ATTACHMENT - EARLY AND PERIODIC SCREENING, DIAGNOSIS, AND TREATMENT (EPSDT) DENTAL SERVICES

TOS*	Procedure Code	Long Description	Modifier	Age Range	Facility (F)/Non-Facility (NF)	CURRENT		PROPOSED	
						Current Medicaid Fee	Current Adjusted Fee	Proposed Medicaid Fee	Proposed Adjusted Fee
W	D2161	**		0-999	F, NF	$60.04	$58.84	$125.00	$125.00
W	D2393	**		0-999	F, NF	$101.18	$99.16	$121.00	$121.00
W	D2394	**		0-999	F, NF	$75.06	$73.56	$135.00	$135.00
W	D9220	**		0-999	F, NF	$87.50	$85.75	$125.00	$125.00
W	D9220	**	UZ	0-999	F, NF	$202.55	$198.50	$202.55	$202.55
W	D9221	**		0-999	F, NF	$31.25	$30.63	$35.00	$35.00
W	D9241	**		0-999	F, NF	$121.88	$119.44	$125.00	$125.00
W	D9242	**		0-999	F, NF	$29.02	$28.44	$35.00	$35.00
W	D9248	**		0-999	F, NF	$187.50	$183.75	$125.00	$125.00

Modifier	
UZ	Special pricing for therapeutic dental (eligibility for enhanced rate is determined by provider qualifications; see TMHP website for details)
*Type of Service (TOS)	
W	Texas Health Steps Dental

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