

AMENDMENT TO DELTACARE® USA CONTRACT PROVIDER AGREEMENT SOUTH CAROLINA

DeltaCare® USA Specialty Fee Schedule Endodontics, Periodontics and Oral Surgery

Procedure Code	Fee Allowance
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Diagnostic		
D0120	periodic oral evaluation - established patient	\$70.00
D0140	limited oral evaluation - problem focused	\$66.00
D0150	comprehensive oral evaluation - new or established patient	\$75.00
D0160	detail and extensive oral evaluation - problem focused, by report	\$80.00
D0170	re-evaluation - limited, problem focused (established patient; not post-operative visit)	\$70.00
D0180	comprehensive periodontal evaluation - new or established patient	\$85.00
D0210*	intraoral - complete series of radiographic images	\$59.00
D0220*	intraoral - periapical first radiographic image	\$18.00
D0230*	intraoral - periapical each additional radiographic image	\$15.00
D0240*	intraoral - occlusal radiographic image	\$20.00
D0272*	bitewings - two radiographic images	\$11.00
D0274*	bitewings - four radiographic images	\$15.00
D0330*	panoramic radiographic image	\$53.00
D0600	non-ionizing diagnostic procedure capable of quantifying, monitoring and recording changes in structure of enamel, dentin, and cementum	\$11.00

Endodontics		
D3310	endodontic therapy, anterior tooth (excluding final restoration)	\$572.00
D3320	endodontic therapy, premolar tooth (excluding final restoration)	\$660.00
D3330	endodontic therapy, molar tooth (excluding final restoration)	\$770.00
D3346	retreatment of previous root canal therapy, anterior	\$627.00
D3347	retreatment of previous root canal therapy, premolar	\$715.00
D3348	retreatment of previous root canal therapy, molar	\$825.00
D3410	apicoectomy - anterior	\$525.00
D3421	apicoectomy - premolar (first root)	\$592.00
D3425	apicoectomy - molar (first root)	\$627.00
D3426	apicoectomy - each additional root	\$286.00
D3430	retrograde filling - per root	\$105.00

Periodontics		
D4210	gingivectomy/gingivoplasty - four or more contiguous teeth or tooth bounded spaces per quadrant	\$630.00
D4211	gingivectomy/gingivoplasty - one to three contiguous teeth or tooth bounded spaces per quadrant	\$300.00
D4212	gingivectomy/gingivoplasty to allow access for restorative procedure, per tooth	\$300.00
D4240	gingival flap procedure, including root planing, four or more contiguous teeth or tooth bounded spaces per quadrant	\$577.00
D4241	gingival flap procedure, including root planing, one to three contiguous teeth or tooth bounded spaces per quadrant	\$300.00
D4249	clinical crown lengthening, hard tissue	\$594.00
D4260	osseous surgery (including elevation of a full thickness flap and closure) - four or more contiguous teeth or tooth bounded spaces per quadrant	\$700.00
D4261	osseous surgery (including elevation of a full thickness flap and closure) - one to three contiguous teeth or tooth bounded spaces per quadrant	\$550.00
D4263	bone replacement graft - first site in quadrant	\$303.00
D4277	free soft tissue graft procedure (including recipient and donor surgical sites) first tooth, implant, or edentulous tooth position in graft	\$577.00
D4278	free soft tissue graft procedure (including recipient and donor surgical sites) each additional contiguous tooth, implant, or edentulous tooth position in same graft site	\$577.00

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Periodontics (continued)

D4341*	periodontal scaling & root planing - four or more teeth per quadrant	\$139.00
D4342*	periodontal scaling & root planing - one to three teeth per quadrant	\$99.00

Implant Services

D6081	scaling and debridement in the presence of inflammation or mucositis of a single implant, including cleaning of the implant surfaces, without flap entry and closure	\$99.00
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Oral & Maxillofacial Surgery

D7111*	extraction, coronal remnants - primary tooth	\$128.00
D7140*	extraction, erupted tooth or exposed root (elevation and/or forceps removal)	\$81.00
D7210	surgical removal of erupted tooth requiring elevation of mucoperiosteal flap and removal of bone and/or section of tooth	\$146.00
D7220	removal of impacted tooth - soft tissue	\$185.00
D7230	removal of impacted tooth - partially bony	\$220.00
D7240	removal of impacted tooth - completely bony	\$287.00
D7241	removal of impacted tooth - completely bony, with unusual surgical complications	\$300.00
D7250	surgical removal of residual tooth roots (cutting procedure)	\$156.00
D7286	incisional biopsy of oral tissue-soft	\$174.00
D7310	alveoloplasty in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	\$166.00
D7320	alveoloplasty not in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	\$169.00

Adjunctive General Services

D9110	palliative (emergency) treatment of dental pain - minor procedure	\$90.00
D9222	deep sedation/general anesthesia - first 15 minutes	\$114.00
D9223	deep sedation/general anesthesia - each subsequent 15-minute increment	\$114.00
D9239	intravenous moderate (conscious) sedation/analgesia - first 15 minutes	\$121.00
D9243	intravenous moderate (conscious) sedation/analgesia - each subsequent 15-minute increment	\$121.00
D9310	consultation - diagnostic service provided by dentist or physician other than requesting dentist or physician	\$75.00

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Procedures listed below, preauthorized by the Company are payable at 100% less the applicable copayment.

Any procedure, authorized by the Company but not listed below will be paid at 75% of the Dentist's submitted fees, less applicable copayment.

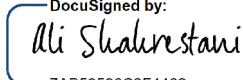
Procedures performed without prior authorization may result in non-payment of claims.

*These procedures are usually considered the responsibility of the assigned general dentist through capitation. All procedures must meet DeltaCare USA specialty care referral guidelines.

This amendment shall become effective upon receipt and countersignature and shall remain in effect until terminated by either party. Either party may terminate this amendment for any reason at the end of a month by giving thirty (30) days' prior written notice to the other party, or by terminating the DeltaCare USA Provider Agreement.

This Amendment supersedes and cancels any previous Amendment related to compensation between Dentist and Company. All terms of the DeltaCare USA Provider Agreement shall remain in effect.

Lexington Modern Dentistry, PC
(Insert Name of Dentist, Partnership or Professional Group)

DocuSigned by:

7AB59596C3F4462...
Authorized Signature

Ali Shahrestani
Print Name and Title (if applicable) of person signing

Date: 9/30/2020 | 1:42 PM PDT

DeltaCare USA Facility ID#: _____

Dentegra Insurance Company

By: _____
Signature

Title

Date: _____

Amendment Effective Date: _____