



Please keep a photocopy of this form for your records and return original form to:

ATTN: Provider Services Dept.
Northeast Delta Dental
One Delta Drive, PO Box 2002
Concord, NH 03302-2002
Phone: 603-223-1100
Fax: 603-223-1033

IMPORTANT—Please Read: In the course of your practice, if you render (or may render) any of the listed procedures on the enclosed Fee Survey Form, it is necessary that you file a fee for such a procedure.

NOTE: All dentists in the office utilizing these fees must sign the form. Please copy this form for your records before returning it to Northeast Delta Dental. New fees are not effective until confirmed by Northeast Delta Dental.

Northeast Delta Dental Fee Survey Form
(Pediatric Dentists Only)

CONFIDENTIAL

Participating Dentist's Agreement

This fee profile represents my usual fees, as charged to my patients.

I will verify fees listed below by permitting inspection of my records upon request by a representative of Northeast Delta Dental. In the event Delta Dental finds that my fees listed below do not comply with the usual fees charged to my patients, I agree to adjust my filed fee.

I agree that I shall not charge a patient the amount of the Delta Dental withhold, if any, and that portion of my fee which may be in excess of the maximum fee allowed by Delta Dental.

I further agree that I will accept direct payment from Delta Dental and that I will not seek any additional compensation at the time of service from the covered subscriber/dependent other than appropriate co-payments or other stated obligations under the patient's group program, i.e., non-covered services and deductibles.

If I increase my fees to all of my patients, I understand that I may resubmit my listing of fees.

I understand that my participation and fee listing extend to subscribers/dependents covered under Delta Dental's fee for service national account programs, including but not limited to, DeltaUSA and multi-state programs.

- 1. I continue to hold an active, valid license to practice in all states in which I provide services. Agree \_\_\_ Disagree \_\_\_
2. I continue to carry malpractice insurance. Agree \_\_\_ Disagree \_\_\_
3. I continue to have no state or local licensing board actions currently restricting or affecting my license. Agree \_\_\_ Disagree \_\_\_
4. My office continues to meet the infection control standards of the Centers for Disease Control and Prevention. Agree \_\_\_ Disagree \_\_\_
5. I have not been involved in any malpractice suits, claims, or settlements within the last ten years. Agree \_\_\_ Disagree \_\_\_

(If you disagree with any statements above, please provide complete details on a separate sheet.)

My signature below certifies my acceptance of these terms. My responses to the statements above are true to the best of my knowledge. If I have not marked any responses above, my signature further certifies that my responses to all five statements are in agreement.

X
DENTIST'S SIGNATURE (no signature stamps)

X
DENTIST'S SIGNATURE (no signature stamps)

License Number Type 1 (Treating Dentist) National Provider ID #

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License Number Type 1 (Treating Dentist) National Provider ID #

Street Address City State Zip Code

Tax Identification Number Telephone Number E-Mail Address

Business Name (please print): Date:

Type 2 (Billing Entity) National Provider ID #:

**DIAGNOSTIC D0100-D0999**

D0120	Periodic oral evaluation	\$ . . . . .
D0140	Limited oral evaluation - problem focused	\$ . . . . .
D0145	Evaluation, child under age three	\$ . . . . .
D0150	Comprehensive oral evaluation	\$ . . . . .
D0160	Detailed and extensive oral evaluation - problem focused, by report	\$ . . . . .
D0170	Re-evaluation, limited, problem focused visit	\$ . . . . .
D0180	Comprehensive periodontal evaluation - new or established patient	\$ . . . . .
D0210	Intraoral-complete series (including bitewings)	\$ . . . . .
D0220	Intraoral-periapical first film	\$ . . . . .
D0230	Intraoral-periapical each additional film	\$ . . . . .
D0240	Intraoral-occlusal film	\$ . . . . .
D0250	Extraoral-first film	\$ . . . . .
D0260	Extraoral-each additional film	\$ . . . . .
D0270	Bitewing-single film	\$ . . . . .
D0272	Bitewings-two films	\$ . . . . .
D0273	Bitewings-three films	\$ . . . . .
D0274	Bitewings-four films	\$ . . . . .
D0277	Vertical bitewings-7 to 8 films	\$ . . . . .
D0330	Panoramic film	\$ . . . . .
D0340	Cephalometric film	\$ . . . . .
D0350	Oral/facial photographic images	\$ . . . . .
D0360	Cone beam CT	\$ . . . . .
D0362	Cone beam CT-two dimensional	\$ . . . . .
D0363	Cone beam CT-three dimensional	\$ . . . . .
D0415	Collection of microorganisms for culture and sensitivity	\$ . . . . .
D0416	Viral culture	\$ . . . . .
D0417	Collection and preparation of saliva sample	\$ . . . . .
D0418	Analysis of saliva sample	\$ . . . . .
D0421	Genetic test for susceptibility to oral diseases	\$ . . . . .
D0425	Caries susceptibility tests	\$ . . . . .
D0431	Prediagnostic test, not to include cytology or biopsy procedures	\$ . . . . .
D0460	Pulp vitality tests	\$ . . . . .
D0470	Diagnostic casts	\$ . . . . .
D0472	Accession of tissue, gross examination	\$ . . . . .
D0473	Accession of tissue, gross and microscopic examination	\$ . . . . .
D0474	Accession of tissue, assessment of surgical margins	\$ . . . . .
D0475	Decalcification procedure	\$ . . . . .
D0476	Special stains for microorganisms	\$ . . . . .

D0477	Special stains not for microorganisms	\$ . . . . .
D0478	Immunohistochemical stains	\$ . . . . .
D0480	Accession of exfoliative cytological smears	\$ . . . . .
D0484	Consultation on slides prepared elsewhere	\$ . . . . .
D0485	Consultation, including preparation of slides from biopsy material from referring source	\$ . . . . .
D0486	Accession of transepithelial cytologic sample	\$ . . . . .
D0502	Other oral pathology procedures, by report	\$ . . . . .

**PREVENTIVE D1000-D1999**

D1110	Prophylaxis, adult	\$ . . . . .
D1120	Prophylaxis, child	\$ . . . . .
D1203	Topical application of fluoride - child	\$ . . . . .
D1204	Topical application of fluoride - adult	\$ . . . . .
D1206	Topical application of fluoride varnish	\$ . . . . .
D1310	Nutritional counseling for the control of dental disease	\$ . . . . .
D1320	Tobacco counseling for the control and prevention of oral disease	\$ . . . . .
D1330	Oral hygiene instructions	\$ . . . . .
D1351	Sealant-per tooth	\$ . . . . .
D1352	Preventive resin restoration in a moderate to high caries risk patient-permanent tooth	\$ . . . . .
D1510	Space maintainer-fixed-unilateral	\$ . . . . .
D1515	Space maintainer-fixed-bilateral	\$ . . . . .
D1520	Space maintainer- removable-unilateral	\$ . . . . .
D1525	Space maintainer- removable-bilateral	\$ . . . . .
D1550	Recementation of space maintainer	\$ . . . . .
D1555	Removal of fixed space maintainer	\$ . . . . .

**RESTORATIVE D2000-D2999**

D2140	Amalgam-one surface	\$ . . . . .
D2150	Amalgam-two surfaces	\$ . . . . .
D2160	Amalgam-three surfaces	\$ . . . . .
D2161	Amalgam-four or more surfaces	\$ . . . . .
D2330	Resin-one surface, anterior	\$ . . . . .
D2331	Resin-two surfaces, anterior	\$ . . . . .
D2332	Resin-three surfaces, anterior	\$ . . . . .
D2335	Resin-four or more surfaces, or involving incisal angle, anterior	\$ . . . . .
D2390	Resin-based composite crown	\$ . . . . .
D2391	Resin-one surface, posterior	\$ . . . . .
D2392	Resin-two surfaces, posterior	\$ . . . . .

D2393	Resin-three surfaces, posterior	\$ . . . . .	D2781	Crown-3/4 cast	
D2394	Resin-four or more surfaces, posterior	\$ . . . . .		predominantly base metal	\$ . . . . .
D2410	Gold foil-one surface	\$ . . . . .	D2782	Crown-3/4 cast noble metal	\$ . . . . .
D2420	Gold foil-two surfaces	\$ . . . . .	D2783	Crown-3/4 porcelain/ceramic	\$ . . . . .
D2430	Gold foil-three surfaces	\$ . . . . .	D2790	Crown-full cast high noble metal	\$ . . . . .
D2510	Inlay-metallic-one surface	\$ . . . . .	D2791	Crown-full cast predominantly base metal	\$ . . . . .
D2520	Inlay-metallic-two surfaces	\$ . . . . .	D2792	Crown-full cast noble metal	\$ . . . . .
D2530	Inlay-metallic-three or more surfaces	\$ . . . . .	D2794	Crown - titanium	\$ . . . . .
D2542	Onlay-metallic-two surfaces	\$ . . . . .	D2799	Provisional crown	\$ . . . . .
D2543	Onlay-metallic-three surfaces	\$ . . . . .	D2910	Recement inlay, onlay, or partial coverage restoration	\$ . . . . .
D2544	Onlay-metallic-four or more surfaces	\$ . . . . .	D2915	Recement cast or prefabricated post and core	\$ . . . . .
D2610	Inlay-porcelain/ceramic-one surface	\$ . . . . .	D2920	Recement crown	\$ . . . . .
D2620	Inlay-porcelain/ceramic-two surfaces	\$ . . . . .	D2930	Prefabricated stainless steel crown-primary tooth	\$ . . . . .
D2630	Inlay-porcelain/ceramic-three or more surfaces	\$ . . . . .	D2931	Prefabricated stainless steel crown-permanent tooth	\$ . . . . .
D2642	Onlay-porcelain/ceramic-two surfaces	\$ . . . . .	D2932	Prefabricated resin crown	\$ . . . . .
D2643	Onlay-porcelain/ceramic-three surfaces	\$ . . . . .	D2933	Prefabricated stainless steel crown with resin window	\$ . . . . .
D2644	Onlay-porcelain/ceramic-four or more surfaces	\$ . . . . .	D2934	Prefabricated esthetic coated stainless steel crown - primary tooth	\$ . . . . .
D2650	Inlay-composite/resin-one surface (laboratory processed)	\$ . . . . .	D2940	Protective restoration	\$ . . . . .
D2651	Inlay-composite/resin-two surfaces (laboratory processed)	\$ . . . . .	D2950	Core buildup, including any pins	\$ . . . . .
D2652	Inlay-composite/resin-three or more surfaces (laboratory processed)	\$ . . . . .	D2951	Pin retention-per tooth, in addition to restoration	\$ . . . . .
D2662	Onlay-composite/resin-two surfaces	\$ . . . . .	D2952	Post and core in addition to crown, indirectly fabricated	\$ . . . . .
D2663	Onlay-composite/resin-three surfaces	\$ . . . . .	D2953	Each additional indirectly fabricated post-same tooth	\$ . . . . .
D2664	Onlay-composite/resin-four or more surfaces	\$ . . . . .	D2954	Prefabricated post and core in addition to crown	\$ . . . . .
D2710	Crown-resin (indirect)	\$ . . . . .	D2955	Post removal (not in conjunction with endodontic therapy)	\$ . . . . .
D2712	Crown-3/4 resin-based composite (indirect)	\$ . . . . .	D2957	Each additional prefabricated post-same tooth	\$ . . . . .
D2720	Crown-resin with high noble metal	\$ . . . . .	D2960	Labial veneer (resin laminate)-chairside	\$ . . . . .
D2721	Crown-resin with predominantly base metal	\$ . . . . .	D2961	Labial veneer (resin laminate)-laboratory	\$ . . . . .
D2722	Crown-resin with noble metal	\$ . . . . .	D2962	Labial veneer (porcelain laminate) - laboratory	\$ . . . . .
D2740	Crown-porcelain/ceramic substrate	\$ . . . . .	D2970	Temporary crown (fractured tooth)	\$ . . . . .
D2750	Crown-porcelain fused to high noble metal	\$ . . . . .	D2971	Additional procedures to construct new crown under existing partial denture framework	\$ . . . . .
D2751	Crown-porcelain fused to predominantly base metal	\$ . . . . .	D2975	Coping	\$ . . . . .
D2752	Crown-porcelain fused to noble metal	\$ . . . . .	D2980	Crown repair, by report	\$ . . . . .
D2780	Crown-3/4 cast high noble metal	\$ . . . . .			
				<b>ENDODONTICS D3000-D3999</b>	
			D3110	Pulp cap-direct (excluding final restoration)	\$ . . . . .

D3120	Pulp cap-indirect (excluding final restoration)	\$ . . . . .
D3220	Therapeutic pulpotomy (excluding final restoration)	\$ . . . . .
D3221	Pulpal debridement-primary and permanent teeth	\$ . . . . .
D3222	Partial pulpotomy for apexogenesis - permanent tooth	\$ . . . . .
D3230	Pulpal therapy (resorbable filling) - anterior, primary tooth (excluding final restoration)	\$ . . . . .
D3240	Pulpal therapy (resorbable filling)-posterior, primary tooth (excluding final restoration)	\$ . . . . .
D3310	Endodontic therapy - anterior (excluding final restoration)	\$ . . . . .
D3320	Endodontic therapy - bicuspid (excluding final restoration)	\$ . . . . .
D3330	Endodontic therapy - molar (excluding final restoration)	\$ . . . . .
D3331	Treatment of root canal obstruction, non-surgical access	\$ . . . . .
D3332	Incomplete endodontic therapy	\$ . . . . .
D3333	Internal root repair of perforation defects	\$ . . . . .
D3346	Retreatment of previous root canal therapy-anterior	\$ . . . . .
D3347	Retreatment of previous root canal therapy-bicuspid	\$ . . . . .
D3348	Retreatment of previous root canal therapy-molar	\$ . . . . .
D3351	Apexification/recalcification/ pulpal regeneration - initial visit	\$ . . . . .
D3352	Apexification/recalcification/ pulpal regeneration - interim medication replacement	\$ . . . . .
D3353	Apexification/recalcification- final visit	\$ . . . . .
D3410	Apicoectomy/periradicular surgery-anterior	\$ . . . . .
D3421	Apicoectomy/periradicular surgery-bicuspid (first root)	\$ . . . . .
D3425	Apicoectomy/periradicular surgery-molar (first root)	\$ . . . . .
D3426	Apicoectomy/periradicular surgery (each additional root)	\$ . . . . .
D3430	Retrograde filling-per root	\$ . . . . .
D3450	Root amputation-per root	\$ . . . . .
D3910	Surgical procedure for isolation of tooth with rubber dam	\$ . . . . .
D3920	Hemisection (including any root removal), not including root canal therapy	\$ . . . . .
D3950	Canal preparation and fitting of preformed dowel or post	\$ . . . . .

**PERIODONTICS D4000-D4999**

D4210	Gingivectomy or gingivoplasty- four or more teeth per quadrant	\$ . . . . .
D4211	Gingivectomy or gingivoplasty- one to three teeth per quadrant	\$ . . . . .
D4230	Anatomical crown exposure-four or more teeth per quadrant	\$ . . . . .
D4231	Anatomical crown exposure-one to three teeth per quadrant	\$ . . . . .
D4240	Gingival flap procedure, including root planing-four or more teeth per quadrant	\$ . . . . .
D4241	Gingival flap procedure, including root planing-one to three teeth per quadrant	\$ . . . . .
D4245	Apically positioned flap	\$ . . . . .
D4249	Clinical crown lengthening-hard tissue	\$ . . . . .
D4260	Osseous surgery (including flap entry and closure)-four or more teeth per quadrant	\$ . . . . .
D4261	Osseous surgery (including flap entry and closure)-one to three teeth per quadrant	\$ . . . . .
D4263	Bone replacement graft-first site in quadrant	\$ . . . . .
D4264	Bone replacement graft-each additional site in quadrant	\$ . . . . .
D4265	Biologic materials to aid in soft and osseous tissue regeneration	\$ . . . . .
D4266	Guided tissue regeneration- resorbable barrier, per site	\$ . . . . .
D4267	Guided tissue regeneration- nonresorbable barrier, per site (includes membrane removal)	\$ . . . . .
D4268	Surgical revision per tooth	\$ . . . . .
D4270	Pedicle soft tissue graft procedure	\$ . . . . .
D4271	Free soft tissue graft procedure (including donor site surgery)	\$ . . . . .
D4273	Subepithelial connective tissue graft procedures, per tooth	\$ . . . . .
D4274	Distal or proximal wedge procedure (not in conjunction with surgical procedures in the same anatomical area)	\$ . . . . .
D4275	Soft tissue allograft	\$ . . . . .
D4276	Combined connective tissue and double pedicle graft, per tooth	\$ . . . . .
D4320	Provisional splinting-intracoronar	\$ . . . . .
D4321	Provisional splinting-extracoronar	\$ . . . . .
D4341	Periodontal scaling and root planing- four or more teeth per quadrant	\$ . . . . .
D4342	Periodontal scaling and root planing- one to three teeth per quadrant	\$ . . . . .

D4355	Full mouth debridement to enable comprehensive evaluation and diagnosis	\$ . . . . .
D4381	Localized delivery of antimicrobial agents via a controlled release vehicle into diseased crevicular tissue, per tooth, by report	\$ . . . . .
D4910	Periodontal maintenance	\$ . . . . .
D4920	Unscheduled dressing change (by someone other than treating dentist)	\$ . . . . .

**PROSTHODONTICS (REMOVABLE) D5000-D5999**

D5110	Complete denture-maxillary	\$ . . . . .
D5120	Complete denture-mandibular	\$ . . . . .
D5130	Immediate denture-maxillary	\$ . . . . .
D5140	Immediate denture-mandibular	\$ . . . . .
D5211	Maxillary partial denture-resin base (including any conventional clasps, rests and teeth)	\$ . . . . .
D5212	Mandibular partial denture-resin base (including any conventional clasps, rests and teeth)	\$ . . . . .
D5213	Maxillary partial denture-cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	\$ . . . . .
D5214	Mandibular partial denture-cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	\$ . . . . .
D5225	Maxillary partial denture - flexible base (including any clasps, rests, and teeth)	\$ . . . . .
D5226	Mandibular partial denture - flexible base (including any clasps, rests, and teeth)	\$ . . . . .
D5281	Removable unilateral partial denture-one piece cast metal (including clasps and teeth)	\$ . . . . .
D5410	Adjust complete denture-maxillary	\$ . . . . .
D5411	Adjust complete denture-mandibular	\$ . . . . .
D5421	Adjust partial denture-maxillary	\$ . . . . .
D5422	Adjust partial denture-mandibular	\$ . . . . .
D5510	Repair broken complete denture base	\$ . . . . .
D5520	Replace missing or broken teeth-complete denture (each tooth)	\$ . . . . .
D5610	Repair resin denture base	\$ . . . . .
D5620	Repair cast framework	\$ . . . . .
D5630	Repair or replace broken clasp	\$ . . . . .
D5640	Replace broken teeth-per tooth	\$ . . . . .
D5650	Add tooth to existing partial denture	\$ . . . . .

D5660	Add clasp to existing partial denture	\$ . . . . .
D5670	Replace all teeth and acrylic on cast metal framework (maxillary)	\$ . . . . .
D5671	Replace all teeth and acrylic on cast metal framework (mandibular)	\$ . . . . .
D5710	Rebase complete maxillary denture	\$ . . . . .
D5711	Rebase complete mandibular denture	\$ . . . . .
D5720	Rebase maxillary partial denture	\$ . . . . .
D5721	Rebase mandibular partial denture	\$ . . . . .
D5730	Reline complete maxillary denture (chairside)	\$ . . . . .
D5731	Reline complete mandibular denture (chairside)	\$ . . . . .
D5740	Reline maxillary partial denture (chairside)	\$ . . . . .
D5741	Reline mandibular partial denture (chairside)	\$ . . . . .
D5750	Reline complete maxillary denture (laboratory)	\$ . . . . .
D5751	Reline complete mandibular denture (laboratory)	\$ . . . . .
D5760	Reline maxillary partial denture (laboratory)	\$ . . . . .
D5761	Reline mandibular partial denture (laboratory)	\$ . . . . .
D5810	Interim complete denture, maxillary	\$ . . . . .
D5811	Interim complete denture, mandibular	\$ . . . . .
D5820	Interim partial denture, maxillary	\$ . . . . .
D5821	Interim partial denture, mandibular	\$ . . . . .
D5850	Tissue conditioning, maxillary	\$ . . . . .
D5851	Tissue conditioning, mandibular	\$ . . . . .
D5860	Overdenture-complete, by report	\$ . . . . .
D5861	Overdenture-partial, by report	\$ . . . . .
D5862	Precision attachment, by report	\$ . . . . .
D5867	Replacement of precision attachment	\$ . . . . .
D5875	Modification of removable prosthesis after implant surgery	\$ . . . . .
D5982	Surgical stent	\$ . . . . .
D5986	Fluoride gel carrier	\$ . . . . .
D5991	Topical medicament carrier	\$ . . . . .

**IMPLANT SERVICES D6000-D6199**

D6010	Surgical placement of implant body: endosteal implant	\$ . . . . .
D6012	Surgical placement of interim implant body	\$ . . . . .





D7283	Placement of device to facilitate eruption of impacted tooth	\$ .....	D7910	Suture of recent small wounds up to 5 cm	\$ .....
D7285	Biopsy of oral tissue-hard	\$ .....	D7911	Complicated suture up to 5 cm	\$ .....
D7286	Biopsy of oral tissue-soft	\$ .....	D7912	Complicated suture greater than 5 cm	\$ .....
D7287	Exfoliative cytology sample collection	\$ .....	D7951	Sinus augmentation with bone or bone substitutes	\$ .....
D7288	Brush biopsy - transepithelial sample collection	\$ .....	D7953	Bone replacement graft for ridge preservation	\$ .....
D7290	Surgical repositioning of teeth	\$ .....	D7960	Frenulectomy - also known as frenectomy or frenotomy-separate procedure not incidental to another	\$ .....
D7291	Transseptal fiberotomy, by report	\$ .....	D7963	Frenuloplasty	\$ .....
D7292	Surgical placement: temporary anchorage device, screw retained	\$ .....	D7971	Excision of pericoronal gingiva	\$ .....
D7293	Surgical placement: temporary anchorage device requiring surgical flap	\$ .....	D7972	Surgical reduction of fibrous tuberosity	\$ .....
D7294	Surgical placement: temporary anchorage device without surgical flap	\$ .....	D7997	Appliance removal (not by dentist placing appliance)	\$ .....
D7310	Alveoloplasty in conjunction with extractions-four or more teeth, per quadrant	\$ .....	D7998	Placement of fixation device not in conjunction with a fracture	\$ .....
D7311	Alveoloplasty in conjunction with extractions-one to three teeth, per quadrant	\$ .....			
D7320	Alveoloplasty not in conjunction with extractions-four or more teeth, per quadrant	\$ .....	<b>ORTHODONTICS D8000-D8999</b>		
D7321	Alveoloplasty not in conjunction with extractions - one to three teeth, per quadrant	\$ .....	D8010	Limited orthodontic treatment of the primary dentition	\$ .....
D7340	Vestibuloplasty-ridge extension (secondary epithelialization)	\$ .....	D8020	Limited orthodontic treatment of the transitional dentition	\$ .....
D7410	Excision of benign lesion up to 1.25 cm	\$ .....	D8030	Limited orthodontic treatment of the adolescent dentition	\$ .....
D7450	Removal of odontogenic cyst or tumor up to 1.25 cm	\$ .....	D8040	Limited orthodontic treatment of the adult dentition	\$ .....
D7460	Removal of nonodontogenic cyst or tumor up to 1.25 cm	\$ .....	D8050	Interceptive orthodontic treatment of the primary dentition	\$ .....
D7510	Incision and drainage of abscess-intraoral soft tissue	\$ .....	D8060	Interceptive orthodontic treatment of the transitional dentition	\$ .....
D7511	Incision and drainage of abscess, intraoral - complicated	\$ .....	D8070	Comprehensive orthodontic treatment of the transitional dentition	\$ .....
D7520	Incision and drainage of abscess-extraoral soft tissue	\$ .....	D8080	Comprehensive orthodontic treatment of the adolescent dentition	\$ .....
D7521	Incision and drainage of abscess-extraoral soft tissue-complicated	\$ .....	D8090	Comprehensive orthodontic treatment of the adult dentition	\$ .....
D7530	Removal of foreign body from mucosa, skin, or subcutaneous alveolar tissue	\$ .....	D8210	Removable appliance therapy	\$ .....
D7540	Removal of reaction producing foreign bodies, musculoskeletal system	\$ .....	D8220	Fixed appliance therapy	\$ .....
D7880	Occlusal orthotic device, by report	\$ .....	D8680	Orthodontic retention	\$ .....
			D8691	Repair of orthodontic appliance	\$ .....
			D8692	Replacement of lost or broken retainer	\$ .....
			D8693	Rebonding or recementing; and/or repair of fixed retainers	\$ .....
			<b>ADJUNCTIVE GENERAL SERVICES D9000-D9999</b>		
			D9110	Palliative (emergency) treatment of dental pain-minor procedure	\$ .....

D9120	Fixed partial denture sectioning	\$ . . . . .	D9450	Case presentation	\$ . . . . .
D9210	Local anesthesia not in conjunction with operative or surgical procedures	\$ . . . . .	D9610	Therapeutic parenteral drug, single administration	\$ . . . . .
D9220	Deep sedation/general anesthesia-first 30 minutes	\$ . . . . .	D9612	Therapeutic parenteral drug, two or more administrations	\$ . . . . .
D9221	Deep sedation/general anesthesia-each additional 15 minutes	\$ . . . . .	D9910	Application of desensitizing medicament	\$ . . . . .
D9230	Inhalation of nitrous oxide/analgesia, anxiolysis	\$ . . . . .	D9911	Application of desensitizing resin for cervical and/or root surface, per tooth	\$ . . . . .
D9241	Intravenous sedation/analgesia-first 30 minutes	\$ . . . . .	D9920	Behavior management, by report	\$ . . . . .
D9242	Intravenous sedation/analgesia-each additional 15 minutes	\$ . . . . .	D9930	Treatment of complications (post-surgical)-unusual circumstances, by report	\$ . . . . .
D9248	Non-intravenous conscious sedation	\$ . . . . .	D9940	Occlusal guard, by report	\$ . . . . .
D9310	Consultation - diagnostic service provided by dentist or physician other than requesting dentist or physician	\$ . . . . .	D9941	Fabrication of athletic mouthguard	\$ . . . . .
D9420	Hospital or ambulatory surgical center call	\$ . . . . .	D9942	Repair and/or reline of occlusal guard	\$ . . . . .
D9430	Office visit for observation (during regularly scheduled hours)-no other services performed	\$ . . . . .	D9950	Occlusion analysis-mounted case	\$ . . . . .
D9440	Office visit-after regularly scheduled hours	\$ . . . . .	D9951	Occlusal adjustment-limited	\$ . . . . .
			D9952	Occlusal adjustment-complete	\$ . . . . .
			D9970	Enamel microabrasion	\$ . . . . .
			D9971	Odontoplasty 1-2 teeth	\$ . . . . .
			D9972	External bleaching-per arch	\$ . . . . .
			D9973	External bleaching-per tooth	\$ . . . . .
			D9974	Internal bleaching-per tooth	\$ . . . . .

### CURRENT ADA CODES FOR PROCEDURES PERFORMED BUT NOT LISTED

Code	Description	Fee
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____





## **NORTHEAST DELTA DENTAL FEE SURVEY POLICY**

Do not list a range of fees when completing the fee survey; **list only one fee**. The fee listed should be your usual fee charged to all your patients. It should **not** be the highest fee you might charge for that particular procedure. If you should charge a Northeast Delta Dental patient a higher fee than filed, due to special circumstances, individual consideration must be requested.

It is not necessary to complete the entire form unless all fees are being changed. You need only fill in those fees that are being updated. For all procedures left blank, Northeast Delta Dental will continue to use your last filed fee as your usual fee for that procedure. **DO NOT** leave any procedures blank unless your last fee on file represents your current fee.

If you no longer perform a procedure for which you have previously filed a fee, and you no longer wish that fee to remain on file, please mark **“DELETE”** on the fee survey for that procedure.

**Current Dental Terminology CDT-2011/2012** Compiled and Edited by the American Dental Association's Council on Dental Benefit Programs.

**NOTE: The procedures listed are not necessarily covered benefits for all Northeast Delta Dental patients. Please contact our Customer Service department or call Northeast Delta Dental's automated information system, DentalLink, for benefit information. Predetermination is also strongly recommended. Thank you.**