HCPCS ATTACHMENT 7 - TOS W - DENTAL SERVICES (Proposed to be effective January 1, 2018)

							CURRENT		PROPOSED		
TOS*	Procedure Code	Modifier	Long Description	Age Range	Non-Facility (N)/ Facility (F)	Provider Type (PT) /Provider Specialty (PS)	Current Medicaid Fee	Current Adjusted Medicaid Fee	Proposed Medicaid Fee	Proposed Adjusted Medicaid Fee	Percent Change from Current Medicaid Fee
W	D5510		**	0-999	N/F		$50.00	$50.00	Not a Benefit	Not a Benefit	-100.00%
W	D5511		**	0-999	N/F		Not a Benefit	Not a Benefit	$69.74	$69.74	100.00%
W	D5512		**	0-999	N/F		Not a Benefit	Not a Benefit	$69.74	$69.74	100.00%
W	D5610		**	0-999	N/F		$115.00	$115.00	Not a Benefit	Not a Benefit	-100.00%
W	D5611		**	0-999	N/F		Not a Benefit	Not a Benefit	$69.74	$69.74	100.00%
W	D5612		**	0-999	N/F		Not a Benefit	Not a Benefit	$69.74	$69.74	100.00%
W	D9222		**	0-999	N/F		Not a Benefit	Not a Benefit	$60.00	$60.00	100.00%
W	D9222	UZ	**	0-999	N/F		Not a Benefit	Not a Benefit	$83.86	$83.86	100.00%
W	D9223		**	0-999	N/F		$48.75	$48.75	$45.00	$45.00	-7.69%
W	D9223	UZ	**	0-999	N/F		$68.14	$68.14	$62.90	$62.90	-7.69%
W	D9239		**	0-999	N/F		Not a Benefit	Not a Benefit	$58.50	$58.50	100.00%
W	D9243		**	0-999	N/F		$48.75	$48.75	$43.88	$43.88	-9.99%

***Type of Service (TOS)**	
W	Texas Health Steps (THSteps) Dental/Orthodontia
Modifier	
UZ	Special pricing for therapeutic dental (eligibility for enhanced rate is determined by provider qualifications)

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