

**TEXAS HEALTH AND HUMAN SERVICES
COMMISSION
RATE ANALYSIS DEPARTMENT**

**Proposed Medicaid Payment Rate for Early and
Periodic Screening, Diagnosis, and Treatment
(EPSDT) Dental Services**

Payment rate is proposed to be effective January 1, 2013.

SUMMARY OF PROPOSED MEDICAID PAYMENT RATE

Effective January 1, 2013

Included in this document is information relating to the proposed Medicaid payment rate for Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Dental Services. The rates are proposed to be effective January 1, 2013.

Hearing

HHSC will conduct a public hearing to receive comments regarding the proposed Medicaid rate detailed in this document on November 14, 2012, at 1:30 p.m. in the Lone Star Conference Room in Building H of the Braker Center, at 11209 Metric Boulevard, Austin, TX 78758-4021, with entrance through Security at the front of the building facing Metric Boulevard. HHSC will consider concerns expressed at the hearing prior to final rate approval. This public hearing is held in compliance with the provisions of Human Resources Code §32.0282 and 1 TAC §355.105(g), which require a public hearing on proposed payment rates. Should you have any questions regarding the information in this document, please contact:

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Background

The Health and Human Services Commission (HHSC) is responsible for the reimbursement determination functions for the Texas Medicaid Program. Proposed rates are calculated utilizing established methodologies that conform to the Social Security Act and related federal regulations, the federally approved Texas Medicaid State Plan, all applicable state statutes and rules, and other requirements. HHSC reviews the Medicaid reimbursement rates for all acute care services every two years and clinical laboratory services are reviewed annually. These biennial reviews result in rates that are increased, decreased, or remain the same. The reviews are unrelated to any rate reduction imposed by the legislature but rather conducted to ensure that rates continue to be based on established rate methodologies.

Methodology

The specific administrative rules that govern the establishment of the fee in this proposal include this rule in Title 1 of the Texas Administrative Code (1 TAC):

- §355.8441, which addresses the reimbursement methodology for Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) Services.

The reimbursement rates proposed reflect applicable reductions directed by the 2012-2013 General Appropriations Act, H.B. 1, 82nd Legislature, Regular Session. Detailed information related to specifics of the reductions can be found on the Medicaid fee schedules.

Proposed Rates

The proposed payment rate is listed below:

TOS*	Procedure Code	Long Description	Age Range	CURRENT		PROPOSED	
				Current Medicaid Fee	Current Adjusted Fee	Proposed Medicaid Fee	Proposed Adjusted Fee
W	D9215	**	0-999	\$12.50	\$12.25	Not a Benefit	Not a Benefit

*Type of Service (TOS)	
W	THSteps Dental

****Required Notice:** *The five-character code included in this notice is obtained from the Current Dental Terminology (CDT®) 2011-2012, copyright by the American Dental Association (ADA). CDT is developed by the ADA as a listing of descriptive terms and five character identifying codes and modifiers for reporting dental services and procedures performed by dentists. The responsibility for the content of this notice is with HHSC and no endorsement by the ADA is intended or should be implied. The ADA disclaims responsibility for any consequences or liability attributable or related to any use, nonuse or interpretation of information contained in this notice. Fee schedules, relative value units, conversion factors and/or related components are not assigned by the ADA, are not part of CDT, and the ADA is not recommending their use. The ADA does not directly or indirectly practice dentistry or dispense dental services. The ADA assumes no liability for data contained or not contained.*