

STATE	<u>Texas</u>	A
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State of Texas
Attachment 4.19-B
Page 25k.1

32. Reimbursement Methodologies for Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Services - continued

- 13) Dental services reimbursable only for Medicaid-eligible clients under age 21 include those provided by independently enrolled dentists who are reimbursed according to the lesser of the provider's billed charges or fees determined by the Texas Health and Human Services Commission (HHSC). These are access-based fees under Item 1 of Attachment 4.19-B, relating to the reimbursement methodology for physicians and certain other practitioners.

Effective for services provided on or after October 1, 2011, approved governmentally-owned dental providers may be eligible to receive supplemental or enhanced payments for dental claims. For adjudicated Medicaid claims, the maximum amount of supplemental payment an eligible dental provider may receive is calculated as the difference between the HHSC approved reimbursement amount from the Medicaid fee-for-service dental fee schedule and the corresponding reimbursement for the same procedure on the fee schedule of a commercial dental insurance carrier utilized by governmentally-owned dental providers. If the HHSC approved reimbursement amount for a specific procedure is greater than the corresponding reimbursement on the commercial dental insurance carrier fee schedule, the supplemental payment for that service is zero. The difference in reimbursement amounts between HHSC and the commercial dental insurance carrier for those cases where the HHSC approved reimbursement amount is less than the commercial dental insurance carrier fee is reflected in the table below. If there is no corresponding commercial fee, then no supplemental payment will be calculated. The supplemental payment is calculated quarterly after the end of each federal fiscal quarter.

Procedure Code	Supplemental Payment (Reimbursement Difference)	Procedure Code	Supplemental Payment (Reimbursement Difference)
D0140	\$24.22	D0272	\$0.62
D0150	\$5.68	D0273	\$0.99
D0160	\$65.05	D0274	\$0.39
D0170	\$26.46	D0277	\$32.88
D0180	\$52.14	D0290	\$43.92
D0210	\$7.36	D0330	\$2.22
D0220	\$1.44	D0340	\$41.92
D0230	\$0.49	D0350	\$21.62
D0240	\$17.20	D0460	\$23.75
D0250	\$7.62	D0470	\$34.95
D0260	\$13.75	D1110	\$0.12
D0270	\$9.10	D1120	\$5.25

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Procedure Code	Supplemental Payment (Reimbursement Difference)	Procedure Code	Supplemental Payment (Reimbursement Difference)
D1203	\$6.30	D2782	\$541.28
D1204	\$4.30	D2783	\$561.28
D1206	\$4.30	D2790	\$197.56
D1351	\$3.76	D2791	\$386.28
D1352	\$1.56	D2792	\$431.28
D1510	\$83.20	D2794	\$456.28
D1515	\$137.25	D2910	\$42.62
D1520	\$186.50	D2915	\$42.62
D1525	\$275.87	D2920	\$37.40
D1550	\$38.62	D2930	\$12.06
D1555	\$8.00	D2931	\$43.75
D2140	\$19.59	D2932	\$152.62
D2150	\$12.29	D2933	\$80.06
D2160	\$16.81	D2934	\$80.06
D2161	\$89.16	D2940	\$21.15
D2330	\$11.25	D2950	\$103.90
D2331	\$9.96	D2951	\$22.75
D2332	\$0.47	D2952	\$120.25
D2390	\$77.00	D2954	\$119.50
D2391	\$13.60	D2960	\$274.75
D2392	\$22.00	D2961	\$422.37
D2393	\$59.84	D2962	\$569.75
D2394	\$126.44	D3220	\$22.80
D2510	\$422.37	D3230	\$108.02
D2520	\$391.28	D3240	\$132.90
D2520	\$391.28	D3310	\$176.14
D2530	\$441.28	D3320	\$184.75
D2542	\$441.28	D3330	\$137.23
D2543	\$491.28	D3346	\$616.87
D2544	\$541.28	D3347	\$622.87
D2710	\$106.28	D3348	\$742.50
D2720	\$501.28	D3351	\$231.50
D2721	\$447.28	D3352	\$105.00
D2722	\$496.28	D3353	\$342.00
D2740	\$514.28	D3410	\$531.37
D2750	\$204.56	D3421	\$566.75
D2751	\$136.56	D3425	\$583.75
D2752	\$182.56	D3426	\$182.50
D2780	\$551.28	D3430	\$133.00
D2781	\$492.28	D3450	\$277.50

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Procedure Code	Supplemental Payment (Reimbursement Difference)	Procedure Code	Supplemental Payment (Reimbursement Difference)
D3460	\$1,001.75	D5711	\$215.25
D3920	\$196.37	D5720	\$205.25
D4210	\$302.75	D5721	\$205.25
D4211	\$228.00	D5730	\$123.37
D4240	\$357.37	D5731	\$123.37
D4241	\$267.10	D5740	\$111.50
D4245	\$196.37	D5741	\$111.50
D4249	\$408.75	D5750	\$153.62
D4260	\$725.50	D5751	\$153.62
D4261	\$502.34	D5760	\$138.62
D4266	\$170.50	D5761	\$138.62
D4267	\$231.50	D5820	\$186.75
D4270	\$415.12	D5821	\$186.75
D4271	\$540.87	D5850	\$56.25
D4273	\$560.50	D5851	\$56.25
D4321	\$139.00	D6010	\$522.50
D4341	\$113.87	D6040	\$4,240.00
D4342	\$94.14	D6055	\$1,289.00
D4910	\$58.25	D6056	\$42.00
D5110	\$532.50	D6057	\$182.00
D5120	\$532.50	D6092	\$11.09
D5130	\$610.25	D6093	\$37.09
D5140	\$610.25	D6210	\$481.28
D5211	\$445.50	D6211	\$441.28
D5212	\$445.50	D6212	\$461.28
D5213	\$538.00	D6240	\$459.28
D5214	\$538.00	D6241	\$391.28
D5281	\$305.00	D6242	\$436.28
D5410	\$32.62	D6250	\$553.28
D5411	\$32.62	D6251	\$391.28
D5421	\$32.62	D6252	\$416.28
D5422	\$32.62	D6545	\$126.28
D5510	\$61.00	D6720	\$501.28
D5510	\$61.00	D6721	\$447.28
D5520	\$47.12	D6722	\$496.28
D5630	\$91.00	D6750	\$463.28
D5640	\$47.12	D6751	\$395.28
D5650	\$64.00	D6752	\$441.28
D5660	\$78.75	D6780	\$551.28
D5710	\$215.25	D6781	\$492.28

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32. Reimbursement Methodologies for Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Services - continued

Procedure Code	Supplemental Payment (Reimbursement Difference)	Procedure Code	Supplemental Payment (Reimbursement Difference)
D6782	\$541.28	D7970	\$346.75
D6790	\$456.28	D7971	\$104.12
D6791	\$386.28	D8050	\$1,266.80
D6792	\$431.28	D8060	\$1,766.80
D6930	\$46.25	D8660	\$60.30
D6940	\$129.25	D9110	\$38.62
D6970	\$144.00	D9220	\$199.25
D6972	\$132.37	D9221	\$62.37
D6973	\$95.87	D9230	\$21.19
D7111	\$59.24	D9241	\$170.56
D7140	\$29.30	D9242	\$51.56
D7210	\$86.25	D9310	\$48.05
D7220	\$95.65	D9430	\$28.30
D7230	\$134.60	D9440	\$49.37
D7240	\$56.00	D9930	\$27.50
D7250	\$104.35	D9940	\$300.62
D7260	\$665.25	D9951	\$22.25
D7261	\$628.25	D9952	\$275.00
D7270	\$239.20		
D7280	\$386.75		
D7283	\$114.50		
D7285	\$351.50		
D7286	\$170.75		
D7310	\$134.87		
D7320	\$216.50		
D7340	\$418.50		
D7350	\$490.00		
D7410	\$168.00		
D7411	\$436.00		
D7450	\$268.62		
D7451	\$340.75		
D7460	\$350.62		
D7461	\$385.75		
D7510	\$93.25		
D7520	\$140.50		
D7530	\$286.00		
D7540	\$281.00		
D7550	\$177.87		
D7560	\$749.50		
D7960	\$244.10		

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- (a) All fee schedules are available through the agency's website as outlined on Attachment 4.19-B, page 1.
- (b) The reimbursement for services, effective September 1, 2010, through January 31, 2011, will be equal to the reimbursement on August 31, 2010, less one percent.
- (c) The reimbursement for services, effective February 1, 2011, will be equal to the reimbursement on August 31, 2010, less two percent.
- (d) The agency's fee schedule was revised with new fees for EPSDT dental services effective October 1, 2011. The fee schedule will be posted on the agency website on October 7, 2011.

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