

**TEXAS HEALTH AND HUMAN SERVICES
COMMISSION
RATE ANALYSIS DEPARTMENT**

**Notice of Proposed Adjustments to Fees, Rates or
Charges for Ambulance and Dental Services:**

**Adjustments are proposed to be effective
September 1, 2018**

SUMMARY OF PROPOSED ADJUSTMENTS

To Be Effective September 1, 2018

Included in this document is information relating to the proposed adjustments to Medicaid payment rates for: (1) Ambulance Services and (2) Dental Services. The proposed rate actions are consistent with the legislative directive in Rider 33, Article II of the General Appropriations Act for the 2018-2019 Biennium, which directs HHSC to develop and implement cost containment initiatives including fee-for-service payment changes that incentivize the most appropriate and effective use of services. 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 September 1, 2018.

Hearing

The Health and Human Services Commission (HHSC) will conduct a public hearing to receive comments regarding the proposed adjustments to Medicaid rates detailed in this document on May 3, 2018, at 1:30 p.m. in the Public Hearing Room in the Brown-Heatly Building at 4900 North Lamar Boulevard, Austin, Texas 78751, with entrance through Security at the front of the building facing Lamar Boulevard. 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:

Rate Analysis for Acute Care Services
Texas Health and Human Services Commission
E-mail: RADAcuteCare@hsc.state.tx.us

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.

Methodology

The specific administrative rules that govern the establishment of the fees in this proposal include these rules in 1 TAC:

- §355.8085, which addresses the reimbursement methodology for physicians and other practitioners;
- §355.8441, which addresses the reimbursement methodologies for Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) Services (known in Texas as Texas Health Steps); and
- §355.8600, which addresses the reimbursement methodology for ambulance services.

Proposed Rate Adjustments

A summary of the methodologies used to determine the adjustment of Medicaid rates is listed below:

- Rates for Ambulance Services above the average of Medicare urban and rural rates will be adjusted to 100% of the average of Medicare urban and rural rates. For Ambulance Services not covered by Medicare, the current fee will be adjusted to 99% of the current adjusted Medicaid rate.
- Rates for Therapeutic Dental Codes (codes D2140 through D9999) will be adjusted to 97.5% of the current adjusted Medicaid rate.

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

Att 1 - Ambulance Services

Att 2 - Dental Services (Texas Health Steps Dental/Orthodontia)

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: Rate Analysis, Mail Code

H-400, P.O. Box 149030, Austin, Texas 78714-9030; by fax to Rate Analysis at (512) 730-7475; or by e-mail to RADAcuteCare@hpsc.state.tx.us. In addition, written comments will be accepted by overnight mail or hand delivery to Texas Health and Human Services Commission, Attention: Rate Analysis, Mail Code H-400, Brown-Heatly Building, 4900 North Lamar Blvd, Austin, Texas 78751

Persons with disabilities who wish to attend the hearing and required auxiliary aids or services were advised to contact Rate Analysis at (512) 730-7401 at least 72 hours in advance, so appropriate arrangements could be made.

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 <http://rad.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>.

ATTACHMENT 1- AMBULANCE SERVICES (proposed to be effective September 1, 2018)

TOS *	Procedure Code	Modifier	Long Description	Age Range	Non-Facility (N)/Facility (F)	Type (PT) /Provider Specialty (PS)**	CURRENT		PROPOSED		Percent Change from Current Medicaid Fee
							Current Medicaid Fee	Current Adjusted Medicaid Fee	Proposed Medicaid Fee	Proposed Adjusted Medicaid Fee	
9	A0020		Ambulance service, Basic Life Support (BLS) per mile, transport, one way	0-999	N/F		\$5.06	\$4.71	\$4.66	\$4.66	-1.06%
9	A0382		BLS routine disposable supplies	0-999	N/F		\$20.30	\$18.88	\$18.69	\$18.69	-1.01%
9	A0398		Advance Life Support (ALS) routine disposable supplies	0-999	N/F		\$20.30	\$18.88	\$18.69	\$18.69	-1.01%
9	A0420		Ambulance waiting time (ALS or BLS), one half (1/2) hour increments	0-999	N/F		\$10.94	\$10.17	\$10.07	\$10.07	-0.98%
9	A0422		Ambulance (ALS or BLS) oxygen and oxygen supplies, life sustaining situation	0-999	N/F		\$15.61	\$14.52	\$14.37	\$14.37	-1.03%
9	A0424		Extra ambulance attendant, ground (ALS or BLS) or air (fixed or rotary winged); (requires medical review)	0-999	N/F		\$27.17	\$25.27	\$25.02	\$25.02	-0.99%
9	A0425		Ground mileage, per statute mile	0-999	N/F		\$5.06	\$4.71	\$4.71	\$4.71	0.00%
9	A0425		Ground mileage, per statute mile	0-999	N/F		\$5.06	\$4.71	\$4.71	\$4.71	0.00%
9	A0426		Ambulance service, advanced life support, non-emergency transport, level 1 (ALS 1)	0-999	N/F		\$200.00	\$186.00	\$186.00	\$186.00	0.00%
9	A0427		Ambulance service, advanced life support, emergency transport, level 1 (ALS 1-emergency)	0-999	N/F		\$306.75	\$285.28	\$285.28	\$285.28	0.00%
9	A0428		Ambulance service, basic life support, non-emergency transport, (BLS)	0-999	N/F		\$200.00	\$186.00	\$186.00	\$186.00	0.00%
9	A0429		Ambulance service, basic life support, emergency transport (BLS, emergency)	0-999	N/F		\$258.31	\$240.23	\$240.23	\$240.23	0.00%
9	A0430		Ambulance service, conventional air services, transport, one way (fixed wing)	0-999	N/F		\$3,110.58	\$2,892.84	\$2,892.84	\$2,892.84	0.00%
9	A0431		Ambulance service, conventional air services, transport, one way (rotary wing)	0-999	N/F		\$3,616.51	\$3,363.35	\$3,363.35	\$3,363.35	0.00%
9	A0433		Advanced life support, level 2 (ALS 2)	0-999	N/F		\$443.98	\$412.90	\$412.90	\$412.90	0.00%
9	A0434		Specialty care transport (SCT)	0-999	N/F		\$524.70	\$487.97	\$487.97	\$487.97	0.00%
9	A0435		Fixed wing air mileage, per statute mile	0-999	N/F		\$16.24	\$15.10	\$10.82	\$10.82	-28.34%
9	A0436		Rotary wing air mileage, per statute mile	0-999	N/F		\$23.53	\$21.88	\$21.88	\$21.88	0.00%
9	A0999		Unlisted ambulance service	0-999	N/F		Manually Priced	Manually Priced	Manually Priced	Manually Priced	0.00%

*Type of Service (TOS)	
9	Other Medical Items or Services

ATTACHMENT 2 -DENTAL SERVICES (Proposed to be effective September 1, 2018)

TOS *	Procedure Code	Modifier	Long Description	Age Range	Non-Facility (N)/ Facility (F)	Type (PT) / Provider Specialty (PS)	CURRENT		PROPOSED		Percent Change from Current Medicaid Fee
							Current Medicaid Fee	Current Adjusted Medicaid Fee	Proposed Medicaid Fee	Proposed Adjusted Medicaid Fee	
W	D2140		**	0-999	N/F		\$65.72	\$64.41	\$62.80	\$62.80	-2.50%
W	D2150		**	0-999	N/F		\$87.46	\$85.71	\$83.57	\$83.57	-2.50%
W	D2160		**	0-999	N/F		\$111.42	\$109.19	\$106.46	\$106.46	-2.50%
W	D2161		**	0-999	N/F		\$125.00	\$125.00	\$121.88	\$121.88	-2.50%
W	D2330		**	0-999	N/F		\$79.34	\$77.75	\$75.81	\$75.81	-2.50%
W	D2331		**	0-999	N/F		\$105.14	\$103.04	\$100.46	\$100.46	-2.50%
W	D2332		**	0-999	N/F		\$137.28	\$134.53	\$131.17	\$131.17	-2.50%
W	D2335		**	0-999	N/F		\$170.38	\$166.97	\$162.80	\$162.80	-2.50%
W	D2390		**	0-999	N/F		\$150.00	\$147.00	\$143.33	\$143.33	-2.50%
W	D2391		**	0-999	N/F		\$84.08	\$82.40	\$80.34	\$80.34	-2.50%
W	D2392		**	0-999	N/F		\$110.20	\$108.00	\$105.30	\$105.30	-2.50%
W	D2393		**	0-999	N/F		\$121.00	\$121.00	\$117.98	\$117.98	-2.50%
W	D2394		**	0-999	N/F		\$135.00	\$135.00	\$131.63	\$131.63	-2.50%
W	D2510		**	0-999	N/F		\$181.25	\$177.63	\$173.19	\$173.19	-2.50%
W	D2520		**	0-999	N/F		\$264.00	\$258.72	\$252.25	\$252.25	-2.50%
W	D2530		**	0-999	N/F		\$264.00	\$258.72	\$252.25	\$252.25	-2.50%
W	D2542		**	0-999	N/F		\$264.00	\$258.72	\$252.25	\$252.25	-2.50%
W	D2543		**	0-999	N/F		\$264.00	\$258.72	\$252.25	\$252.25	-2.50%
W	D2544		**	0-999	N/F		\$264.00	\$258.72	\$252.25	\$252.25	-2.50%
W	D2650		**	0-999	N/F		\$264.00	\$258.72	\$252.25	\$252.25	-2.50%
W	D2651		**	0-999	N/F		\$264.00	\$258.72	\$252.25	\$252.25	-2.50%
W	D2652		**	0-999	N/F		\$264.00	\$258.72	\$252.25	\$252.25	-2.50%
W	D2662		**	0-999	N/F		\$264.00	\$258.72	\$252.25	\$252.25	-2.50%
W	D2663		**	0-999	N/F		\$264.00	\$258.72	\$252.25	\$252.25	-2.50%
W	D2664		**	0-999	N/F		\$264.00	\$258.72	\$252.25	\$252.25	-2.50%
W	D2710		**	0-999	N/F		\$264.00	\$258.72	\$252.25	\$252.25	-2.50%
W	D2720		**	0-999	N/F		\$264.00	\$258.72	\$252.25	\$252.25	-2.50%
W	D2721		**	0-999	N/F		\$264.00	\$258.72	\$252.25	\$252.25	-2.50%
W	D2722		**	0-999	N/F		\$264.00	\$258.72	\$252.25	\$252.25	-2.50%
W	D2740		**	0-999	N/F		\$264.00	\$258.72	\$252.25	\$252.25	-2.50%
W	D2750		**	0-999	N/F		\$528.00	\$517.44	\$504.50	\$504.50	-2.50%
W	D2751		**	0-999	N/F		\$528.00	\$517.44	\$504.50	\$504.50	-2.50%
W	D2752		**	0-999	N/F		\$528.00	\$517.44	\$504.50	\$504.50	-2.50%
W	D2780		**	0-999	N/F		\$264.00	\$258.72	\$252.25	\$252.25	-2.50%
W	D2781		**	0-999	N/F		\$264.00	\$258.72	\$252.25	\$252.25	-2.50%
W	D2782		**	0-999	N/F		\$264.00	\$258.72	\$252.25	\$252.25	-2.50%
W	D2783		**	0-999	N/F		\$264.00	\$258.72	\$252.25	\$252.25	-2.50%
W	D2790		**	0-999	N/F		\$528.00	\$517.44	\$504.50	\$504.50	-2.50%
W	D2791		**	0-999	N/F		\$264.00	\$258.72	\$252.25	\$252.25	-2.50%
W	D2792		**	0-999	N/F		\$264.00	\$258.72	\$252.25	\$252.25	-2.50%
W	D2794		**	0-999	N/F		\$264.00	\$258.72	\$252.25	\$252.25	-2.50%
W	D2910		**	0-999	N/F		\$18.75	\$18.38	\$17.92	\$17.92	-2.50%
W	D2915		**	0-999	N/F		\$18.75	\$18.38	\$17.92	\$17.92	-2.50%
W	D2920		**	0-999	N/F		\$20.00	\$19.60	\$19.11	\$19.11	-2.50%
W	D2930		**	0-999	N/F		\$156.06	\$152.94	\$149.12	\$149.12	-2.50%
W	D2931		**	0-999	N/F		\$162.50	\$159.25	\$155.27	\$155.27	-2.50%
W	D2932		**	0-999	N/F		\$68.75	\$67.38	\$65.70	\$65.70	-2.49%
W	D2933		**	0-999	N/F		\$156.06	\$152.94	\$149.12	\$149.12	-2.50%
W	D2934		**	0-999	N/F		\$156.06	\$152.94	\$149.12	\$149.12	-2.50%
W	D2940		**	0-999	N/F		\$36.58	\$35.85	\$34.95	\$34.95	-2.51%
W	D2950		**	0-999	N/F		\$45.00	\$44.10	\$43.00	\$43.00	-2.49%
W	D2951		**	0-999	N/F		\$12.50	\$12.25	\$11.94	\$11.94	-2.53%
W	D2952		**	0-999	N/F		\$87.50	\$85.75	\$83.61	\$83.61	-2.50%
W	D2953		**	0-999	N/F		\$43.75	\$42.88	\$41.81	\$41.81	-2.50%
W	D2954		**	0-999	N/F		\$75.00	\$73.50	\$71.66	\$71.66	-2.50%

ATTACHMENT 2 - DENTAL SERVICES (Proposed to be effective September 1, 2018)

TOS *	Procedure Code	Modifier	Long Description	Age Range	Non-Facility (N)/ Facility (F)	Type (PT) / Provider Specialty (PS)	CURRENT		PROPOSED		Percent Change from Current Medicaid Fee
							Current Medicaid Fee	Current Adjusted Medicaid Fee	Proposed Medicaid Fee	Proposed Adjusted Medicaid Fee	
W	D2955		**	0-999	N/F		\$75.00	\$73.50	\$71.66	\$71.66	-2.50%
W	D2957		**	0-999	N/F		\$37.50	\$36.75	\$35.83	\$35.83	-2.50%
W	D2960		**	0-999	N/F		\$112.50	\$110.25	\$107.49	\$107.49	-2.50%
W	D2961		**	0-999	N/F		\$181.25	\$177.63	\$173.19	\$173.19	-2.50%
W	D2962		**	0-999	N/F		\$212.50	\$208.25	\$203.04	\$203.04	-2.50%
W	D2971		**	0-999	N/F		\$112.50	\$110.25	\$107.49	\$107.49	-2.50%
W	D2980		**	0-999	N/F		\$50.00	\$49.00	\$47.78	\$47.78	-2.49%
W	D2999		**	0-999	N/F		Manually Priced	Manually Priced	Manually Priced	Manually Priced	0.00%
W	D3110		**	0-999	N/F		\$16.25	\$15.93	\$15.53	\$15.53	-2.51%
W	D3120		**	0-999	N/F		\$30.00	\$29.40	\$28.67	\$28.67	-2.48%
W	D3220		**	0-999	N/F		\$87.96	\$86.20	\$84.05	\$84.05	-2.49%
W	D3230		**	0-999	N/F		\$38.75	\$37.98	\$37.03	\$37.03	-2.50%
W	D3240		**	0-999	N/F		\$43.98	\$43.10	\$42.02	\$42.02	-2.51%
W	D3310		**	0-999	N/F		\$355.98	\$348.86	\$340.14	\$340.14	-2.50%
W	D3320		**	0-999	N/F		\$412.50	\$404.25	\$394.14	\$394.14	-2.50%
W	D3330		**	0-999	N/F		\$624.26	\$611.77	\$596.48	\$596.48	-2.50%
W	D3346		**	0-999	N/F		\$156.25	\$153.13	\$149.30	\$149.30	-2.50%
W	D3347		**	0-999	N/F		\$206.25	\$202.13	\$197.08	\$197.08	-2.50%
W	D3348		**	0-999	N/F		\$275.00	\$269.50	\$262.76	\$262.76	-2.50%
W	D3351		**	0-999	N/F		\$75.00	\$73.50	\$71.66	\$71.66	-2.50%
W	D3352		**	0-999	N/F		\$50.00	\$49.00	\$47.78	\$47.78	-2.49%
W	D3353		**	0-999	N/F		\$100.00	\$98.00	\$95.55	\$95.55	-2.50%
W	D3410		**	0-999	N/F		\$131.25	\$128.63	\$125.41	\$125.41	-2.50%
W	D3421		**	0-999	N/F		\$162.50	\$159.25	\$155.27	\$155.27	-2.50%
W	D3425		**	0-999	N/F		\$162.50	\$159.25	\$155.27	\$155.27	-2.50%
W	D3426		**	0-999	N/F		\$75.00	\$73.50	\$71.66	\$71.66	-2.50%
W	D3430		**	0-999	N/F		\$50.00	\$49.00	\$47.78	\$47.78	-2.49%
W	D3450		**	0-999	N/F		\$75.00	\$73.50	\$71.66	\$71.66	-2.50%
W	D3460		**	0-999	N/F		\$212.50	\$208.25	\$203.04	\$203.04	-2.50%
W	D3470		**	0-999	N/F		\$125.00	\$122.50	\$119.44	\$119.44	-2.50%
W	D3910		**	0-999	N/F		\$18.75	\$18.38	\$17.92	\$17.92	-2.50%
W	D3920		**	0-999	N/F		\$81.25	\$79.63	\$77.64	\$77.64	-2.50%
W	D3950		**	0-999	N/F		\$50.00	\$49.00	\$47.78	\$47.78	-2.49%
W	D3999		**	0-999	N/F		Manually Priced	Manually Priced	Manually Priced	Manually Priced	0.00%
W	D4210		**	0-999	N/F		\$162.50	\$159.25	\$155.27	\$155.27	-2.50%
W	D4211		**	0-999	N/F		\$50.00	\$49.00	\$47.78	\$47.78	-2.49%
W	D4230		**	0-999	N/F		\$162.50	\$159.25	\$155.27	\$155.27	-2.50%
W	D4231		**	0-999	N/F		\$97.50	\$95.55	\$93.16	\$93.16	-2.50%
W	D4240		**	0-999	N/F		\$181.25	\$177.63	\$173.19	\$173.19	-2.50%
W	D4241		**	0-999	N/F		\$55.00	\$53.90	\$52.55	\$52.55	-2.50%
W	D4245		**	0-999	N/F		\$181.25	\$177.63	\$173.19	\$173.19	-2.50%
W	D4249		**	0-999	N/F		\$162.50	\$159.25	\$155.27	\$155.27	-2.50%
W	D4260		**	0-999	N/F		\$225.00	\$220.50	\$214.99	\$214.99	-2.50%
W	D4261		**	0-999	N/F		\$67.00	\$65.66	\$64.02	\$64.02	-2.50%
W	D4266		**	0-999	N/F		\$275.00	\$269.50	\$262.76	\$262.76	-2.50%
W	D4267		**	0-999	N/F		\$325.00	\$318.50	\$310.54	\$310.54	-2.50%
W	D4270		**	0-999	N/F		\$193.75	\$189.88	\$185.13	\$185.13	-2.50%
W	D4273		**	0-999	N/F		\$225.00	\$220.50	\$214.99	\$214.99	-2.50%
W	D4274		**	0-999	N/F		\$125.00	\$122.50	\$119.44	\$119.44	-2.50%
W	D4275		**	0-999	N/F		\$225.00	\$220.50	\$214.99	\$214.99	-2.50%
W	D4276		**	0-999	N/F		\$225.00	\$220.50	\$214.99	\$214.99	-2.50%
W	D4277		**	0-999	N/F		\$67.38	\$67.38	\$65.70	\$65.70	-2.49%
W	D4278		**	0-999	N/F		\$67.38	\$67.38	\$65.70	\$65.70	-2.49%

ATTACHMENT 2 -DENTAL SERVICES (Proposed to be effective September 1, 2018)

TOS *	Procedure Code	Modifier	Long Description	Age Range	Non-Facility (N)/ Facility (F)	Type (PT) / Provider Specialty (PS)	CURRENT		PROPOSED		Percent Change from Current Medicaid Fee
							Current Medicaid Fee	Current Adjusted Medicaid Fee	Proposed Medicaid Fee	Proposed Adjusted Medicaid Fee	
W	D4283		**	0-999	N/F		\$67.38	\$67.38	\$65.70	\$65.70	-2.49%
W	D4285		**	0-999	N/F		\$67.38	\$67.38	\$65.70	\$65.70	-2.49%
W	D4320		**	0-999	N/F		\$62.50	\$61.25	\$59.72	\$59.72	-2.50%
W	D4321		**	0-999	N/F		\$100.00	\$98.00	\$95.55	\$95.55	-2.50%
W	D4341		**	0-999	N/F		\$56.25	\$55.13	\$53.75	\$53.75	-2.50%
W	D4342		**	0-999	N/F		\$7.00	\$6.86	\$6.69	\$6.69	-2.48%
W	D4355		**	0-999	N/F		\$75.00	\$73.50	\$71.66	\$71.66	-2.50%
W	D4381		**	0-999	N/F		\$30.00	\$29.40	\$28.67	\$28.67	-2.48%
W	D4910		**	0-999	N/F		\$37.50	\$36.75	\$35.83	\$35.83	-2.50%
W	D4920		**	0-999	N/F		\$25.00	\$24.50	\$23.89	\$23.89	-2.49%
W	D4999		**	0-999	N/F		Manually Priced	Manually Priced	Manually Priced	Manually Priced	0.00%
W	D5110		**	0-999	N/F		\$375.00	\$367.50	\$358.31	\$358.31	-2.50%
W	D5120		**	0-999	N/F		\$375.00	\$367.50	\$358.31	\$358.31	-2.50%
W	D5130		**	0-999	N/F		\$387.50	\$379.75	\$370.26	\$370.26	-2.50%
W	D5140		**	0-999	N/F		\$387.50	\$379.75	\$370.26	\$370.26	-2.50%
W	D5211		**	0-999	N/F		\$275.00	\$269.50	\$262.76	\$262.76	-2.50%
W	D5212		**	0-999	N/F		\$275.00	\$269.50	\$262.76	\$262.76	-2.50%
W	D5213		**	0-999	N/F		\$400.00	\$392.00	\$382.20	\$382.20	-2.50%
W	D5214		**	0-999	N/F		\$400.00	\$392.00	\$382.20	\$382.20	-2.50%
W	D5281		**	0-999	N/F		\$250.00	\$245.00	\$238.88	\$238.88	-2.50%
W	D5410		**	0-999	N/F		\$18.75	\$18.38	\$17.92	\$17.92	-2.50%
W	D5411		**	0-999	N/F		\$18.75	\$18.38	\$17.92	\$17.92	-2.50%
W	D5421		**	0-999	N/F		\$18.75	\$18.38	\$17.92	\$17.92	-2.50%
W	D5422		**	0-999	N/F		\$18.75	\$18.38	\$17.92	\$17.92	-2.50%
W	D5511		**	0-999	N/F		\$69.74	\$69.74	\$68.00	\$68.00	-2.49%
W	D5512		**	0-999	N/F		\$69.74	\$69.74	\$68.00	\$68.00	-2.49%
W	D5520		**	0-999	N/F		\$43.75	\$42.88	\$41.81	\$41.81	-2.50%
W	D5611		**	0-999	N/F		\$69.74	\$69.74	\$68.00	\$68.00	-2.49%
W	D5612		**	0-999	N/F		\$69.74	\$69.74	\$68.00	\$68.00	-2.49%
W	D5630		**	0-999	N/F		\$50.00	\$49.00	\$47.78	\$47.78	-2.49%
W	D5640		**	0-999	N/F		\$43.75	\$42.88	\$41.81	\$41.81	-2.50%
W	D5650		**	0-999	N/F		\$50.00	\$49.00	\$47.78	\$47.78	-2.49%
W	D5660		**	0-999	N/F		\$62.50	\$61.25	\$59.72	\$59.72	-2.50%
W	D5670		**	0-999	N/F		\$175.00	\$171.50	\$167.21	\$167.21	-2.50%
W	D5671		**	0-999	N/F		\$175.00	\$171.50	\$167.21	\$167.21	-2.50%
W	D5710		**	0-999	N/F		\$137.50	\$134.75	\$131.38	\$131.38	-2.50%
W	D5711		**	0-999	N/F		\$137.50	\$134.75	\$131.38	\$131.38	-2.50%
W	D5720		**	0-999	N/F		\$137.50	\$134.75	\$131.38	\$131.38	-2.50%
W	D5721		**	0-999	N/F		\$137.50	\$134.75	\$131.38	\$131.38	-2.50%
W	D5730		**	0-999	N/F		\$81.25	\$79.63	\$77.64	\$77.64	-2.50%
W	D5731		**	0-999	N/F		\$81.25	\$79.63	\$77.64	\$77.64	-2.50%
W	D5740		**	0-999	N/F		\$75.00	\$73.50	\$71.66	\$71.66	-2.50%
W	D5741		**	0-999	N/F		\$75.00	\$73.50	\$71.66	\$71.66	-2.50%
W	D5750		**	0-999	N/F		\$118.75	\$116.38	\$113.47	\$113.47	-2.50%
W	D5751		**	0-999	N/F		\$118.75	\$116.38	\$113.47	\$113.47	-2.50%
W	D5760		**	0-999	N/F		\$118.75	\$116.38	\$113.47	\$113.47	-2.50%
W	D5761		**	0-999	N/F		\$118.75	\$116.38	\$113.47	\$113.47	-2.50%
W	D5810		**	0-999	N/F		\$200.00	\$196.00	\$191.10	\$191.10	-2.50%
W	D5811		**	0-999	N/F		\$200.00	\$196.00	\$191.10	\$191.10	-2.50%
W	D5820		**	0-999	N/F		\$162.50	\$159.25	\$155.27	\$155.27	-2.50%
W	D5821		**	0-999	N/F		\$162.50	\$159.25	\$155.27	\$155.27	-2.50%
W	D5850		**	0-999	N/F		\$37.50	\$36.75	\$35.83	\$35.83	-2.50%
W	D5851		**	0-999	N/F		\$37.50	\$36.75	\$35.83	\$35.83	-2.50%
W	D5862		**	0-999	N/F		\$162.50	\$159.25	\$155.27	\$155.27	-2.50%

ATTACHMENT 2 - DENTAL SERVICES (Proposed to be effective September 1, 2018)

TOS *	Procedure Code	Modifier	Long Description	Age Range	Non-Facility (N)/ Facility (F)	Type (PT) / Provider Specialty (PS)	CURRENT		PROPOSED		Percent Change from Current Medicaid Fee
							Current Medicaid Fee	Current Adjusted Medicaid Fee	Proposed Medicaid Fee	Proposed Adjusted Medicaid Fee	
W	D5863		**	0-999	N/F		\$379.75	\$379.75	\$370.26	\$370.26	-2.50%
W	D5864		**	0-999	N/F		\$379.75	\$379.75	\$370.26	\$370.26	-2.50%
W	D5865		**	0-999	N/F		\$379.75	\$379.75	\$370.26	\$370.26	-2.50%
W	D5866		**	0-999	N/F		\$379.75	\$379.75	\$370.26	\$370.26	-2.50%
W	D5899		**	0-999	N/F		Manually Priced	Manually Priced	Manually Priced	Manually Priced	0.00%
W	D5911		**	0-999	N/F		\$50.00	\$49.00	\$47.78	\$47.78	-2.49%
W	D5912		**	0-999	N/F		\$90.00	\$88.20	\$86.00	\$86.00	-2.49%
W	D5913		**	0-999	N/F		\$875.00	\$857.50	\$836.06	\$836.06	-2.50%
W	D5914		**	0-999	N/F		\$875.00	\$857.50	\$836.06	\$836.06	-2.50%
W	D5915		**	0-999	N/F		\$875.00	\$857.50	\$836.06	\$836.06	-2.50%
W	D5916		**	0-999	N/F		\$562.50	\$551.25	\$537.47	\$537.47	-2.50%
W	D5919		**	0-999	N/F		\$1,125.00	\$1,102.50	\$1,074.94	\$1,074.94	-2.50%
W	D5922		**	0-999	N/F		\$140.00	\$137.20	\$133.77	\$133.77	-2.50%
W	D5923		**	0-999	N/F		\$337.50	\$330.75	\$322.48	\$322.48	-2.50%
W	D5924		**	0-999	N/F		\$437.50	\$428.75	\$418.03	\$418.03	-2.50%
W	D5925		**	0-999	N/F		\$375.00	\$367.50	\$358.31	\$358.31	-2.50%
W	D5926		**	0-999	N/F		\$450.00	\$441.00	\$429.98	\$429.98	-2.50%
W	D5927		**	0-999	N/F		\$450.00	\$441.00	\$429.98	\$429.98	-2.50%
W	D5928		**	0-999	N/F		\$450.00	\$441.00	\$429.98	\$429.98	-2.50%
W	D5929		**	0-999	N/F		\$900.00	\$882.00	\$859.95	\$859.95	-2.50%
W	D5931		**	0-999	N/F		\$375.00	\$367.50	\$358.31	\$358.31	-2.50%
W	D5932		**	0-999	N/F		\$1,300.00	\$1,274.00	\$1,242.15	\$1,242.15	-2.50%
W	D5933		**	0-999	N/F		\$281.25	\$275.63	\$268.74	\$268.74	-2.50%
W	D5934		**	0-999	N/F		\$562.50	\$551.25	\$537.47	\$537.47	-2.50%
W	D5935		**	0-999	N/F		\$562.50	\$551.25	\$537.47	\$537.47	-2.50%
W	D5936		**	0-999	N/F		\$625.00	\$612.50	\$597.19	\$597.19	-2.50%
W	D5937		**	0-999	N/F		\$262.50	\$257.25	\$250.82	\$250.82	-2.50%
W	D5951		**	0-999	N/F		\$140.00	\$137.20	\$133.77	\$133.77	-2.50%
W	D5952		**	0-999	N/F		\$843.75	\$826.88	\$806.21	\$806.21	-2.50%
W	D5953		**	0-999	N/F		\$843.75	\$826.88	\$806.21	\$806.21	-2.50%
W	D5954		**	0-999	N/F		\$443.75	\$434.88	\$424.01	\$424.01	-2.50%
W	D5955		**	0-999	N/F		\$225.00	\$220.50	\$214.99	\$214.99	-2.50%
W	D5958		**	0-999	N/F		\$225.00	\$220.50	\$214.99	\$214.99	-2.50%
W	D5959		**	0-999	N/F		\$100.00	\$98.00	\$95.55	\$95.55	-2.50%
W	D5960		**	0-999	N/F		\$100.00	\$98.00	\$95.55	\$95.55	-2.50%
W	D5982		**	0-999	N/F		\$112.50	\$110.25	\$107.49	\$107.49	-2.50%
W	D5983		**	0-999	N/F		\$162.50	\$159.25	\$155.27	\$155.27	-2.50%
W	D5984		**	0-999	N/F		\$162.50	\$159.25	\$155.27	\$155.27	-2.50%
W	D5985		**	0-999	N/F		\$162.50	\$159.25	\$155.27	\$155.27	-2.50%
W	D5986		**	0-999	N/F		\$50.00	\$49.00	\$47.78	\$47.78	-2.49%
W	D5987		**	0-999	N/F		\$131.25	\$128.63	\$125.41	\$125.41	-2.50%
W	D5988		**	0-999	N/F		\$112.50	\$110.25	\$107.49	\$107.49	-2.50%
W	D5992		**	0-999	N/F		\$281.25	\$275.63	\$268.74	\$268.74	-2.50%
W	D5993		**	0-999	N/F		\$2,071.34	\$2,029.91	\$1,979.16	\$1,979.16	-2.50%
W	D5999		**	0-999	N/F		Manually Priced	Manually Priced	Manually Priced	Manually Priced	0.00%
W	D6210		**	0-999	N/F		\$264.00	\$258.72	\$252.25	\$252.25	-2.50%
W	D6211		**	0-999	N/F		\$264.00	\$258.72	\$252.25	\$252.25	-2.50%
W	D6212		**	0-999	N/F		\$264.00	\$258.72	\$252.25	\$252.25	-2.50%
W	D6240		**	0-999	N/F		\$264.00	\$258.72	\$252.25	\$252.25	-2.50%
W	D6241		**	0-999	N/F		\$264.00	\$258.72	\$252.25	\$252.25	-2.50%
W	D6242		**	0-999	N/F		\$264.00	\$258.72	\$252.25	\$252.25	-2.50%
W	D6245		**	0-999	N/F		\$264.00	\$258.72	\$252.25	\$252.25	-2.50%
W	D6250		**	0-999	N/F		\$264.00	\$258.72	\$252.25	\$252.25	-2.50%

ATTACHMENT 2 -DENTAL SERVICES (Proposed to be effective September 1, 2018)

TOS *	Procedure Code	Modifier	Long Description	Age Range	Non-Facility (N)/ Facility (F)	Type (PT) / Provider Specialty (PS)	CURRENT		PROPOSED		Percent Change from Current Medicaid Fee
							Current Medicaid Fee	Current Adjusted Medicaid Fee	Proposed Medicaid Fee	Proposed Adjusted Medicaid Fee	
W	D6251		**	0-999	N/F		\$264.00	\$258.72	\$252.25	\$252.25	-2.50%
W	D6252		**	0-999	N/F		\$264.00	\$258.72	\$252.25	\$252.25	-2.50%
W	D6545		**	0-999	N/F		\$264.00	\$264.00	\$257.40	\$257.40	-2.50%
W	D6548		**	0-999	N/F		\$264.00	\$264.00	\$257.40	\$257.40	-2.50%
W	D6549		**	0-999	N/F		\$264.00	\$264.00	\$257.40	\$257.40	-2.50%
W	D6720		**	0-999	N/F		\$264.00	\$258.72	\$252.25	\$252.25	-2.50%
W	D6721		**	0-999	N/F		\$264.00	\$258.72	\$252.25	\$252.25	-2.50%
W	D6722		**	0-999	N/F		\$264.00	\$258.72	\$252.25	\$252.25	-2.50%
W	D6740		**	0-999	N/F		\$264.00	\$258.72	\$252.25	\$252.25	-2.50%
W	D6750		**	0-999	N/F		\$264.00	\$258.72	\$252.25	\$252.25	-2.50%
W	D6751		**	0-999	N/F		\$264.00	\$258.72	\$252.25	\$252.25	-2.50%
W	D6752		**	0-999	N/F		\$264.00	\$258.72	\$252.25	\$252.25	-2.50%
W	D6780		**	0-999	N/F		\$264.00	\$258.72	\$252.25	\$252.25	-2.50%
W	D6781		**	0-999	N/F		\$264.00	\$258.72	\$252.25	\$252.25	-2.50%
W	D6782		**	0-999	N/F		\$264.00	\$258.72	\$252.25	\$252.25	-2.50%
W	D6783		**	0-999	N/F		\$264.00	\$258.72	\$252.25	\$252.25	-2.50%
W	D6790		**	0-999	N/F		\$264.00	\$258.72	\$252.25	\$252.25	-2.50%
W	D6791		**	0-999	N/F		\$264.00	\$258.72	\$252.25	\$252.25	-2.50%
W	D6792		**	0-999	N/F		\$264.00	\$258.72	\$252.25	\$252.25	-2.50%
W	D6920		**	0-999	N/F		\$135.00	\$132.30	\$128.99	\$128.99	-2.50%
W	D6930		**	0-999	N/F		\$37.50	\$36.75	\$35.83	\$35.83	-2.50%
W	D6940		**	0-999	N/F		\$87.50	\$85.75	\$83.61	\$83.61	-2.50%
W	D6950		**	0-999	N/F		\$137.50	\$134.75	\$131.38	\$131.38	-2.50%
W	D6980		**	0-999	N/F		\$68.75	\$67.38	\$65.70	\$65.70	-2.49%
W	D6999		**	0-999	N/F		Manually Priced	Manually Priced	Manually Priced	Manually Priced	0.00%
W	D7111		**	0-999	N/F		\$12.00	\$11.76	\$11.47	\$11.47	-2.47%
W	D7140		**	0-999	N/F		\$67.04	\$65.70	\$64.06	\$64.06	-2.50%
W	D7210		**	0-999	N/F		\$102.81	\$100.75	\$98.23	\$98.23	-2.50%
W	D7220		**	0-999	N/F		\$157.50	\$154.35	\$150.49	\$150.49	-2.50%
W	D7230		**	0-999	N/F		\$180.00	\$176.40	\$171.99	\$171.99	-2.50%
W	D7240		**	0-999	N/F		\$300.00	\$294.00	\$286.65	\$286.65	-2.50%
W	D7241		**	0-999	N/F		\$156.25	\$153.13	\$149.30	\$149.30	-2.50%
W	D7250		**	0-999	N/F		\$92.50	\$90.65	\$88.38	\$88.38	-2.50%
W	D7260		**	0-999	N/F		\$137.50	\$134.75	\$131.38	\$131.38	-2.50%
W	D7261		**	0-999	N/F		\$137.50	\$134.75	\$131.38	\$131.38	-2.50%
W	D7270		**	0-999	N/F		\$110.00	\$107.80	\$105.11	\$105.11	-2.50%
W	D7272		**	0-999	N/F		\$150.00	\$147.00	\$143.33	\$143.33	-2.50%
W	D7280		**	0-999	N/F		\$62.50	\$61.25	\$59.72	\$59.72	-2.50%
W	D7282		**	0-999	N/F		\$62.50	\$61.25	\$59.72	\$59.72	-2.50%
W	D7283		**	0-999	N/F		\$25.00	\$24.50	\$23.89	\$23.89	-2.49%
W	D7285		**	0-999	N/F		\$75.00	\$73.50	\$71.66	\$71.66	-2.50%
W	D7286		**	0-999	N/F		\$62.50	\$61.25	\$59.72	\$59.72	-2.50%
W	D7290		**	0-999	N/F		\$137.50	\$134.75	\$131.38	\$131.38	-2.50%
W	D7291		**	0-999	N/F		\$50.00	\$49.00	\$47.78	\$47.78	-2.49%
W	D7310		**	0-999	N/F		\$56.25	\$55.13	\$53.75	\$53.75	-2.50%
W	D7320		**	0-999	N/F		\$75.00	\$73.50	\$71.66	\$71.66	-2.50%
W	D7340		**	0-999	N/F		\$125.00	\$122.50	\$119.44	\$119.44	-2.50%
W	D7350		**	0-999	N/F		\$250.00	\$245.00	\$238.88	\$238.88	-2.50%
W	D7410		**	0-999	N/F		\$100.00	\$98.00	\$95.55	\$95.55	-2.50%
W	D7411		**	0-999	N/F		\$150.00	\$147.00	\$143.33	\$143.33	-2.50%
W	D7413		**	0-999	N/F		\$100.00	\$98.00	\$95.55	\$95.55	-2.50%
W	D7414		**	0-999	N/F		\$150.00	\$147.00	\$143.33	\$143.33	-2.50%
W	D7440		**	0-999	N/F		\$181.25	\$177.63	\$173.19	\$173.19	-2.50%
W	D7441		**	0-999	N/F		\$237.50	\$232.75	\$226.93	\$226.93	-2.50%

ATTACHMENT 2 -DENTAL SERVICES (Proposed to be effective September 1, 2018)

TOS *	Procedure Code	Modifier	Long Description	Age Range	Non-Facility (N)/ Facility (F)	Type (PT) /Provider Specialty (PS)	CURRENT		PROPOSED		Percent Change from Current Medicaid Fee
							Current Medicaid Fee	Current Adjusted Medicaid Fee	Proposed Medicaid Fee	Proposed Adjusted Medicaid Fee	
W	D7450		**	0-999	N/F		\$118.75	\$116.38	\$113.47	\$113.47	-2.50%
W	D7451		**	0-999	N/F		\$162.50	\$159.25	\$155.27	\$155.27	-2.50%
W	D7460		**	0-999	N/F		\$118.75	\$116.38	\$113.47	\$113.47	-2.50%
W	D7461		**	0-999	N/F		\$162.50	\$159.25	\$155.27	\$155.27	-2.50%
W	D7465		**	0-999	N/F		\$68.75	\$67.38	\$65.70	\$65.70	-2.49%
W	D7472		**	0-999	N/F		\$160.00	\$156.80	\$152.88	\$152.88	-2.50%
W	D7510		**	0-999	N/F		\$37.50	\$36.75	\$35.83	\$35.83	-2.50%
W	D7520		**	0-999	N/F		\$125.00	\$122.50	\$119.44	\$119.44	-2.50%
W	D7530		**	0-999	N/F		\$50.00	\$49.00	\$47.78	\$47.78	-2.49%
W	D7540		**	0-999	N/F		\$100.00	\$98.00	\$95.55	\$95.55	-2.50%
W	D7550		**	0-999	N/F		\$106.25	\$104.13	\$101.53	\$101.53	-2.50%
W	D7560		**	0-999	N/F		\$125.00	\$122.50	\$119.44	\$119.44	-2.50%
W	D7670		**	0-999	N/F		\$81.25	\$79.63	\$77.64	\$77.64	-2.50%
W	D7820		**	0-999	N/F		\$81.25	\$79.63	\$77.64	\$77.64	-2.50%
W	D7880		**	0-999	N/F		\$140.00	\$137.20	\$133.77	\$133.77	-2.50%
W	D7899		**	0-999	N/F		Manually Priced	Manually Priced	Manually Priced	Manually Priced	0.00%
W	D7910		**	0-999	N/F		\$75.00	\$73.50	\$71.66	\$71.66	-2.50%
W	D7911		**	0-999	N/F		\$81.25	\$79.63	\$77.64	\$77.64	-2.50%
W	D7912		**	0-999	N/F		\$162.50	\$159.25	\$155.27	\$155.27	-2.50%
W	D7955		**	0-999	N/F		Manually Priced	Manually Priced	Manually Priced	Manually Priced	0.00%
W	D7960		**	0-999	N/F		\$105.00	\$102.90	\$100.33	\$100.33	-2.50%
W	D7970		**	0-999	N/F		\$112.50	\$110.25	\$107.49	\$107.49	-2.50%
W	D7971		**	0-999	N/F		\$43.75	\$42.88	\$41.81	\$41.81	-2.50%
W	D7972		**	0-999	N/F		\$43.75	\$42.88	\$41.81	\$41.81	-2.50%
W	D7980		**	0-999	N/F		\$193.75	\$189.88	\$185.13	\$185.13	-2.50%
W	D7983		**	0-999	N/F		\$162.50	\$159.25	\$155.27	\$155.27	-2.50%
W	D7997		**	0-999	N/F		\$50.00	\$49.00	\$47.78	\$47.78	-2.49%
W	D7999		**	0-999	N/F		Manually Priced	Manually Priced	Manually Priced	Manually Priced	0.00%
W	D8050		**	0-999	N/F		\$340.00	\$333.20	\$324.87	\$324.87	-2.50%
W	D8060		**	0-999	N/F		\$340.00	\$333.20	\$324.87	\$324.87	-2.50%
W	D8080		**	0-999	N/F		Manually Priced	Manually Priced	Manually Priced	Manually Priced	0.00%
W	D8210		**	0-999	N/F		Manually Priced	Manually Priced	Manually Priced	Manually Priced	0.00%
W	D8220		**	0-999	N/F		Manually Priced	Manually Priced	Manually Priced	Manually Priced	0.00%
W	D8660		**	0-999	N/F		\$15.00	\$14.70	\$14.33	\$14.33	-2.52%
W	D8670		**	0-999	N/F		\$68.10	\$66.74	\$65.07	\$65.07	-2.50%
W	D8680		**	0-999	N/F		\$100.00	\$98.00	\$95.55	\$95.55	-2.50%
W	D8690		**	0-999	N/F		\$20.00	\$19.60	\$19.11	\$19.11	-2.50%
W	D8693		**	0-999	N/F		\$50.00	\$49.00	\$47.78	\$47.78	-2.49%
W	D8999		**	0-999	N/F		Manually Priced	Manually Priced	Manually Priced	Manually Priced	0.00%
W	D9110		**	0-999	N/F		\$18.75	\$18.38	\$17.92	\$17.92	-2.50%
W	D9120		**	0-999	N/F		\$20.00	\$19.60	\$19.11	\$19.11	-2.50%
W	D9210		**	0-999	N/F		\$12.50	\$12.25	\$11.94	\$11.94	-2.53%
W	D9211		**	0-999	N/F		\$18.75	\$18.38	\$17.92	\$17.92	-2.50%
W	D9212		**	0-999	N/F		\$31.25	\$30.63	\$29.86	\$29.86	-2.51%
W	D9222		**	0-999	N/F		\$60.00	\$60.00	\$58.50	\$58.50	-2.50%
W	D9222	UZ	**	0-999	N/F		\$83.86	\$83.86	\$81.76	\$81.76	-2.50%
W	D9223		**	0-999	N/F		\$45.00	\$45.00	\$43.88	\$43.88	-2.49%
W	D9223	UZ	**	0-999	N/F		\$62.90	\$62.90	\$61.33	\$61.33	-2.50%
W	D9230		**	0-999	N/F		\$28.38	\$27.81	\$27.11	\$27.11	-2.52%

ATTACHMENT 2 -DENTAL SERVICES (Proposed to be effective September 1, 2018)

TOS *	Procedure Code	Modifier	Long Description	Age Range	Non-Facility (N)/ Facility (F)	Type (PT) /Provider Specialty (PS)	CURRENT		PROPOSED		Percent Change from Current Medicaid Fee
							Current Medicaid Fee	Current Adjusted Medicaid Fee	Proposed Medicaid Fee	Proposed Adjusted Medicaid Fee	
W	D9239		**	0-999	N/F		\$58.50	\$58.50	\$57.04	\$57.04	-2.50%
W	D9243		**	0-999	N/F		\$43.88	\$43.88	\$42.78	\$42.78	-2.51%
W	D9248		**	0-999	N/F		\$125.00	\$125.00	\$121.88	\$121.88	-2.50%
W	D9310		**	0-999	N/F		\$15.25	\$14.95	\$14.58	\$14.58	-2.47%
W	D9410		**	0-999	N/F		\$25.00	\$24.50	\$23.89	\$23.89	-2.49%
W	D9420		**	0-999	N/F		\$38.00	\$37.24	\$36.31	\$36.31	-2.50%
W	D9430		**	0-999	N/F		\$15.00	\$14.70	\$14.33	\$14.33	-2.52%
W	D9440		**	0-999	N/F		\$31.25	\$30.63	\$29.86	\$29.86	-2.51%
W	D9610		**	0-999	N/F		\$18.75	\$18.38	\$17.92	\$17.92	-2.50%
W	D9612		**	0-999	N/F		\$37.50	\$36.75	\$35.83	\$35.83	-2.50%
W	D9630		**	0-999	N/F		\$9.00	\$8.82	\$8.60	\$8.60	-2.49%
W	D9910		**	0-999	N/F		\$12.50	\$12.25	\$11.94	\$11.94	-2.53%
W	D9920		**	0-999	N/F		\$50.00	\$49.00	\$47.78	\$47.78	-2.49%
W	D9930		**	0-999	N/F		\$25.00	\$24.50	\$23.89	\$23.89	-2.49%
W	D9940		**	0-999	N/F		\$118.75	\$116.38	\$113.47	\$113.47	-2.50%
W	D9950		**	0-999	N/F		\$56.25	\$55.13	\$53.75	\$53.75	-2.50%
W	D9951		**	0-999	N/F		\$37.50	\$36.75	\$35.83	\$35.83	-2.50%
W	D9952		**	0-999	N/F		\$150.00	\$147.00	\$143.33	\$143.33	-2.50%
W	D9970		**	0-999	N/F		\$56.25	\$55.13	\$53.75	\$53.75	-2.50%
W	D9974		**	0-999	N/F		\$56.25	\$55.13	\$53.75	\$53.75	-2.50%
W	D9999		**	0-999	N/F		Manually Priced	Manually Priced	Manually Priced	Manually Priced	0.00%

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

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