

**TEXAS HEALTH AND HUMAN SERVICES
COMMISSION**

PROVIDER FINANCE DEPARTMENT

**Notice of Proposed Adjustments to Fees, Rates or
Charges for the Medical Policy Fee Review of the
following:**

B(1) Collaborative Care Model (CoCM) - G0512

**B(2) Dental (Targeted Policy; Comprehensive Fee
Review)**

B(4) Q Codes

B(5) Sleep Studies (WatchPAT – 95800)

B(6) Certified Family Partners

Adjustments are proposed to be effective

March 1, 2025

SUMMARY OF PROPOSED ADJUSTMENTS

To Be Effective March 1, 2025

Included in this document is information relating to the proposed adjustments to Medicaid payment rates for the Policy Fee Review of B(1) Collaborative Care Model (CoCM) - G0512; B(2) Dental; B(4) Q Codes; B(5) Sleep Studies (WatchPAT – 95800); and B(6) Certified Family Partners. The Texas Health and Human Services Commission (HHSC) intends to submit an amendment to the Texas State Plan for Medical Assistance under Title XIX of the Social Security Act to update the fee schedules to reflect these proposed adjustments. The rates are proposed to be effective March 1, 2025.

Hearing

The Texas Health and Human Services Commission (HHSC) will conduct a hearing to receive public comment on proposed Medicaid payment rates detailed in this document on November 12, 2024, at 9:00 a.m. The hearing will be held in compliance with Texas Human Resources Code §32.0282, which requires public notice of and hearings on proposed Medicaid reimbursements. HHSC will broadcast the public hearing; the broadcast can be accessed at <https://hhs.texas.gov/about-hhs/communications-events/live-archived-meetings>. The broadcast will be archived and can be accessed on demand at the same website.

This hearing will be conducted both in-person and as an online event. Members of the public may attend the rate hearing in person, which will be held in the Public Hearing Rooms 1.401, 1.402, 1.403 and 1.404 in the North Austin Complex, 4601 W Guadalupe St, Austin, Texas.

Please register for HHSC Public Rate Hearing for Medicaid Reimbursement Rates on November 12, 2024 9:00 AM CST at:

<https://attendee.gotowebinar.com/register/5854419373469218647>

Webinar ID

433-069-979

After registering, you will receive a confirmation email containing information about joining the webinar.

HHSC will consider all concerns expressed at the hearing prior to final rate approval. This public hearing will be held in compliance with the provisions of

Human Resources Code §32.0282 which requires a public hearing on proposed payment rate adjustments. Should you have any questions regarding the information in this document, please contact:

Provider Finance Acute Care Services
Texas Health and Human Services Commission
E-mail: PFDAcuteCare@hhs.texas.gov

HHSC will broadcast the public hearing; the broadcast can be accessed at <https://hhs.texas.gov/about-hhs/communications-events/live-archived-meetings>. The broadcast will be archived and can be accessed on demand at the same website.

Background

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. These biennial reviews result in rates that are increased, decreased, or remain the same. The reviews are conducted to ensure that rates continue to be based on established rate methodologies.

Methodology

The specific administrative rules that govern the establishment of the fees in this proposal were calculated in accordance with Title 1 of the Texas Administrative Code (TAC):

- §355.8085, which addresses the reimbursement methodology for physicians and other practitioners; and
- §355.8441, which addresses the reimbursement methodologies for Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) services (known in Texas as Texas Health Steps)

Proposed Rate Adjustments

A summary of the methodologies used to determine the proposed fee-for-service Medicaid rates is listed below:

- Procedure codes and descriptions used in the Texas Medicaid Program are national standard code sets as required by federal laws; Healthcare Common Procedural Coding System (HCPCS) and Current Procedural Terminology (CPT).
- Resource-based fee (RBF) methodology uses relative value units (RVUs) established by Medicare times a conversion factor. Current conversion factors include \$28.0672 for most services provided to children 20 years of age and younger and \$26.7305 for services provided to adults 21 years of age and older. Fees for services provided to children and identified as having access-to-care issues may be assigned a higher conversion factor, currently \$30.00.
- Access-based fees (ABFs) allow the state to reimburse for procedure codes not covered by Medicare or for which the Medicare fee is inadequate, or account for particularly difficult procedures, or encourage provider participation to ensure access to care.
- ABFs may also be established based on the Medicare fee for a service that is not priced using RVUs. Physician-administered drug pricing methodologies are outlined in §355.8085.
- For services and items that are not covered by Medicare or for which the Medicare rate is insufficient, different approaches are used to develop fees based on available information. These alternate methods include, as applicable:
 - The median or mean of the Medicaid fees from 14 states (the 10 most populous and the 4 bordering Texas) or the median or mean of the states that cover the service
 - Regional Medicare pricing from Novitas or a percentage of the Medicare fee
 - The current Medicaid fee for a similar service (comparable code)
 - 82 percent of the manufacturer suggested retail price (MSRP) supplied by provider associations or manufacturers
 - 89.5 percent of the average wholesale price for enteral and parenteral products
 - Cost shown on a manufacturer's invoice submitted by the provider to HHSC

Specific proposed payment rate adjustments are listed in the attachments outlined below:

Policy B(1) Collaborative Care Model (CoCM) - G0512
Policy B(2) Dental

Policy B(4) Q Codes
Policy B(5) Sleep Studies (WatchPAT – 95800)
Policy B(6) Certified Family Partners

Written Comments

Written comments regarding the proposed payment rate adjustments will be accepted in lieu of, or in addition to, oral testimony until 5 p.m. the day of the hearing. Written comments may be sent by U.S. mail to the Texas Health and Human Services Commission, Attention: Provider Finance Department, Mail Code H-400, P.O. Box 149030, Austin, Texas 78714-9030; by fax to Provider Finance Department at (512) 730-7475; or by e-mail to PFDAcuteCare@hhs.texas.gov. In addition, written comments will be accepted by overnight mail or hand delivery to Texas Health and Human Services Commission, Attention: Provider Finance Department, Mail Code H-400, North Austin Complex, 4601 W Guadalupe St, Austin, Texas 78751.

Persons with disabilities who wish to attend the hearing and require auxiliary aids or services should contact Provider Finance Department at (512) 730-7401 at least 72 hours in advance for appropriate arrangements.

This public rate hearing briefing packet presents proposed payment rates and is distributed at HHSC public rate hearings and posted by the proposed effective date on the HHSC website at <https://pfd.hhs.texas.gov/rate-packets>. Proposed rates may or may not be adopted, depending on HHSC management decisions after review of public comments and additional information. Provider and public notification about adoption decisions are published on the Texas Medicaid and Healthcare Partnership (TMHP) website at <http://www.tmhp.com> in banner messages, bulletins, notices, and updates to the Texas Medicaid fee schedules. The fee schedules are available in static files or online lookup at <http://public.tmhp.com/FeeSchedules>.

Preferred Communication. For quickest response please use e-mail or phone, if possible, for communication with HHSC related to this rate hearing.

Persons with disabilities who wish to participate in the hearing and require auxiliary aids or services should contact Provider Finance at (512) 730-7401 at least 72 hours before the hearing so appropriate arrangements can be made.

Policy Attachment B(1) - Collaborative Care Model (CoCM) - G0512 (Proposed to be effective March 1, 2025)

TOS*	Procedure Code	Long Description	Modifier 1	Modifier 2	Age Range	Non-Facility (N)/ Facility (F)	Provider Type/ Provider Specialty	CURRENT		3/1/2025		Percent Change from Current Medicaid Fee
								Current Medicaid Fee	Current Adjusted Medicaid Fee	Proposed Medicaid Fee	Proposed Adjusted Medicaid Fee	
1	G0512	RURAL HEALTH CLINIC OR FEDERALLY QUALIFIED HEALTH CENTER (RHC/FQHC) ONLY, PSYCHIATRIC COLLABORATIVE CARE MODEL (PSYCHIATRIC COCM), 60 MINUTES OR MORE OF CLINICAL STAFF TIME FOR PSYCHIATRIC COCM SERVICES DIRECTED BY AN RHC OR FQHC PRACTITIONER (PHYSICIAN, NP, PA, OR CNM) AND INCLUDING SERVICES FURNISHED BY A BEHAVIORAL HEALTH CARE MANAGER AND CONSULTATION WITH A PSYCHIATRIC CONSULTANT			0-999	N		Not a Benefit	Not a Benefit	\$117.61	\$117.61	100.00%
1	G0512	RURAL HEALTH CLINIC OR FEDERALLY QUALIFIED HEALTH CENTER (RHC/FQHC) ONLY, PSYCHIATRIC COLLABORATIVE CARE MODEL (PSYCHIATRIC COCM), 60 MINUTES OR MORE OF CLINICAL STAFF TIME FOR PSYCHIATRIC COCM SERVICES DIRECTED BY AN RHC OR FQHC PRACTITIONER (PHYSICIAN, NP, PA, OR CNM) AND INCLUDING SERVICES FURNISHED BY A BEHAVIORAL HEALTH CARE MANAGER AND CONSULTATION WITH A PSYCHIATRIC CONSULTANT			0-999	F		Not a Benefit	Not a Benefit	\$56.13	\$56.13	100.00%

*Type of Service (TOS)	
1	Medical Services

** Required Notice: The five-character code included in this notice is obtained from the Current Procedural Terminology (CPT®), copyright 2024 by the American Medical Association (AMA). CPT is developed by the AMA as a listing of descriptive terms and five character identifying codes and modifiers for reporting medical services and procedures performed by physicians. The responsibility for the content of this notice is with HHSC and no endorsement by the AMA is intended or should be implied. The AMA 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 AMA, are not part of CPT, and the AMA is not recommending their use. The AMA does not directly or indirectly practice medicine or dispense medical services. The AMA assumes no liability for data contained or not contained.

Targeted Policy & Comprehensive Fee Review Att B(2) - Dental (eff 3.1.2025)

TOS*	Procedure Code	Long Description	Modifier 1	Modifier 2	Age Range	Non-Facility (N)/ Facility (F)	Provider Type/ Provider Specialty	CURRENT		3/1/2025		Percent Change from Current Medicaid Fee
								Current Medicaid Fee	Current Adjusted Medicaid Fee	Proposed Medicaid Fee	Proposed Adjusted Medicaid Fee	
W	D0120*	PERIODIC ORAL EVALUATION			0-20	N/F		\$29.44	\$28.85	\$28.85	\$28.85	0.00%
W	D0140*	LIMIT ORAL EVAL PROBLM FOCUS			0-20	N/F		\$19.16	\$18.78	\$18.78	\$18.78	0.00%
W	D0145*	ORAL EVALUATION, PT < 3YRS			6-35	N		\$144.97	\$142.07	\$54.58	\$54.58	-61.58%
W	D0150*	COMPREHENSVE ORAL EVALUATION			0-20	N/F		\$36.04	\$35.32	\$41.25	\$41.25	16.79%
W	D0160*	EXTENSV ORAL EVAL PROB FOCUS			1-20	N/F		\$15.25	\$14.95	\$17.46	\$17.46	16.79%
W	D0170*	RE-EVAL,EST PT,PROBLEM FOCUS			0-20	N/F		\$16.88	\$16.54	\$19.32	\$19.32	16.81%
W	D0180*	COMPREHENSIVE PERIODONTAL EVAL -NEW OR ESTABLISHED			13-20	N/F		\$8.02	\$7.86	\$50.18	\$50.18	538.42%
W	D0210*	INTRAOR COMPLETE FILM SERIES			2-20	N/F		\$72.08	\$70.64	\$70.64	\$70.64	0.00%
W	D0220*	INTRAORAL PERIAPICAL FIRST			1-20	N/F		\$12.82	\$12.56	\$12.56	\$12.56	0.00%
W	D0230*	INTRAORAL PERIAPICAL EA ADD			1-20	N/F		\$11.74	\$11.51	\$11.51	\$11.51	0.00%
W	D0240*	INTRAORAL OCCLUSAL FILM			0-20	N/F		\$10.00	\$9.80	\$9.80	\$9.80	0.00%
W	D0250*	EXTRAORAL FIRST FILM			1-20	N/F		\$18.75	\$18.38	\$30.01	\$30.01	63.28%
W	D0270*	DENTAL BITEWING SINGLE IMAGE			1-20	N/F		\$5.00	\$4.90	\$13.56	\$13.56	176.73%
W	D0272*	DENTAL BITEWINGS TWO IMAGES			1-20	N/F		\$23.86	\$23.38	\$22.27	\$22.27	-4.75%
W	D0273*	BITEWINGS - THREE IMAGES			1-20	N/F		\$29.60	\$29.01	\$30.43	\$30.43	4.89%
W	D0274*	BITEWINGS FOUR IMAGES			2-20	N/F		\$35.32	\$34.61	\$33.93	\$33.93	-1.96%
W	D0277*	VERT BITEWINGS 7 TO 8 IMAGES			2-20	N/F		\$31.75	\$31.12	\$37.45	\$37.45	20.34%
W	D0310*	DENTAL SALIOGRAPHY			1-20	N/F		\$45.00	\$44.10	\$83.80	\$83.80	90.02%
W	D0320*	DENTAL TMJ ARTHROGRAM INCL I			1-20	N/F		\$75.00	\$73.50	\$169.40	\$169.40	130.48%
W	D0321*	OTHER TMJ IMAGES BY REPORT			1-20	N/F		\$35.00	\$34.30	\$82.80	\$82.80	141.40%
W	D0322*	DENTAL TOMOGRAPHIC SURVEY			1-20	N/F		\$33.75	\$33.08	\$161.69	\$161.69	388.78%
W	D0330*	PANORAMIC IMAGE			3-20	N/F		\$65.08	\$63.78	\$54.79	\$54.79	-14.10%
W	D0340*	CEPHALOMETRIC IMAGE			1-20	N/F		\$33.75	\$33.08	\$62.43	\$62.43	88.72%
W	D0350*	ORAL/FACIAL PHOTO IMAGES			0-20	N/F		\$18.75	\$18.38	\$33.21	\$33.21	80.69%
W	D0367*	CONE BEAM CT INTERP BOTH JAW			0-20	N/F		\$269.32	\$263.93	\$283.20	\$283.20	7.30%

Targeted Policy & Comprehensive Fee Review Att B(2) - Dental (eff 3.1.2025)

TOS*	Procedure Code	Long Description	Modifier 1	Modifier 2	Age Range	Non-Facility (N)/ Facility (F)	Provider Type/ Provider Specialty	CURRENT		3/1/2025		Percent Change from Current Medicaid Fee
								Current Medicaid Fee	Current Adjusted Medicaid Fee	Proposed Medicaid Fee	Proposed Adjusted Medicaid Fee	
W	D0415*	BACTERIOLOGIC STUDY			1-20	N/F		\$25.00	\$24.50	\$24.50	\$24.50	0.00%
W	D0460*	PULP VITALITY TEST			1-20	N/F		\$12.50	\$12.25	\$30.59	\$30.59	149.71%
W	D0470*	DIAGNOSTIC CASTS			1-20	N/F		\$22.50	\$22.05	\$50.00	\$50.00	126.76%
W	D0502*	OTHER ORAL PATHOLOGY PROCEDU			1-20	N/F		\$57.50	\$56.35	Manually Priced	Manually Priced	2.00%
W	D0999*	UNSPECIFIED DIAGNOSTIC PROCE			1-20	N/F		Manually Priced	Manually Priced	Manually Priced	Manually Priced	2.00%
W	D1110*	DENTAL PROPHYLAXIS ADULT			13-20	N/F		\$56.00	\$54.88	\$54.88	\$54.88	0.00%
W	D1120*	DENTAL PROPHYLAXIS CHILD			6-155	N/F		\$37.50	\$36.75	\$36.75	\$36.75	0.00%
W	D1206*	TOPICAL FLUORIDE VARNISH			6-251	N/F		\$15.00	\$14.70	\$19.95	\$19.95	35.71%
W	D1208*	TOPICAL APP OF FLUORIDE			6-251	N/F		\$14.70	\$14.41	\$19.95	\$19.95	38.45%
W	D1330*	ORAL HYGIENE INSTRUCTION			1-20	N/F		\$12.50	\$12.25	\$15.29	\$15.29	24.82%
W	D1351*	DENTAL SEALANT PER TOOTH			0-20	N/F		\$28.82	\$28.24	\$30.88	\$30.88	9.35%
W	D1352*	PREV RESIN REST, PERM TOOTH			5-20	N/F		\$38.20	\$37.44	\$35.26	\$35.26	-5.82%
W	D1354	INTERIM CARIES ARRESTING MEDICAMENT APPLICATION - PER TOOTH			0-6	N/F		\$14.50	\$14.50	\$15.00	\$15.00	3.45%
W	D1510*	SPACE MAINTAINER FXD UNILAT			1-20	N/F		\$160.00	\$156.80	\$156.80	\$156.80	0.00%
W	D1516	FIXED BILAT SPACE MAINT, MAX			1-20	N/F		\$232.75	\$232.75	\$232.75	\$232.75	0.00%
W	D1517	FIXED BILAT SPACE MAINT, MAN			1-20	N/F		\$232.75	\$232.75	\$232.75	\$232.75	0.00%
W	D1520*	REMOVE UNILAT SPACE MAINTAIN			1-20	N/F		\$75.00	\$73.50	\$154.41	\$154.41	110.08%
W	D1526	REMOVE BILAT SPACE MAIN, MAX			1-20	N/F		\$104.13	\$104.13	\$213.42	\$213.42	104.96%
W	D1527	REMOVE BILAT SPACE MAIN, MAN			1-20	N/F		\$104.13	\$104.13	\$213.42	\$213.42	104.96%
W	D1551	RECEMENT SPACE MAINT - MAX			1-20	N/F		\$18.38	\$18.38	\$33.30	\$33.30	81.18%
W	D1552	RECEMENT SPACE MAINT - MAN			1-20	N/F		\$18.38	\$18.38	\$33.30	\$33.30	81.18%
W	D1553	RECEMENT UNILAT SPACE MAINT			1-20	N/F		\$13.79	\$13.79	\$33.30	\$33.30	141.48%
W	D1556	REM FIXED UNILAT SPACE MAINT			1-20	N/F		\$36.75	\$36.75	\$33.54	\$33.54	-8.73%
W	D1557	REMOVE FIXED BILAT MAINT MAX			1-20	N/F		\$49.00	\$49.00	\$41.00	\$41.00	-16.33%
W	D1558	REMOVE FIXED BILAT MAN			1-20	N/F		\$49.00	\$49.00	\$41.00	\$41.00	-16.33%

Targeted Policy & Comprehensive Fee Review Att B(2) - Dental (eff 3.1.2025)

TOS*	Procedure Code	Long Description	Modifier 1	Modifier 2	Age Range	Non-Facility (N)/ Facility (F)	Provider Type/ Provider Specialty	CURRENT		3/1/2025		Percent Change from Current Medicaid Fee
								Current Medicaid Fee	Current Adjusted Medicaid Fee	Proposed Medicaid Fee	Proposed Adjusted Medicaid Fee	
W	D1575	DIST SPACE MAINT, FIXED UNIL			3-7	N/F		\$200.00	\$200.00	\$156.80	\$156.80	-21.60%
W	D2140	AMALGAM ONE SURFACE			0-20	N/F		\$62.80	\$62.80	\$62.80	\$62.80	0.00%
W	D2150	AMALGAM TWO SURFACES			0-20	N/F		\$83.57	\$83.57	\$83.57	\$83.57	0.00%
W	D2160	AMALGAM THREE SURFACES			1-20	N/F		\$106.46	\$106.46	\$106.46	\$106.46	0.00%
W	D2161	AMALGAM 4 OR > SURFACES			1-20	N/F		\$121.88	\$121.88	\$121.88	\$121.88	0.00%
W	D2330	RESIN ONE SURFACE-ANTERIOR			0-20	N/F		\$75.81	\$75.81	\$77.71	\$77.71	2.51%
W	D2331	RESIN TWO SURFACES-ANTERIOR			0-20	N/F		\$100.46	\$100.46	\$102.83	\$102.83	2.36%
W	D2332	RESIN THREE SURFACES-ANTERIOR			1-20	N/F		\$131.17	\$131.17	\$125.27	\$125.27	-4.50%
W	D2335	RESIN 4/> SURF OR W INCIS AN			1-20	N/F		\$162.80	\$162.80	\$153.11	\$153.11	-5.95%
W	D2390	RESIN-BASED COMPOSITE CROWN, ANTERIOR			0-20	N/F		\$143.33	\$143.33	\$181.33	\$181.33	26.51%
W	D2391	RESIN-BASED COMPOSITE - 1 SURFACE, POSTERIOR			0-20	N/F		\$80.34	\$80.34	\$80.34	\$80.34	0.00%
W	D2392	RESIN-BASED COMPOSITE - 2 SURFACE, POSTERIOR			0-20	N/F		\$105.30	\$105.30	\$105.30	\$105.30	0.00%
W	D2393	RESIN-BASED COMPOSITE- 3 SURFACE, POSTERIOR			1-20	N/F		\$117.98	\$117.98	\$117.98	\$117.98	0.00%
W	D2394	RESIN-BASED COMPOSITE- 4 OR MORE SURFACES, POSTERIOR			1-20	N/F		\$131.63	\$131.63	\$131.63	\$131.63	0.00%
W	D2510	DENTAL INLAY METALIC 1 SURF			13-20	N/F		\$173.19	\$173.19	\$173.19	\$173.19	0.00%
W	D2520	DENTAL INLAY METALLIC 2 SURF			13-20	N/F		\$252.25	\$252.25	\$252.25	\$252.25	0.00%
W	D2530	DENTAL INLAY METL 3/MORE SUR			13-20	N/F		\$252.25	\$252.25	\$252.25	\$252.25	0.00%
W	D2542	DENTAL ONLAY METALLIC 2 SURF			13-20	N/F		\$252.25	\$252.25	\$252.25	\$252.25	0.00%
W	D2543	DENTAL ONLAY METALLIC 3 SURF			13-20	N/F		\$252.25	\$252.25	\$252.25	\$252.25	0.00%
W	D2544	DENTAL ONLAY METL 4/MORE SUR			13-20	N/F		\$252.25	\$252.25	\$252.25	\$252.25	0.00%
W	D2650	INLAY COMPOSITE/RESIN ONE SU			13-20	N/F		\$252.25	\$252.25	\$252.25	\$252.25	0.00%
W	D2651	INLAY COMPOSITE/RESIN TWO SU			13-20	N/F		\$252.25	\$252.25	\$252.25	\$252.25	0.00%
W	D2652	DENTAL INLAY RESIN 3/MRE SUR			13-20	N/F		\$252.25	\$252.25	\$252.25	\$252.25	0.00%
W	D2662	DENTAL ONLAY RESIN 2 SURFACE			13-20	N/F		\$252.25	\$252.25	\$252.25	\$252.25	0.00%
W	D2663	DENTAL ONLAY RESIN 3 SURFACE			13-20	N/F		\$252.25	\$252.25	\$252.25	\$252.25	0.00%

Targeted Policy & Comprehensive Fee Review Att B(2) - Dental (eff 3.1.2025)

TOS*	Procedure Code	Long Description	Modifier 1	Modifier 2	Age Range	Non-Facility (N)/ Facility (F)	Provider Type/ Provider Specialty	CURRENT		3/1/2025		Percent Change from Current Medicaid Fee
								Current Medicaid Fee	Current Adjusted Medicaid Fee	Proposed Medicaid Fee	Proposed Adjusted Medicaid Fee	
W	D2664	DENTAL ONLAY RESIN 4/MRE SUR			13-20	N/F		\$252.25	\$252.25	\$252.25	\$252.25	0.00%
W	D2710	CROWN RESIN INDIRECT			13-20	N/F		\$252.25	\$252.25	\$327.57	\$327.57	29.86%
W	D2720	CROWN RESIN W/ HIGH NOBLE ME			13-20	N/F		\$252.25	\$252.25	\$669.75	\$669.75	165.51%
W	D2721	CROWN RESIN W/ BASE METAL			13-20	N/F		\$252.25	\$252.25	\$479.83	\$479.83	90.22%
W	D2722	CROWN RESIN W/ NOBLE METAL			13-20	N/F		\$252.25	\$252.25	\$698.50	\$698.50	176.91%
W	D2740	CROWN PORCELAIN/CERAMIC SUBS			13-20	N/F		\$252.25	\$252.25	\$698.50	\$698.50	176.91%
W	D2750	CROWN PORCELAIN W/ H NOBLE M			13-20	N/F		\$504.50	\$504.50	\$671.63	\$671.63	33.13%
W	D2751	CROWN PORCELAIN FUSED BASE M			13-20	N/F		\$504.50	\$504.50	\$504.50	\$504.50	0.00%
W	D2752	CROWN PORCELAIN W/ NOBLE MET			13-20	N/F		\$504.50	\$504.50	\$504.50	\$504.50	0.00%
W	D2780	CROWN 3/4 CAST HI NOBLE MET			13-20	N/F		\$252.25	\$252.25	\$731.25	\$731.25	189.89%
W	D2781	CROWN 3/4 CAST BASE METAL			13-20	N/F		\$252.25	\$252.25	\$546.28	\$546.28	116.56%
W	D2782	CROWN 3/4 CAST NOBLE METAL			13-20	N/F		\$252.25	\$252.25	\$639.00	\$639.00	153.32%
W	D2783	CROWN 3/4 PORCELAIN/CERAMIC			13-20	N/F		\$252.25	\$252.25	\$709.75	\$709.75	181.37%
W	D2790	CROWN FULL CAST HIGH NOBLE M			13-20	N/F		\$504.50	\$504.50	\$660.00	\$660.00	30.82%
W	D2791	CROWN FULL CAST BASE METAL			13-20	N/F		\$252.25	\$252.25	\$472.14	\$472.14	87.17%
W	D2792	CROWN FULL CAST NOBLE METAL			13-20	N/F		\$252.25	\$252.25	\$511.88	\$511.88	102.93%
W	D2794	CROWN-TITANIUM			13-20	N/F		\$252.25	\$252.25	\$656.75	\$656.75	160.36%
W	D2910	DENTAL RECEMENT INLAY			13-20	N/F		\$17.92	\$17.92	\$36.14	\$36.14	101.67%
W	D2915	RECEMENT CAST OR PREFAB POST			4-20	N/F		\$17.92	\$17.92	\$49.50	\$49.50	176.23%
W	D2920	DENTAL RECEMENT CROWN			1-20	N/F		\$19.11	\$19.11	\$44.53	\$44.53	133.02%
W	D2930	PREFAB STNLSS STEEL CRWN PRI			0-20	N/F		\$149.12	\$149.12	\$149.12	\$149.12	0.00%
W	D2931	PREFAB STNLSS STEEL CROWN PE			1-20	N/F		\$155.27	\$155.27	\$155.27	\$155.27	0.00%
W	D2932	PREFABRICATED RESIN CROWN			1-20	N/F		\$65.70	\$65.70	\$146.35	\$146.35	122.75%
W	D2933	PREFAB STAINLESS STEEL CROWN			0-20	N/F		\$149.12	\$149.12	\$182.64	\$182.64	22.48%
W	D2934	PREFAB STEEL CROWN PRIMARY			0-20	N/F		\$149.12	\$149.12	\$182.64	\$182.64	22.48%

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TOS*	Procedure Code	Long Description	Modifier 1	Modifier 2	Age Range	Non-Facility (N)/ Facility (F)	Provider Type/ Provider Specialty	CURRENT		3/1/2025		Percent Change from Current Medicaid Fee
								Current Medicaid Fee	Current Adjusted Medicaid Fee	Proposed Medicaid Fee	Proposed Adjusted Medicaid Fee	
W	D2940	DENTAL SEDATIVE FILLING			0-20	N/F		\$34.95	\$34.95	\$55.00	\$55.00	57.37%
W	D2950	CORE BUILD-UP INCL ANY PINS			4-20	N/F		\$43.00	\$43.00	\$134.11	\$134.11	211.88%
W	D2951	TOOTH PIN RETENTION			4-20	N/F		\$11.94	\$11.94	\$31.14	\$31.14	160.80%
W	D2952	POST AND CORE CAST + CROWN			13-20	N/F		\$83.61	\$83.61	\$201.12	\$201.12	140.55%
W	D2953	EACH ADDTNL CAST POST			13-20	N/F		\$41.81	\$41.81	\$173.00	\$173.00	313.78%
W	D2954	PREFAB POST/CORE + CROWN			13-20	N/F		\$71.66	\$71.66	\$156.74	\$156.74	118.73%
W	D2955	POST REMOVAL			4-20	N/F		\$71.66	\$71.66	\$113.89	\$113.89	58.93%
W	D2957	EACH ADDTNL PREFAB POST			13-20	N/F		\$35.83	\$35.83	\$113.35	\$113.35	216.36%
W	D2960	LAMINATE LABIAL VENEER			13-20	N/F		\$107.49	\$107.49	\$313.36	\$313.36	191.52%
W	D2961	LAB LABIAL VENEER RESIN			13-20	N/F		\$173.19	\$173.19	\$383.70	\$383.70	121.55%
W	D2962	LAB LABIAL VENEER PORCELAIN			13-20	N/F		\$203.04	\$203.04	\$516.62	\$516.62	154.44%
W	D2971	ADD PROC CONSTRUCT NEW CROWN			13-20	N/F		\$107.49	\$107.49	\$107.49	\$107.49	0.00%
W	D2980	CROWN REPAIR			1-20	N/F		\$47.78	\$47.78	\$127.50	\$127.50	166.85%
W	D2999*	DENTAL UNSPEC RESTORATIVE PR			1-20	N/F		Manually Priced	Manually Priced	Manually Priced	Manually Priced	2.00%
W	D3110	PULP CAP DIRECT			1-20	N/F		\$15.53	\$15.53	\$42.50	\$42.50	173.66%
W	D3120	PULP CAP INDIRECT			1-20	N/F		\$28.67	\$28.67	\$35.00	\$35.00	22.08%
W	D3220	THERAPEUTIC PULPOTOMY			0-20	N/F		\$84.05	\$84.05	\$88.96	\$88.96	5.84%
W	D3230	PULPAL THERAPY ANTERIOR PRIM			1-20	N/F		\$37.03	\$37.03	\$117.49	\$117.49	217.28%
W	D3240	PULPAL THERAPY POSTERIOR PRI			1-20	N/F		\$42.02	\$42.02	\$131.63	\$131.63	213.26%
W	D3310	END THXPY, ANTERIOR TOOTH			6-20	N/F		\$340.14	\$340.14	\$340.14	\$340.14	0.00%
W	D3320	END THXPY, BICUSPID TOOTH			6-20	N/F		\$394.14	\$394.14	\$394.14	\$394.14	0.00%
W	D3330	END THXPY, MOLAR			6-20	N/F		\$596.48	\$596.48	\$599.45	\$599.45	0.50%
W	D3346	RETREAT ROOT CANAL ANTERIOR			6-20	N/F		\$149.30	\$149.30	\$538.00	\$538.00	260.35%
W	D3347	RETREAT ROOT CANAL PREMOLAR			6-20	N/F		\$197.08	\$197.08	\$577.33	\$577.33	192.94%
W	D3348	RETREAT ROOT CANAL MOLAR			6-20	N/F		\$262.76	\$262.76	\$722.96	\$722.96	175.14%

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TOS*	Procedure Code	Long Description	Modifier 1	Modifier 2	Age Range	Non-Facility (N)/ Facility (F)	Provider Type/ Provider Specialty	CURRENT		3/1/2025		Percent Change from Current Medicaid Fee
								Current Medicaid Fee	Current Adjusted Medicaid Fee	Proposed Medicaid Fee	Proposed Adjusted Medicaid Fee	
W	D3351	APEXIFICATION/RECALC INITIAL			6-20	N/F		\$71.66	\$71.66	\$148.47	\$148.47	107.19%
W	D3352	APEXIFICATION/RECALC INTERIM			6-20	N/F		\$47.78	\$47.78	\$90.45	\$90.45	89.31%
W	D3353	APEXIFICATION/RECALC FINAL			6-20	N/F		\$95.55	\$95.55	\$243.33	\$243.33	154.66%
W	D3410	APICOECTOMY - ANTERIOR			6-20	N/F		\$125.41	\$125.41	\$282.11	\$282.11	124.95%
W	D3421	ROOT SURGERY PREMOLAR			6-20	N/F		\$155.27	\$155.27	\$379.98	\$379.98	144.72%
W	D3425	ROOT SURGERY MOLAR			6-20	N/F		\$155.27	\$155.27	\$443.98	\$443.98	185.94%
W	D3426	ROOT SURGERY EA ADD ROOT			6-20	N/F		\$71.66	\$71.66	\$191.85	\$191.85	167.72%
W	D3430	RETROGRADE FILLING			6-20	N/F		\$47.78	\$47.78	\$127.00	\$127.00	165.80%
W	D3450	ROOT AMPUTATION			6-20	N/F		\$71.66	\$71.66	\$262.23	\$262.23	265.94%
W	D3460	ENDODONTIC ENDOSSEOUS IMPLAN			16-20	N/F		\$203.04	\$203.04	\$203.04	\$203.04	0.00%
W	D3470	INTENTIONAL REPLANTATION			6-20	N/F		\$119.44	\$119.44	\$119.44	\$119.44	0.00%
W	D3910	ISOLATION- TOOTH W RUBB DAM			1-20	N/F		\$17.92	\$17.92	\$17.92	\$17.92	0.00%
W	D3920	TOOTH SPLITTING			6-20	N/F		\$77.64	\$77.64	\$77.64	\$77.64	0.00%
W	D3950	CANAL PREP/FITTING OF DOWEL			6-20	N/F		\$47.78	\$47.78	\$47.78	\$47.78	0.00%
W	D3999*	ENDODONTIC PROCEDURE			1-20	N/F		Manually Priced	Manually Priced	Manually Priced	Manually Priced	2.00%
W	D4210	GINGIVECTOMY/PLASTY 4 OR MOR			13-20	N/F		\$155.27	\$155.27	\$289.64	\$289.64	86.54%
W	D4211	GINGIVECTOMY/PLASTY 1 TO 3			13-20	N/F		\$47.78	\$47.78	\$106.71	\$106.71	123.34%
W	D4230	ANA CROWN EXP 4 OR> PER QUAD			13-20	N/F		\$155.27	\$155.27	\$155.27	\$155.27	0.00%
W	D4231	ANA CROWN EXP 1-3 PER QUAD			13-20	N/F		\$93.16	\$93.16	\$93.16	\$93.16	0.00%
W	D4240	GINGIVAL FLAP PROC W/ PLANIN			13-20	N/F		\$173.19	\$173.19	\$267.92	\$267.92	54.70%
W	D4241	GNGLV FLAP W ROOTPLAN 1-3 TH			13-20	N/F		\$52.55	\$52.55	\$263.54	\$263.54	401.50%
W	D4245	APICALLY POSITIONED FLAP			13-20	N/F		\$173.19	\$173.19	\$173.19	\$173.19	0.00%
W	D4249	CROWN LENGTHEN HARD TISSUE			13-20	N/F		\$155.27	\$155.27	\$388.06	\$388.06	149.93%
W	D4260	OSSEOUS SURGERY 4 OR MORE			13-20	N/F		\$214.99	\$214.99	\$457.83	\$457.83	112.95%
W	D4261	OSSEOUS SURG 1 TO 3 TEETH			13-20	N/F		\$64.02	\$64.02	\$311.53	\$311.53	386.61%

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TOS*	Procedure Code	Long Description	Modifier 1	Modifier 2	Age Range	Non-Facility (N)/ Facility (F)	Provider Type/ Provider Specialty	CURRENT		3/1/2025		Percent Change from Current Medicaid Fee
								Current Medicaid Fee	Current Adjusted Medicaid Fee	Proposed Medicaid Fee	Proposed Adjusted Medicaid Fee	
W	D4266	GUIDED TISS REGEN RESORBLE			13-20	N/F		\$262.76	\$262.76	\$419.04	\$419.04	59.48%
W	D4267	GUIDED TISS REGEN NONRESORB			13-20	N/F		\$310.54	\$310.54	\$456.55	\$456.55	47.02%
W	D4270	PEDICLE SOFT TISSUE GRAFT PR			13-20	N/F		\$185.13	\$185.13	\$301.98	\$301.98	63.12%
W	D4273	SUBEPITHELIAL TISSUE GRAFT			13-20	N/F		\$214.99	\$214.99	\$517.12	\$517.12	140.53%
W	D4274	DISTAL/PROXIMAL WEDGE PROC			13-20	N/F		\$119.44	\$119.44	\$331.49	\$331.49	177.54%
W	D4275	SOFT TISSUE ALLOGRAFT			13-20	N/F		\$214.99	\$214.99	\$550.00	\$550.00	155.83%
W	D4276	CON TISSUE W DBLE PED GRAFT			13-20	N/F		\$214.99	\$214.99	\$214.99	\$214.99	0.00%
W	D4277*	SOFT TISSUE GRAFT FIRST TOOTH			13-20	N/F		\$65.70	\$64.39	\$194.15	\$194.15	201.52%
W	D4278*	SOFT TISSUE GRAFT ADDL TOOTH			13-20	N/F		\$65.70	\$64.39	\$158.87	\$158.87	146.73%
W	D4283	AUTO TISSUE GRAFT ADDL TOOTH			13-20	N/F		\$65.70	\$65.70	\$65.70	\$65.70	0.00%
W	D4285	NON-AUTO GRAFT ADDL TOOTH			13-20	N/F		\$65.70	\$65.70	\$65.70	\$65.70	0.00%
W	D4341	PERIODONTAL SCALING & ROOT			13-20	N/F		\$53.75	\$53.75	\$142.50	\$142.50	165.12%
W	D4342	PERIO SCALING & ROOT PLANING, 1-3 TEETH, PER QUAD			13-20	N/F		\$6.69	\$6.69	\$85.71	\$85.71	1181.17%
W	D4355	FULL MOUTH DEBRIDEMENT			13-20	N/F		\$71.66	\$71.66	\$98.00	\$98.00	36.76%
W	D4381	LOCALIZED DELIVERY ANTIMICRO			13-20	N/F		\$28.67	\$28.67	\$81.96	\$81.96	185.87%
W	D4910	PERIODONTAL MAINTENANCE			13-20	N/F		\$35.83	\$35.83	\$67.07	\$67.07	87.19%
W	D4920	UNSCHEDULED DRESSING CHANGE			13-20	N/F		\$23.89	\$23.89	\$45.00	\$45.00	88.36%
W	D4999*	UNSPECIFIED PERIODONTAL PROC			13-20	N/F		Manually Priced	Manually Priced	Manually Priced	Manually Priced	2.00%
W	D5110	DENTURES COMPLETE MAXILLARY			3-20	N/F		\$358.31	\$358.31	\$764.40	\$764.40	113.33%
W	D5120	DENTURES COMPLETE MANDIBLE			3-20	N/F		\$358.31	\$358.31	\$764.40	\$764.40	113.33%
W	D5130	DENTURES IMMEDIAT MAXILLARY			13-20	N/F		\$370.26	\$370.26	\$840.53	\$840.53	127.01%
W	D5140	DENTURES IMMEDIAT MANDIBLE			13-20	N/F		\$370.26	\$370.26	\$840.53	\$840.53	127.01%
W	D5211	DENTURES MAXILL PART RESIN			6-20	N/F		\$262.76	\$262.76	\$550.80	\$550.80	109.62%
W	D5212	DENTURES MAND PART RESIN			6-20	N/F		\$262.76	\$262.76	\$554.83	\$554.83	111.15%
W	D5213	DENTURES MAXILL PART METAL			9-20	N/F		\$382.20	\$382.20	\$840.48	\$840.48	119.91%

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TOS*	Procedure Code	Long Description	Modifier 1	Modifier 2	Age Range	Non-Facility (N)/ Facility (F)	Provider Type/ Provider Specialty	CURRENT		3/1/2025		Percent Change from Current Medicaid Fee
								Current Medicaid Fee	Current Adjusted Medicaid Fee	Proposed Medicaid Fee	Proposed Adjusted Medicaid Fee	
W	D5214	DENTURES MANDIBL PART METAL			9-20	N/F		\$382.20	\$382.20	\$840.48	\$840.48	119.91%
W	D5410	DENTURES ADJUST CMLPT MAXIL			3-20	N/F		\$17.92	\$17.92	\$40.28	\$40.28	124.78%
W	D5411	DENTURES ADJUST CMLPT MAND			3-20	N/F		\$17.92	\$17.92	\$40.28	\$40.28	124.78%
W	D5421	DENTURES ADJUST PART MAXILL			6-20	N/F		\$17.92	\$17.92	\$40.28	\$40.28	124.78%
W	D5422	DENTURES ADJUST PART MANDBL			6-20	N/F		\$17.92	\$17.92	\$40.28	\$40.28	124.78%
W	D5511	REP BROKE COMP DENT BASE MAN			3-20	N/F		\$68.00	\$68.00	\$89.76	\$89.76	32.00%
W	D5512	REP BROKE COMP DENT BASE MAX			3-20	N/F		\$68.00	\$68.00	\$89.76	\$89.76	32.00%
W	D5520	REPLACE DENTURE TEETH CMLPT			3-20	N/F		\$41.81	\$41.81	\$68.00	\$68.00	62.64%
W	D5611	REP RESIN PART DENT BASE MAN			3-20	N/F		\$68.00	\$68.00	\$82.88	\$82.88	21.88%
W	D5612	REP RESIN PART DENT BASE MAX			3-20	N/F		\$68.00	\$68.00	\$82.88	\$82.88	21.88%
W	D5630	REP PARTIAL DENTURE CLASP			6-20	N/F		\$47.78	\$47.78	\$126.68	\$126.68	165.13%
W	D5640	REPLACE PART DENTURE TEETH			6-20	N/F		\$41.81	\$41.81	\$84.72	\$84.72	102.63%
W	D5650	ADD TOOTH TO PARTIAL DENTURE			6-20	N/F		\$47.78	\$47.78	\$91.47	\$91.47	91.44%
W	D5660	ADD CLASP TO PARTIAL DENTURE			6-20	N/F		\$59.72	\$59.72	\$129.87	\$129.87	117.46%
W	D5670	REPLACE TEETH & ACRYLIC-CAST METAL FRAMEWORK (MAX)			6-20	N/F		\$167.21	\$167.21	\$374.62	\$374.62	124.04%
W	D5671	REPLACE TEETH & ACRYLIC-CAST METAL FRAMEWORK (MAN)			6-20	N/F		\$167.21	\$167.21	\$374.62	\$374.62	124.04%
W	D5710	DENTURES REBASE CMLPT MAXIL			4-20	N/F		\$131.38	\$131.38	\$312.24	\$312.24	137.66%
W	D5711	DENTURES REBASE CMLPT MAND			4-20	N/F		\$131.38	\$131.38	\$327.05	\$327.05	148.93%
W	D5720	DENTURES REBASE PART MAXILL			7-20	N/F		\$131.38	\$131.38	\$306.96	\$306.96	133.64%
W	D5721	DENTURES REBASE PART MANDBL			7-20	N/F		\$131.38	\$131.38	\$306.96	\$306.96	133.64%
W	D5730	DENTURE RELN CMLPT MAXIL CH			4-20	N/F		\$77.64	\$77.64	\$106.24	\$106.24	36.84%
W	D5731	DENTURE RELN CMLPT MAND CHR			4-20	N/F		\$77.64	\$77.64	\$173.44	\$173.44	123.39%
W	D5740	DENTURE RELN PART MAXIL CHR			7-20	N/F		\$71.66	\$71.66	\$144.30	\$144.30	101.37%
W	D5741	DENTURE RELN PART MAND CHR			7-20	N/F		\$71.66	\$71.66	\$144.30	\$144.30	101.37%
W	D5750	DENTURE RELN CMLPT MAX LAB			4-20	N/F		\$113.47	\$113.47	\$232.98	\$232.98	105.32%

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W	D5751	DENTURE RELN CMPLT MAND LAB			4-20	N/F		\$113.47	\$113.47	\$231.36	\$231.36	103.90%
W	D5760	DENTURE RELN PART MAXIL LAB			7-20	N/F		\$113.47	\$113.47	\$216.18	\$216.18	90.52%
W	D5761	DENTURE RELN PART MAND LAB			7-20	N/F		\$113.47	\$113.47	\$216.18	\$216.18	90.52%
W	D5810	DENTURE INTERM CMPLT MAXILL			3-20	N/F		\$191.10	\$191.10	\$472.07	\$472.07	147.03%
W	D5811	DENTURE INTERM CMPLT MANDBL			3-20	N/F		\$191.10	\$191.10	\$479.72	\$479.72	151.03%
W	D5820	DENTURE INTERM PART MAXILL			3-20	N/F		\$155.27	\$155.27	\$351.50	\$351.50	126.38%
W	D5821	DENTURE INTERM PART MANDBL			3-20	N/F		\$155.27	\$155.27	\$335.70	\$335.70	116.20%
W	D5850	DENTURE TISS CONDITN MAXILL			3-20	N/F		\$35.83	\$35.83	\$83.28	\$83.28	132.43%
W	D5851	DENTURE TISS CONDITN MANDBL			3-20	N/F		\$35.83	\$35.83	\$83.28	\$83.28	132.43%
W	D5862	PRECISION ATTACHMENT			4-20	N/F		\$155.27	\$155.27	\$304.03	\$304.03	95.81%
W	D5863*	OVERDENTURE COMPLETE MAX			4-20	N/F		\$370.26	\$362.85	\$621.20	\$621.20	71.20%
W	D5864*	OVERDENTURE PARTIAL MAX			4-20	N/F		\$370.26	\$362.85	\$781.89	\$781.89	115.49%
W	D5865*	OVERDENTURE COMPLETE MANDIB			4-20	N/F		\$370.26	\$362.85	\$621.20	\$621.20	71.20%
W	D5866*	OVERDENTURE PARTIAL MANDIB			4-20	N/F		\$370.26	\$362.85	\$781.89	\$781.89	115.49%
W	D5899*	REMOVABLE PROSTHODONTIC PROC			1-20	N/F		Manually Priced	Manually Priced	Manually Priced	Manually Priced	2.00%
W	D5911	FACIAL MOULAGE SECTIONAL			1-20	N/F		\$47.78	\$47.78	\$275.00	\$275.00	475.55%
W	D5912	FACIAL MOULAGE COMPLETE			1-20	N/F		\$86.00	\$86.00	\$291.47	\$291.47	238.92%
W	D5913	NASAL PROSTHESIS			1-20	N/F		\$836.06	\$836.06	\$1,501.87	\$1,501.87	79.64%
W	D5914	AURICULAR PROSTHESIS			1-20	N/F		\$836.06	\$836.06	\$1,657.27	\$1,657.27	98.22%
W	D5915	ORBITAL PROSTHESIS			1-20	N/F		\$836.06	\$836.06	\$931.57	\$931.57	11.42%
W	D5916	OCULAR PROSTHESIS			1-20	N/F		\$537.47	\$537.47	\$1,197.50	\$1,197.50	122.80%
W	D5919	FACIAL PROSTHESIS			1-20	N/F		\$1,074.94	\$1,074.94	\$1,819.55	\$1,819.55	69.27%
W	D5922	NASAL SEPTAL PROSTHESIS			1-20	N/F		\$133.77	\$133.77	\$600.00	\$600.00	348.53%
W	D5923	OCULAR PROSTHESIS INTERIM			1-20	N/F		\$322.48	\$322.48	\$1,519.55	\$1,519.55	371.21%
W	D5924	CRANIAL PROSTHESIS			1-20	N/F		\$418.03	\$418.03	\$418.03	\$418.03	0.00%

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W	D5925	FACIAL AUGMENTATION IMPLANT			1-20	N/F		\$358.31	\$358.31	\$358.31	\$358.31	0.00%
W	D5926	REPLACEMENT NASAL PROSTHESIS			1-20	N/F		\$429.98	\$429.98	\$429.98	\$429.98	0.00%
W	D5927	AURICULAR REPLACEMENT			1-20	N/F		\$429.98	\$429.98	\$429.98	\$429.98	0.00%
W	D5928	ORBITAL REPLACEMENT			1-20	N/F		\$429.98	\$429.98	\$429.98	\$429.98	0.00%
W	D5929	FACIAL REPLACEMENT			1-20	N/F		\$859.95	\$859.95	\$859.95	\$859.95	0.00%
W	D5931	SURGICAL OBTURATOR			1-20	N/F		\$358.31	\$358.31	\$965.35	\$965.35	169.42%
W	D5932	POSTSURGICAL OBTURATOR			1-20	N/F		\$1,242.15	\$1,242.15	\$1,394.10	\$1,394.10	12.23%
W	D5933	REFITTING OF OBTURATOR			1-20	N/F		\$268.74	\$268.74	\$301.61	\$301.61	12.23%
W	D5934	MANDIBULAR FLANGE PROSTHESIS			1-20	N/F		\$537.47	\$537.47	\$1,495.84	\$1,495.84	178.31%
W	D5935	MANDIBULAR DENTURE PROSTH			1-20	N/F		\$537.47	\$537.47	\$1,293.07	\$1,293.07	140.58%
W	D5936	TEMP OBTURATOR PROSTHESIS			1-20	N/F		\$597.19	\$597.19	\$838.44	\$838.44	40.40%
W	D5937	TRISMUS APPLIANCE			1-20	N/F		\$250.82	\$250.82	\$559.00	\$559.00	122.87%
W	D5951	FEEDING AID			0-20	N/F		\$133.77	\$133.77	\$657.80	\$657.80	391.74%
W	D5952	PEDIATRIC SPEECH AID			0-20	N/F		\$806.21	\$806.21	\$914.66	\$914.66	13.45%
W	D5953	ADULT SPEECH AID			13-20	N/F		\$806.21	\$806.21	\$806.21	\$806.21	0.00%
W	D5954	SUPERIMPOSED PROSTHESIS			0-20	N/F		\$424.01	\$424.01	\$1,012.68	\$1,012.68	138.83%
W	D5955	PALATAL LIFT PROSTHESIS			0-20	N/F		\$214.99	\$214.99	\$1,400.00	\$1,400.00	551.19%
W	D5958	INTRAORAL CON DEF INTER PLT			0-20	N/F		\$214.99	\$214.99	\$214.99	\$214.99	0.00%
W	D5959	INTRAORAL CON DEF MOD PALAT			0-20	N/F		\$95.55	\$95.55	\$95.55	\$95.55	0.00%
W	D5960	MODIFY SPEECH AID PROSTHESIS			0-20	N/F		\$95.55	\$95.55	\$95.55	\$95.55	0.00%
W	D5982	SURGICAL STENT			1-20	N/F		\$107.49	\$107.49	\$107.49	\$107.49	0.00%
W	D5983	RADIATION APPLICATOR			1-20	N/F		\$155.27	\$155.27	\$155.27	\$155.27	0.00%
W	D5984	RADIATION SHIELD			1-20	N/F		\$155.27	\$155.27	\$155.27	\$155.27	0.00%
W	D5985	RADIATION CONE LOCATOR			1-20	N/F		\$155.27	\$155.27	\$155.27	\$155.27	0.00%
W	D5986	FLUORIDE APPLICATOR			1-20	N/F		\$47.78	\$47.78	\$95.45	\$95.45	99.77%

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TOS*	Procedure Code	Long Description	Modifier 1	Modifier 2	Age Range	Non-Facility (N)/ Facility (F)	Provider Type/ Provider Specialty	CURRENT		3/1/2025		Percent Change from Current Medicaid Fee
								Current Medicaid Fee	Current Adjusted Medicaid Fee	Proposed Medicaid Fee	Proposed Adjusted Medicaid Fee	
W	D5987	COMMISSURE SPLINT			1-20	N/F		\$125.41	\$125.41	\$125.41	\$125.41	0.00%
W	D5988	SURGICAL SPLINT			1-20	N/F		\$107.49	\$107.49	\$441.77	\$441.77	310.99%
W	D5992	ADJUST MAX PROST APPLIANCE			0-999	N		\$268.74	\$268.74	\$268.74	\$268.74	0.00%
W	D5993	MAIN/CLEAN MAX PROSTHESIS			0-999	N		\$1,979.16	\$1,979.16	\$1,979.16	\$1,979.16	0.00%
W	D5999*	MAXILLOFACIAL PROSTHESIS			1-20	N/F		Manually Priced	Manually Priced	Manually Priced	Manually Priced	2.00%
W	D6210	PROSTHODONT HIGH NOBLE METAL			16-20	N/F		\$252.25	\$252.25	\$649.25	\$649.25	157.38%
W	D6211	BRIDGE BASE METAL CAST			16-20	N/F		\$252.25	\$252.25	\$537.18	\$537.18	112.96%
W	D6212	BRIDGE NOBLE METAL CAST			16-20	N/F		\$252.25	\$252.25	\$629.25	\$629.25	149.45%
W	D6240	BRIDGE PORCELAIN HIGH NOBLE			16-20	N/F		\$252.25	\$252.25	\$681.50	\$681.50	170.17%
W	D6241	BRIDGE PORCELAIN BASE METAL			16-20	N/F		\$252.25	\$252.25	\$598.53	\$598.53	137.28%
W	D6242	BRIDGE PORCELAIN NOBEL METAL			16-20	N/F		\$252.25	\$252.25	\$657.50	\$657.50	160.65%
W	D6245	BRIDGE PORCELAIN/CERAMIC			16-20	N/F		\$252.25	\$252.25	\$833.37	\$833.37	230.37%
W	D6250	BRIDGE RESIN W/HIGH NOBLE			16-20	N/F		\$252.25	\$252.25	\$755.00	\$755.00	199.31%
W	D6251	BRIDGE RESIN BASE METAL			16-20	N/F		\$252.25	\$252.25	\$476.96	\$476.96	89.08%
W	D6252	BRIDGE RESIN W/NOBLE METAL			16-20	N/F		\$252.25	\$252.25	\$681.25	\$681.25	170.07%
W	D6545	DENTAL RETAINR CAST METL			16-20	N/F		\$257.40	\$257.40	\$365.00	\$365.00	41.80%
W	D6548	PORCELAIN/CERAMIC RETAINER			16-20	N/F		\$257.40	\$257.40	\$589.16	\$589.16	128.89%
W	D6549*	RESIN RETAINER			16-20	N/F		\$257.40	\$252.25	\$252.25	\$252.25	0.00%
W	D6720	RETAIN CROWN RESIN W HI NBLE			16-20	N/F		\$252.25	\$252.25	\$700.00	\$700.00	177.50%
W	D6721	CROWN RESIN W/BASE METAL			16-20	N/F		\$252.25	\$252.25	\$538.46	\$538.46	113.46%
W	D6722	CROWN RESIN W/NOBLE METAL			16-20	N/F		\$252.25	\$252.25	\$669.50	\$669.50	165.41%
W	D6740	CROWN PORCELAIN/CERAMIC			16-20	N/F		\$252.25	\$252.25	\$744.62	\$744.62	195.19%
W	D6750	CROWN PORCELAIN HIGH NOBLE			16-20	N/F		\$252.25	\$252.25	\$671.25	\$671.25	166.11%
W	D6751	CROWN PORCELAIN BASE METAL			16-20	N/F		\$252.25	\$252.25	\$666.83	\$666.83	164.35%
W	D6752	CROWN PORCELAIN NOBLE METAL			16-20	N/F		\$252.25	\$252.25	\$692.24	\$692.24	174.43%

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TOS*	Procedure Code	Long Description	Modifier 1	Modifier 2	Age Range	Non-Facility (N)/ Facility (F)	Provider Type/ Provider Specialty	CURRENT		3/1/2025		Percent Change from Current Medicaid Fee
								Current Medicaid Fee	Current Adjusted Medicaid Fee	Proposed Medicaid Fee	Proposed Adjusted Medicaid Fee	
W	D6780	CROWN 3/4 HIGH NOBLE METAL			16-20	N/F		\$252.25	\$252.25	\$623.29	\$623.29	147.09%
W	D6781	CROWN 3/4 CAST BASED METAL			16-20	N/F		\$252.25	\$252.25	\$685.00	\$685.00	171.56%
W	D6782	CROWN 3/4 CAST NOBLE METAL			16-20	N/F		\$252.25	\$252.25	\$841.00	\$841.00	233.40%
W	D6783	CROWN 3/4 PORCELAIN/CERAMIC			16-20	N/F		\$252.25	\$252.25	\$855.00	\$855.00	238.95%
W	D6790	CROWN FULL HIGH NOBLE METAL			16-20	N/F		\$252.25	\$252.25	\$693.10	\$693.10	174.77%
W	D6791	CROWN FULL BASE METAL CAST			16-20	N/F		\$252.25	\$252.25	\$648.86	\$648.86	157.23%
W	D6792	CROWN FULL NOBLE METAL CAST			16-20	N/F		\$252.25	\$252.25	\$668.48	\$668.48	165.01%
W	D6920	DENTAL CONNECTOR BAR			16-20	N/F		\$128.99	\$128.99	\$128.99	\$128.99	0.00%
W	D6930	DENTAL RECEMENT BRIDGE			16-20	N/F		\$35.83	\$35.83	\$64.11	\$64.11	78.93%
W	D6940	STRESS BREAKER			16-20	N/F		\$83.61	\$83.61	\$361.67	\$361.67	332.57%
W	D6950	PRECISION ATTACHMENT			16-20	N/F		\$131.38	\$131.38	\$131.38	\$131.38	0.00%
W	D6980	FIXED PARTIAL REPAIR			16-20	N/F		\$65.70	\$65.70	\$211.29	\$211.29	221.60%
W	D6999*	FIXED PROSTHODONTIC PROC			16-20	N/F		Manually Priced	Manually Priced	Manually Priced	Manually Priced	2.00%
W	D7111	CORONAL REMNANTS, PRIMARY TOOTH			0-20	N/F		\$11.47	\$11.47	\$59.52	\$59.52	418.92%
W	D7140	EXTRACTION, ERUPTED TOOTH OR EXPOSED ROOT			0-20	N/F		\$64.06	\$64.06	\$68.79	\$68.79	7.38%
W	D7210	REM IMP TOOTH W MUCOPER FLP			1-20	N/F		\$98.23	\$98.23	\$121.95	\$121.95	24.15%
W	D7220	IMPACT TOOTH REMOV SOFT TISS			1-20	N/F		\$150.49	\$150.49	\$140.25	\$140.25	-6.80%
W	D7230	IMPACT TOOTH REMOV PART BONY			1-20	N/F		\$171.99	\$171.99	\$182.93	\$182.93	6.36%
W	D7240	IMPACT TOOTH REMOV COMP BONY			1-20	N/F		\$286.65	\$286.65	\$269.50	\$269.50	-5.98%
W	D7241	IMPACT TOOTH REM BONY W/COMP			1-20	N/F		\$149.30	\$149.30	\$305.87	\$305.87	104.87%
W	D7250	TOOTH ROOT REMOVAL			1-20	N/F		\$88.38	\$88.38	\$126.13	\$126.13	42.71%
W	D7260	ORAL ANTRAL FISTULA CLOSURE			1-20	N/F		\$131.38	\$131.38	\$382.04	\$382.04	190.79%
W	D7261	PRIMARY CLOSURE- SINUS PERFORATION			1-20	N/F		\$131.38	\$131.38	\$342.00	\$342.00	160.31%
W	D7270	TOOTH REIMPLANTATION			1-20	N/F		\$105.11	\$105.11	\$221.05	\$221.05	110.30%
W	D7272	TOOTH TRANSPLANTATION			1-20	N/F		\$143.33	\$143.33	\$382.20	\$382.20	166.66%

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TOS*	Procedure Code	Long Description	Modifier 1	Modifier 2	Age Range	Non-Facility (N)/ Facility (F)	Provider Type/ Provider Specialty	CURRENT		3/1/2025		Percent Change from Current Medicaid Fee
								Current Medicaid Fee	Current Adjusted Medicaid Fee	Proposed Medicaid Fee	Proposed Adjusted Medicaid Fee	
W	D7280	EXPOSURE OF AN UNERUPTED TOOTH			1-20	N/F		\$59.72	\$59.72	\$182.93	\$182.93	206.31%
W	D7282	MOBILIZE ERUPTED/MALPOSITIONED TOOTH TO AID ERUPTI			4-20	N/F		\$59.72	\$59.72	\$173.75	\$173.75	190.94%
W	D7283	PLACE DEVICE IMPACTED TOOTH			1-20	N/F		\$23.89	\$23.89	\$106.50	\$106.50	345.79%
W	D7285	BIOPSY OF ORAL TISSUE HARD			1-20	N/F		\$71.66	\$71.66	\$150.70	\$150.70	110.30%
W	D7286	BIOPSY OF ORAL TISSUE SOFT			1-20	N/F		\$59.72	\$59.72	\$129.76	\$129.76	117.28%
W	D7290	REPOSITIONING OF TEETH			1-20	N/F		\$131.38	\$131.38	\$227.55	\$227.55	73.20%
W	D7291	TRANSSEPTAL/SUPRA CRESTAL FIBEROTOMY			4-20	N/F		\$47.78	\$47.78	\$134.46	\$134.46	181.41%
W	D7310	ALVEOPLASTY W/ EXTRACTION			1-20	N/F		\$53.75	\$53.75	\$128.05	\$128.05	138.23%
W	D7320	ALVEOPLASTY W/O EXTRACTION			1-20	N/F		\$71.66	\$71.66	\$203.36	\$203.36	183.78%
W	D7340	VESTIBULOPLASTY RIDGE EXTENS			1-20	N/F		\$119.44	\$119.44	\$423.70	\$423.70	254.74%
W	D7350	VESTIBULOPLASTY EXTEN GRAFT			1-20	N/F		\$238.88	\$238.88	\$844.30	\$844.30	253.44%
W	D7410	EXCISION BENIGN LESION UP TO 1.25 CM			1-20	N/F		\$95.55	\$95.55	\$149.35	\$149.35	56.31%
W	D7411	EXCISE BENIGN LESION, >1.25 CM			1-20	N/F		\$143.33	\$143.33	\$250.00	\$250.00	74.42%
W	D7413	EXCISE MALIGNANT LESION UP TO 1.25 CM			1-20	N/F		\$95.55	\$95.55	\$318.19	\$318.19	233.01%
W	D7414	EXCISE MALIGNANT LESION >1.25 CM			1-20	N/F		\$143.33	\$143.33	\$429.89	\$429.89	199.93%
W	D7440	MALIG TUMOR EXC TO 1.25 CM			1-20	N/F		\$173.19	\$173.19	\$308.00	\$308.00	77.84%
W	D7441	MALIG TUMOR > 1.25 CM			1-20	N/F		\$226.93	\$226.93	\$500.00	\$500.00	120.33%
W	D7450	REMOVAL BENIGN ODONTOGENIC CYST/TUMOR UP TO 1.25 C			1-20	N/F		\$113.47	\$113.47	\$185.90	\$185.90	63.83%
W	D7451	REMOVAL BENIGN ODONTOGENIC CYST/TUMOR > 1.25 CM			1-20	N/F		\$155.27	\$155.27	\$238.25	\$238.25	53.44%
W	D7460	REMOVAL BENIGN NONODONTOGENIC CYST/TUMOR UP TO 1.2			0-20	N/F		\$113.47	\$113.47	\$122.40	\$122.40	7.87%
W	D7461	REMOVAL BENIGN NONODONTOGENIC CYST/TUMOR > 1.25 CM			0-20	N/F		\$155.27	\$155.27	\$250.00	\$250.00	61.01%
W	D7465	LESION DESTRUCTION			1-20	N/F		\$65.70	\$65.70	\$149.91	\$149.91	128.17%
W	D7472	REMOVAL OF TORUS PALATINUS			1-20	N/F		\$152.88	\$152.88	\$273.97	\$273.97	79.21%
W	D7510	I&D ABSC INTRAORAL SOFT TISS			1-20	N/F		\$35.83	\$35.83	\$94.72	\$94.72	164.36%
W	D7520	I&D ABSCESS EXTRAORAL			1-20	N/F		\$119.44	\$119.44	\$119.44	\$119.44	0.00%

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TOS*	Procedure Code	Long Description	Modifier 1	Modifier 2	Age Range	Non-Facility (N)/ Facility (F)	Provider Type/ Provider Specialty	CURRENT		3/1/2025		Percent Change from Current Medicaid Fee
								Current Medicaid Fee	Current Adjusted Medicaid Fee	Proposed Medicaid Fee	Proposed Adjusted Medicaid Fee	
W	D7530	REMOVAL FOREIGN BODY MUCOSA/SKIN/ALVEOLAR TISSUE			1-20	N/F		\$47.78	\$47.78	\$132.71	\$132.71	177.75%
W	D7540	REMOVAL OF FB REACTION			1-20	N/F		\$95.55	\$95.55	\$244.61	\$244.61	156.00%
W	D7550	PARTIAL OSTECTOMY/SEQUESTRECT OMY NON-VITAL BONE			1-20	N/F		\$101.53	\$101.53	\$239.48	\$239.48	135.87%
W	D7560	MAXILLARY SINUSOTOMY			1-20	N/F		\$119.44	\$119.44	\$422.13	\$422.13	253.42%
W	D7670	CLOSED REDUCTION ALVEOLUS			1-20	N/F		\$77.64	\$77.64	\$542.04	\$542.04	598.15%
W	D7820	CLOSED TMP MANIPULATION			1-20	N/F		\$77.64	\$77.64	\$165.83	\$165.83	113.59%
W	D7880	OCCLUSAL ORTHOTIC APPLIANCE			1-20	N/F		\$133.77	\$133.77	\$392.40	\$392.40	193.34%
W	D7899*	TMJ UNSPECIFIED THERAPY			1-20	N/F		Manually Priced	Manually Priced	Manually Priced	Manually Priced	2.00%
W	D7910	DENT SUTUR RECENT WND TO 5CM			1-20	N/F		\$71.66	\$71.66	\$122.86	\$122.86	71.45%
W	D7911	DENTAL SUTURE WOUND TO 5 CM			1-20	N/F		\$77.64	\$77.64	\$266.53	\$266.53	243.29%
W	D7912	LIMITED ORTHODONTIC TREATMENT OF THE PRIMARY DENTITION			1-20	N/F		\$155.27	\$155.27	\$279.69	\$279.69	80.13%
W	D7955*	LIMITED ORTHODONTIC TREATMENT OF THE TRANSITIONAL DENTITION			1-20	N/F		Manually Priced	Manually Priced	Manually Priced	Manually Priced	2.00%
W	D7961*	BUCCAL/LABIAL FRENECTOMY			12-20	N/F		\$100.33	\$98.32	\$169.68	\$169.68	72.58%
W	D7962*	LINGUAL FRENECTOMY			1-20	N/F		\$100.33	\$98.32	\$170.67	\$170.67	73.59%
W	D7970	EXCISION HYPERPLASTIC TISSUE			1-20	N/F		\$107.49	\$107.49	\$162.06	\$162.06	50.77%
W	D7971	EXCISION PERICORONAL GINGIVA			1-20	N/F		\$41.81	\$41.81	\$116.50	\$116.50	178.64%
W	D7972	SURGICAL REDUCTION FIBROUS TUBEROSITY			13-20	N/F		\$41.81	\$41.81	\$298.77	\$298.77	614.59%
W	D7980	SIALOLITHOTOMY			1-20	N/F		\$185.13	\$185.13	\$253.06	\$253.06	36.69%
W	D7983	CLOSURE OF SALIVARY FISTULA			1-20	N/F		\$155.27	\$155.27	\$412.75	\$412.75	165.83%
W	D7997	APPLIANCE REMOVAL			1-20	N/F		\$47.78	\$47.78	\$136.29	\$136.29	185.24%
W	D7999*	ORAL SURGERY PROCEDURE			1-20	N/F		Manually Priced	Manually Priced	Manually Priced	Manually Priced	2.00%
W	D8010	LIMITED ORTHODONTIC TREATMENT OF THE PRIMARY DENTITION			0-20	N/F		\$572.38	\$572.38	\$836.29	\$836.29	46.11%
W	D8020	LIMITED ORTHODONTIC TREATMENT OF THE TRANSITIONAL DENTITION			0-20	N/F		\$572.38	\$572.38	\$836.29	\$836.29	46.11%
W	D8080	COMPRE DENTAL TX ADOLESCENT			0-20	N/F		\$544.05	\$544.05	\$544.05	\$544.05	0.00%
W	D8210*	ORTHODONTIC REM APPLIANCE TX			0-20	N/F		Manually Priced	Manually Priced	Manually Priced	Manually Priced	2.00%

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TOS*	Procedure Code	Long Description	Modifier 1	Modifier 2	Age Range	Non-Facility (N)/ Facility (F)	Provider Type/ Provider Specialty	CURRENT		3/1/2025		Percent Change from Current Medicaid Fee
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W	D8220*	FIXED APPLIANCE THERAPY HAPT			0-20	N/F		Manually Priced	Manually Priced	Manually Priced	Manually Priced	2.00%
W	D8660	PREORTHODONTIC TX VISIT			0-20	N		\$14.33	\$14.33	\$97.04	\$97.04	577.18%
W	D8670	PERIODIC ORTHODONTIC TX VISIT			0-20	N		\$65.07	\$65.07	\$222.50	\$222.50	241.94%
W	D8680	ORTHODONTIC RETENTION			0-20	N		\$95.55	\$95.55	\$244.00	\$244.00	155.36%
W	D8999*	ORTHODONTIC PROCEDURE			0-20	N/F		Manually Priced	Manually Priced	Manually Priced	Manually Priced	2.00%
W	D9110	TX DENTAL PAIN MINOR PROC			1-20	N/F		\$17.92	\$17.92	\$58.23	\$58.23	224.94%
W	D9120	FIX PARTIAL DENTURE SECTION			13-20	N/F		\$19.11	\$19.11	\$75.75	\$75.75	296.39%
W	D9210	DENT ANESTHESIA W/O SURGERY			1-20	N/F		\$11.94	\$11.94	\$11.94	\$11.94	0.00%
W	D9211	REGIONAL BLOCK ANESTHESIA			1-20	N/F		\$17.92	\$17.92	\$17.92	\$17.92	0.00%
W	D9212	TRIGEMINAL BLOCK ANESTHESIA			1-20	N/F		\$29.86	\$29.86	\$29.86	\$29.86	0.00%
W	D9222	DEEP ANEST, 1ST 15 MIN			1-20	N/F		\$58.50	\$58.50	\$95.95	\$95.95	64.02%
W	D9222	DEEP ANEST, 1ST 15 MIN	UZ		1-20	N/F		\$81.76	\$81.76	\$134.10	\$134.10	64.02%
W	D9223*	GENERAL ANESTHESIA EACH SUB 15M			1-20	N/F		\$43.88	\$43.00	\$95.95	\$95.95	123.14%
W	D9223*	GENERAL ANESTHESIA EACH SUB 15M	UZ		1-20	N/F		\$61.33	\$60.10	\$134.11	\$134.11	123.14%
W	D9230	ANALGESIA			1-20	N/F		\$27.11	\$27.11	\$39.16	\$39.16	44.45%
W	D9239	IV MOD SEDATION, 1ST 15 MIN			1-20	N/F		\$57.04	\$57.04	\$102.00	\$102.00	78.82%
W	D9243*	IV SEDATION EACH SUB 15M			1-20	N/F		\$42.78	\$41.92	\$85.69	\$85.69	104.41%
W	D9248	SEDATION (NON-IV)			1-20	N		\$121.88	\$121.88	\$136.20	\$136.20	11.75%
W	D9310	DENTAL CONSULTATION			1-20	N/F		\$14.58	\$14.58	\$61.70	\$61.70	323.18%
W	D9410	DENTAL HOUSE CALL			1-20	N/F		\$23.89	\$23.89	\$62.66	\$62.66	162.29%
W	D9420	HOSPITAL CALL			1-20	F		\$36.31	\$36.31	\$98.85	\$98.85	172.24%
W	D9430	OFFICE VISIT DURING HOURS			1-20	N/F		\$14.33	\$14.33	\$42.66	\$42.66	197.70%
W	D9440	OFFICE VISIT AFTER HOURS			1-20	N/F		\$29.86	\$29.86	\$59.46	\$59.46	99.13%
W	D9610	DENT THERAPEUTIC DRUG INJECT			1-20	N/F		\$17.92	\$17.92	\$29.09	\$29.09	62.33%
W	D9612	THERA PAR DRUGS 2 OR > ADMIN			1-20	N/F		\$35.83	\$35.83	\$55.40	\$55.40	54.62%

Targeted Policy & Comprehensive Fee Review Att B(2) - Dental (eff 3.1.2025)

TOS*	Procedure Code	Long Description	Modifier 1	Modifier 2	Age Range	Non-Facility (N)/ Facility (F)	Provider Type/ Provider Specialty	CURRENT		3/1/2025		Percent Change from Current Medicaid Fee
								Current Medicaid Fee	Current Adjusted Medicaid Fee	Proposed Medicaid Fee	Proposed Adjusted Medicaid Fee	
W	D9630	OTHER DRUGS/MEDICAMENTS			1-20	N/F		\$8.60	\$8.60	\$23.50	\$23.50	173.26%
W	D9910	DENT APPL DESENSITIZING MED			18-20	N/F		\$11.94	\$11.94	\$25.01	\$25.01	109.46%
W	D9920	BEHAVIOR MANAGEMENT			1-20	N		\$47.78	\$47.78	\$61.39	\$61.39	28.48%
W	D9930	TREATMENT OF COMPLICATIONS			1-20	N/F		\$23.89	\$23.89	\$56.06	\$56.06	134.66%
W	D9944	OCC GUARD, HARD, FULL ARCH			16-20	N/F		\$113.47	\$113.47	\$265.00	\$265.00	133.54%
W	D9950	OCCCLUSION ANALYSIS			13-20	N/F		\$53.75	\$53.75	\$168.19	\$168.19	212.91%
W	D9951	LIMITED OCCLUSAL ADJUSTMENT			13-20	N/F		\$35.83	\$35.83	\$41.79	\$41.79	16.63%
W	D9952	COMPLETE OCCLUSAL ADJUSTMENT			13-20	N/F		\$143.33	\$143.33	\$376.87	\$376.87	162.94%
W	D9970	ENAMEL MICROABRASION			1-20	N/F		\$53.75	\$53.75	\$53.75	\$53.75	0.00%
W	D9974	INTRNL BLEACHING PER TOOTH			13-20	N/F		\$53.75	\$53.75	\$53.75	\$53.75	0.00%
W	D9994*	DENTAL CASE MANAGEMENT - PATIENT EDUCATION TO IMPROVE ORAL HEALTH LITERACY			6-35	N		Not a Benefit	Not a Benefit	\$30.79	\$30.79	100.00%
W	D9999*	UNSPECIFIED ADJUNCTIVE PROCEDURE, BY REPORT			1-20	N/F		Manually Priced	Manually Priced	Manually Priced	Manually Priced	2.00%

*Type of Service (TOS)	
W	Dental
Modifier	
UZ	Providers w/ a level 4 permit and proof of an anesthesiology residency
Provider Type	

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* Indicated codes had a legislatively mandated 2% reduction on the current rate. The proposed rates remove this 2% reduction in addition to the updated rate.

Policy Attachment B(4) - Q Codes (Proposed to be effective March 1, 2025)

TOS*	Procedure Code	Long Description	Modifier 1	Modifier 2	Age Range	Non-Facility (N)/ Facility (F)	Provider Type/ Provider Specialty	CURRENT		3/1/2025		Percent Change from Current Medicaid Fee
								Current Medicaid Fee	Current Adjusted Medicaid Fee	Proposed Medicaid Fee	Proposed Adjusted Medicaid Fee	
1	Q4106	DERMAGRAFT, PER SQUARE CENTIMETER			0-999	N/F		\$41.98	\$41.98	Not a Benefit	Not a Benefit	-100.00%
1	Q4110	PRIMATRIX, PER SQUARE CENTIMETER			0-999	N/F		\$39.06	\$39.06	Not a Benefit	Not a Benefit	-100.00%
1	Q4184	CELLESTA OR CELLESTA DUO, PER SQUARE CENTIMETER			0-999	N		Not a Benefit	Not a Benefit	\$624.34	\$624.34	100.00%
1	Q4188	AMNIOARMOR, PER SQUARE CENTIMETER			0-999	N		Not a Benefit	Not a Benefit	\$543.20	\$543.20	100.00%
1	Q4191	RESTORIGIN, PER SQUARE CENTIMETER			0-999	N		Not a Benefit	Not a Benefit	\$1,454.88	\$1,454.88	100.00%
1	Q4221	AMNIOWRAP2, PER SQUARE CENTIMETER			0-999	N		Not a Benefit	Not a Benefit	\$1,855.00	\$1,855.00	100.00%
1	Q4231	CORPLEX P, PER CC			0-999	N		Not a Benefit	Not a Benefit	\$3,066.00	\$3,066.00	100.00%
1	Q4238	DERM-MAXX, PER SQUARE CENTIMETER			0-999	N		Not a Benefit	Not a Benefit	\$883.62	\$883.62	100.00%
1	Q4259	CELERA DUAL LAYER OR CELERA DUAL MEMBRANE, PER SQUARE CENTIMETER			0-999	N		Not a Benefit	Not a Benefit	\$1,334.35	\$1,334.35	100.00%
1	Q4263	SURGRAFT TL, PER SQUARE CENTIMETER			0-999	N		Not a Benefit	Not a Benefit	\$529.16	\$529.16	100.00%
1	Q4267	NEOSTIM DL, PER SQUARE CENTIMETER			0-999	N		Not a Benefit	Not a Benefit	\$729.25	\$729.25	100.00%
1	Q4271	COMPLETE FT, PER SQUARE CENTIMETER			0-999	N		Not a Benefit	Not a Benefit	\$1,749.00	\$1,749.00	100.00%
1	Q4281	BARRERA SL OR BARRERA DL, PER SQUARE CENTIMETER			0-999	N		Not a Benefit	Not a Benefit	\$1,270.40	\$1,270.40	100.00%
1	Q4282	CYGNUS DUAL, PER SQUARE CENTIMETER			0-999	N		Not a Benefit	Not a Benefit	\$669.82	\$669.82	100.00%
1	Q4283	BIOVANCE TRI-LAYER OR BIOVANCE 3L, PER SQUARE CENTIMETER			0-999	N		Not a Benefit	Not a Benefit	\$1,059.21	\$1,059.21	100.00%
1	Q4310	PROCENTA, PER 100 MG			0-999	N		Not a Benefit	Not a Benefit	\$3,795.59	\$3,795.59	100.00%

*Type of Service (TOS)	
1	Medical Services

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Policy Att B(5) - Sleep Studies (WatchPAT - 95800) (Proposed to be effective March 1, 2025)

TOS*	Procedure Code	Long Description	Modifier 1	Modifier 2	Age Range	Non-Facility (N)/ Facility (F)	Provider Type/ Provider Specialty	CURRENT		3/1/2025		Percent Change from Current Medicaid Fee
								Current Medicaid Fee	Current Adjusted Medicaid Fee	Proposed Medicaid Fee	Proposed Adjusted Medicaid Fee	
5	95800	sleep study, unattended, simultaneous recording; heart rate, oxygen saturation, respiratory analysis (eg, by airflow or peripheral arterial tone), and sleep time			0-20	N/F		Not a Benefit	Not a Benefit	\$114.52	\$114.52	100.00%
5	95800	sleep study, unattended, simultaneous recording; heart rate, oxygen saturation, respiratory analysis (eg, by airflow or peripheral arterial tone), and sleep time			21-999	N/F		Not a Benefit	Not a Benefit	\$109.06	\$109.06	100.00%
I	95800	sleep study, unattended, simultaneous recording; heart rate, oxygen saturation, respiratory analysis (eg, by airflow or peripheral arterial tone), and sleep time			0-20	N/F		Not a Benefit	Not a Benefit	\$32.56	\$32.56	100.00%
I	95800	sleep study, unattended, simultaneous recording; heart rate, oxygen saturation, respiratory analysis (eg, by airflow or peripheral arterial tone), and sleep time			21-999	N/F		Not a Benefit	Not a Benefit	\$31.01	\$31.01	100.00%
T	95800	sleep study, unattended, simultaneous recording; heart rate, oxygen saturation, respiratory analysis (eg, by airflow or peripheral arterial tone), and sleep time			0-20	N/F		Not a Benefit	Not a Benefit	\$81.96	\$81.96	100.00%
T	95800	sleep study, unattended, simultaneous recording; heart rate, oxygen saturation, respiratory analysis (eg, by airflow or peripheral arterial tone), and sleep time			21-999	N/F		Not a Benefit	Not a Benefit	\$78.05	\$78.05	100.00%

*Type of Service (TOS)	
5	LABORATORY
I	PROFESSIONAL COMPONENT
T	TECHNICAL COMPONENT

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Policy Attachment B(6) - Certified Family Partners (Proposed to be effective March 1, 2025)

TOS*	Procedure Code	Long Description	Modifier 1	Age Range	Non-Facility (N)/ Facility (F)	CURRENT		3/1/2025		Percent Change from Current Medicaid Fee
						Current Medicaid Fee	Current Adjusted Medicaid Fee	Proposed Medicaid Fee	Proposed Adjusted Medicaid Fee	
9	S9482	FAMILY STABILIZATION SERVICES, PER 15 MINUTES		0-20	N/F	Not A Benefit	Not A Benefit	\$12.73	\$12.73	100.00%
9	S9482	FAMILY STABILIZATION SERVICES, PER 15 MINUTES	HQ	0-20	N/F	Not A Benefit	Not A Benefit	\$1.82	\$1.82	100.00%

*Type of Service (TOS)	
9	Other Medical Items or Service
Modifier	
HQ	Group Setting

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