

**POLICY REVIEW ATTACHMENT - DOCTOR OF DENTISTRY SURGICAL SERVICE**

TOS*	Procedure Code	Long Description	Age Range	Facility (F)/Non - Facility (N)	CURRENT				PROPOSED	
					Current Medicaid RVU**	Current Medicaid Conversion Factor	Current Medicaid Fee	Current Adjusted Fee	Proposed Medicaid Fee	Proposed Adjusted Fee
2	21248	***	0-20	F/N	27.23	\$28.640	\$779.87	\$764.27	Not a Benefit	Not a Benefit
2	21248	***	21-999	F/N	27.23	\$27.276	\$742.73	\$727.88	Not a Benefit	Not a Benefit
2	21249	***	0-20	F	39.01	\$28.640	\$1,117.25	\$1,094.91	Not a Benefit	Not a Benefit
2	21249	***	21-999	F	39.01	\$27.276	\$1,064.04	\$1,042.76	Not a Benefit	Not a Benefit

*Type of Service (TOS)	
2	Surgery
**RVU	Relative Value Unit

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