

ATTACHMENT - EPSDT DENTAL SERVICES

TOS*	Procedure Code	Long Description	Non-Facility (N)/Facility (F)	Age Range	CURRENT		PROPOSED	
					Current Medicaid Fee	Current Adjusted Medicaid Fee	Proposed Medicaid Fee	Proposed Adjusted Medicaid Fee
W	D0145**	****	N/F	0-999	\$144.97	\$142.07	\$68.37	\$68.37
W	D0601***	****	N/F	0-999	Not a Benefit	Not a Benefit	\$10.00	\$10.00
W	D0602***	****	N/F	0-999	Not a Benefit	Not a Benefit	\$10.00	\$10.00
W	D0603***	****	N/F	0-999	Not a Benefit	Not a Benefit	\$10.00	\$10.00

*Type of Service (TOS)	
W	THSteps Dental/Orthodontia

**HHSC proposes to "unbundle" procedure code D0145 effective April 1, 2014; the proposed rate for procedure code D0145 reflects the rate for oral evaluation and counseling services; providers should use the appropriate existing procedure codes for other services which were previously included in the bundled payment such as prophylaxis, fluoride varnish, etc.; the HHSC Dental Director and TMHP will supply additional policy and program information to providers regarding the "unbundling" of D0145:

Current Bundled Adjusted Rate	Proposed Unbundled Adjusted (or Current Adjusted Rate)
D0145 \$142.07	D0145 \$68.37 Proposed Adjusted Rate
	D0601/D0602/D0603 \$10.00 Proposed Adjusted Rate
	D1120 \$36.75 Current Adjusted Rate
	D1206 \$14.70 Current Adjusted Rate
	D1330 <u>\$12.25</u> Current Adjusted Rate
	Total \$142.07

***Procedure codes D0601, D0602 and D0603 are included in two different rate hearing packets: (1) 2014 Annual HCPCS Updates Rate Hearing Packet (informational only for the period January 1 - March 31, 2014) and (2) EPSDT Dental Services Rate Hearing Packet (proposed rate of \$10.00 for the period effective April 1, 2014)

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