

**ADDENDUM TO
CARING FOUNDATION NETWORK
PARTICIPATING DENTAL PROVIDER AGREEMENT
Effective 7-1-2010**

EXHIBIT A

<u>Code</u>	<u>Description</u>	<u>Fee</u>
D0100-D0999 DIAGNOSTIC		
Clinical Oral Evaluation		
D0120	Periodic oral evaluation.....	25.00
D0140	Limited oral evaluation.....	35.00
D0150	Comprehensive oral evaluation	41.00
D0160	Detailed and extensive oral evaluation	110.00
Radiographs/Diagnostic Imaging		
D0210	Intraoral – complete series include bitewings	76.00
D0220	Intraoral – periapical – first film	14.00
D0230	Intraoral – periapical – each additional film.....	12.00
D0240	Intraoral – occlusal film	18.00
D0270	Bitewing – single film	14.00
D0272	Bitewings – two films.....	22.00
D0274	Bitewings – four films.....	35.00
D0330	Panoramic film	55.00
D1000 – D1999 PREVENTATIVE		
Dental Prophylaxis		
D1110	Prophylaxis – adult	53.00
D1120	Prophylaxis – child.....	34.00
Topical Fluoride Treatment (Office Procedure)*		
D1203	Topical application of fluoride (prophylaxis not included) – child	22.00
D1204	Topical application of fluoride (prophylaxis not included) – adult.....	22.00
D1206	Topical fluoride varnish; therapeutic application for moderate to high caries risk patients.....	22.00
* Fluoride applications are limited to two (2) treatments per enrollment year.		
Other Preventive Services*		
D1351	Sealant – per tooth	27.00

* Sealant reimbursement for bicuspid and permanent molars for enrolled children age seventeen (17) and under.

Space Maintenance (Passive Appliances)

D1510	Space maintainer – fixed – unilateral.....	171.00
D1515	Space maintainer – fixed – bilateral.....	298.00
D1520	Space maintainer – removable – unilateral.....	272.00
D1525	Space maintainer – removable – bilateral.....	306.00
D1550	Recommendation of space maintainer	42.00

D2000 – D2999 RESTORATIVE

Amalgam Restorations (Including Polishing)

D2140	Amalgam – one surface, primary or permanent.....	64.00
D2150	Amalgam – two surfaces, primary or permanent	79.00
D2160	Amalgam – three surfaces, primary or permanent.....	113.00
D2161	Amalgam – four or more surfaces, primary or permanent.....	110.00

Resin Restorations

D2330	Resin based composite, one surface anterior.....	78.00
D2331	Resin based composite, two surfaces anterior	101.00
D2332	Resin based composite, three surfaces anterior.....	120.00
D2335	Resin based composite, four or more surfaces or involving incisal angle	143.00

D2390	Resin based composite crown, anterior.....	167.00
D2391	Resin based composite – one surface, posterior.....	88.00
D2392	Resin based composite – two surfaces, posterior.....	112.00
D2393	Resin based composite – three surfaces, posterior	137.00
D2394	Resin based composite – four or more surfaces, posterior.....	179.00

Crowns – Single Restorations Only

D2751	Crown – Porcelain fused to predominantly base metal.....	527.00
D2752	Crown – Porcelain fused to noble metal	543.00
D2791	Crown – Full cast predominantly base metal	508.00

Other Restorative Services

D2930	Prefabricated stainless steel crown – primary tooth.....	158.00
D2931	Prefabricated stainless steel crown – permanent tooth	158.00
D2932	Prefabricated resin crown	158.00
D2933	Prefabricated stainless steel crown with resin window	158.00
D2940	Sedative filling.....	46.00
D2950	Core Buildup, including any pins.....	127.00
D2952	Cast post and core in addition to crown	184.00

D3000 – D3999 ENDODONTICS

Pulpotomy

D3220 Therapeutic pulpotomy – excluding final restoration 88.00

Endodontic Therapy

D3310 Anterior – excluding final restoration..... 368.00

D3320 Bicuspid – excluding final restoration..... 450.00

D3330 Molar – excluding final restoration 560.00

Other Endodontic Procedures

D3950 Canal preparation and fitting of preformed dowel or post 97.00

D7000 – D7999 ORAL AND MAXILLOFACIAL SURGERY

Extractions (Includes Local Anesthesia, Suturing, if needed, and Routine Postoperative Care)

D7111 Coronal remnants – deciduous tooth 62.00

D7140 Extraction, erupted tooth or exposed root 76.00

Surgical Extractions (Includes Local Anesthesia, Suturing and Routine Postoperative Care)

D7210 Surgical removal of erupted tooth requiring elevation of mucoperiosteal flap and removal of bone and/or section of tooth..... 154.00

D9000 – D9999 ADJUNCTIVE GENERAL SERVICES

Anesthesia

D9220 Deep sedation/general anesthesia – first 30 minutes 235.00

D9221 Deep sedation/general anesthesia – each additional 15 minutes 76.00

D9230 Analgesia, anxiolysis, inhalation of nitrous oxide 26.00

D9248 Non-intravenous conscious sedation 105.00

D9410-D9450 PROFESSIONAL VISITS

D9420 Hospital call.....140.00