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 (Endodontists 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.

X		X			
DENTIST'S SIGNATURE (<u>no</u> signature stamps) DENTIST'S SIGNATURE (<u>no</u> signature stamps)			gnature stamps)		
License Number Type 1	(Treating Dentist) National Provider ID #	License Number Type 1 (Treating Dentist) National Provider ID #			
Х		Χ			
DENTIST'S SIGNATURE	(<u>no</u> signature stamps)	DENTIST'S SIG	SNATURE (<u>no</u> sig	gnature stamps)	
License Number Type 1	(Treating Dentist) National Provider ID #	License Number	Type 1 (Treating I	Dentist) National Provider ID #	
Х		X			
DENTIST'S SIGNATURE (no signature stamps) DENTIST'S SIGNATURE (no signature stamps)				gnature stamps)	
License Number Type 1	(Treating Dentist) National Provider ID #	D # License Number Type 1 (Treating Dentist) National Provider ID #		Dentist) National Provider ID #	
Street Address	City		State	Zip Code	
Tax Identification Number	Telephone Number	E-Mail Address		3	

Business Name (please print):

Type 2 (Billing Entity) National Provider ID #:

- 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.

Date:

DIAGNOSTIC D0100-D0999

	0311C D0100-D0999	
D0120	Periodic oral evaluation	\$
D0140	Limited oral evaluation-problem	
	focused	\$
D0150	Comprehensive oral evaluation	\$
D0160	Detailed and extensive oral	
	evaluation - problem focused,	
	by report	\$
D0170	Re-evaluation - limited, problem	
	focused	\$
D0220	Intraoral-periapical first	
	radiographic image	\$
D0230	Intraoral-periapical each	
	additional radiographic image	\$
D0240	Intraoral-occlusal radiographic	
	image	\$
D0250	Extraoral-first radiographic image	\$
D0260	•••••	
	radiographic image	\$
D0350	Oral/facial photographic image	
	obtained intraorally or extraorally	\$
D0415	Collection of microorganisms for	
0	culture and sensitivity	\$
D0460	Pulp vitality tests	\$
	Accession of tissue, gross	÷
20712	examination	\$
D0473	Accession of tissue, gross and	Ψ····
00+13	microscopic examination	\$
D0474	Accession of tissue, assessment	Ψ
D0474	of surgical margins	\$
D0477	Special stains not for	φ
D0477	microorganisms	\$
00470	Immunohistochemical stains	
D0478 D0484		\$
00404	Consultation on slides	¢
D0496	prepared elsewhere	\$
00400	Accession of transepithelial	ድ
	cytologic sample	\$
DEATO		
	RATIVE D2000-D2999	
D2952	Post and core in addition to	ድ
DOOFO	crown, indirectly fabricated	\$
D2953	Each additional indirectly	^
D.C.C.= -	fabricated post - same tooth	\$
D2954	Prefabricated post and core in	•
	addition to crown	\$
	Post removal	\$
D2957	Each additional prefabricated	
	post - same tooth	\$
	DONTICS D3000-D3999	
D3110	Pulp cap-direct (excluding final	
	restoration)	\$
D3120	Pulp cap-indirect (excluding final	
	restoration)	\$
		4

D3220	Therapeutic pulpotomy	
D3221	(excluding final restoration) Pulpal debridement, primary	\$
03222	and permanent teeth Partial pulpotomy for	\$
DJZZZ	apexogenesis - permanent tooth	\$
D3230	Pulpal therapy (resorbable filling) -	
	anterior, primary tooth (excluding final restoration)	\$
D3240		
	posterior, primary tooth (excluding final restoration)	\$
D3310	Endodontic therapy - anterior	φ
200.0	(excluding final restoration)	\$
D3320		
	(excluding final restoration)	\$
D3330	Endodontic therapy - molar	
	(excluding final restoration)	\$
D3331	Treatment of root canal obstruction	,
D 0000	non-surgical access	\$
D3332		\$
D3333	Internal root repair of perforation defects	\$
D3346	Retreatment of previous root canal	Φ
D3340	therapy - anterior	\$
D3347		Ψ
20011	therapy - bicuspid	\$
D3348	Retreatment of previous root canal	• • • • • • • • • • • •
	therapy - molar	\$
D3351	Apexification/recalcification - initial	
	visit (apical closure/calcific repair	
	of perforations, root resorption,	
	pulp space disinfection, etc.)	\$
D3352	Apexification/recalcification –	•
D0050	interim medication replacement	\$
D3353	Apexification/recalcification- final visit	\$
D3410		\$
D3421	· · · · · · · · · · · · · · · · · · ·	\$
D3425		\$
D3426	Apicoectomy (each additional root)	
D3427	Periradicular surgery without	
	apicoectomy	\$
D3430	Retrograde filling-per root	\$
D3450		\$
D3910	0	
D 0000	tooth with rubber dam	\$
D3920	Hemisection (including any root	
	removal), not including root canal	\$
D3950	therapy Canal preparation and fitting of	Ψ
00000	preformed dowel or post	\$

\$ - 2 -

PERIODONTICS D4000-D4999

PERIO	DONTICS D4000-D4999	
D4230	Anatomical crown exposure, four	
	or more teeth per quadrant	\$
D4231	Anatomical crown exposure, one	
	to three teeth per quadrant	\$
D4320	Provisional splinting-intracoronal	\$
D4321	Provisional splinting-extracoronal	\$
ORAL	AND MAXILLOFACIAL SURGERY D	7000-D7999
D7288	Brush biopsy - transepithelial	
	sample collection	\$
D7410	Excision of benign lesion up to	
	1.25 cm	\$
D7450	Removal of odontogenic cyst or	T
	tumor up to 1.25 cm	\$
D7460	•	
21100	tumor up to 1.25 cm	• \$
D7510	Incision and drainage of abscess-	Ψ
DIGIO	intraoral soft tissue	\$
D7511	Incision and drainage of abscess-	Ψ
DIGIT	intraoral soft tissue - complicated	\$
D7520	Incision and drainage of abscess-	Ψ
D1 320	extraoral soft tissue	\$
D7521	Incision and drainage of abscess-	Ψ
D7521	extraoral soft tissue - complicated	\$
D7530	-	φ
D7550	u ,	
	mucosa, skin, or subcutaneous alveolar tissue	\$
D7540		φ
D7540	Removal of reaction producing	
	foreign bodies, musculoskeletal	¢
D7500	system	\$
D7560	5	^
D 7040	of tooth fragment or foreign body	\$
D7910	Suture of recent small wounds up	•
	to 5 cm	\$
D7911	Complicated suture up to 5 cm	\$
D7912	1 0	•
	5 cm	\$
D7998	Placement of fixation device not	
	in conjunction with a fracture	\$

ADJUNCTIVE GENERAL SERVICES D9000-D9999

D9110	Palliative (emergency) treatment	
	of dental pain-minor procedure	\$
D9210	Local anesthesia not in conjunction	
	with operative or surgical	
	procedures	\$
D9230	Inhalation of nitrous oxide/	
	analgesia, anxiolysis	\$
D9241	Intravenous sedation/analgesia-	
	first 30 minutes	\$
D9242	Intravenous sedation/analgesia-	
	each additional 15 minutes	\$

D9248	Non-intravenous conscious sedation	\$				_
D9310	Consultation - diagnostic service provided by dentist or physician	Ŷ	•••	 •		•
	other than requesting dentist or					
	physician	\$		 	 	
D9420	Hospital or ambulatory surgical					
	center call	\$		 		
D9430	Office visit for observation (during					
	regularly scheduled hours)-no othe					
	services performed	\$		 • •	 •	•
D9440	Office visit-after regularly					
	scheduled hours					
D9450	Case presentation	\$		 		
D9610	Therapeutic parenteral drug,					
	single administration	\$		 •		
D9612	Therapeutic parenteral drugs, two					
	or more administrations	\$		 		
D9920	Behavior management, by report	\$		 •		
D9930	Treatment of complications					
	(post-surgical)-unusual					
	circumstances, by report	\$				
D9951	Occlusal adjustment-limited	\$				
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 2014 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.