

Exhibit A

STAR Health Fee Schedule (Dental)

A=Age range limitations, N=Narrative required, FMX=Full-mouth radiographs (nonpanoramic), MTID=Missing tooth ID(s), PPXR=Pre- and post-op radiographs required, PXR=Pre-op radiographs required, PHO=pre- and post-operative photographs required, PC=Periodontal charting required, PATH=Pathology report required, CCP=Comprehensive Care Program, NC=No charge to Medicaid and may not bill the client, and *= Services payable to an FQHC for a client encounter			
Procedure Code	Limitations	Maximum Fee	
Clinical Oral Evaluations			
All evaluations are subject to a six-month periodicity.			
D0120*	A Birth-21. Denied when billed on the same DOS as D0145.	\$29.44	
D0140*	When used for emergency claims, refer to Section 19.7. Denied when billed on the same DOS as D0160 by the same provider. A Birth-21, N	\$19.16	
D0145*	Limited to one service a day and 10 times a lifetime, with a minimum of 60 days between dates of service. Providers must be certified by DSHS Oral Health Program staff to perform this procedure. Procedure codes D0120, D0150, D0160, D0170, D0180, D8660, D1120, D1203, or D1206 will be denied when billed by any provider on the same DOS. A 6-35 months	\$144.97	
D0150*	May be billed <i>once</i> in client's lifetime per provider. Denied when billed on the same DOS as D0145. A 1-21	\$36.04	
D0160*	When used for emergency claims, refer to Section 19.7. Not payable for routine postoperative follow-up. Denied when billed on the same DOS as D0145. A 1-21, N, CCP	\$15.25	
D0170*	When used for emergency claims, refer to Section 19.7. Denied when billed on the same DOS as procedure code D0140 or D0160 for the same provider. Denied when billed on the same DOS as D0145. A 1-21	\$16.88	
D0180*	When used for emergency claims, refer to Section 19.7. Limited to once per lifetime per provider; may not be paid on the same day as procedure codes D0120, D0140, D0150, D0160, or D0170. Denied when billed on the same DOS as D0145. A 13-21	\$8.02	
Radiographs/Diagnostic Imaging (Including Interpretation)			
D0210	Number of films required is dependent on age of client. A minimum of eight films is required to be considered a full-mouth series. Adults and children over 12 years of age require 12-20 films, as is appropriate. The Panorex (D0330) with four bitewing radiographs (D0274) may be considered equivalent to the complete or full-mouth series (D0210), and the billed amount for either combination is equivalent to the maximum fee of \$72.08. A full-mouth series of radiographs is allowable once every three years by the same dentist. Not allowed as an emergency service. A 2-21	\$72.08	
D0220	A 1-21	\$12.82	
D0230	The total cost of periapicals and/or other radiographs cannot exceed the payment for a complete intraoral series. A 1-21	\$11.74	
D0240	May be billed once per arch and is limited to once per day by the same provider. Periapical films taken at an occlusal angle should be billed as periapical radiograph, code D0230. May be billed as an emergency service. A 7-21	\$10.00	
D0250	A 1-21, N, CCP	\$18.75	
D0260	A 1-21, N, CCP	\$12.50	
D0270	A 1-21	\$5.00	
D0272	A 1-21	\$23.86	
D0273	A 2-21	\$29.60	
D0274	A 2-21	\$35.32	
D0277	Not to be billed within 36 months of D0210 or D0330. A 2-21	\$31.75	
D0290	A 1-21, N, CCP	\$33.75	
D0310	A 1-21, N, CCP	\$45.00	
D0320	A 1-21, N, CCP	\$75.00	
D0321	A 1-21, N, CCP	\$35.00	
D0322	A 1-21, N, CCP	\$33.75	
D0330*	Limited to one panoramic film during 3-9 years of age and one film during 10-21 years of age, by the same dentist or a group. Not allowed on emergency claims unless third molars or a traumatic condition is involved. Supplemental bitewings are payable in addition to a panoramic with reimbursement not to exceed the total reimbursement for a full mouth radiograph (\$72.08 each). Under 3 years of age, must document the necessity of a panoramic film. The Panorex (D0330) with four bitewing radiographs (D0274) may be considered equivalent to the complete or full-mouth series (D0210), and the billed amount for either combination is equivalent to the maximum fee of \$72.08. A 3-21	\$65.08	
D0340*	Not reimbursable separately when a comprehensive orthodontic or crossbite therapy work-up performed. A 1-21, N, CCP	\$33.75	
D0350	Must be used when billing photographic images. Not reimbursable separately when a comprehensive orthodontic or crossbite therapy work-up performed. A 1-21	\$18.75	
NOTE: Radiograph codes do not include the exam. If an exam is also performed, providers must bill the appropriate ADA procedure code.			
Tests and Examinations			
D0415	A 1-21, N, CCP	\$25.00	
D0425	Not reimbursable separately, considered part of another dental procedure.	NC	
D0460	Not reimbursable separately when any endodontic procedure code performed. A 1-21, N, CCP	\$12.50	
D0470	Not reimbursable separately when crown, fixed prosthodontics, diagnostic work-up, or crossbite therapy work-up performed. A 1-21, N, CCP	\$22.50	
Oral Pathology Laboratory			
D0472	By pathology laboratories only. (refer to CPT codes)	NC	
D0473	By pathology laboratories only. (refer to CPT codes)	NC	
D0474	By pathology laboratories only. (refer to CPT codes)	NC	
D0480	By pathology laboratories only. (refer to CPT codes)	NC	
D0502	A 1-21, N, CCP	\$57.50	
D0999	A 1-21, N, CCP	Manually priced	

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Procedure Code	Limitations	Maximum Fee	
Dental Prophylaxis			
If performing fluoride treatments, procedure codes D1203 and D1204 must be submitted on the same date of service as the cleaning (D1110 and D1120).			
D1110*	Limited to one prophylaxis per client per six-month period (includes oral health instructions). If billed on emergency claim, procedure code will be denied. Denied when billed on the same DOS as any D4000 series periodontal procedure code. A 13-21	\$56.00	
D1120*	Limited to one prophylaxis per client per six-month period (includes oral health instructions). If billed on emergency claim, procedure code will be denied. Denied when billed on the same DOS as any D4000 series periodontal procedure code, or with procedure code D0145. A 1-12	\$37.50	
Topical Fluoride Treatment (Office Procedure)			
D1203*	Includes oral health instructions. Denied when billed on the same DOS as any D4000 series periodontal procedure code or with procedure code D0145. A 1-12, N, CCP	\$15.00	
D1204*	Includes oral health instructions. Denied when billed on the same DOS as any D4000 series periodontal procedure code. A 13-21, N, CCP	\$15.00	
D1206*	Includes oral health instructions. Denied when billed on the same DOS as any D4000 series periodontal procedure code or with procedure code D0145. A 6 months-21 years, N, CCP	\$15.00	
Other Preventive Services			
D1320	A client requiring tobacco counseling may be referred to a THSteps PCP.	NC	
D1330	Requires documentation of the type of instructions, number of appointments, and content of instructions. This procedure is payable only for medically necessary situations that are non-routine. This procedure refers to services above and beyond routine brushing and flossing instruction and requires that additional time and expertise have been directed toward the client's care. Oral hygiene instruction is denied when billed on the same day as dental prophylaxis (D1110, D1120) and/or topical fluoride treatments (D1203, D1204, and D1206) by the same provider. Procedure code D1330 is limited to once per client, per year by any provider. A 1-21, N, CCP	\$12.50	
D1351*	Sealants may be applied to the occlusal, buccal, and lingual pits and fissures of any tooth that is at risk for dental decay and is free of proximal caries and free of restorations on the surface to be sealed. Sealants are a benefit when applied to deciduous (baby or primary) teeth or permanent teeth. Replacement sealants will not be reimbursed. Indicate the tooth numbers and surfaces on the claim form. Reimbursement will be considered on a per-tooth basis, regardless of the number of surfaces sealed. Denied when billed on the same DOS as any D4000 series periodontal procedure code. A 1-21	\$28.82	
Space Maintenance (Passive Appliances)			
When a client needs a space maintainer and exceeds the listed age limitation, the service can be a benefit under CCP. The provider must justify medical necessity with radiograph(s) and/or a narrative on the authorization request and receive authorization for consideration of payment of the service.			
Limitation for space maintainers is to hold the space for the loss of one of the first or second primary molars (#A, #B, #I, #J, #K, #L, #S, and #T) or the loss of a permanent first molar (#3, #14, #19, and #30). There is no payment for replacement if it was previously paid for by Medicaid/THSteps. Fees for space maintainers include maintenance and repair. One space maintainer is reimbursed per TID, per client, per lifetime. When procedure code D1510 or D1515 have been previously reimbursed, the recementation of space maintainers may be considered for reimbursement to either the same or different THSteps dental provider when billed with procedure code D1550.			
D1510*	A 1-21 (#A, #B, #I, #J, #K, #L, #S, #T), MTID A 3-21 (#3, #14, #19, #30), MTID	\$160.00	
D1515*	A 1-21 (#A, #B, #I, #J, #K, #L, #S, #T), MTID A 3-21 (#3, #14, #19, #30), MTID	\$237.50	
D1520*	A 1-21 (#A, #B, #I, #J, #K, #L, #S, #T), MTID A 3-21 (#3, #14, #19, #30), MTID	\$75.00	
D1525*	A 1-21 (#A, #B, #I, #J, #K, #L, #S, #T), MTID A 3-21 (#3, #14, #19, #30), MTID	\$106.25	
D1550*	A 3-12 (#A, #B, #I, #J, #K, #L, #S, #T), MTID A 3-21 (#3, #14, #19, #30), MTID	\$18.75	
D1555*	A 3-12 (#A, #B, #I, #J, #K, #L, #S, #T), MTIDA A 3-21 (#3, #14, #19, #30), MTID	\$50.00	
Amalgam Restorations (Including Polishing)			
D2140*	Reimburse primary TIDs A-T at \$61.98; reimburse permanent TIDs 1-5, 12-21, and 28-32 at \$65.72. A Birth - 21, PXR	\$65.72	
D2150*	Reimburse primary TIDs A-T at \$82.90; reimburse permanent TIDs 1-5, 12-21, and 28-32 at \$87.46. A Birth - 21, PXR	\$87.46	
D2160*	Reimburse primary TIDs A-T at \$90.01; reimburse permanent TIDs 1-5, 12-21, and 28-32 at \$111.42. A 1-21, PXR	\$111.42	
D2161*	Reimburse primary TIDs A-T at \$52.69; reimburse permanent TIDs 1-5, 12-21, and 28-32 at \$60.04. A 1-21, PXR	\$60.04	

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Procedure Code	Limitations	Maximum Fee	
Resin-Based Composite Restorations—Direct			
All fees for resin restorations on primary teeth are limited to \$170.38, which is the fee for a stainless steel crown (exception D2335). All fees for resin restorations on permanent teeth are limited to a total of \$110.20 for posterior teeth and \$170.38 for anterior teeth. Resin restoration includes composites or glass ionomer.			
D2330*	TID C-H, M-R, #6-11, #22-27. A Birth - 21, PXR	\$79.34	
D2331*	TID C-H, M-R, #6-11, #22-27. A Birth - 21, PXR	\$105.14	
D2332*	TID C-H, M-R, #6-11, #22-27. A 1-21, PXR	\$137.28	
D2335*	TID C-H, M-R, #6-11, #22-27. A 1-21, PXR	\$170.38	
D2390*	Reimburse primary anterior TIDs C-H, M-R at \$68.75; reimburse permanent anterior TIDs 6-11, 22-27 at \$150.00. A Birth - 21, PXR	\$150.00	
D2391*	Reimburse primary posterior TIDs A, B, I, J, K, L, S, T at \$76.98; reimburse permanent posterior TIDs 1-5, 12-21, 28-32 at \$84.08. A Birth - 21, PXR	\$84.08	
D2392*	Reimburse primary posterior TIDs A, B, I, J, K, L, S, T at \$98.98; reimburse permanent posterior TIDs 1-5, 12-21, 28-32 at \$110.20. A Birth - 21, PXR	\$110.20	
D2393*	Reimburse primary posterior TIDs A, B, I, J, K, L, S, T at \$87.11; reimburse permanent posterior TIDs 1-5, 12-21, 28-32 at \$101.18. A 1-21, PXR	\$101.18	
D2394*	Reimburse primary posterior TIDs A, B, I, J, K, L, S, T at \$64.62; reimburse permanent posterior TIDs 1-5, 12-21, 28-32 at \$75.06. A 1-21, PXR	\$75.06	
Gold Foil Restorations (Permanent Teeth only)			
D2410	A 13-21, N, PPXR, CCP	\$75.00	
D2420	A 13-21, N, PPXR, CCP	\$125.00	
D2430	A 13-21, N, PPXR, CCP	\$125.00	
Inlay/Onlay Restorations (Permanent Teeth only)			
For procedure codes D2510 through D2664 inlay/onlay (permanent teeth only), porcelain is allowed on all teeth. Prior authorization is required for any combination of inlays/onlays or permanent crowns that exceed the limit of four inlays/onlays or permanent crowns.			
D2510*	A 13-21, N, PPXR, CCP	\$181.25	
D2520*	A 13-21, N, PPXR, CCP	\$264.00	
D2530*	A 13-21, N, PPXR, CCP	\$264.00	
D2542	Same as D2520. A 13-21, N, PPXR, CCP	\$264.00	
D2543	All materials accepted. A 13-21, N, PPXR, CCP	\$264.00	
D2544	All materials accepted. A 13-21, N, PPXR, CCP	\$264.00	
D2610	All materials accepted. A 13-21, N, PPXR, CCP	\$264.00	
D2620	All materials accepted. A 13-21, N, PPXR, CCP	\$264.00	
D2630	All materials accepted. A 13-21, N, PPXR, CCP	\$264.00	
D2642	All materials accepted. A 13-21, N, PPXR, CCP	\$264.00	
D2643	All materials accepted. A 13-21, N, PPXR, CCP	\$264.00	
D2644	All materials accepted. A 13-21, N, PPXR, CCP	\$264.00	
D2650	All materials accepted. A 13-21, N, PPXR, CCP	\$264.00	
D2651	All materials accepted. A 13-21, N, PPXR, CCP	\$264.00	
D2652	All materials accepted. A 13-21, N, PPXR, CCP	\$264.00	
D2662	All materials accepted. A 13-21, N, PPXR, CCP	\$264.00	
D2663	All materials accepted. A 13-21, N, PPXR, CCP	\$264.00	
D2664	All materials accepted. A 13-21, N, PPXR, CCP	\$264.00	
Crowns—Single Restorations Only			
For procedure codes D2710 through D2794, single crown restorations (permanent teeth only) the following limitations apply: - Procedure code D2920 is payable to the same THSteps dental provider that performed the original cementation of the crown. Porcelain is allowed on all teeth. - Prior authorization is required for any combination of inlays/onlays or permanent crowns that exceed the limit of four inlays/onlays or permanent crowns. - Stainless steel crowns and permanent all-metal cast crowns are not reimbursed on anterior permanent teeth (6–11, 22–27).			
D2710	All materials accepted. A 13-21, N, PPXR, CCP	\$264.00	
D2720	All materials accepted. A 13-21, N, PPXR, CCP	\$264.00	
D2721	All materials accepted. A 13-21, N, PPXR, CCP	\$264.00	
D2722	All materials accepted. A 13-21, N, PPXR, CCP	\$264.00	
D2740	All materials accepted. A 13-21, N, PPXR, CCP	\$264.00	
D2750*	All materials accepted. A 13-21, N, PPXR, CCP	\$528.00	
D2751*	All materials accepted. A 13-21, N, PPXR	\$528.00	
D2752	All materials accepted. A 13-21, N, PPXR, CCP	\$528.00	
D2780	A 13-21, N, PPXR, CCP	\$264.00	
D2781	A 13-21, N, PPXR, CCP	\$264.00	
D2782	A 13-21, N, PPXR, CCP	\$264.00	
D2783	Anterior teeth only (#6-11 and #22-27). A 13-21, N, PPXR, CCP	\$264.00	

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Procedure Code	Limitations	Maximum Fee	
D2790	Posterior teeth only (#1-5; #12-21; and #28-32). All materials accepted. A 13-21, N, PPXR, CCP	\$528.00	
D2791*	Posterior teeth only (#1-5; #12-21; and #28-32). All materials accepted. A 13-21, N, PPXR	\$264.00	
D2792*	Posterior teeth only (#1-5; #12-21; and #28-32). All materials accepted. A 13-21, N, PPXR, CCP	\$264.00	
D2794	A 13-21, N, PPXR, CCP	\$264.00	
D2799	Denied as global fee to any crown placed.	NC	
Other Restorative Services			
D2910	A 13-21, PXR	\$18.75	
D2915	A 4-21	\$18.75	
D2920	A 1-21, PXR	\$20.00	
D2930*	A Birth - 21, PXR	\$156.06	
D2931*	A 1-21, PXR	\$162.50	
D2932*	A 1-21, PXR (primary tooth)	\$68.75	
D2933*	Limited to anterior primary teeth only (TID C-H, M-R). A Birth - 21, N, CCP, PXR	\$156.06	
D2934*	Limited to anterior primary teeth only (TID C-H, M-R). A Birth - 21, N, CCP, PXR	\$156.06	
D2940*	Not allowed on the same date as permanent restoration. A Birth - 21, PXR	\$36.58	
D2950*	Provider payments received in excess of \$45.00 for restorative work performed within six months of a crown procedure on the same tooth will be deducted from the subsequent crown procedure reimbursement. Not allowed on primary teeth. A 4-21, N, CCP, PXR	\$45.00	
D2951	Not allowed on primary teeth. A 4-21, N, PXR	\$12.50	
D2952	Not payable with D2950. Not allowed on primary teeth. A 13-21, PXR	\$87.50	
D2953	Must be used with D2952. Not allowed on primary teeth. A 13-21	\$43.75	
D2954*	Not payable with codes D2952 or D3950 on the same TID by the same provider. Not allowed on primary teeth. A 13-21, N, CCP, PXR	\$75.00	
D2955	For removal of posts (for example, fractured posts) not to be used in conjunction with endodontic retreatment (D3346, D3347, D3348). Not allowed on primary teeth. A 4-21, CCP, PXR	\$75.00	
D2957	Must be used with D2954. Not allowed on primary teeth. A 13-21, PXR, CCP	\$37.50	
D2960	A 13-21, N, PPXR, CCP	\$112.50	
D2961	A 13-21, N, PPXR, CCP	\$181.25	
D2962	A 13-21, N, PPXR, CCP	\$212.50	
D2970		NC	
D2971	Will be reimbursed up to four services per lifetime per tooth. Payable to any THSteps dental provider who performed the original cementation of the crown. A 13-21	\$112.50	
D2980	A 1-21, PXR (permanent teeth only)	\$50.00	
D2999	A 1-21, N, CCP, PXR	Manually priced	
Pulp Capping			
Procedure codes D3110 and D3120 will not be reimbursed when billed with the following procedure codes for the same tooth, on the same day by the same provider: D2952, D2953, ED2954, D2955, D2957, D2980, D2999, D3220, D3221, D3230, D3240, D3310, D3320, D3330.			
D3110	A 1-21, N, PXR, CCP	\$16.25	
D3120	A 1-21, N, PXR, CCP	\$30.00	
Pulpotomy			
D3220*	A Birth - 21, PXR. Will be denied when billed within 6 months of procedure codes D3230, D3240, D3310, D3320, and D3330 for the same primary tooth ID, same provider.	\$87.96	
D3221	Denied as global fee to any endodontic procedure.	NC	
Endodontic Therapy on Primary Teeth			
D3230*	Anterior primary incisors and cuspids. TIDs C-H; M-R. A 1-21, PXR	\$38.75	
D3240*	Posterior first and second molars. TIDs A, B, I, J, K, L, S, T. A 1-21, PXR	\$43.98	
Endodontic Therapy (Including Treatment Plan, Clinical Procedures, and Follow-up Care)			
Complete root canal therapy - Pulpectomy is part of root canal therapy and includes all appointments necessary to complete treatment. Diagnostic evaluations and radiographs performed at the initial, periodic, or emergency services visits are reimbursed in addition to the root canal.			
Reimbursement for a root canal includes the pulpotomy and radiographs performed pre, intra-, and postoperatively. Root canal payments are limited to four permanent teeth for each client. Additional medically necessary root canals can be reimbursed under CCP when documented in the Remarks field of the ADA dental claim form.			
Root canal therapy that has only been initiated—or taken to some degree of completion, but not carried to completion with a final filling—may not be billed as a root canal therapy code. It must be billed using code D3999 with a narrative description of what procedures were completed in the root canal therapy.			
An initial root canal therapy or retreatment of previous root canal therapy:			
- Is a benefit under the THSteps dental program when provided to a permanent tooth.			
- Is not a benefit under the THSteps dental program when provided to a primary tooth.			
Documentation supporting medical necessity must be kept in the client's record and include the following: the medical necessity as documented through periapical radiographs of tooth treated showing pre-treatment, during treatment, and post-treatment status; the final size of the file to which the canal was enlarged; and the type of filling material used. Any reason that the root canal may appear radiographically unacceptable must be documented in the client's record.			
D3310*	A 6-21, PPXR	\$355.98	
D3320*	A 6-21, PPXR	\$412.50	
D3330*	A 6-21, PPXR	\$624.26	
D3331	Not payable, use retreatment codes.	NC	
D3332	Not payable, use retreatment codes.	NC	
D3333	Not payable, use retreatment codes.	NC	

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Procedure Code	Limitations	Maximum Fee	
Endodontic Retreatment			
D3346*	A 6-21, PPXR	\$156.25	
D3347*	A 6-21, PPXR	\$206.25	
D3348*	A 6-21, PPXR	\$275.00	
Apexification/Recalcification Procedures			
D3351*	A 6-21, N, PXR, CCP	\$75.00	
D3352*	A 6-21, N, PXR, CCP	\$50.00	
D3353*	A 6-21, PPXR, CCP	\$100.00	
Apicoectomy/Periradicular Services			
D3410	A 6-21, N, PPXR, CCP	\$131.25	
D3421	A 6-21, N, PPXR, CCP	\$162.50	
D3425	A 6-21, N, PPXR, CCP	\$162.50	
D3426	A 6-21, N, PPXR, CCP	\$75.00	
D3430	A 6-21, N, PPXR, CCP	\$50.00	
D3450	A 6-21, N, PXR, CCP	\$75.00	
D3460	Prior authorization required. Submit request with periapical radiographs, for each tooth involved. A 16-21, N, PPXR, CCP	\$212.50	
D3470	A 6-21, N, PXR, CCP	\$125.00	
Other Endodontic Procedures			
D3910	A 1-21, N, CCP	\$18.75	
D3920	A 6-21, N, PXR, CCP	\$81.25	
D3950	A 6-21, N, PXR, CCP	\$50.00	
D3999	A 1-21, N, PXR, CCP	Manually priced	
Surgical Services (Including Usual Postoperative Care)			
D4210	A 13-21, N, PPXR, CCP. Documentation is required when medical necessity is not evident on radiographs.	\$162.50	
D4211	A 13-21, N, PHO, PXR, CCP. Documentation is required when medical necessity is not evident on radiographs.	\$50.00	
D4230	A 13-21, N, PHO, PXR, CCP.	\$162.50	
D4231	A 13-21, N, PHO, PXR, CCP.	\$97.50	
D4240	A 13-21, N, FMX, PHO, PXR when medical necessity is not evident on radiographs, PC, CCP.	\$181.25	
D4241	Limited to once per year. A 13-21, N, FMX, PXR, PHO when medical necessity is not evident on radiographs, PC.	\$55.00	
D4245	Per quadrant. A 13-21, N, PXR, PHO when medical necessity is not evident on radiographs, CCP.	\$181.25	
D4249	A six- to eight-week healing period following crown lengthening before final tooth preparation, impression making, and fabrication of a final restoration is required for billing of this code. A 13-21, N, PPXR, CCP	\$162.50	
D4260	A 13-21, N, FMX, PXR, PC, CCP	\$225.00	
D4261	Limited to once per year. A 13-21, N, FMX, PXR, PC	\$67.00	
D4265	Deny as global to other services.	NC	
D4266	Considered upon submission of an appeal with the following documentation: Third molar sites: medical / dental history documenting need due to inadequate healing of bone following third molar extraction, including date of third molar extraction, secondary procedure several months post-extraction, position of the third molar preoperatively, post-extraction probing depths to document continuing bony defect, post-extraction radiographs documenting continuing bony defect, and bone graft and barrier material utilized. Other than third molar sites: medical and dental history indicating a co-morbid condition; pre-operative radiographs that show evidence of the bony defect; post-operative radiographs that show evidence of the procedure being performed; intra-oral photographs, if the bony defect is not evident on radiographs (this documentation may also be requested by HHSC and/or its agent as deemed necessary); periodontal probing depths documenting bony defect; number of intact walls associated with an angular bony defect, and bone graft and barrier material utilized. A 13-21, N, PPXR, CCP. Documentation is required when medical necessity is not evident on radiographs.	\$275.00	
D4267	Considered upon submission of an appeal with the following documentation: Third molar sites: medical / dental history documenting need due to inadequate healing of bone following third molar extraction, including date of third molar extraction, secondary procedure several months post-extraction, position of the third molar preoperatively, post-extraction probing depths to document continuing bony defect, post-extraction radiographs documenting continuing bony defect, and bone graft and barrier material utilized. Other than third molar sites: medical and dental history indicating a co-morbid condition; pre-operative radiographs that show evidence of the bony defect; post-operative radiographs that show evidence of the procedure being performed; intra-oral photographs, if the bony defect is not evident on radiographs (this documentation may also be requested by HHSC and/or its agent as deemed necessary); periodontal probing depths documenting bony defect; and final restoration treatment plan for edentulous site(s). A 13-21, N, PPXR, CCP. Documentation is required when medical necessity is not evident on radiographs.	\$325.00	
D4270	A 13-21, N, PXR, PHO, CCP. Documentation is required when medical necessity is not evident on radiographs.	\$193.75	
D4271	A 13-21, N, PXR, PHO, CCP. Documentation is required when medical necessity is not evident on radiographs.	\$206.25	
D4273	This procedure is performed to create or augment gingiva, to obtain root coverage or to eliminate frenum pull, or to extend the vestibular fornix. A 13-21, N, PXR, PHO, CCP. Documentation is required when medical necessity is not evident on radiographs.	\$225.00	
D4274	This procedure is performed in an edentulous area adjacent to a periodontally involved tooth. Gingival incisions are used to allow removal of a tissue wedge to gain access and correct the underlying osseous defect and to permit close flap adaptation. A 13-21, N, PXR, CCP	\$125.00	
D4275	Limited to once per day. A 13-21, PXR, PHO. Documentation is required when medical necessity is not evident on radiographs.	\$225.00	
D4276	Prior authorization is required; Not payable in addition to D4273 or D4275 on the same date of service. A 13-21, PXR, PHO. Documentation is required when medical necessity is not evident on radiographs.	\$225.00	

Exhibit A

STAR Health Fee Schedule (Dental)

Procedure Code	Limitations	Maximum Fee	
Nonsurgical Periodontal Services			
D4320	A 1-21, PXR	\$62.50	
D4321	A 1-21, PXR	\$100.00	
D4341*	D4341 is denied if provided within 21 days of D4355. Denied when billed on the same DOS as other D4000 series codes or with D1110, D1120, D1203, D1204. D1206, D1351, D1510, D1515, D1520 or D1525. A 13-21, FMX, PC, PXR, CCP	\$56.25	
D4342	Denied when billed on the same DOS as other D4000 series codes or with D1110, D1120, D1203, D1204. D1206, D1351, D1510, D1515, D1520 or D1525. A 13-21, PC, FMX	\$7.00	
D4355*	D4355 is not payable if provided within 21 days of D4341. Denied when billed on the same DOS as other D4000 series codes or with D1110, D1120, D1203, D1204. D1206, D1351, D1510, D1515, D1520 or D1525. A 13-21, N, PXR, PHO, CCP	\$75.00	
D4381	A 13-21, N, PXR, CCP	\$30.00	
Other Periodontal Services			
D4910	Not payable within 90 days after D4355, not payable on same DOS as any other evaluation procedure. A 13-21, N, PXR, PHO, CCP.	\$37.50	
D4920	Documentation is required when medical necessity is not evident on radiographs. A 13-21, N, PXR, CCP	\$25.00	
D4999	A 13-21, N, PXR, CCP	Manually priced	
Complete Dentures (Including Routine Post Delivery Care)			
D5110	A 3-21, PXR	\$375.00	
D5120	A 3-21, PXR	\$375.00	
D5130	A 13-21, N, PXR, CCP	\$387.50	
D5140	A 13-21, N, PXR, CCP	\$387.50	
Partial Dentures (Including Routine Post Delivery Care)			
D5211*	A 6-21, PXR, MTID	\$275.00	
D5212*	A 6-21, PXR, MTID	\$275.00	
D5213	A 9-21, N, PXR, MTID, CCP	\$400.00	
D5214	A 9-21, N, PXR, MTID, CCP	\$400.00	
D5281*	A 9-21, N, PXR, MTID, CCP	\$250.00	
Adjustments to Dentures			
D5410	A 3-21, PXR	\$18.75	
D5411	A 3-21, PXR	\$18.75	
D5421	A 6-21, PXR	\$18.75	
D5422	A 6-21, PXR	\$18.75	
Repairs to Complete Dentures			
D5510	Cost of repairs cannot exceed replacement costs. A 3-21, PXR	\$50.00	
D5520	Cost of repairs cannot exceed replacement costs. A 3-21, PXR	\$43.75	
Repairs to Partial Dentures			
Cost of repairs cannot exceed replacement costs. A bill for the laboratory portion not to exceed \$137.50 must be submitted.			
D5610*	A 3-21, PXR	\$115.00	
D5620	A 6-21, PXR	\$56.25	
D5630*	A 6-21, PXR	\$50.00	
D5640*	A 6-21, PXR	\$43.75	
D5650*	A 6-21, PXR	\$50.00	
D5660*	A 6-21, PXR	\$62.50	
D5670*	Will be denied as part of procedure codes D5211, D5213, D5281 and D5640. A 6-21	\$175.00	
D5671*	Will be denied as part of procedure codes D5212, D5214, D5281 and D5640. A 6-21	\$175.00	
Denture Rebase Procedures			
D5710	A 4-21, PXR	\$137.50	
D5711	A 4-21, PXR	\$137.50	
D5720*	A 7-21, PXR	\$137.50	
D5721*	A 7-21, PXR	\$137.50	
Denture Reline Procedures			
Allowed whether or not the denture was obtained through THSteps or ICF-MR dental services if the reline makes the denture serviceable.			
D5730	A 4-21, N, PXR, CCP	\$81.25	
D5731	A 4-21, N, PXR, CCP	\$81.25	
D5740*	A 7-21, N, PXR, CCP	\$75.00	
D5741*	A 7-21, N, PXR, CCP	\$75.00	
D5750	A 4-21, PXR	\$118.75	
D5751	A 4-21, PXR	\$118.75	
D5760*	A 7-21, PXR	\$118.75	
D5761*	A 7-21, PXR	\$118.75	
Interim Prosthesis			
D5810	A 3-21, N, PXR, CCP	\$200.00	
D5811	A 3-21, N, PXR, CCP	\$200.00	
D5820	A 3-21, N, PXR, CCP	\$162.50	

Exhibit A

STAR Health Fee Schedule (Dental)

Procedure Code	Limitations	Maximum Fee	
D5821	A 3-21, N, PXR, CCP	\$162.50	

Exhibit A

STAR Health Fee Schedule (Dental)

Procedure Code	Limitations	Maximum Fee	
Other Removable Prosthetic Services			
D5850	A 3-21, N, PXR, CCP	\$37.50	
D5851	A 3-21, N, PXR, CCP	\$37.50	
D5860	A 4-21, N, PXR, CCP	\$387.50	
D5861	A 4-21, N, PXR, CCP	\$387.50	
D5862	A 4-21, N, PXR, CCP	\$162.50	
D5867	Denied as part of any repair or modification of any removable prosthetic.	NC	
D5875	Denied as part of any repair or modification of any removable prosthetic.	NC	
D5899	A 1-21, N, PXR, CCP	Manually priced	
Maxillofacial Prosthetics			
D5911	A 1-21, N, PXR, CCP	\$50.00	
D5912	A 1-21, N, PXR, CCP	\$90.00	
D5913	A 1-21, N, PXR, CCP	\$875.00	
D5914	A 1-21, N, PXR, CCP	\$875.00	
D5915	A 1-21, N, PXR, CCP	\$875.00	
D5916	A 1-21, N, PXR, CCP	\$562.50	
D5919	A 1-21, N, PXR, CCP	\$1,125.00	
D5922	A 1-21, N, PXR, CCP	\$140.00	
D5923	A 1-21, N, PXR, CCP	\$337.50	
D5924	A 1-21, N, PXR, CCP	\$437.50	
D5925	A 1-21, N, PXR, CCP	\$375.00	
D5926	A 1-21, N, PXR, CCP	\$450.00	
D5927	A 1-21, N, PXR, CCP	\$450.00	
D5928	A 1-21, N, PXR, CCP	\$450.00	
D5929	A 1-21, N, PXR, CCP	\$900.00	
D5931	A 1-21, N, PXR, CCP	\$375.00	
D5932	A 1-21, N, PXR, CCP	\$1,300.00	
D5933	A 1-21, N, PXR, CCP	\$281.25	
D5934	A 1-21, N, PXR, CCP	\$562.50	
D5935	A 1-21, N, PXR, CCP	\$562.50	
D5936	A 1-21, N, PXR, CCP	\$625.00	
D5937	Not for temporo-mandibular dysfunction (TMD) treatment. A 1-21, N, PXR, CCP	\$262.50	
D5951	Ortho only—requires prior authorization. A Birth-21, N, PXR	\$140.00	
D5952	Ortho only—requires prior authorization. A Birth-21, N, PXR	\$843.75	
D5953	Ortho only—requires prior authorization. A 13-21, N, PXR	\$843.75	
D5954	Ortho only—requires prior authorization. A Birth-21, N, PXR	\$443.75	
D5955	Ortho only—requires prior authorization. A Birth-21, N, PXR	\$225.00	
D5958	Ortho only—requires prior authorization. A Birth-21, N, PXR	\$225.00	
D5959	Ortho only—requires prior authorization. A Birth-21, N, PXR	\$100.00	
D5960	Ortho only—requires prior authorization. A Birth-21, N, PXR	\$100.00	
D5982	A 1-21, N, PXR, CCP	\$112.50	
D5983	A 1-21, N, PXR, CCP	\$162.50	
D5984	A 1-21, N, PXR, CCP	\$162.50	
D5985	A 1-21, N, PXR, CCP	\$162.50	
D5986	A 1-21, N, PXR, CCP	\$50.00	
D5987	A 1-21, N, PXR, CCP	\$131.25	
D5988	A 1-21, N, PXR	\$112.50	
D5999	A 1-21, N, PXR, CCP	Manually priced	
D6010	Includes second stage surgery and placement of healing cap. A 16-21, N, PPXR, CCP	\$1,125.00	
D6040	A 16-21, N, PPXR, CCP	\$2,000.00	
D6050	A 16-21, N, PPXR, CCP	Manually priced	
Implant Supported Prosthetics			
D6053	Deny as global to other services.	NC	
D6054	Deny as global to other services.	NC	
D6055	A 16-21, N, PXR, CCP	\$300.00	
D6056	Requires prior authorization. A 16-21, N, PPXR, CCP	\$350.00	
D6057	Requires prior authorization. A 16-21, N, PPXR, CCP	\$350.00	
D6058	Not considered medically necessary.	NC	
D6059	Not considered medically necessary.	NC	
D6060	Not considered medically necessary.	NC	
D6061	Not considered medically necessary.	NC	
D6062	Not considered medically necessary.	NC	
D6063	Not considered medically necessary.	NC	
D6064	Not considered medically necessary.	NC	
D6065	Not considered medically necessary.	NC	
D6066	Not considered medically necessary.	NC	
D6067	Not considered medically necessary.	NC	
D6068	Not considered medically necessary.	NC	
D6069	Not considered medically necessary.	NC	
D6070	Not considered medically necessary.	NC	
D6071	Not considered medically necessary.	NC	
D6072	Not considered medically necessary.	NC	
D6073	Not considered medically necessary.	NC	

Exhibit A

STAR Health Fee Schedule (Dental)

Procedure Code	Limitations	Maximum Fee	
D6074	Not considered medically necessary.	NC	
D6075	Not considered medically necessary.	NC	
D6076	Not considered medically necessary.	NC	
D6077	Not considered medically necessary.	NC	
D6078	Not considered medically necessary.	NC	
D6079	Not considered medically necessary.	NC	
D6080	A 16-21, N, PXR, CCP	\$43.75	
D6090	A 16-21, N, PXR, CCP	\$137.50	
D6092	Limited to once per year for each tooth. A 16-21	\$46.85	
D6093	Limited to once per year for each tooth. A 16-21	\$46.85	
D6095	Involves the surgical removal of an implant. A 16-21, N, PPXR, CCP	\$175.00	
D6100	A 16-21, N, PXR, CCP	\$225.00	
D6199	A 16-21, N, PXR, CCP	Manually priced	
Fixed Partial Dental Pontics			
D6210	A 16-21, PPXR, MTID, CCP	\$264.00	
D6211	A 16-21, PPXR, MTID, CCP	\$264.00	
D6212	A 16-21, PPXR, MTID, CCP	\$264.00	
D6240	A 16-21, PPXR, MTID, CCP	\$264.00	
D6241	A 16-21, PPXR, MTID, CCP	\$264.00	
D6242	A 16-21, PPXR, MTID, CCP	\$264.00	
D6245	A 16-21, PPXR, MTID, CCP	\$264.00	
D6250	A 16-21, PPXR, MTID, CCP	\$264.00	
D6251	A 16-21, PPXR, MTID, CCP	\$264.00	
D6252	A 16-21, PPXR, MTID, CCP	\$264.00	
D6253	Deny as global to other services.	NC	
Fixed Partial Dental Retainers – Inlays/Onlays			
D6545	A 16-21, PPXR, CCP	\$264.00	
D6548	A 16-21, PPXR, CCP	\$264.00	
D6600	Deny as global to other services.	NC	
D6601	Deny as global to other services.	NC	
D6602	Deny as global to other services.	NC	
D6603	Deny as global to other services.	NC	
D6604	Deny as global to other services.	NC	
D6605	Deny as global to other services.	NC	
D6606	Deny as global to other services.	NC	
D6607	Deny as global to other services.	NC	
D6608	Deny as global to other services.	NC	
D6609	Deny as global to other services.	NC	
D6610	Deny as global to other services.	NC	
D6611	Deny as global to other services.	NC	
D6612	Deny as global to other services.	NC	
D6613	Deny as global to other services.	NC	
D6614	Deny as global to other services.	NC	
D6615	Deny as global to other services.	NC	
Fixed Partial Dental Retainers – Crowns			
D6720	A 16-21, PPXR, CCP	\$264.00	
D6721	A 16-21, PPXR, CCP	\$264.00	
D6722	A 16-21, PPXR, CCP	\$264.00	
D6740	A 16-21, PPXR, CCP	\$264.00	
D6750	A 16-21, PPXR, CCP	\$264.00	
D6751	A 16-21, PPXR, CCP	\$264.00	
D6752	A 16-21, PPXR, CCP	\$264.00	
D6780	A 16-21, PPXR, CCP	\$264.00	
D6781	A 16-21, PPXR, CCP	\$264.00	
D6782	A 16-21, PPXR, CCP	\$264.00	
D6783	A 16-21, PPXR, CCP	\$264.00	
D6790	Permanent posterior teeth only. A 16-21, PPXR, CCP	\$264.00	
D6791	Permanent posterior teeth only. A 16-21, PPXR, CCP	\$264.00	
D6792	Permanent posterior teeth only. A 16-21, PPXR, CCP	\$264.00	
Other Fixed Partial Dental			
D6920	A 16-21, PXR, CCP	\$135.00	
D6930	A 16-21, PXR, CCP	\$37.50	
D6940	A 16-21, N, PXR, CCP	\$87.50	
D6950	A 16-21, N, PXR, CCP	\$137.50	
D6970	A 16-21, N, PXR, CCP	\$100.00	
D6972	A 16-21, N, PXR, CCP	\$81.25	
D6973	A 16-21, N, PXR, CCP	\$56.25	
D6975	A 16-21, N, PXR, CCP	\$125.00	
D6976	Must be used with D6970 or D6971. Prior authorization required. A 16-21, PXR, CCP	\$50.00	
D6977	Must be used with D6972. Prior authorization required. A 16-21, PXR, CCP	\$40.63	
D6980	A 16-21, N, PXR, CCP	\$68.75	
D6999	A 16-21, N, PXR, CCP	Manually priced	

Exhibit A

STAR Health Fee Schedule (Dental)

Procedure Code	Limitations	Maximum Fee	
Extractions (Includes Local Anesthesia, Suturing, if Needed, and Routine Postoperative Care)			
D7111	TIDs A-T and AS-TS. A Birth - 21	\$12.00	
D7140*	Replaces procedure codes D7110, D7120, and D7130. A Birth - 21, PXR	\$67.04	
Surgical Extractions (Includes Local Anesthesia, Suturing, if Needed, and Routine Postoperative Care)			
D7210*	Includes removal of the roots of a previously erupted tooth missing its clinical crown. A 1-21, PXR	\$102.81	
D7220*	A 1-21, PXR	\$157.50	
D7230*	A 1-21, PXR	\$180.00	
D7240	A 1-21, PXR	\$300.00	
D7241	Document unusual circumstance. A 1-21, N, PXR	\$156.25	
D7250*	Involves tissue incision and removal of bone to remove a permanent or primary tooth root left in the bone from a previous extraction, caries, or trauma. Usually some degree of soft and/or hard tissue healing has occurred. A 1-21, N, PXR	\$92.50	
Other Surgical Procedures			
D7260	A 1-21, N, PXR; TIDs 1-16 only	\$137.50	
D7261	May not be paid on the same day as D7260; TIDs 1-16 only. A 1-21	\$137.50	
D7270*	A 1-21, N, PXR, CCP	\$110.00	
D7272	Requires prior authorization. A 1-21, N, PXR, CCP	\$150.00	
D7280	A 1-21, N, PXR	\$62.50	
D7282	Permanent TIDs 1-32 only; may not be paid on the same day as D7280. A 4-21	\$62.50	
D7283	A 1-21	\$25.00	
D7285	A 1-21, PXR, PATH, CCP	\$75.00	
D7286*	A 1-21, PXR, PATH	\$62.50	
D7287	Denied as global to other services	NC	
D7290	A 1-21, N, PXR, CCP	\$137.50	
D7291	A 4-21, N, PXR, CCP	\$50.00	
Alveoplasty—Surgical Preparation of Ridge for Dentures			
D7310	A 1-21, N, PXR, CCP	\$56.25	
D7320	A 1-21, N, PXR, CCP	\$75.00	
Vestibuloplasty			
D7340	A 1-21, N, PXR, CCP	\$125.00	
D7350	A 1-21, N, PXR, CCP	\$250.00	
Surgical Excision of Soft Tissue Lesions			
D7410	A 1-21, PXR, PATH	\$100.00	
D7411	A 1-21, PXR, PATH	\$150.00	
D7412	Not considered medically necessary.	NC	
D7413	The incidental removal of cysts/lesions attached to the root(s) of a simple extraction is considered part of the extraction or surgical fee. A 1-21, N, PXR, PATH, CCP	\$100.00	
D7414	The incidental removal of cysts/lesions attached to the root(s) of a simple extraction is considered part of the extraction or surgical fee. A 1-21, N, PXR, PATH, CCP	\$150.00	
D7415	Denied as global to other services	NC	
Surgical Excision of Intraosseous Lesions			
D7440	The incidental removal of cysts/lesions attached to the root(s) of an extracted tooth is considered part of the extraction or surgical fee. A 1-21, N, PXR, PATH, CCP	\$181.25	
D7441	The incidental removal of cysts/lesions attached to the root(s) of an extracted tooth is considered part of the extraction or surgical fee. A 1-21, N, PXR, PATH, CCP	\$237.50	
D7450	The incidental removal of cysts/lesions attached to the root(s) of an extracted tooth is considered part of the extraction or surgical fee. A 1-21, N, PXR, PATH, CCP	\$118.75	
D7451	The incidental removal of cysts/lesions attached to the root(s) of an extracted tooth is considered part of the extraction or surgical fee. A 1-21, N, PXR, PATH, CCP	\$162.50	
D7460	The incidental removal of cysts/lesions attached to the root(s) of an extracted tooth is considered part of the extraction or surgical fee. A Birth-21, N, PXR, PATH, CCP	\$118.75	
D7461	The incidental removal of cysts/lesions attached to the root(s) of an extracted tooth is considered part of the extraction or surgical fee. A Birth-21, N, PXR, PATH, CCP	\$162.50	
D7465	The incidental removal of cysts/lesions attached to the root(s) of an extracted tooth is considered part of the extraction or surgical fee. A 1-21, N, PXR, PATH, CCP	\$68.75	
Excision of Bone Tissue			
D7471	Denied as global to all extractions	NC	
D7472	Prior authorization is required. A 1-21	\$160.00	
D7473	Deny as global to other services.	NC	
D7485	Deny as global to other services.	NC	
D7490	Denied as global to other services.	NC	

Exhibit A

STAR Health Fee Schedule (Dental)

Procedure Code	Limitations	Maximum Fee	
Surgical Incision			
D7510	Tooth identification (TID) required. A 1-21, PXR	\$37.50	
D7520	A 1-21, N, PXR, CCP	\$125.00	
D7530	A 1-21, N, PXR	\$50.00	
D7540	A 1-21, N, PXR	\$100.00	
D7550*	A 1-21, N, PXR	\$106.25	
D7560	A 1-21, N, PXR, CCP	\$125.00	
D7670	A 1-21, N, PXR, CCP	\$81.25	
D7671	Not considered medically necessary	NC	
D7771	Not considered medically necessary	NC	
Reduction of Dislocation and Management of Other Temporomandibular Joint Dysfunctions			
D7820	A 1-21, N, PXR	\$81.25	
D7830	Refer to CPT codes.	NC	
D7880	Narrative required on claim form. A 1-21, N, PXR, CCP	\$140.00	
D7899	Narrative required on claim form. A 1-21, N, PXR, CCP	Manually priced	
Repair of Traumatic Wounds			
D7910*	Narrative required on claim form. A 1-21, N, PXR, CCP	\$75.00	
Complicated Suturing (Reconstruction Requiring Delicate Handling of Tissues and Wide Undermining for Meticulous Closure)			
Reconstruction requiring delicate handling of tissues and wide undermining for meticulous closure.			
D7911	A 1-21, N, PXR, CCP	\$81.25	
D7912	A 1-21, N, PXR, CCP	\$162.50	
Other Repair Procedures			
D7960	Narrative required on claim form. A 1-21, N, PXR, CCP	\$105.00	
D7970*	A 1-21, N, PXR, CCP	\$112.50	
D7971*	A 1-21, N, PXR, CCP	\$43.75	
D7972	TIDs 1, 16, 17, and 32 only; may not be paid in addition to D7971 on the same day. A 13-21	\$43.75	
D7980	A 1-21, N, PXR, CCP	\$193.75	
D7983	A 1-21, N, PXR, CCP	\$162.50	
D7997*	Per arch, appliance removal (not by the dentist who placed the appliance). Includes removal of arch bar. Prior authorization is required. A 1-21, N, PXR, CCP	\$50.00	
D7999*	A 1-21, N, PXR, CCP	Manually priced	
Unclassified Treatment			
D9110*	Emergency service only. The type of treatment rendered and TID must be indicated. It must be a service other than a prescription or topical medication. The reason for emergency and a narrative of the procedure actually performed must be documented. A 1-21, N	\$18.75	
D9120	A 13-21	\$20.00	
Anesthesia			
Providers must comply with TSBDE Rules, 22 TAC §§108.30–108.35. Any anesthesia type services are paid only to the provider. Criteria for dental therapy under general anesthesia must be used (see page 190-33). A local anesthesia fee is not paid in addition to other restorative, operative, or surgical procedure fees. Prior authorization is available for exceptions to periodicity.			
D9210	Claim form narrative should describe the situation if used as a diagnostic tool. A 1-21, N, CCP	\$12.50	
D9211*	Denied if billed with D9248. A 1-21, N, CCP	\$18.75	
D9212*	Denied if billed with D9248. A 1-21, N, CCP	\$31.25	
D9215*	Claim form narrative should explain how the doctor initiated a procedure, but could not complete it, and needs to claim the rendered anesthesia. A 1-21, N, CCP	\$12.50	
D9220	Must be billed with D9221. May be billed twice within a 12-month period. Denied if billed with D9248. Dental anesthesiologists are reimbursed at a rate of \$202.55. A 1-21	\$87.50	
D9221	Must be billed with D9220. Denied if billed with D9248. A 1-21	\$31.25	
D9230*	May not be billed more than one per client, per day. Denied if billed with D9248. A 1-21.	\$28.38	
D9241	May be considered for reimbursement for additional conscious sedation services. Denied if billed with D9248. A 1-21	\$121.88	
D9242	Must be billed with D9241. May be considered for reimbursement for additional conscious sedation services. Denied if billed with D9248. A 1-21	\$29.02	
D9248*	May be billed twice within a 12-month period. Must comply with all TSBDE rules and AAPD guidelines, including maintaining a current permit to provide non-IV conscious sedation. A 1-21	\$187.50	
Professional Consultation			
D9310	An oral evaluation by a specialist of any type who is also providing restorative or surgical services should be billed as D0160. A 1-21, N, CCP	\$15.25	

Exhibit A

STAR Health Fee Schedule (Dental)

Procedure Code	Limitations	Maximum Fee	
Professional Visits			
D9410	Narrative required on claim form. A 1-21	\$25.00	
D9420	One charge per hospital or ambulatory surgical center (ASC) case; one case per client in a 12-month period. Documentation supporting the reason that dental services could not be performed in the office setting must be retained in the client's record and may be subject to retrospective review and recoupment. A 1-21, N	\$38.00	
D9430	Narrative required on claim form. During regularly scheduled hours, no other services performed. Visits for routine post-operative care are included in all therapeutic and oral surgery fees. A 1-21, N	\$15.00	
D9440	Narrative required on claim form. Visits for routine post-operative care are included in all therapeutic and oral surgery fees. A 1-21, N	\$31.25	
D9450	Denied as global to other services.	NC	
Drugs			
D9610	Providers must comply with TSBDE Rules and Regulations, Chapter 109.175. May not be billed with code D9220 or D9221. A 1-21, N	\$18.75	
D9612	A 1-21	\$37.50	
D9630	May not be billed with codes D9220, D9221, D9230, D9241, D9248, D9610, and D9920. A 1-21, N	\$9.00	
Miscellaneous Services			
D9910	Per whole mouth application, does not include fluoride. Not to be used for bases, liners, or adhesives under or with restorations. Limited to once per year. A 18-21, N, CCP	\$12.50	
D9911	Denied as part of D9910.	NC	
D9920	The provider must indicate on the claim the client's medical diagnosis of mental retardation or that the client is ICF-MR eligible. A 1-21	\$50.00	
D9930*	A 1-21, N	\$25.00	
D9940	A 13-21, N, CCP	\$118.75	
D9950	A 13-21, N, CCP	\$56.25	
D9951	Full mouth procedure. Limited to once per year, per client, any provider. A 13-21, N, CCP	\$37.50	
D9952	Full mouth procedure. Payable once per lifetime, any provider. A 13-21, N, CCP	\$150.00	
D9970	May be reimbursed once per day.	\$56.25	
D9971	Not payable; bill as extractions.	NC	
D9972	Not considered medically necessary.	NC	
D9973	Not considered medically necessary.	NC	
D9974*	Must include documentatin of medical necessity. A 13-21, CCP	\$56.25	
D9999*	A 1-21, N, CCP, PPXR	Manually priced	
Orthodontic Services			
D0330, D0340, D0350, and D0470*	Payment is limited to two denied cases of every 10 cases submitted for authorization. D0330 and D0340 and D0350 and D0470		
D0470*	These four procedure codes, when billed together, replace local procedure code Z2010.	\$100.00	
D7280	A 1-21	\$62.50	
D7997*	Replaces Z2016. Not payable to the dentist who placed the appliance. Includes removal of arch bar and premature removal of braces. A 1-21	\$50.00	
Interceptive Orthodontic Treatment			
D8050*	Replaces Z2018 and 8110D. Limited to one per lifetime.	\$340.00	
D8060*	Replaces Z2018 and 8120D. Limited to one per lifetime.	\$340.00	
	* = Services payable to an FQHC based for a client encounter.		
D8080*	Replaces Z2009, Z2011, and Z2012. Limited to one per lifetime.	\$775.00	
Minor Treatment to Control Harmful Habits			
D8210*	See separate table for associated remarks field code.	See separate table	
D8220*	See separate table for associated remarks field code.	See separate table	
Other Orthodontic Services			
D8660*	Replaces Z2008.	\$15.00	
D8670*	Replaces Z2013.	\$68.10	
D8680*	Replaces Z2014 and Z2015.	\$100.00	
D8690*	Bracket replacement.	\$20.00	
D8691	Not considered medically necessary.	NC	
D8693	A 6-21	\$50.00	
D8999		Manually priced	
	* = Services payable to an FQHC based for a client encounter.		

Exhibit A

STAR Health Fee Schedule (Dental)

Procedure Code	Limitations	Maximum Fee	
Special Orthodontic Appliances			
D8220*	Appliance with horizontal projections	\$250	DPC1000D
D8220*	Appliance with recurved springs	\$250	DPC1001D
D8220*	Arch wires for crossbite correction (for total treatment)	\$595	DPC1002D
D8220*	Banded maxillary expansion appliance	\$375	DPC1003D
D8210*	Bite plate/Bite plane	\$100	DPC1004D
D8210*	Bionator	\$100	DPC1005D
D8210*	Bite block	\$250	DPC1006D
D8210*	Bite-plate with push springs	\$250	DPC1007D
D8220*	Bonded expansion device	\$225	DPC1008D
D8210*	Chateau appliance (face mask, palatal exp and hawley)	\$300	DPC1010D
D8210*	Coffin spring appliance	\$275	DPC1011D
D8220*	Crib	\$100	DPC1012D
D8210*	Dental obturator, definitive (obturator)	\$250	DPC1013D
D8210*	Dental obturator, surgical (obturator, surgical stayplate, immediate temporary obturator)	\$250	DPC1014D
D8220*	Distalizing appliance with springs	\$250	DPC1015D
D8220*	Expansion device	\$375	DPC1016D
D8210*	Face mask (protraction mask)	\$350	DPC1017D
D8220*	Fixed expansion appliance	\$375	DPC1018D
D8220*	Fixed lingual arch	\$225	DPC1019D
D8220*	Fixed mandibular holding arch	\$100	DPC1020D
D8220*	Fixed rapid palatal expander	\$375	DPC1021D
D8210*	Frankel appliance	\$100	DPC1022D
D8210*	Functional appliance for reduction of anterior openbite and crossbite	\$375	DPC1023D
D8210*	Headgear (face bow)	\$150	DPC1024D
D8220*	Herbst appliance (fixed or removable)	\$250	DPC1025D
D8220*	Inter-occlusal cast cap surgical splints	\$375	DPC1026D
D8210*	Intrusion arch	\$100	DPC1027D
D8220*	Jasper jumpers	\$100	DPC1028D
D8220*	Lingual appliance with hooks	\$100	DPC1029D
D8220*	Mandibular anterior bridge	\$175	DPC1030D
D8220*	Mandibular bihelix (similar to a quad helix for mandibular expansion to attempt nonextraction treatment)	\$100	DPC1031D
D8210*	Mandibular lip bumper	\$100	DPC1032D
D8220*	Mandibular lingual 6x6 arch wire	\$100	DPC1036D
D8210*	Mandibular removable expander with bite plane (crozat)	\$275	DPC1037D
D8210*	Mandibular ricketts rest position splint	\$375	DPC1038D
D8210*	Mandibular splint	\$225	DPC1039D
D8210*	Maxillary anterior bridge	\$175	DPC1040D
D8210*	Maxillary bite-opening appliance with anterior springs	\$100	DPC1041D
D8220*	Maxillary lingual arch with spurs	\$100	DPC1042D
D8220*	Maxillary and mandibular distalizing appliance	\$100	DPC1043D
D8220*	Maxillary quad helix with finger springs	\$325	DPC1044D
D8220*	Maxillary and mandibular retainer with pontics	\$175	DPC1045D
D8210*	Maxillary Schwarz	\$250	DPC1046D
D8210*	Maxillary splint	\$225	DPC1047D
D8210*	Mobile intraoral Arch-Mia (similar to a Bihelix for nonextraction treatment)	\$100	DPC1048D
D8220*	Modified quad helix appliance	\$275	DPC1049D
D8220*	Modified quad helix appliance (with appliance)	\$275	DPC1050D
D8220*	Nance appliance	\$100	DPC1051D
D8220*	Nasal stent	\$250	DPC1052D
D8210*	Occlusal orthotic device	\$175	DPC1053D
D8210*	Orthopedic appliance	\$250	DPC1054D
D8210*	Other mandibular utilities	\$100	DPC1055D
D8210*	Other maxillary utilities	\$100	DPC1056D
D8220*	Palatal bar	\$225	DPC1057D
D8210*	Post-surgical retainer	\$125	DPC1058D
D8220*	Quad helix appliance held with transpalatal arch horizontal projections	\$275	DPC1059D
D8220*	Quad helix maintainer	\$275	DPC1060D
D8220*	Rapid palatal expander (RPE), such as quad Helix, Haas, or Menne	\$350	DPC1061D

Exhibit A

STAR Health Fee Schedule (Dental)

Procedure Code	Limitations	Maximum Fee	
D8210*	Removable bite plate	\$100	DPC1062D
D8210*	Removable mandibular retainer	\$100	DPC1063D
D8210*	Removable maxillary retainer	\$100	DPC1064D
D8210*	Removable prosthesis	\$175	DPC1065D
D8210*	Sagittal appliance 2 way	\$250	DPC1066D
D8210*	Sagittal appliance 3 way	\$350	DPC1067D
D8220*	Stapled palatal expansion appliance	\$375	DPC1068D
D8210*	Surgical arch wires	\$250	DPC1069D
D8210*	Surgical splints (surgical stent/wafer)	\$250	DPC1070D
D8210*	Surgical stabilizing appliance	\$250	DPC1071D
D8220*	Thumbsucking appliance, requires submission of models	\$175	DPC1072D
D8210*	Tongue thrust appliance, requires submission of models	\$100	DPC1073D
D8210*	Tooth positioner (full maxillary and mandibular)	\$325	DPC1074D
D8210*	Tooth positioner with arch	\$100	DPC1075D
D8220*	Transpalatal arch	\$100	DPC1076D
D8220*	Two bands with transpalatal arch and horizontal projections forward	\$175	DPC1077D
D8220*	W-appliance	\$275	DPC1078D
* = Services payable to an FQHC based on an all-inclusive rate per visit.			