

August 22, 2008

Amendment to Exhibit A
STAR Health (Foster Care) Fee Schedule
D0145 Code Authorization

Dental code D0145 may be performed on STAR Health patients after the successful completion of provider training by the State Department of Health Services. The State will provide StarDent documentation of your completed training. Until StarDent receives notice of your training, StarDent is not allowed to reimburse you for this procedure. Claims submitted from dentists without proof of training will be denied.

Information regarding the schedule for provider training for code D0145 may be obtained on the Department of Health Services (DHS) website, at: www.dshsstate.tx.us/dental/default/shtm. DHS refers to the program as “First Dental Home”, and the training schedule can be found on that page.

Code	Procedure	Reimb. Amt.
D0145*	Oral evaluation for a patient under three years of age and counseling with primary caregiver	\$144.97

* Diagnostic and preventive services performed for a child under the age of three, preferably within the first six months of the eruption of the first primary tooth, including recording the oral and physical health history, evaluation of caries susceptibility, development of an appropriate preventive oral health regimen and communication with and counseling of the child’s parent, legal guardian and/or primary caregiver.

NOTE:

**Procedure codes D0120, D0150, D1120, D1203 and D1206 are not reimbursable on the same day by any provider as D0145.

**Procedure code D0145 is limited to one service per day by any provider.

** Procedure code D0145 will be reimbursable to the following provider types: PT 46 (FQHC) and PT 48 (THSteps Dental).

Source: ADA CDT 2007-2008

Please add this information to your STAR Health (Foster Care) Fee Schedule.

August 22, 2008

NOTICE – Revised Reimbursement for Code D0145

Plan: STAR Health (Foster Care)

Change: The correct reimbursement amount for code D0145 is \$144.97.

Please incorporate the corrected document into your STAR Health fee schedule (Section XVI of your provider manual).

From the date of this notice going forward, if you submit a claim for Code D0145 using the incorrect reimbursement amount, you will automatically be reimbursed the correct amount.

If you have submitted a claim in the past with the incorrect reimbursement amount and been reimbursed at such amount, you will soon be receiving from StarDent a check for the .97 cent difference (for each instance) plus accrued interest on the unpaid .97 cents per claim. Interest is calculated at a rate of 18% per year (1.5% per month), calculated daily, beginning 30 days after StarDent's receipt of a clean claim for Code D0145 and continues to accrue until the payment adjustment plus interest is issued to you.

Questions: Please call the STAR Health Provider Hotline: 1-866-708-8795

Thank you.
StarDent