

Modifier for Dental General Anesthesia to Change Feb. 1, 2018, for Texas Medicaid

Information posted Dec. 15, 2017

Note: *Texas Medicaid managed care organizations must provide all medically necessary, Medicaid-covered services to eligible clients. Administrative procedures such as prior authorization, pre-certification, referrals and claims/encounter data filing may differ from traditional Medicaid (fee-for-service) and from MCO to MCO. Providers should contact the client's specific MCO for details.*

Pending final approval of the Nov. 16, 2017 rate hearing adjustments, the modifier to be submitted with services related to dental general anesthesia will change for Texas Medicaid. This change will be effective for dates of service on or after Feb. 1, 2018.

The required modifier will change from EP to U3 for the following procedure codes:

- Procedure code 00170 when submitted for dental general anesthesia
- Procedure code 41899 when submitted by a freestanding or hospital-based ambulatory surgical center for dental therapy under general anesthesia in the outpatient hospital setting

For additional information about dental general anesthesia, providers may refer to the current *Texas Medicaid Provider Procedures Manual, Children's Services Handbook*, subsection 4.2.25, "Dental Therapy Under General Anesthesia"

For more information, call the TMHP Contact Center at 1-800-925-9126.