**67:16:35:13.  Denied claims.** The department may deny a claim for any of the following reasons:

(1)   The service claimed was not medically necessary;

(2)  The claim is a duplicate of a prior paid claim;

(3)  Third-party liability exists;

(4)  The claim contains data that is logically inconsistent;

(5)  The time limit for the submission of a claim has expired;

(6)  The provider or recipient of service was not eligible when the service was provided;

(7)  The drug is considered less than effective;

(8)  The service is considered experimental;

(9)  The claim contains erroneous, incomplete, or missing information;

(10)  The claim is false or incorrect or violates provisions of this article; or

(11)  The service is incidental to or an integral part of an allowable service.

**Source:** 17 SDR 184, effective June 6, 1991; 19 SDR 165, effective May 3, 1993.

**General Authority:** SDCL 28-6-1.

**Law Implemented:** SDCL 28-6-1.

**Cross Reference:** Payments and obligations to be authorized by law -- Liability to state for unauthorized payments, SDCL 4-8-2.