



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 (Oral Surgeons 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
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

- 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.

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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	\$
D0150	Comprehensive oral evaluation	\$
D0160	Detailed and extensive oral evaluation - problem focused, by report	\$
D0170	Re-evaluation - limited, problem focused	\$
D0210	Intraoral-complete series of radiographic images	\$
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	\$
D0270	Bitewing-single radiographic image	\$
D0272	Bitewings-two radiographic images	\$
D0273	Bitewings-three radiographic images	\$
D0274	Bitewings-four radiographic images	\$
D0290	Posterior-anterior or lateral skull and facial bone survey radiographic image	\$
D0310	Sialography	\$
D0320	Temporomandibular joint arthrogram, including injection	\$
D0321	Other temporomandibular joint radiographic images, by report	\$
D0330	Panoramic radiographic image	\$
D0340	Cephalometric radiographic image	\$
D0350	Oral/facial photographic image obtained intraorally or extraorally	\$
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 cytologic smears	\$
D0481	Electron microscopy	\$
D0483	Indirect immunofluorescence	\$
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

D1310	Nutritional counseling for the control of dental disease	\$
D1320	Tobacco counseling for the control and prevention of oral disease	\$

RESTORATIVE D2000-D2999

D2940	Protective restoration	\$
D2941	Interim therapeutic restoration – primary dentition	\$

ENDODONTICS D3000-D3999

D3220	Therapeutic pulpotomy (excluding final restoration)	\$
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)	\$
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	\$
D3920	Hemisection (including any root removal), not including root canal therapy	\$

PERIODONTICS D4000-D4999

D4210	Gingivectomy or gingivoplasty-four or more teeth per quadrant	\$
D4211	Gingivectomy or gingivoplasty-one to three teeth per quadrant	\$
D4212	Gingivectomy or gingivoplasty to allow access for restorative procedure, per tooth	\$

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	\$
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	\$
D4270	Pedicle soft tissue graft procedure	\$
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)	\$
D4277	Free soft tissue graft procedure (including donor site surgery), first tooth or edentulous tooth position in graft	\$
D4278	Free soft tissue graft procedure (including donor site surgery), each additional contiguous tooth or edentulous tooth position in same graft site	\$
D4320	Provisional splinting-intracoronar	\$
D4321	Provisional splinting-extracoronar	\$
D4920	Unscheduled dressing change (by someone other than treating dentist or their staff)	\$

PROSTHODONTICS, REMOVABLE D5000-D5899

D5850	Tissue conditioning, maxillary	\$
D5851	Tissue conditioning, mandibular	\$

MAXILLOFACIAL PROSTHETICS D5900-D5999

D5982	Surgical stent	\$
D5986	Fluoride gel carrier	\$

IMPLANT SERVICES D6000-D6199

D6010	Surgical placement of implant body: endosteal implant	\$
D6012	Surgical placement of interim implant body	\$
D6013	Surgical placement of mini implant	\$
D6040	Surgical placement: eposteal implant	\$

D6050	Surgical placement: transosteal implant	\$
D6100	Implant removal, by report	\$
D6190	Radiographic/surgical implant index, by report	\$

ORAL & MAXILLOFACIAL SURGERY D7000-D7999

D7111	Extraction, coronal remnants, deciduous tooth	\$
D7140	Extraction, erupted tooth or exposed root	\$
D7210	Surgical removal of erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated	\$
D7220	Removal of impacted tooth-soft tissue	\$
D7230	Removal of impacted tooth-partially bony	\$
D7240	Removal of impacted tooth-completely bony	\$
D7241	Removal of impacted tooth-completely bony, with unusual surgical complications	\$
D7250	Surgical removal of residual tooth roots (cutting procedure)	\$
D7251	Coronectomy-intentional partial tooth removal	\$
D7260	Oroantral fistula closure	\$
D7261	Primary closure of a sinus perforation	\$
D7270	Tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth	\$
D7272	Tooth transplantation (includes reimplantation from one site to another and splinting and/or stabilization)	\$
D7280	Surgical access of unerupted tooth	\$
D7282	Mobilization of erupted or malpositioned tooth to aid eruption	\$
D7283	Placement of device to facilitate eruption of impacted tooth	\$
D7285	Biopsy of oral tissue-hard	\$
D7286	Biopsy of oral tissue-soft	\$
D7287	Exfoliative cytological sample collection	\$
D7288	Brush biopsy - transepithelial sample collection	\$
D7290	Surgical repositioning of teeth	\$
D7291	Transseptal fiberotomy/supra crestal fiberotomy, by report	\$
D7292	Surgical placement: temporary anchorage device, screw retained	\$
D7293	Surgical placement: temporary anchorage device requiring surgical flap	\$
D7294	Surgical placement: temporary anchorage device without surgical flap	\$

D7310	Alveoloplasty in conjunction with extractions - four or more teeth per quadrant	\$	D7540	Removal of reaction producing foreign bodies, musculoskeletal system	\$
D7311	Alveoloplasty in conjunction with extractions - one to three teeth or tooth spaces per quadrant	\$	D7550	Partial ostectomy/sequestrectomy	\$
D7320	Alveoloplasty not in conjunction with extractions - four or more teeth per quadrant	\$	D7560	Maxillary sinusotomy for removal of tooth fragment or foreign body	\$
D7321	Alveoloplasty not in conjunction with extractions - one to three teeth per quadrant	\$	D7810	Open reduction of dislocation	\$
D7340	Vestibuloplasty-ridge extension (secondary epithelialization)	\$	D7820	Closed reduction of dislocation	\$
D7350	Vestibuloplasty-ridge extension (including soft tissue grafts, muscle reattachment, revision of soft tissue attachment and management of hypertrophied and hyperplastic tissue)	\$	D7830	Manipulation under anesthesia	\$
D7410	Excision of benign lesion up to 1.25 cm	\$	D7840	Condylectomy	\$
D7411	Excision of benign lesion greater than 1.25 cm	\$	D7850	Surgical discectomy, with/without implant	\$
D7412	Excision of benign lesion, complicated	\$	D7854	Synovectomy	\$
D7413	Excision of malignant lesion up to 1.25 cm	\$	D7871	Non-arthroscopic lysis and lavage	\$
D7414	Excision of malignant lesion greater than 1.25 cm	\$	D7872	Arthroscopy-diagnosis, with or without biopsy	\$
D7415	Excision of malignant lesion, complicated	\$	D7873	Arthroscopy-surgical: lavage and lysis of adhesions	\$
D7440	Excision of malignant tumor up to 1.25 cm	\$	D7874	Arthroscopy-surgical: disc repositioning and stabilization	\$
D7441	Excision of malignant tumor greater than 1.25 cm	\$	D7875	Arthroscopy-surgical: synovectomy	\$
D7450	Removal of odontogenic cyst or tumor up to 1.25 cm	\$	D7876	Arthroscopy-surgical: discectomy	\$
D7451	Removal of odontogenic cyst or tumor greater than 1.25 cm	\$	D7877	Arthroscopy-surgical: debridement	\$
D7460	Removal of nonodontogenic cyst or tumor up to 1.25 cm	\$	D7880	Occlusal orthotic device, by report	\$
D7461	Removal of nonodontogenic cyst or tumor greater than 1.25 cm	\$	D7910	Suture of recent small wounds up to 5 cm	\$
D7471	Removal of lateral exostosis	\$	D7911	Complicated suture up to 5 cm	\$
D7472	Removal of torus palatinus	\$	D7912	Complicated suture greater than 5 cm	\$
D7473	Removal of torus mandibularis	\$	D7920	Skin graft (identify defect covered, location and type of graft)	\$
D7485	Surgical reduction of osseous tuberosity	\$	D7940	Osteoplasty-for orthognathic deformities	\$
D7510	Incision and drainage of abscess-intraoral soft tissue	\$	D7941	Osteotomy-mandibular rami	\$
D7511	Incision and drainage of abscess-intraoral soft tissue - complicated	\$	D7943	Osteotomy-mandibular rami with bone graft	\$
D7520	Incision and drainage of abscess-extraoral soft tissue	\$	D7951	Sinus augmentation with bone or bone substitutes	\$
D7521	Incision and drainage of abscess-extraoral soft tissue - complicated	\$	D7953	Bone replacement graft for ridge preservation - per site	\$
D7530	Removal of foreign body from mucosa, skin, or subcutaneous alveolar tissue	\$	D7955	Repair of maxillofacial soft and hard tissue defect	\$
			D7960	Frenulectomy - also known as frenectomy or frenotomy-separate procedure not incidental to another	\$
			D7963	Frenuloplasty	\$
			D7970	Excision of hyperplastic tissue-per arch	\$
			D7971	Excision of pericoronary gingiva	\$
			D7972	Surgical reduction of fibrous tuberosity	\$
			D7980	Sialolithotomy	\$
			D7983	Closure of salivary fistula	\$
			D7997	Appliance removal (not by dentist placing appliance)	\$
			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	\$
D9220	Deep sedation/general anesthesia-first 30 minutes	\$
D9221	Deep sedation/general anesthesia-each additional 15 minutes	\$
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	\$

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.