

DIAGNOSTIC 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	Extraoral-each additional radiographic image	\$
D0350	Oral/facial photographic image obtained intraorally or extraorally	\$
D0415	Collection of microorganisms for culture and sensitivity	\$
D0460	Pulp vitality tests	\$
D0472	Accession of tissue, gross examination	\$
D0473	Accession of tissue, gross and microscopic examination	\$
D0474	Accession of tissue, assessment of surgical margins	\$
D0477	Special stains not for microorganisms	\$
D0478	Immunohistochemical stains	\$
D0484	Consultation on slides prepared elsewhere	\$
D0486	Accession of transepithelial cytologic sample	\$

RESTORATIVE D2000-D2999

D2952	Post and core in addition to crown, indirectly fabricated	\$
D2953	Each additional indirectly fabricated post - same tooth	\$
D2954	Prefabricated post and core in addition to crown	\$
D2955	Post removal	\$
D2957	Each additional prefabricated post - same tooth	\$

ENDODONTICS D3000-D3999

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 – initial visit (apical closure/calcific repair of perforations, root resorption, pulp space disinfection, etc.)	\$
D3352	Apexification/recalcification – interim medication replacement	\$
D3353	Apexification/recalcification- final visit	\$
D3410	Apicoectomy – anterior	\$
D3421	Apicoectomy – bicuspid (first root)	\$
D3425	Apicoectomy – molar (first root)	\$
D3426	Apicoectomy (each additional root)	\$
D3427	Periradicular surgery without apicoectomy	\$
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

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 D7000-D7999

D7288	Brush biopsy - transepithelial sample collection	\$
D7410	Excision of benign lesion up to 1.25 cm	\$
D7450	Removal of odontogenic cyst or tumor up to 1.25 cm	\$
D7460	Removal of nonodontogenic cyst or tumor up to 1.25 cm	\$
D7510	Incision and drainage of abscess-intraoral soft tissue	\$
D7511	Incision and drainage of abscess-intraoral soft tissue - complicated	\$
D7520	Incision and drainage of abscess-extraoral soft tissue	\$
D7521	Incision and drainage of abscess-extraoral soft tissue - complicated	\$
D7530	Removal of foreign body from mucosa, skin, or subcutaneous alveolar tissue	\$
D7540	Removal of reaction producing foreign bodies, musculoskeletal system	\$
D7560	Maxillary sinusotomy for removal of tooth fragment or foreign body	\$
D7910	Suture of recent small wounds up to 5 cm	\$
D7911	Complicated suture up to 5 cm	\$
D7912	Complicated suture greater than 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 other than requesting dentist or physician	\$
D9420	Hospital or ambulatory surgical center call	\$
D9430	Office visit for observation (during regularly scheduled hours)-no other 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.