**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.