.40
88249	CHROMOSOME ANALYSIS 100	\$251.40

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

FEE SCHEDULE

EFFECTIVE JULY 1, 2016

07/25/2016

UPDATED BASED ON THIRD QUARTER 2016 CMS OCE CHANGES

CODE	DESCRIPTION	SY17 PRICE WITHOUT CUTBACK % APPLIED
88261	CHROMOSOME ANALYSIS 5	\$242.84
88262	CHROMOSOME ANALYSIS 15-20	\$180.95
88263	CHROMOSOME ANALYSIS 45	\$218.17
88264	CHROMOSOME ANALYSIS 20-25	\$180.95
88267	CHROMOSOME ANALYS PLACENTA	\$260.99
88269	CHROMOSOME ANALYS AMNIOTIC	\$260.82
88271	CYTOGENETICS DNA PROBE	\$3.68
88272	CYTOGENETICS 3-5	\$38.86
88273	CYTOGENETICS 10-30	\$47.17
88274	CYTOGENETICS 25-99	\$50.53
88275	CYTOGENETICS 100-300	\$58.30
88280	CHROMOSOME ANALYSIS,KARYOTYPING	\$36.44
88283	CHROMOSOME ANALYSIS ADDITIONAL SPECIALIZED BANDING TECH	\$99.58
88285	CHROMOSOME COUNT ADDITIONAL	\$14.02
88289	CHROMOSOME STUDY ADDITIONAL	\$39.62
88350	IMMUNOFLUOR ANTB ADDL STAIN	\$0.00
88387	TISS EXAM MOLECULAR STUD	\$0.00
88388	TISS EX MOLECUL STUDY AD	\$0.00
88720	BILIRUBIN TOTAL TRANSCUT	\$7.55
88738	HGB QUANT TRANSCUTANEOUS	\$7.55
88740	TRANSCUTANEOUS CARBOXYHB	\$7.55
88741	TRANSCUTANEOUS METHB	\$7.55
89050	BODY FLUID CELL COUNT	\$5.64
89051	BODY FLUID CELL COUNT W/DIFF	\$7.15

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CODE	DESCRIPTION	SY17 PRICE WITHOUT CUTBACK % APPLIED
89055	LEUKOCYTE ASSESSMENT FECAL	\$6.25
89060	EXAM SYNOVIAL FLUID CRYSTALS	\$10.37
89125	FAT STAIN,FECES,URINE,SPUTUM	\$4.46
89160	MEAT FIBERS, FECES	\$5.34
89190	NASAL SMEAR FOR EOSINOPHILS	\$6.89
89250	FERTILIZATION OF OOCYTE	\$0.00
89251	CULTURE OOCYTE W/EMBRYOS	\$0.00
89253	EMBRYO HATCHING	\$0.00
89254	OOCYTE IDENTIFICATION	\$0.00
89255	PREPARE EMBRYO FOR TRANS	\$0.00
89257	SPERM IDENTIFICATION	\$0.00
89258	CRYOPRESERVATION EMBRYO(\$0.00
89259	CRYOPRESERVATION SPERM	\$0.00
89260	SPERM ISOLATION SIMPLE	\$0.00
89261	SPERM ISOLATION COMPLEX	\$0.00
89264	IDENTIFY SPERM TISSUE	\$0.00
89268	INSEMINATION OF OOCYTES	\$0.00
89272	EXTENDED CULTURE OF OOCY	\$0.00
89280	ASSIST OOCYTE FERTILIZAT	\$0.00
89281	ASSIST OOCYTE FERTILIZAT	\$0.00
89290	BIOPSY OOCYTE POLAR BODY	\$0.00
89291	BIOPSY OOCYTE POLAR BODY	\$0.00
89300	SEMEN ANALYSIS W/HUHNER	\$0.00
89310	FERTILITY STUDIES	\$0.00

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89320	SEMEN ANALYSIS; COMPLETE	\$0.00
89321	SEMEN ANAL SPERM DETECTI	\$0.00
89322	SEMEN ANAL STRICT CRITER	\$0.00
89325	SPERM ANTIBODY TEST	\$0.00
89330	EVALUATION CERVICAL MUCU	\$0.00
89331	RETROGRADE EJACULATION A	\$0.00
89335	CRYOPRESERVE TESTICULAR	\$0.00
89337	CRYOPRESERVATION OOCYTE(S)	\$0.00
89342	STORAGE/YEAR EMBRYO(S)	\$0.00
89343	STORAGE/YEAR SPERM/SEMEN	\$0.00
89344	STORAGE/YEAR REPROD TISS	\$0.00
89346	STORAGE/YEAR OOCYTE(S)	\$0.00
89352	THAWING CRYOPRESERVED EMB	\$0.00
89353	THAWING CRYOPRESERVED SPE	\$0.00
89354	THAW CRYOPRSVRD REPROD T	\$0.00
89356	THAWING CRYOPRESERVED OOC	\$0.00
90384	RH IG FULL-DOSE IM	\$107.74
90389	TETANUS IG IM	\$108.19
90460	IM ADMIN 1ST/ONLY COMPON	\$14.25
90461	IM ADMIN EACH ADDL COMPO	\$13.13
90654	FLU VACCINE NO PRESERV, ID	\$19.08
90655	IIV3 VACC NO PRSV 6-35 MO IM	\$11.54
90656	IIV3 VACC NO PRSV 3 YRS+ IM	\$11.54
90657	IIV3 VACCINE 6-35 MONTHS IM	\$11.54

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CODE	DESCRIPTION	SY17 PRICE WITHOUT CUTBACK % APPLIED
90658	FLU VACC 3 VAL 3 YRS PLU	\$11.54
90660	LAIV3 VACCINE INTRANASAL	\$9.97
90661	CCIIV3 VAC IM CULT PRSV FREE	\$9.97
90662	IIV NO PRSV INCREASED AG IM	\$9.97
90670	PCV13 VACCINE IM	\$9.45
90672	LAIV4 VACCINE INTRANASAL	\$24.03
90673	FLU VACC RIV3 NO PRESERV	\$0.00
90685	IIV4 VACC NO PRSV 6-35 M IM	\$22.81
90686	IIV4 VACC NO PRSV 3 YRS+ IM	\$20.26
90688	IIV4 VACCINE 3 YRS PLUS IM	\$25.70
90716	CHICKEN POX VACCINE SC	\$9.97
90723	DTAP-HEP B-IPV VACCINE I	\$9.97
90732	PPSV23 VACC 2 YRS+ SUBQ/IM	\$22.15
90736	ZOSTER VACC SC	\$229.83
90740	HEPB VACC 3 DOSE IMMUNSUP IM	\$124.66
90743	HEPB VACC 2 DOSE ADOLESC IM	\$9.45
90744	HEPB VACC 3 DOSE PED/ADOL IM	\$9.45
90746	HEPB VACCINE 3 DOSE ADULT IM	\$76.38
90747	HEPB VACC 4 DOSE IMMUNSUP IM	\$9.45
90748	HEP B/HIB VACCINE IM	\$9.45
90785	PSYTX COMPLEX INTERACTIV	\$0.00
90880	HYPNOTHERAPY	\$0.00
90887	CONSULTATION WITH FAMILY	\$0.00
90889	PREPARATION OF REPORT	\$0.00

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CODE	DESCRIPTION	SY17 PRICE WITHOUT CUTBACK % APPLIED
90911	BIOFEEDBACK PERI/URO/REC	\$0.00
91200	LIVER ELASTOGRAPHY	\$0.00
92310	CONTACT LENS FITTING	\$26.11
92325	MODIFICATION OF CONTACT	\$0.00
92352	FIT APHAKIA SPECTCL MONO	\$0.00
92353	FIT APHAKIA SPECTCL MULT	\$0.00
92354	FIT SPECTACLES SINGLE SY	\$0.00
92355	FIT SPECTACLES COMPOUND	\$0.00
92358	APHAKIA PROSTH SERVICE T	\$0.00
92371	REPAIR & ADJUST SPECTACL	\$0.00
92507	SPEECH/HEARING THERAPY-INDIVIDUAL	\$13.45
92508	SPEECH/HEARING THERAPY-GROUP	\$8.81
92520	LARYNGEAL FUNCTION STUDIES	\$42.51
92521	EVALUATION OF SPEECH FLUENCY	\$81.14
92522	EVALUATE SPEECH PRODUCTION	\$65.82
92523	SPEECH SOUND LANG COMPREHEN	\$137.05
92524	BEHAVRAL QUALIT ANALYS VOICE	\$67.95
92526	ORAL FUNCTION THERAPY	\$69.89
92551	PURE TONE HEARING TEST A	\$12.56
92560	BEKESY AUDIOMETRY SCREEN	\$25.42
92597	ORAL SPEECH DEVICE EVAL	\$98.19
92607	EX FOR SPEECH DEVICE RX 1HR	\$142.77
92608	EX FOR SPEECH DEVICE RX ADDL	\$28.99
92609	USE OF SPEECH DEVICE SERVICE	\$77.44

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CODE	DESCRIPTION	SY17 PRICE WITHOUT CUTBACK % APPLIED
92610	EVALUATE SWALLOWING FUNCTION	\$105.21
92611	MOTION FLUOROSCOPY/SWALLOW	\$112.86
92612	ENDOSCOPY SWALLOW TST (FEES)	\$144.40
92613	ENDOSCOPY SWALLOW TST (F	\$35.98
92614	LARYNGOSCOPIC SENSORY TEST	\$129.01
92615	EVAL LARYNGOSCOPY SENSE	\$31.99
92616	FEES W/LARYNGEAL SENSE TEST	\$176.14
92617	INTERPRT FEES/LARYNGEAL	\$39.50
93702	BIS XTRACELL FLUID ANALYSIS	\$0.00
94016	REVIEW PATIENT SPIROMETRY	\$23.97
94780	CAR SEAT/BED TEST 60 MIN	\$0.00
94781	CAR SEAT/BED TEST + 30 M	\$0.00
95120	IMMUNOTHERAPY ONE INJECT	\$16.81
95125	IMMUNOTHERAPY MANY ANTIG	\$21.01
95831	LIMB MUSCLE TESTING MANUAL	\$25.13
95832	HAND MUSCLE TESTING MANUAL	\$17.42
95833	BODY MUSCLE TESTING MANUAL	\$28.23
95834	BODY MUSCLE TESTING MANUAL	\$39.84
95851	RANGE OF MOTION EACH EXTREMITY	\$16.79
95852	RANGE OF MOTION MEASUREMENT,HAND	\$15.75
95965	MEG SPONTANEOUS	\$0.00
95966	MEG EVOKED SINGLE	\$0.00
95967	MEG EVOKED EACH ADDL	\$0.00
95992	CANALITH REPOSITIONING PROC	\$44.67

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CODE	DESCRIPTION	SY17 PRICE WITHOUT CUTBACK % APPLIED
96103	PSYCHO TESTING ADMIN BY	\$0.00
96105	ASSESSMENT OF APHASIA	\$67.30
96119	NEUROPSYCH TESTING BY TE	\$0.00
96120	NEUROPSYCH TST ADMIN W/C	\$0.00
96125	COGNITIVE TEST BY HC PRO	\$89.33
96127	BRIEF EMOTIONAL/BEHAV ASSMT	\$0.00
97001	PT EVALUATION	\$40.27
97002	PT RE-EVALUATION	\$32.44
97003	OT EVALUATION	\$36.38
97010	HOT OR COLD PACKS	\$0.00
97012	TRACTION, MECHANICAL	\$8.40
97014	ELECTRIC STIMULATION THE	\$8.40
97016	VASOPNEUMATIC DEVICES	\$8.40
97018	PARAFFIN BATH	\$8.40
97022	WHIRLPOOL	\$8.40
97024	DIATHERMY EG MICROWAVE	\$8.40
97026	INFRARED	\$8.40
97028	ULTRAVIOLET	\$12.98
97032	ELECTRICAL STIMULATION	\$13.14
97033	ELECTRIC CURRENT THERAPY	\$10.51
97034	CONTRAST BATH THERAPY	\$14.54
97035	ULTRASOUND THERAPY	\$13.14
97036	HYDROTHERAPY	\$25.06
97039	UNLISTED MODALITY (SPECIFY)	\$19.25

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97112	NEUROMUSCULAR REEDUCATION	\$15.33
97116	GAIT TRAINING	\$15.33
97124	MASSAGE	\$0.00
97139	UNLISTED PROCEDURE (SPECIFY)	\$26.79
97140	MANUAL THERAPY 1/> REGIONS	\$15.33
97150	GROUP THERAPEUTIC PROCEDURES	\$12.58
97535	SELF CARE MNGMENT TRAINI	\$0.00
97537	COMMUNITY/WORK REINTEGRA	\$0.00
97546	WORK HARDENING ADD-ON	\$0.00
97597	ACTIVE WOUND CARE/20 CM OR <	\$31.24
97598	RMVL DEVITAL TIS ADDL 20CM/<	\$70.96
97602	WOUND(S) CARE NON-SELECTIVE	\$36.56
97605	NEG PRESS WOUND TX </=50 CM	\$40.72
97606	NEG PRESS WOUND TX >50 CM	\$43.43
97607	NEG PRESS WND TX </=50 SQ CM	\$137.25
97608	NEG PRESS WOUND TX >50 CM	\$137.25
97750	PHYSICAL PERFORMANCE TEST	\$15.33
97799	UNLISTED PHYSICAL MEDICINE SERVICE	\$31.52
97802	MEDICAL NUTRITION INDIV	\$0.00
97803	MED NUTRITION INDIV SUBS	\$0.00
97804	MEDICAL NUTRITION GROUP	\$0.00
99001	SPECIMEN HANDLING	\$4.21
99078	SSR PHYS ED GRP SETTING	\$0.00
99080	SPECIAL REPORTS OR FORMS	\$11.56

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CODE	DESCRIPTION	SY17 PRICE WITHOUT CUTBACK % APPLIED
99173	VISUAL ACUITY SCREEN	\$12.75
99367	TEAM CONF W/O PAT BY PHY	\$0.00
99368	TEAM CONF W/O PAT BY HC	\$0.00
99415	PROLONG CLINCL STAFF SVC	\$0.00
99416	PROLONG CLINCL STAFF SVC ADD	\$0.00
99487	CMPLX CHRON CARE W/O PT	\$0.00
99489	COMPLX CHRON CARE ADDL30	\$0.00
99490	CHRON CARE MGMT SRVC 20 MIN	\$0.00
99495	TRANS CARE MGMT 14 DAY D	\$0.00
99496	TRANS CARE MGMT 7 DAY DI	\$0.00
99497	ADVNC D CARE PLAN 30 MIN	\$0.00
99498	ADVNC D CARE PLAN ADDL 30 MIN	\$0.00
A0380	BLS PER MILE	\$0.00
A0384	BLS DEFIBRILLATION SUPPL	\$0.00
A0390	ALS PER MILE	\$0.00
A0392	ALS DEFIBRILLATION SUPPL	\$0.00
A0394	ALS IV DRUG THER SUPPL	\$0.00
A0396	ALS ESOPHAG INTUB SUPPLS	\$0.00
A0422	AMBULANCE 02 LIFE SUSTAI	\$0.00
A0424	EXTRA AMBULANCE ATTENDAN	\$0.00
A0425	GROUND MILEAGE	\$0.00
A0426	ALS 1	\$0.00
A0427	ALS1-EMERGENCY	\$0.00
A0428	BLS	\$0.00

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CODE	DESCRIPTION	SY17 PRICE WITHOUT CUTBACK % APPLIED
A0429	BLS-EMERGENCY	\$0.00
A0430	FIXED WING AIR TRANSPORT	\$0.00
A0431	ROTARY WING AIR TRANSPORT	\$0.00
A0432	PI VOLUNTEER AMBUL CO	\$0.00
A0433	ALS 2	\$0.00
A0434	SPECIALTY CARE TRANSPORT	\$0.00
A0435	FIXED WING AIR MILEAGE	\$0.00
A0436	ROTARY WING AIR MILEAGE	\$0.00
A0999	UNLISTED AMBULANCE SERV	\$0.00
A4270	DISPOS ENDOSCOPE SHEATH	\$0.00
A4337	INCONTINENT RECTAL INSERT	\$0.00
A4395	OSTOMY POUCH SOLID DEODO	\$0.00
A4558	CONDUCTIVE PASTE OR GEL	\$0.00
A4660	SPHYG/BP APP W CUFF&STET	\$0.00
A4663	DIALY BLOOD PRESS CUFF	\$0.00
A9581	GADOXETATE DISODIUM INJ	\$0.00
A9582	IODINE I-123 IOBENGUANE	\$0.00
A9583	GADOFOSVESET TRISOD INJ	\$0.00
A9901	DELIVERY/SET UP/DISPENS	\$0.00
ATP02	ATP PRICE	\$9.83
ATP03	ATP PRICE	\$9.65
ATP04	ATP PRICE	\$10.18
ATP05	ATP PRICE	\$11.36
ATP06	ATP PRICE	\$11.39

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CODE	DESCRIPTION	SY17 PRICE WITHOUT CUTBACK % APPLIED
ATP07	ATP PRICE	\$11.86
ATP08	ATP PRICE	\$12.28
ATP09	ATP PRICE	\$12.60
ATP10	ATP PRICE	\$12.61
ATP11	ATP PRICE	\$12.83
ATP12	ATP PRICE	\$13.11
ATP16	ATP PRICE	\$15.34
ATP18	ATP PRICE	\$15.46
ATP19	ATP PRICE	\$16.08
ATP20	ATP PRICE	\$16.58
ATP21	ATP PRICE	\$17.11
ATP22	ATP PRICE	\$17.61
ATP23	ATP PRICE	\$17.61
C9399	UNCLASSIFD DRUG/BIOLOGIC	\$0.00
C9476	INJECTION, DARATUMUMAB	\$0.00
C9477	INJECTION, ELOTUZUMAB	\$0.00
C9478	INJECTION, SEBELIPASE ALFA	\$0.00
C9479	INSTILL, CIPROFLOXACIN OTIC	\$0.00
C9480	INJECTION, TRABECTEDIN	\$0.00
E0604	HOSP GRADE ELEC BREAST PUMP	\$53.76
E0746	ELECTROMYOGR BIOFEEDBACK	\$0.00
E0749	ELEC OSTEOGEN STIM IMPL	\$0.00
G0008	ADMIN FLU VIRUS VAC	\$0.00
G0009	ADM PNEUMOCOCCAL VAC	\$0.00

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G0010	ADMIN HEPATITIS B VAC	\$0.00
G0027	SEMEN ANALYSIS	\$9.39
G0103	PSA, TOTAL SCREENING	\$26.83
G0123	SCREEN CERV/VAG THIN LAYER	\$29.74
G0143	CRV/VAG SCR/RESCRN TECH	\$0.00
G0144	SCR C/V CYTO, THINLAYER, RESCR	\$31.35
G0145	CRV/VAG SCR MAN RESCRN	\$0.00
G0147	SCR C/V CYTO, AUTOMATED SYS	\$16.70
G0148	SCR C/V CYTO, AUTOSYS, RESCR	\$22.30
G0202	SCREENING MAMMOGRAPHY, BILATERAL, ALL VIEWS	\$125.84
G0204	DIAGNOSTIC MAMMOGRAPHY, BILATERAL, ALL VIEWS	\$136.81
G0206	DIAGNOSTIC MAMMOGRAPHY, UNILATERAL, ALL VIEWS	\$110.25
G0248	DEMONSTRAT USE HOME INR	\$0.00
G0249	PROVIDE INR TEST MATER/E	\$0.00
G0268	PHYS REMOVAL IMPACTD WAX	\$0.00
G0270	MNT SUBS TX FOR CHANGE DX	\$31.77
G0271	GROUP MNT 2 OR MORE 30 MINS	\$16.35
G0276	PILD/PLACEBO CONTROL CLIN TR	\$0.00
G0281	ELEC STIM UNATTEND-ULCER	\$0.00
G0283	ELEC STIM OTHR THN WOUND	\$0.00
G0289	ARTHRO KNEE DIFF COMPART	\$0.00
G0296	VISIT TO DETERM LDCT ELIG	\$0.00
G0306	CBC/DIFFWBC W/O PLATELET	\$11.41
G0307	CBC WITHOUT PLATELET	\$9.49

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G0328	FECAL BLOOD SCRNM IMMUNO	\$0.00
G0329	ULCER ELECTROMAG TX	\$0.00
G0364	BONE MARROW ASPIRAT W/BX	\$0.00
G0380	LEV 1 HOSP TYPE B ED VIS	\$0.00
G0381	LEV 2 HOSP TYPE B ED VIS	\$0.00
G0382	LEV 3 HOSP TYPE B ED VIS	\$0.00
G0383	LEV 4 HOSP TYPE B ED VIS	\$0.00
G0384	LEV 5 HOSP TYPE B ED VIS	\$0.00
G0390	TRAUMA RESPNS W/HOSP CR	\$0.00
G0420	ED SVC CKD IND PER SESSI	\$0.00
G0421	ED SVC CKD GRP PER SESSI	\$0.00
G0422	INTENS CARDIAC REHAB W/E	\$0.00
G0423	INTENS CARDIAC REHAB NO	\$0.00
G0424	PULMONARY REHAB W EXER	\$0.00
G0429	DERMAL FILLER INJECTION	\$101.20
G0433	ELISA HIV-1/HIV-2 SCREEN	\$12.79
G0436	TOBACCO-USE COUNSEL 3-10	\$0.00
G0437	TOBACCO-USE COUNSEL >10	\$0.00
G0438	PPPS; INITIAL VISIT	\$0.00
G0439	PPPS; SUBSEQ VISIT	\$0.00
G0449	ANNUAL OBESITY SCREEN 15	\$0.00
G0450	SCREEN STI W FOUR LAB TE	\$0.00
G0451	DEVLOPMENT TEST INTERPT&	\$0.00
G0453	CONT INTRAOP NEURO MONIT	\$0.00

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G0455	FECAL MICROBIOTA PREP IN	\$0.00
G0466	FQHC VISIT NEW PATIENT	\$0.00
G0467	FQHC VISIT, ESTAB PT	\$0.00
G0468	FQHC VISIT, IPPE OR AWV	\$0.00
G0469	FQHC VISIT, MH NEW PT	\$0.00
G0470	FQHC VISIT, MH ESTAB PT	\$0.00
G0471	VEN BLOOD COLL SNF/HHA	\$4.69
G0473	GROUP BEHAVE COUNS 2-10	\$0.00
G0477	DRUG TEST PRESUMP OPTICAL	\$0.00
G0478	DRUG TEST PRESUMP OPT INST	\$0.00
G0479	DRUG TEST PRESUMP NOT OPT	\$0.00
G0480	DRUG TEST DEF 1-7 CLASSES	\$0.00
G0481	DRUG TEST DEF 8-14 CLASSES	\$0.00
G0482	DRUG TEST DEF 15-21 CLASSES	\$0.00
G0483	DRUG TEST DEF 22+ CLASSES	\$0.00
G9017	AMANTADINE HCL; ORAL	\$0.00
G9018	ZANAMIVIR; INH PWDR	\$0.00
G9019	OSELTAMIVIR PHOSP	\$0.00
G9020	RIMANTADINE HCL	\$0.00
G9033	AMANTADINE HCL; ORAL	\$0.00
G9034	ZANAMIVIR; INH PWDR BRND	\$0.00
G9035	OSELTAMIVIR PHOSP BRAND	\$0.00
G9036	RIMANTADINE HCL; BRAND	\$0.00
G9140	FRONTIER EXTENDED STAY D	\$0.00

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CODE	DESCRIPTION	SY17 PRICE WITHOUT CUTBACK % APPLIED
G9143	WARFARIN RESPON GENETIC	\$0.00
J7301	SKYLA 13.5MG	\$678.90
J7303	CONTRACEPT VAGINAL RING	\$23.66
J7304	CONTRACEPTIVE HORMONE PA	\$13.29
J7306	LEVONORGESTREL IMPLANT S	\$383.43
J7307	ETONOGESTREL IMPLANT SYS	\$760.87
J7507	TACROLIMUS ORAL PER 1 MG	\$0.00
J7508	TACROLIMUS EX REL ORAL O	\$0.00
K0672	REMOVABLE SOFT INTERFACE LE	\$77.47
K0901	KO SINGLE UPRIGHT PRE OTS	\$815.77
K0902	KO DOUBLE UPRIGHT PRE OTS	\$709.84
L0112	CRANIAL CERVICAL ORTHOSIS	\$1,278.50
L0113	CRANIAL CERVICAL TORTICOLLIS	\$260.51
L0172	CERVICAL, COLLAR, SEMI-RIGID THERMOPLASTIC FOAM, TWO PI	\$90.28
L0174	CERVICAL, COLLAR, SEMI-RIGID, THERMOPLASTIC FOAM, TWO P	\$219.96
L0450	TLSO FLEX PREFAB THORACIC	\$146.84
L0454	TLSO FLEX PREFAB SACROCOC-T9	\$316.81
L0455	TLSO FLEX TRNK SJ-T9 PRE OTS	\$319.98
L0456	TLSO FLEX PREFAB	\$908.51
L0457	TLSO FLEX TRNK SJ-SS PRE OTS	\$917.59
L0458	TLSO 2MOD SYMPHIS-XIPHO PRE	\$814.66
L0460	TLSO2MOD SYMPHYSIS-STERN PRE	\$916.97
L0462	TLSO 3MOD SACRO-SCAP PRE	\$1,140.53
L0464	TLSO 4MOD SACRO-SCAP PRE	\$1,357.79

STATE OF SOUTH DAKOTA DEPARTMENT OF SOCIAL SERVICES OUTPATIENT PROSPECTIVE
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CODE	DESCRIPTION	SY17 PRICE WITHOUT CUTBACK % APPLIED
L0466	TLSO RIGID FRAME PRE SOFT AP	\$329.80
L0467	TLSO R FRAM SOFT PRE OTS	\$333.10
L0468	TLSO RIGID FRAME PREFAB PELV	\$387.25
L0469	TLSO RIG FRAM PELVIC PRE OTS	\$391.12
L0470	TLSO RIGID FRAME PRE SUBCLAV	\$538.64
L0472	TLSO RIGID FRAME HYPEREX PRE	\$341.61
L0480	TLSO RIGID PLASTIC CUSTOM FA	\$1,494.92
L0482	TLSO RIGID LINED CUSTOM FAB	\$1,671.58
L0484	TLSO RIGID PLASTIC CUST FAB	\$1,804.10
L0486	TLSO RIGIDLINED CUST FAB TWO	\$1,827.96
L0488	TLSO RIGID LINED PRE ONE PIE	\$916.97
L0490	TLSO RIGID PLASTIC PRE ONE	\$258.36
L0491	TLSO 2 PIECE RIGID SHELL	\$701.54
L0492	TLSO 3 PIECE RIGID SHELL	\$442.12
L0621	SIO FLEX PELVISACRAL PREFAB	\$96.38
L0622	SIO FLEX PELVISACRAL CUSTOM	\$218.26
L0625	LO FLEXIBL L1-BELOW L5 PRE	\$50.44
L0626	LO SAG STAYS/PANELS PRE-FAB	\$71.33
L0627	LO SAGITT RIGID PANEL PREFAB	\$376.22
L0628	LO FLEX W/O RIGID STAYS PRE	\$76.77
L0630	LSO POST RIGID PANEL PRE	\$148.22
L0631	LSO SAG-CORO RIGID FRAME PRE	\$939.62
L0633	LSO FLEXION CONTROL PREFAB	\$262.46
L0635	LSO SAGIT RIGID PANEL PREFAB	\$808.69

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CODE	DESCRIPTION	SY17 PRICE WITHOUT CUTBACK % APPLIED
L0636	LSO SAGITTAL RIGID PANEL CUS	\$1,407.26
L0637	LSO SAG-CORONAL PANEL PREFAB	\$947.40
L0638	LSO SAG-CORONAL PANEL CUSTOM	\$1,204.78
L0639	LSO S/C SHELL/PANEL PREFAB	\$947.40
L0640	LSO S/C SHELL/PANEL CUSTOM	\$955.84
L0641	LO RIG POS PNL L1-L5 PRE OTS	\$72.04
L0642	LO SAG RI AN/POS PNL PRE OTS	\$379.99
L0643	LSO SAG CTR RIGI POS PRE OTS	\$149.71
L0648	LSO SAG R AN/POS PNL PRE OTS	\$949.02
L0649	LSO SC R POS/LAT PNL PRE OTS	\$265.09
L0650	LSO SC R ANT/POS PNL PRE OTS	\$956.88
L0651	LSO SAG-CO SHELL PNL PRE OTS	\$956.88
L0859	MRI COMPATIBLE SYSTEM	\$1,111.90
L0861	HALO REPL LINER/INTERFACE	\$196.88
L0984	PROTECTIVE BODY SOCK, EACH	\$45.62
L0999	ADD TO SPINAL ORTHOSIS NOS	\$320.78
L1005	TENSION BASED SCOLIOSIS ORTH	\$2,923.67
L1025	ADDITION TO CTLSO OR SCOLIOSIS ORTHOSIS, KYPHOSIS PAD,	\$85.35
L1085	ADDITION TO CTLSO OR SCOLIOSIS ORTHOSIS, OUTRIGGER, BIL	\$105.38
L1240	ADDITION TO TLSO (LOW PROFILE), LUMBAR DEROTATION PAD	\$53.15
L1250	ADDITION TO TLSO (LOW PROFILE), ANTERIOR ASIS PAD	\$49.45
L1260	ADDITION TO TLSO (LOW PROFILE), ANTERIOR THORACIC DEROT	\$51.78
L1270	ADDITION TO TLSO (LOW PROFILE), ABDOMINAL PAD	\$53.04
L1280	ADDITION TO TLSO (LOW PROFILE), RIB GUSSET (ELASTIC), E	\$59.04

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CODE	DESCRIPTION	SY17 PRICE WITHOUT CUTBACK % APPLIED
L1290	ADDITION TO TLSO (LOW PROFILE), LATERAL TROCHANTERIC PA	\$53.81
L1652	HO BI THIGHCUFFS W SPRDR BAR	\$325.62
L1685	HO, ABDUCTION CONTROL OF HIP JOINTS, POST-OPERATIVE HIP	\$814.27
L1686	HO, ABDUCTION CONTROL OF HIP JOINT, POST-OPERATIVE HIP	\$703.80
L1690	COMBINATION BILATERAL HO	\$1,766.38
L1755	LEGG PERTHES ORTHOSIS, PATTEN BOTTOM TYPE	\$1,083.80
L1812	KO ELASTIC W/JOINTS PRE OTS	\$86.14
L1831	KNEE ORTH POS LOCKING JOINT	\$268.85
L1832	KO, ADJUSTABLE KNEE JOINTS, POSITIONAL ORTHOSIS, RIGID	\$416.18
L1833	KO ADJ JNT POS R SUP PRE OTS	\$518.78
L1834	KO, WITHOUT KNEE JOINT, RIGID, MOLDED TO PATIENT MODEL	\$561.32
L1836	RIGID KO WO JOINTS	\$121.90
L1843	KO SINGLE UPRIGHT CUSTOM FIT	\$819.63
L1844	KO W/ADJ JT ROT CNTRL MOLDED	\$1,228.74
L1845	KO, DOUBLE UPRIGHT, THIGH AND CALF, WITH ADJUSTABLE FLE	\$577.88
L1846	KO, DOUBLE UPRIGHT, THIGH AND CALF, WITH ADJUSTABLE FLE	\$726.80
L1847	KO ADJUSTABLE W AIR CHAMBERS	\$525.38
L1848	KO DBL UPRIGHT W/AIR PRE OTS	\$530.65
L1902	AFO ANKLE GAUNTLET PRE OTS	\$54.64
L1904	AFO MOLDED ANKLE GAUNTLET	\$321.90
L1906	AFO, MULTILIGAMENTUS ANKLE SUPPORT	\$109.79
L1907	AFO SUPRAMALLEOLAR CUSTOM	\$513.98
L1932	AFO RIG ANT TIB PREFAB TCF/=	\$815.09
L1945	AFO, MOLDED TO PATIENT MODEL, PLASTIC, RIGID ANTERIOR T	\$652.03

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CODE	DESCRIPTION	SY17 PRICE WITHOUT CUTBACK % APPLIED
L1951	AFO SPIRAL PREFABRICATED	\$767.15
L1971	AFO W/ANKLE JOINT, PREFAB	\$428.17
L2005	KAFO SNG/DBL MECHANICAL ACT	\$3,750.60
L2035	KAFO PLASTIC PEDIATRIC SIZE	\$158.23
L2036	KAFO, FULL PLASTIC, MOLDED TO PATIENT MODEL	\$1,394.17
L2037	KAFO, FULL PLASTIC, SINGLE UPRIGHT, FREE KNEE, MOLDED T	\$1,140.18
L2038	KAFO, FULL PLASTIC, WITHOUT KNEE JOINT, MULTI-AXIS ANKL	\$978.71
L2106	AFO, FRACTURE ORTHOSIS, TIBIAL FRACTURE CAST ORTHOSIS,	\$465.44
L2108	AFO, FRACTURE ORTHOSIS, TIBIAL FRACTURE CAST ORTHOSIS,	\$832.88
L2112	AFO, FRACTURE ORTHOSIS, TIBIAL FRACTURE ORTHOSIS, SOFT	\$319.39
L2114	AFO, FRACTURE ORTHOSIS, TIBIAL FRACTURE ORTHOSIS, SEMI-	\$400.60
L2116	AFO, FRACTURE ORTHOSIS, TIBIAL FRACTURE ORTHOSIS, RIGID	\$458.74
L2126	KAFO, FRACTURE ORTHOSIS, FEMORAL FRACTURE CAST ORTHOSIS	\$920.51
L2128	KAFO, FRACTURE ORTHOSIS, FEMORAL FRACTURE CAST ORTHOSIS	\$1,173.81
L2132	KAFO, FRACTURE ORTHOSIS, FEMORAL FRACTURE CAST ORTHOSIS	\$714.01
L2134	KAFO, FRACTURE ORTHOSIS, FEMORAL FRACTURE CAST ORTHOSIS	\$662.07
L2136	KAFO, FRACTURE ORTHOSIS, FEMORAL FRACTURE CAST ORTHOSIS	\$909.92
L2180	ADDITION TO LOWER EXTREMITY FRACTURE ORTHOSIS, PLASTIC	\$104.39
L2182	ADDITION TO LOWER EXTREMITY FRACTURE ORTHOSIS, DROP LOC	\$66.81
L2184	ADDITION TO LOWER EXTREMITY FRACTURE ORTHOSIS, LIMITED	\$92.89
L2186	ADDITION TO LOWER EXTREMITY FRACTURE ORTHOSIS, ADJUSTAB	\$123.39
L2188	ADDITION TO LOWER EXTREMITY FRACTURE OTHOSIS, QUADRILAT	\$205.03
L2190	ADDITION TO LOWER EXTREMITY FRACTURE ORTHOSIS, WAIST BE	\$61.90
L2192	ADDITION TO LOWER EXTREMITY FRACTURE ORTHOSIS, HIP JOIN	\$244.08

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CODE	DESCRIPTION	SY17 PRICE WITHOUT CUTBACK % APPLIED
L2232	ROCKER BOTTOM, CONTACT AFO	\$87.77
L2265	ADDITION TO LOWER EXTREMITY, LONG TONGUE STIRRUP	\$80.61
L2275	ADDITION TO LOWER EXTREMITY, VARUS/VULGUS CORRECTION, P	\$101.96
L2335	ADDITION TO LOWER EXTREMITY, ANTERIOR SWING BAND	\$163.18
L2370	ADDITION TO LOWER EXTREMITY, PATTEN BOTTOM	\$175.72
L2375	ADDITION TO LOWER EXTREMITY, TORSION CONTROL, ANKLE JOI	\$77.35
L2380	ADDITION TO LOWER EXTREMITY, TORSION CONTROL, STRAIGHT	\$112.38
L2385	ADDITION TO LOWER EXTREMITY, STRAIGHT KNEE JOINT, HEAVY	\$122.25
L2387	ADD LE POLY KNEE CUSTOM KAFO	\$139.82
L2390	ADDITION TO LOWER EXTREMITY, OFFSET KNEE JOINT, EACH JO	\$99.92
L2395	ADDITION TO LOWER EXTREMITY, OFFSET KNEE JOINT, HEAVY D	\$127.27
L2397	ADDITION TO LOWER EXTREMITY ORTHOSIS, SUSPENSION SLEEVE	\$88.15
L2405	ADDITION TO KNEE JOINT, DROP LOCK, EACH JOINT	\$46.45
L2415	ADDITION TO KNEE JOINT, CAM LOCK (SWISS, FRENCH, BAIL T	\$130.14
L2425	ADDITION TO KNEE JOINT, DISC OR DIAL LOCK FOR ADJUSTABL	\$148.95
L2430	KNEE JNT RATCHET LOCK EA JNT	\$91.65
L2492	ADDITION TO KNEE JOINT, LIFT LOOP FOR DROP LOCK RING	\$87.41
L2525	ADDITION TO LOWER EXTREMITY, THIGH/WEIGHT BEARING, ISCH	\$938.24
L2526	ADDITION TO LOWER EXTREMITY, THIGH/WEIGHT BEARING, ISCH	\$607.34
L2622	ADDITION TO LOWER EXTREMITY, PELVIC CONTROL, HIP JOINT,	\$209.93
L2624	ADDITION TO LOWER EXTREMITY, PELVIC CONTROL, HIP JOINT,	\$226.67
L2627	ADDITION TO LOWER EXTREMITY, PELVIC CONTROL, PLASTIC, M	\$1,564.67
L2628	ADDITION TO LOWER EXTREMITY, PELVIC CONTROL, METAL FRAM	\$1,529.16
L2755	CARBON GRAPHITE LAMINATION	\$53.76

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CODE	DESCRIPTION	SY17 PRICE WITHOUT CUTBACK % APPLIED
L2768	ORTHO SIDEBAR DISCONNECT	\$119.02
L2785	ADDITION TO LOWER EXTREMITY ORTHOSIS, DROP LOCK RETAINE	\$21.70
L2795	ADDITION TO LOWER EXTREMITY ORTHOSIS, KNEE CONTROL, FUL	\$58.17
L2800	ADDITION TO LOWER EXTREMITY ORTHOSIS, KNEE CONTROL, KNE	\$80.06
L2810	ADDITION TO LOWER EXTREMITY ORTHOSIS, KNEE CONTROL, CON	\$53.48
L2820	ADDITION TO LOWER EXTREMITY ORTHOSIS, SOFT INTERFACE FO	\$79.26
L2830	ADDITION TO LOWER EXTREMITY ORTHOSIS, SOFT INTERFACE FO	\$85.74
L2840	ADDITION TO LOWER EXTREMITY ORTHOSIS, TIBIAL LENGTH SOC	\$29.92
L2850	ADDITION TO LOWER EXTREMITY ORTHOSIS, FEMORAL LENGTH SO	\$54.44
L3224	WOMAN'S SHOE OXFORD BRACE	\$50.12
L3225	MAN'S SHOE OXFORD BRACE	\$66.88
L3257	ORTHOPEDIC FOOTWEAR, ADDITIONAL CHARGE FOR SPLIT SIZE	\$191.65
L3674	SO AIRPLANE W/WO JOINT CF	\$982.70
L3675	CANVAS VEST SO	\$145.89
L3760	EO WITHJOINT, PREFABRICATED	\$210.21
L3762	RIGID EO WO JOINTS	\$16.12
L3806	WHFO W/JOINT(S) CUSTOM FAB	\$377.64
L3807	WHFO W INFLATABLE AIRCHAMBER	\$39.51
L3808	WHFO, RIGID W/O JOINTS	\$301.70
L3809	WHFO W/O JOINTS PRE OTS	\$209.93
L3908	WHFO, WRIST EXTENSION CONTROL (COCK-UP), CANVAS OR LEAT	\$40.42
L3915	WHO W NONTOR JNT(S) PREFAB	\$57.42
L3917	PREFAB METACARPL FX ORTHOSIS	\$87.80
L3923	HFO, NO JOINT, PREFABRICATED	\$31.08

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CODE	DESCRIPTION	SY17 PRICE WITHOUT CUTBACK % APPLIED
L3925	FO PIP/DIP WITH JOINT/SPRING	\$40.80
L3927	FO PIP/DIP W/O JOINT/SPRING	\$29.07
L3929	HFO NONTORSION JOINT, PREFAB	\$64.62
L3931	WHFO NONTORSION JOINT PREFAB	\$159.64
L3981	UE FX ORTH SHOUL CAP FOREARM	\$834.54
L3984	UPPER EXTREMITY FRACTURE ORTHOSIS, WRIST	\$264.94
L3995	ADDITION TO UPPER EXTREMITY ORTHOSIS, SOCK, FRACTURE OR	\$21.91
L4002	REPLACE STRAP, ANY ORTHOSIS	\$35.12
L4045	REPLACE NON-MOLDED THIGH LACER	\$270.28
L4055	REPLACE NON-MOLDED CALF LACER	\$183.00
L4205	ORTHO DVC REPAIR PER 15 MIN	\$28.41
L4350	PNEUMATIC ANKLE CONTROL SPLINT (AIRCRAFT OR EQUAL)	\$61.20
L4360	PNEUMATIC WALKING SPLINT (AIRCRAFT OR EQUAL)	\$204.55
L4361	PNEUMA/VAC WALK BOOT PRE OTS	\$254.96
L4370	PNEUMATIC FULL LEG SPLINT (AIRCRAFT OR EQUAL)	\$141.75
L4386	NON-PNEUMATIC WALKING SPLINT	\$113.67
L4387	NON-PNEUM WALK BOOT PRE OTS	\$146.27
L4392	REPLACE ANKLE CONTRAC SPLINT	\$21.10
L4394	REPLACE FOOT DROP SPINT	\$15.42
L4396	ANKLE CONTRACTURE SPLINT	\$104.85
L4397	STATIC OR DYNAMI AFO PRE OTS	\$152.04
L4398	FOOT DROP SPLINT RECUMBENT	\$69.32
L4631	AFO, WALK BOOT TYPE, CUS FAB	\$1,257.26
L5105	BELOW KNEE, PLASTIC SOCKET, JOINTS AND THIGH LACER, SAC	\$2,779.31

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CODE	DESCRIPTION	SY17 PRICE WITHOUT CUTBACK % APPLIED
L5150	KNEE DISARTICULATION (OR THROUGH KNEE), MOLDED SOCKET,	\$2,836.68
L5301	BK MOLD SOCKET SACH FT ENDO	\$2,120.16
L5312	KNEE DISART, SACH FT, ENDO	\$3,282.68
L5321	AK OPEN END SACH	\$3,092.24
L5331	HIP DISART CANADIAN SACH FT	\$5,084.04
L5341	HEMIPELVECTOMY CANADIAN SACH	\$5,422.28
L5535	PREP BK PTB OPEN END SOCKET	\$1,236.75
L5585	PREP AK ISCHIAL OPEN END	\$2,110.76
L5595	PREPARATORY, HIP DISARTICULATION-HEMIPELVECTOMY, PYLON,	\$2,936.52
L5600	PREPARATORY, HIP DISARTICULATION-HEMIPELVECTOMY, PYLON,	\$3,242.78
L5611	ADDITION TO LOWER EXTREMITY, ABOVE KNEE-KNEE DISARTICUL	\$1,566.71
L5613	ADDITION TO LOWER EXTREMITY, ABOVE KNEE-KNEE DISARTICUL	\$2,240.64
L5617	AK/BK SELF-ALIGNING UNIT EA	\$468.47
L5629	ADDITION TO LOWER EXTREMITY, BELOW KNEE, ACRYLIC SOCKET	\$231.78
L5631	ADDITION TO LOWER EXTREMITY, ABOVE KNEE OR KNEE DISARTI	\$320.43
L5637	ADDITION TO LOWER EXTREMITY, BELOW KNEE, TOTAL CONTACT	\$210.69
L5639	ADDITION TO LOWER EXTREMITY, BELOW KNEE, WOOD SOCKET	\$1,090.24
L5643	ADDITION TO LOWER EXTREMITY, HIP DISARTICULATION, FLEXI	\$1,513.49
L5645	ADDITION TO LOWER EXTREMITY, BELOW KNEE, FLEXIBLE INNER	\$775.87
L5647	ADDITION TO LOWER EXTREMITY, BELOW KNEE SUCTION SOCKET	\$708.32
L5649	ADDITION TO LOWER EXTREMITY, CAT-CAM SOCKET	\$1,546.11
L5651	ADDITION TO LOWER EXTREMITY, ABOVE KNEE, FLEXIBLE INNER	\$1,167.77
L5661	ADDITION TO LOWER EXTREMITY, SOCKET INSERT, MULTI-DUROM	\$443.80
L5665	ADDITION TO LOWER EXTREMITY, SOCKET INSERT, MULTI-DUROM	\$373.42

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CODE	DESCRIPTION	SY17 PRICE WITHOUT CUTBACK % APPLIED
L5671	BK/AK LOCKING MECHANISM	\$547.81
L5673	SOCKET INSERT W LOCK MECH	\$625.84
L5677	ADDITIONS TO LOWER EXTREMITY, BELOW KNEE, KNEE JOINTS,	\$359.58
L5679	SOCKET INSERT W/O LOCK MECH	\$521.51
L5681	INTL CUSTM CONG/LATYP INSERT	\$1,206.32
L5683	INITIAL CUSTOM SOCKET INSERT	\$1,206.32
L5685	BELOW KNEE SUS/SEAL SLEEVE	\$117.23
L5695	ADDITION TO LOWER EXTREMITY, ABOVE KNEE, PELVIC CONTROL	\$144.58
L5701	REPL. SOCKET, ABOVE KNEE DISARTICULATION, INC. ATTACHME	\$2,762.14
L5705	REPLACEMENT, CUSTOM SHAPED PROTECTIVE COVER, ABOVE KNEE	\$733.28
L5707	REPL. CUSTOM SHAPED PROTECTIVE COVER HIP DISARTICULATI	\$998.24
L5711	ADDITIONS EXOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, MA	\$380.80
L5781	LOWER LIMB PROS VACUUM PUMP	\$3,662.06
L5782	HD LOW LIMB PROS VACUUM PUMP	\$3,860.64
L5785	ADDITION, EXOSKELETAL SYSTEM, BELOW KNEE, ULTRA-LIGHT M	\$378.90
L5790	ADDITION, EXOSKELETAL SYSTEM, ABOVE KNEE, ULTRA-LIGHT M	\$524.39
L5795	ADDITION, EXOSKELETAL SYSTEM, HIP DISARTICULATION, ULTR	\$783.05
L5810	ADDITION, ENDOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, M	\$394.20
L5811	ADDITION, ENDOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, M	\$688.96
L5812	ADDITION, ENDOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, F	\$507.15
L5814	ENDO KNEE-SHIN HYDRAL SWG PH	\$3,399.10
L5816	ADDITION, ENDOSKELETAL KNEE-SHIN SYSTEM, POLYCENTRIC, M	\$826.96
L5818	ADDITION, ENDOSKELETAL KNEE-SHIN SYSTEM, POLYCENTRIC, F	\$933.83
L5822	ADDITION, ENDOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, P	\$1,373.60

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CODE	DESCRIPTION	SY17 PRICE WITHOUT CUTBACK % APPLIED
L5824	ADDITION, ENDOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, F	\$1,491.23
L5826	MINIATURE KNEE JOINT	\$2,858.24
L5828	ADDITION, ENDOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, F	\$2,315.88
L5830	ADDITION, ENDOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, P	\$1,383.87
L5840	ADDITION, ENDOSKELETAL KNEE/SHIN SYSTEM, MULTIAXIAL, PN	\$2,063.37
L5845	KNEE-SHIN SYS STANCE FLEXION	\$1,640.45
L5848	KNEE-SHIN SYS HYDRAUL STANCE	\$984.16
L5850	ADDITION, ENDOSKELETAL SYSTEM, ABOVE KNEE OR HIP DISART	\$124.40
L5855	ADDITION, ENDOSKELETAL SYSTEM, HIP DISARTICULATION, MEC	\$298.58
L5856	ELEC KNEE-SHIN SWING/STANCE	\$21,955.60
L5857	ELEC KNEE-SHIN SWING ONLY	\$7,780.73
L5910	ADDITION, ENDOSKELETAL SYSTEM, BELOW KNEE, ALIGNABLE SY	\$352.19
L5920	ADDITION, ENDOSKELETAL SYSTEM, ABOVE KNEE OR HIP DISART	\$512.40
L5925	ADDITION, ENDOSKELETAL SYSTEM, ABOVE KNEE, KNEE DISARTI	\$326.73
L5930	HIGH ACTIVITY KNEE FRAME	\$3,071.02
L5940	ADDITION, ENDOSKELETAL SYSTEM, BELOW KNEE, ULTRA-LIGHT	\$487.75
L5961	ENDO POLY HIP, PNEU/HYD/ROT	\$4,615.14
L5962	ADDITION, ENDOSKELETAL SYSTEM, BELOW KNEE, FLEXIBLE PRO	\$546.13
L5964	ADDITION, ENDOSKELETAL SYSTEM, ABOVE KNEE, FLEXIBLE PRO	\$771.76
L5966	ADDITION, ENDOSKELETAL SYSTEM, HIP DISARTICULATION, FLE	\$981.40
L5968	MULTIAXIAL SHCK ABSORB ANKLE	\$3,325.91
L5969	AK/FT POWER ASST INCL MOTORS	\$13,412.32
L5972	ALL LOWER EXTREMITY PROSTHESES, FLEXIBLE KEEL FOOT (SAF	\$321.08
L5973	ANK-FOOT SYS DORS-PLANT FLEX	\$15,962.72

STATE OF SOUTH DAKOTA DEPARTMENT OF SOCIAL SERVICES OUTPATIENT PROSPECTIVE
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FEE SCHEDULE

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CODE	DESCRIPTION	SY17 PRICE WITHOUT CUTBACK % APPLIED
L5974	ALL LOWER EXTREMITY PROSTHESES, FOOT, SINGLE AXIS ANKLE	\$172.32
L5975	COMBO ANKLE/FOOT PROSTHESIS	\$424.32
L5976	ALL LOWER EXTREMITY PROSTHESES, ENERGY STORING FOOT (SE	\$440.98
L5978	ALL LOWER EXTREMITY PROSTHESES, FOOT, MULTIAXIAL ANKLE/	\$212.83
L5979	ALL LOWER EXTREMITY PROSTHESES, MULTIAXIAL ANKLE/FOOT,	\$2,014.35
L5980	ALL LOWER EXTREMITY PROSTHESES, FLEX FOOT SYSTEM	\$3,605.37
L5981	ALL LOWER EXTREMITY PROSTHESES, FLEX-WALK SYSTEM OR EQU	\$2,356.02
L5982	ALL EXOSKELETAL LOWER EXTREMITY PROSTHESES, AXIAL ROTAT	\$562.14
L5984	ALL ENDOSKELETAL LOWER EXTREMITY PROSTHESES, AXIAL ROTA	\$439.92
L5985	LWR EXT DYNAMIC PROSTH PYLON	\$257.62
L5986	ALL LOWER EXTREMITY PROSTHESES, MULTI-AXIAL ROTATION UN	\$616.18
L5987	SHANK FT W VERT LOAD PYLON	\$6,584.03
L5988	VERTICALSHOCK/ROTATION PYLON	\$1,828.35
L5990	USER ADJUSTABLE HEEL HEIGHT	\$1,660.44
L6026	PART HAND MYO EXCLU TERM DEV	\$4,267.01
L6055	WRIST DISARTICULATION, MOLDED SOCKET WITH EXPANDABLE IN	\$2,064.09
L6205	ELBOW DISARTICULATION, MOLDED SOCKET WITH EXPANDABLE IN	\$2,723.67
L6380	IMMEDIATE POST SURGICAL OR EARLY FITTING, APPLICATION O	\$849.23
L6382	IMMEDIATE POST SURGICAL OR EARLY FITTING, APPLICATION O	\$1,154.25
L6384	IMMEDIATE POST SURGICAL OR EARLY FITTING, APPLICATION O	\$1,600.62
L6386	IMMEDIATE POST SURGICAL OR EARLY FITTING, EACH ADDITION	\$292.86
L6388	IMMEDIATE POST SURGICAL OR EARLY FITTING, APPLICATION O	\$368.72
L6580	PREPARATORY, WRIST DISARTICULATION OR BELOW ELBOW, SING	\$1,371.88
L6582	PREPARATORY, WRIST DISARTICULATION OR BELOW ELBOW, SING	\$1,338.31

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CODE	DESCRIPTION	SY17 PRICE WITHOUT CUTBACK % APPLIED
L6584	PREPARATORY, ELBOW DISARTICULATION OR ABOVE ELBOW, SING	\$1,492.73
L6586	PREPARATORY, ELBOW DISARTICULATION OR ABOVE ELBOW, SING	\$1,553.11
L6588	PREPARATORY, SHOULDER DISARTICULATION OR INTERSCAPULAR	\$2,061.38
L6590	PREPARATORY, SHOULDER DISARTICULATION OR INTERSCAPULAR	\$2,067.44
L6611	ADDITIONAL SWITCH, EXT POWER	\$376.83
L6616	UPPER EXTREMITY ADDITION, ADDITIONAL DISCONNECT INSERT	\$47.30
L6623	UPPER EXTREMITY ADDITION, SPRING ASSISTED ROTATIONAL WR	\$467.81
L6628	UPPER EXTREMITY ADDITION, QUICK DISCONNECT HOOK ADAPTER	\$465.84
L6629	UPPER EXTREMITY ADDITION, QUICK DISCONNECT LAMINATION C	\$133.68
L6632	UPPER EXTREMITY ADDITION, LATEX SUSPENSION SLEEVE, EACH	\$63.17
L6637	UPPER EXTREMITY ADDITION, NUDGE CONTROL ELBOW LOCK	\$267.79
L6638	ELEC LOCK ON MANUAL PW ELBOW	\$2,288.79
L6641	UPPER EXTREMITY ADDITION, EXCURSION AMPLIFIER, PULLEY T	\$117.75
L6642	UPPER EXTREMITY ADDITION, EXCURSION AMPLIFIER, LEVER TY	\$158.59
L6646	MULTIPO LOCKING SHOULDER JNT	\$2,886.68
L6647	SHOULDER LOCK ACTUATOR	\$475.29
L6648	EXT PWRD SHLDER LOCK/UNLOCK	\$2,977.19
L6677	UE TRIPLE CONTROL HARNESS	\$271.49
L6686	UPPER EXTREMITY ADDITION, SUCTION SOCKET	\$430.54
L6687	UPPER EXTREMITY ADDITION, FRAME TYPE SOCKET, BELOW ELBO	\$560.92
L6688	UPPER EXTREMITY ADDITION, FRAME TYPE SOCKET, ABOVE ELBO	\$386.35
L6689	UPPER EXTREMITY ADDITION, FRAME TYPE SOCKET, SHOULDER D	\$655.21
L6690	UPPER EXTREMITY ADDITION, FRAME TYPE SOCKET, INTERSCAPU	\$501.48
L6691	UPPER EXTREMITY ADDITION, REMOVABLE INSERT, EACH	\$251.74

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CODE	DESCRIPTION	SY17 PRICE WITHOUT CUTBACK % APPLIED
L6692	UPPER EXTREMITY ADDITION, SILICONE GEL INSERT OR EQUAL,	\$510.30
L6693	LOCKINGELBOW FOREARM CNTRBAL	\$2,598.38
L6694	ELBOW SOCKET INS USE W/LOCK	\$681.98
L6695	ELBOW SOCKET INS USE W/O LCK	\$568.29
L6696	CUS ELBO SKT IN FOR CON/ATYP	\$1,206.32
L6697	CUS ELBO SKT IN NOT CON/ATYP	\$1,206.32
L6698	BELOW/ABOVE ELBOW LOCK MECH	\$596.93
L6810	TERMINAL DEVICE, PINCHER TOOL, OTTO BOCK OR EQUAL	\$160.56
L6881	AUTOGRASP FEATURE UL TERM DV	\$3,741.70
L6882	MICROPROCESSOR CONTROL UPLMB	\$2,838.32
L6920	WRIST DISARTICULATION, EXTERNAL POWER, SELF-SUSPENDED I	\$5,916.39
L6925	WRIST DISARTICULATION, EXTERNAL POWER, SELF-SUSPENDED I	\$6,381.03
L6930	BELOW ELBOW, EXTERNAL POWER, SELF-SUSPENDED INNER SOCKE	\$6,216.32
L6935	BELOW ELBOW, EXTERNAL POWER, SELF-SUSPENDED INNER SOCKE	\$6,673.97
L6940	ELBOW DISARTICULATION, EXTERNAL POWER, MOLDED INNER SOC	\$8,531.56
L6945	ELBOW DISARTICULATION, EXTERNAL POWER, MOLDED INNER SOC	\$9,925.48
L6950	ABOVE ELBOW, EXTERNAL POWER, MOLDED INNER SOCKET, REMOV	\$9,697.32
L6955	ABOVE ELBOW, EXTERNAL POWER, MOLDED INNER SOCKET, REMOV	\$11,613.82
L6960	SHOULDER DISARTICULATION, EXTERNAL POWER, MOLDED INNER	\$11,713.39
L6965	SHOULDER DISARTICULATION, EXTERNAL POWER, MOLDED INNER	\$12,690.79
L6970	INTERSCAPULAR-THORACIC, EXTERNAL POWER, MOLDED INNER SO	\$12,847.47
L6975	INTERSCAPULAR-THORACIC, EXTERNAL POWER, MOLDED INNER SO	\$13,764.78
L7007	ADULT ELECTRIC HAND	\$4,283.91
L7008	PEDIATRIC ELECTRIC HAND	\$4,283.91

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CODE	DESCRIPTION	SY17 PRICE WITHOUT CUTBACK % APPLIED
L7009	ADULT ELECTRIC HOOK	\$3,243.18
L7040	PREHENSILE ACTUATOR, HOSMER OR EQUAL, SWITCH CONTROLLED	\$2,056.02
L7045	ELECTRONIC HOOK, CHILD, MICHIGAN OR EQUAL, SWITCH CONTR	\$1,178.79
L7170	ELECTRONIC ELBOW, HOSMER OR EQUAL, SWITCH CONTROLLED	\$4,486.81
L7180	ELECTRONIC ELBOW, UTAH OR EQUAL, MYOELECTRONICALLY CONT	\$26,039.12
L7181	ELECTRONIC ELBO SIMULTANEOUS	\$36,671.98
L7185	ELECTRONIC ELBOW, VARIETY VILLAGE OR EQUAL, SWITCH CONT	\$4,654.97
L7186	ELECTRONIC ELBOW, CHILD, VARIETY VILLAGE OR EQUAL, SWIT	\$8,436.69
L7190	ELECTRONIC ELBOW, VARIETY VILLAGE OR EQUAL, MYOELECTRON	\$5,889.48
L7191	ELECTRONIC ELBOW, CHILD, VARIETY VILLAGE OR EQUAL, MYOE	\$8,644.03
L7259	ELECTRONIC WRIST ROTATOR ANY	\$3,454.57
L7360	SIX VOLT BATTERY, OTTO BOCK OR EQUAL, EACH	\$165.85
L7362	BATTERY CHARGER, SIX VOLT, OTTO BOCK OR EQUAL	\$243.61
L7364	TWELVE VOLT BATTERY, UTAH OR EQUAL, EACH	\$290.61
L7366	BATTERY CHARGER, TWELVE VOLT, UTAH OR EQUAL	\$391.47
L7367	REPLACEMNT LITHIUM IONBATTER	\$356.32
L7368	LITHIUM ION BATTERY CHARGER	\$461.93
L7520	REPAIR PROSTHESIS PER 15 MIN	\$15.19
L8001	BREAST PROSTHESIS BRA & FORM	\$114.79
L8002	BRST PRSTH BRA & BILAT FORM	\$151.02
L8015	EXT BREASTPROSTHESIS GARMENT	\$54.87
L8030	BREAST PROSTHESIS, SILICONE OR EQUAL	\$259.61
L8031	BREAST PROSTHESIS W ADHESIVE	\$320.42
L8032	REUSABLE NIPPLE PROSTHES	\$0.00

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CODE	DESCRIPTION	SY17 PRICE WITHOUT CUTBACK % APPLIED
L8035	CUSTOM BREAST PROSTHESIS	\$3,353.09
L8040	NASAL PROSTHESIS	\$2,114.03
L8041	MIDFACIAL PROSTHESIS	\$2,548.24
L8042	ORBITAL PROSTHESIS	\$2,863.17
L8043	UPPER FACIAL PROSTHESIS	\$3,206.77
L8044	HEMI-FACIAL PROSTHESIS	\$3,550.32
L8045	AURICULAR PROSTHESIS	\$2,223.02
L8046	PARTIAL FACIAL PROSTHESIS	\$2,290.53
L8047	NASAL SEPTAL PROSTHESIS	\$1,173.88
L8300	TRUSS SNGL STANDARD PAD	\$0.00
L8310	TRUSS DBL STANDARD PAD	\$0.00
L8320	TRUSS ADD STD PAD WATER	\$0.00
L8330	TRUSS ADD STD PAD SCROTL	\$0.00
L8417	PROS SHEATH/SOCK W GEL CUSHN	\$68.82
L8440	PROSTHETIC SHRINKER, BELOW KNEE, EACH	\$30.49
L8465	PROSTHETIC SHRINKER, UPPER LIMB, EACH	\$35.58
L8485	STUMP SOCK, SINGLE PLY, FITTING, UPPER LIMB, EACH	\$9.69
L8500	ARTIFICIAL LARYNX, ANY TYPE	\$481.29
L8501	TRACHEOSTOMY SPEAKING VALVE	\$88.10
L8507	TRACH-ESOPH VOICE PROS PT IN	\$38.33
L8509	TRACH-ESOPH VOICE PROS MD IN	\$99.94
L8510	VOICE AMPLIFIER	\$231.28
L8511	INDWELLING TRACH INSERT	\$66.56
L8512	GEL CAP FOR TRACH VOICE PROS	\$2.01

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CODE	DESCRIPTION	SY17 PRICE WITHOUT CUTBACK % APPLIED
L8513	TRACH PROS CLEANING DEVICE	\$4.77
L8514	REPL TRACH PUNCTURE DILATOR	\$86.31
L8515	GEL CAP APP DEVICE FOR TRACH	\$57.77
L8609	ARTIFICIAL CORNEA	\$0.00
L8615	HEADSET/HEADPIECE FOR COCHLEAR IMPLANT DEVICE	\$413.63
L8616	MICROPHONE FOR COCHLEAR IMPLANT DEVICE	\$96.31
L8617	TRANSMITTING COIL FOR COCHLEAR IMPLANT DEVICE	\$84.13
L8618	TANSMITTER CABLE FOR COCHLEAR IMPLANT DEVICE	\$24.05
L8619	REPLACE COCHLEAR PROCESSOR	\$7,501.86
L8621	REPL ZINC AIR BATTERY	\$0.58
L8622	ALKALINE BATTERY FOR COCHLEAR IMPLANT DEVICE	\$0.30
L8623	LITHIUM BATTERY FOR COCHLEAR IMPLANT	\$59.34
L8624	LITHIUM ION BATTERY FOR COCHLEAR IMPLANT	\$147.88
L8627	COCHLEAR IMPLANT EXT SPEECH PROCESSOR	\$6,231.64
L8628	COCHLEAR IMPLANT EXT CONTR	\$1,124.56
L8629	COCHLEAR TRNSMT COIL INTEGRATED	\$161.01
L8681	PT PRGRM FOR IMPLT NEUROSTIM	\$971.01
L8689	EXTERNAL RECHARGING SYSTEM	\$1,581.91
L8691	OSSEOINTEGRATED SND PROC RPL	\$2,445.40
L8693	AUD OSSEO DEV, ABUTMENT	\$1,390.59
L8695	EXTERNAL RECHARG SYS EXTERN	\$15.28
L8696	EXT ANTENNA PHREN NERVE STIM	\$197.85
P3000	SCREEN PAP TECH MD SUPV	\$0.00
P9010	WHOLE BLOOD FOR TRANSFUS	\$0.00

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CODE	DESCRIPTION	SY17 PRICE WITHOUT CUTBACK % APPLIED
P9011	BLOOD SPLIT UNIT	\$0.00
P9012	CRYOPRECIPITATE-EA UNIT	\$0.00
P9016	RBC LEUKOCYTE REDUCED	\$0.00
P9017	FRESH FROZEN PLASMA-EA	\$0.00
P9019	PLATELETS; EACH UNIT	\$0.00
P9020	PLATELET RICH PLASMA-UN	\$0.00
P9021	RED BLOOD CELLS UNIT	\$0.00
P9022	WASHED RED BLOOD CELLS	\$0.00
P9023	PLASMA; POOLED MULTIPLE	\$0.00
P9031	PLATLTS LEUKOCY REDUCED	\$0.00
P9032	PLATELETS IRRADIATED-EA	\$0.00
P9033	PLATLTS LEUK RED IRRAD	\$0.00
P9034	PLATELETS PHERESIS-EACH	\$0.00
P9035	PLATLTS PHER LEUK RED	\$0.00
P9036	PLATELETS PHERESIS IRRAD	\$0.00
P9037	PLATLT PHER LEUK RED IRR	\$0.00
P9038	RBC IRRADIATED-EACH UNIT	\$0.00
P9039	RBC DEGLYCEROLIZED-EA	\$0.00
P9040	RBC LEUKO REDUC IRRAD	\$0.00
P9043	PLASM PROT FRAC 5% 50 ML	\$0.00
P9044	PLASMA CRYOPRECIP REDUC	\$0.00
P9045	ALBUMIN (HUMAN); 5%; 250	\$0.00
P9046	ALBUMIN (HUMAN); 25%; 20	\$0.00
P9047	ALBUMIN (HUMAN); 25%; 50	\$0.00

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CODE	DESCRIPTION	SY17 PRICE WITHOUT CUTBACK % APPLIED
P9048	PLASMAPROTEIN FRACT;5%;2	\$0.00
P9050	GRANULOCYTES; PHERESIS U	\$0.00
P9051	RBC LEUKO RED CMV-NEG	\$0.00
P9052	PLATLT HLA-MATC LEUK RED	\$0.00
P9053	PLT LEUK RED CMV-NEG IRR	\$0.00
P9054	RBC L/R; FROZ/DEGLY/WASH	\$0.00
P9055	PLATLET LEUK RED CMV-NEG	\$0.00
P9056	WHL BLOOD LEUK RED IRRAD	\$0.00
P9057	RBC FRZ/DEG/WSH/L-R/IRR	\$0.00
P9058	RBC LEUK RED CMV-NEG IRR	\$0.00
P9059	PLASMA FRZ BETWEEN 8-24	\$0.00
P9060	FRZ PLASMA DONOR RETEST	\$0.00
P9603	1-WY TRVL PRORATED MILES	\$0.00
P9604	1-WY TRVL PRORATED TRIP	\$0.00
P9612	CATHETERIZE FOR URINE SPEC	\$3.15
Q0092	SET UP PORT XRAY EQUIP	\$0.00
Q0111	WET MOUNTS, INCLUDING PREPARATIONS OF VAGINAL, CERVICAL	\$5.95
Q0112	ALL POTASSIUM HYDROXIDE (KOH) PREPARATIONS	\$6.25
Q0113	PINWORM EXAMINATIONS	\$7.84
Q0114	FERN TEST	\$10.38
Q0115	POST-COITAL DIRECT, QUALITATIVE EXAMINATIONS OF VAGINAL	\$14.86
Q0478	POWER ADAPTER, COMBO VAD	\$168.52
Q0479	POWER MODULE COMBO VAD, REP	\$11,076.07
Q0480	DRIVER PNEUMATIC VAD, REP	\$82,595.75

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Q0481	MICROPCSR CU ELEC VAD, REP	\$13,325.85
Q0482	MICROPCSR CU COMBO VAD, REP	\$4,173.91
Q0483	MONITOR ELEC VAD, REP	\$17,194.65
Q0484	MONITOR ELEC OR COMB VAD REP	\$3,339.13
Q0485	MONITOR CABLE ELEC VAD, REP	\$322.42
Q0486	MON CABLE ELEC/PNEUM VAD REP	\$268.31
Q0487	LEADS ANY TYPE VAD, REP ONLY	\$313.03
Q0489	PWR PCK BASE COMBO VAD, REP	\$14,906.81
Q0490	EMR PWR SOURCE ELEC VAD, REP	\$644.78
Q0491	EMR PWR SOURCE COMBO VAD REP	\$1,013.70
Q0492	EMR PWR CBL ELEC VAD, REP	\$81.67
Q0493	EMR PWR CBL COMBO VAD, REP	\$232.55
Q0494	EMR HD PMP ELEC/COMBO, REP	\$196.78
Q0495	CHARGER ELEC/COMBO VAD, REP	\$3,830.70
Q0496	BATTERY ELEC/COMBO VAD, REP	\$1,374.89
Q0497	BAT CLPS ELEC/COMB VAD, REP	\$429.34
Q0498	HOLSTER ELEC/COMBO VAD, REP	\$471.06
Q0499	BELT/VEST ELEC/COMBO VAD REP	\$153.04
Q0500	FILTERS ELEC/COMBO VAD, REP	\$27.99
Q0501	SHWR COV ELEC/COMBO VAD, REP	\$468.34
Q0502	MOBILITY CART PNEUM VAD, REP	\$596.27
Q0503	BATTERY PNEUM VAD REPLACEMNT	\$1,192.55
Q0504	PWR ADPT PNEUM VAD, REP VEH	\$629.28
Q0506	LITH-ION BATT ELEC/PNEUM VAD	\$783.28

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CODE	DESCRIPTION	SY17 PRICE WITHOUT CUTBACK % APPLIED
Q2034	AGRIFLU VACCINE	\$0.00
Q2035	AFLURIA VACC; 3 YRS & >	\$0.00
Q2036	FLULAVAL VACC; 3 YRS & >	\$0.00
Q2037	FLUVIRIN VACC; 3 YRS & >	\$0.00
Q2038	FLUZONE VACC; 3 YRS & >	\$0.00
Q2039	NOS FLU VACC; 3 YRS & >	\$0.00
Q3014	TELEHEALTH SITE FEE	\$25.72
Q4117	HYALOMATRIX	\$0.00
Q4118	MATRISTEM MICROMATRIX	\$0.00
Q4119	MATRISTEM WOUND MATRIX	\$0.00
Q4120	MATRISTEM BURN MATRIX	\$0.00
Q5101	INJ FILGRASTIM GCSF BIOSIMIL	\$0.00
Q5102	INJ INFLIXIMAB BIOSIMILAR	\$0.00
Q9981	ROLAPITANT, ORAL, 1MG	\$0.00
Q9982	FLUTEMETAMOL F18	\$0.00
Q9983	FLORBETABEN F18	\$0.00
V2020	FRAMES, COMPLETE	\$61.20
V2100	SPHER SINGLE PLANO 4.00	\$0.00
V2101	SGL VISION SPHERE 4.12-	\$0.00
V2102	SINGL VISN SPHERE 7.12-	\$0.00
V2103	SPHEROCYLINDR 4.00D/.12-	\$0.00
V2104	SPHEROCYLINDR 4.00D/2.12	\$0.00
V2105	SPHEROCYLINDR 4.00D/4.25	\$0.00
V2106	SPHEROCYLINDR 4.00D/>6.0	\$0.00

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V2107	SPHEROCYLINDR 4.25D/.12	\$0.00
V2108	SPHEROCYLINDR 4.25D/2.12	\$0.00
V2109	SPHEROCYLINDR 4.25D/4.25	\$0.00
V2110	SPHEROCYLINDR 4.25D/OVER	\$0.00
V2111	SPHEROCYLINDR 7.25D/.25-	\$0.00
V2112	SPHEROCYLINDR 7.25D/2.25	\$0.00
V2113	SPHEROCYLINDR 7.25D/4.25	\$0.00
V2114	SPHEROCYLINDER OVER 12.0	\$0.00
V2115	LENTICULAR LENS SINGLE	\$0.00
V2118	ANISEIKONIC LENS SINGLE	\$0.00
V2121	LENTICULAR LENS-SINGLE	\$0.00
V2199	NOT OTHERWISE CLASSIFIED, SINGLE VISION LENS	\$33.60
V2200	SPHER BIFOC PLANO 4.00D	\$0.00
V2201	SPHERE BIFOCAL 4.12-7.00	\$0.00
V2202	SPHERE BIFOCAL 7.12-20.0	\$0.00
V2203	SPHCYL BIFOC 4.00D/.12-2	\$0.00
V2204	SPHCY BIFOC 4.00D/2.12-4	\$0.00
V2205	SPHCY BIFOC 4.00D/4.25-6	\$0.00
V2206	SPHCY BIFOC 4.00D/OVER 6	\$0.00
V2207	SPHCY BIF 4.25-7/.12-2.0	\$0.00
V2208	SPHCY BIF 4.25-7/2.12-4	\$0.00
V2209	SPHCY BIF 4.25-7/4.25-6	\$0.00
V2210	SPHCY BIF 4.25-7/OVER 6	\$0.00
V2211	SPHCY BIF 7.25-12/25-2.2	\$0.00

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UPDATED BASED ON THIRD QUARTER 2016 CMS OCE CHANGES

CODE	DESCRIPTION	SY17 PRICE WITHOUT CUTBACK % APPLIED
V2212	SPHCY BIF 7.25-12/2.25-4	\$0.00
V2213	SPHCY BIF 7.25-12/4.25-6	\$0.00
V2214	SPHCYL BIF OVER 12.00D	\$0.00
V2215	LENTICULAR BIFOCAL	\$0.00
V2218	ANISEIKONIC BIFOCAL	\$0.00
V2219	BIFOCAL SEG WIDTH >28MM	\$0.00
V2220	BIFOCAL ADD OVER 3.25D	\$0.00
V2221	LENTICULAR LENS, BIFOCAL	\$58.61
V2299	SPECIALTY BIFOCAL (BY REPORT)	\$50.44
V2300	SPHERE TRIFOCAL 4.00D	\$0.00
V2301	SPHERE TRIFOCAL 4.12-7.0	\$0.00
V2302	SPHERE TRIFOCAL 7.12-20	\$0.00
V2303	SPHCY TRIFOCAL 4.0/.12-2	\$0.00
V2304	SPHCY TRIFOCL 4.0/2.25-4	\$0.00
V2305	SPHCY TRIFOCL 4.0/4.25-6	\$0.00
V2306	SPHCYL TRIFOCAL 4.00/>6	\$0.00
V2307	SPHCY TRIFOCL 4.25-7/.12	\$0.00
V2308	SPHC TRIFOCL 4.25-7/2.12	\$0.00
V2309	SPHC TRIFOCL 4.25-7/4.25	\$0.00
V2310	SPHC TRIFOCAL 4.25-7/>6	\$0.00
V2311	SPHC TRIFO 7.25-12/.25-2	\$0.00
V2312	SPHC TRIFO 7.25-12/2.25-	\$0.00
V2313	SPHC TRIFO 7.25-12/4.25-	\$0.00
V2314	SPHCYL TRIFOCAL OVER 12	\$0.00

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

FEE SCHEDULE

EFFECTIVE JULY 1, 2016

07/25/2016

UPDATED BASED ON THIRD QUARTER 2016 CMS OCE CHANGES

CODE	DESCRIPTION	SY17 PRICE WITHOUT CUTBACK % APPLIED
V2315	LENTICULAR TRIFOCAL	\$0.00
V2318	ANISEIKONIC TRIFOCAL	\$0.00
V2319	TRIFOCAL SEG WPTH >28 MM	\$0.00
V2320	TRIFOCAL ADD OVER 3.25D	\$0.00
V2321	LENTICULAR LENS-TRIFOCAL	\$0.00
V2500	CNTCT LENS PMMA SPHERICL	\$0.00
V2501	CNTCT LENS PMMA-TORIC/PR	\$0.00
V2502	CONTACT LENS PMMA BIFOCL	\$0.00
V2503	CNTCT LENS PMMA COLR VIS	\$0.00
V2510	CONTACT LENS, GAS PERMEABLE, SPHERICAL, PER LENS	\$104.77
V2511	CNTCT TORIC PRISM BALLST	\$0.00
V2512	CNTCT LENS GAS PERM BIFO	\$0.00
V2513	CONTACT LENS EXT WEAR	\$0.00
V2520	CONTACT LENS HYDROPHILIC, SPERICAL, PER LENS	\$88.21
V2521	CONTACT LENS HYDROPHILIC, TORIC, OR PRISM BALLAST, PER	\$170.82
V2522	CNTCT LENS HYDROPHIL BIF	\$0.00
V2523	CNTCT LENS HYDROPHIL EXT	\$0.00
V2530	CONTACT LENS, SCLERAL, PER LENS (FOR CONTACT LENS MODIF	\$181.31
V2531	CONTACT LENS GAS PERMEABLE	\$479.80
V2599	NOT OTHERWISE CLASSIFIED, CONTACT LENS	\$21.81
V2624	POLISHING/RESURFACING OF OCULAR PROSTHESIS	\$64.03
V2625	ENLARGEMENT OF OCULAR PROSTHESIS	\$443.56
V2626	REDUCTION OF OCULAR PROSTHESIS	\$204.66
V2628	FABRICATION AND FITTING OF OCULAR CONFORMER	\$335.42

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

FEE SCHEDULE

EFFECTIVE JULY 1, 2016

07/25/2016

UPDATED BASED ON THIRD QUARTER 2016 CMS OCE CHANGES

CODE	DESCRIPTION	SY17 PRICE WITHOUT CUTBACK % APPLIED
V2700	BALANCE LENS; PER LENS	\$0.00
V2715	PRISM, PER LENS	\$9.48
V2730	SPECIAL BASE CURVE	\$0.00
V2744	TINT, PHOTOCHROMATIC, PER LENS	\$14.76
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/TO 1.79 G	\$0.00
V2783	LENS >= 1.66 P/>=1.80 G	\$0.00
V2790	AMNIOTIC MEMBRANE	\$0.00

2219 CODES

FOOTNOTES:

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

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

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