



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
(Prosthodontists 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)

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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	\$ . . . . .
D0180	Comprehensive periodontal evaluation	\$ . . . . .
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	\$ . . . . .
D0277	Vertical bitewings - 7 to 8 radiographic images	\$ . . . . .
D0330	Panoramic radiographic image	\$ . . . . .
D0340	Cephalometric radiographic image	\$ . . . . .
D0350	Oral/facial photographic image obtained intraorally or extraorally	\$ . . . . .
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	Pre-diagnostic 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 cytologic 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	\$ . . . . .
D0601	Caries risk assessment and documentation, with a finding of low risk	\$ . . . . .
D0602	Caries risk assessment and documentation, with a finding of moderate risk	\$ . . . . .
D0603	Caries risk assessment and documentation, with a finding of high risk	\$ . . . . .

**PREVENTIVE D1000-D1999**

D1110	Prophylaxis, adult	\$ . . . . .
D1120	Prophylaxis, child	\$ . . . . .
D1206	Topical application of fluoride varnish	\$ . . . . .
D1208	Topical application of fluoride	\$ . . . . .
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	\$ . . . . .	D2710	Crown-resin-based composite (indirect)	\$ . . . . .
D2330	Resin-based composite-one surface, anterior	\$ . . . . .	D2712	Crown-3/4 resin-based composite (indirect)	\$ . . . . .
D2331	Resin-based composite-two surfaces, anterior	\$ . . . . .	D2720	Crown-resin with high noble metal	\$ . . . . .
D2332	Resin-based composite-three surfaces, anterior	\$ . . . . .	D2721	Crown-resin with predominantly base metal	\$ . . . . .
D2335	Resin-based composite-four or more surfaces, or involving incisal angle, anterior	\$ . . . . .	D2722	Crown-resin with noble metal	\$ . . . . .
D2390	Resin-based composite crown, anterior	\$ . . . . .	D2740	Crown-porcelain/ceramic substrate	\$ . . . . .
D2391	Resin-based composite-one surface, posterior	\$ . . . . .	D2750	Crown-porcelain fused to high noble metal	\$ . . . . .
D2392	Resin-based composite-two surfaces, posterior	\$ . . . . .	D2751	Crown-porcelain fused to predominantly base metal	\$ . . . . .
D2393	Resin-based composite-three surfaces, posterior	\$ . . . . .	D2752	Crown-porcelain fused to noble metal	\$ . . . . .
D2394	Resin-based composite-four or more surfaces, posterior	\$ . . . . .	D2780	Crown-3/4 cast high noble metal	\$ . . . . .
D2410	Gold foil-one surface	\$ . . . . .	D2781	Crown-3/4 cast predominantly base metal	\$ . . . . .
D2420	Gold foil-two surfaces	\$ . . . . .	D2782	Crown-3/4 cast noble metal	\$ . . . . .
D2430	Gold foil-three surfaces	\$ . . . . .	D2783	Crown-3/4 porcelain/ceramic	\$ . . . . .
D2510	Inlay-metallic-one surface	\$ . . . . .	D2790	Crown-full cast high noble metal	\$ . . . . .
D2520	Inlay-metallic-two surfaces	\$ . . . . .	D2791	Crown-full cast predominantly base metal	\$ . . . . .
D2530	Inlay-metallic-three or more surfaces	\$ . . . . .	D2792	Crown-full cast noble metal	\$ . . . . .
D2542	Onlay-metallic-two surfaces	\$ . . . . .	D2794	Crown - titanium	\$ . . . . .
D2543	Onlay-metallic-three surfaces	\$ . . . . .	D2799	Provisional crown	\$ . . . . .
D2544	Onlay-metallic-four or more surfaces	\$ . . . . .	D2910	Recement inlay, onlay, or partial coverage restoration	\$ . . . . .
D2610	Inlay-porcelain/ceramic-one surface	\$ . . . . .	D2915	Recement cast or prefabricated post and core	\$ . . . . .
D2620	Inlay-porcelain/ceramic-two surfaces	\$ . . . . .	D2920	Recement crown	\$ . . . . .
D2630	Inlay-porcelain/ceramic-three or more surfaces	\$ . . . . .	D2921	Reattachment of tooth fragment, incisal edge or cusp	\$ . . . . .
D2642	Onlay-porcelain/ceramic-two surfaces	\$ . . . . .	D2930	Prefabricated stainless steel crown-primary tooth	\$ . . . . .
D2643	Onlay-porcelain/ceramic-three surfaces	\$ . . . . .	D2931	Prefabricated stainless steel crown-permanent tooth	\$ . . . . .
D2644	Onlay-porcelain/ceramic-four or more surfaces	\$ . . . . .	D2932	Prefabricated resin crown	\$ . . . . .
D2650	Inlay-resin-based composite-one surface (indirect technique)	\$ . . . . .	D2933	Prefabricated stainless steel crown with resin window	\$ . . . . .
D2651	Inlay-resin-based composite-two surfaces (indirect technique)	\$ . . . . .	D2934	Prefabricated esthetic coated stainless steel crown - primary tooth	\$ . . . . .
D2652	Inlay-resin-based composite-three or more surfaces (indirect technique)	\$ . . . . .	D2940	Protective restoration	\$ . . . . .
D2662	Onlay-resin-based composite-two surfaces	\$ . . . . .	D2941	Interim therapeutic restoration – primary dentition	\$ . . . . .
D2663	Onlay-resin-based composite-three surfaces	\$ . . . . .	D2950	Core buildup, including any pins when required	\$ . . . . .
D2664	Onlay-resin-based composite-four or more surfaces	\$ . . . . .	D2951	Pin retention-per tooth, in addition to restoration	\$ . . . . .
			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	\$ . . . . .	D3348	Retreatment of previous root canal therapy-molar	\$ . . . . .
D2957	Each additional prefabricated post-same tooth	\$ . . . . .	D3351	Apexification/recalcification – initial visit (apical closure/calcific repair of perforations, root resorption, pulp space disinfection, etc.)	\$ . . . . .
D2960	Labial veneer (resin laminate)-chairside	\$ . . . . .	D3352	Apexification/recalcification – interim medication replacement	\$ . . . . .
D2961	Labial veneer (resin laminate)-laboratory	\$ . . . . .	D3353	Apexification/recalcification-final visit	\$ . . . . .
D2962	Labial veneer (porcelain laminate) - laboratory	\$ . . . . .	D3410	Apicoectomy – anterior	\$ . . . . .
D2970	Temporary crown (fractured tooth)	\$ . . . . .	D3421	Apicoectomy – bicuspid (first root)	\$ . . . . .
D2971	Additional procedures to construct new crown under existing partial denture framework	\$ . . . . .	D3425	Apicoectomy – molar (first root)	\$ . . . . .
D2975	Coping	\$ . . . . .	D3426	Apicoectomy (each additional root)	\$ . . . . .
D2980	Crown repair necessitated by restorative material failure	\$ . . . . .	D3427	Periradicular surgery without apicoectomy	\$ . . . . .
D2981	Inlay repair necessitated by restorative material failure	\$ . . . . .	D3430	Retrograde filling-per root	\$ . . . . .
D2982	Onlay repair necessitated by restorative material failure	\$ . . . . .	D3450	Root amputation-per root	\$ . . . . .
D2983	Veneer repair necessitated by restorative material failure	\$ . . . . .	D3910	Surgical procedure for isolation of tooth with rubber dam	\$ . . . . .
<b>ENDODONTICS D3000-D3999</b>			D3920	Hemisection (including any root removal), not including root canal therapy	\$ . . . . .
D3110	Pulp cap-direct (excluding final restoration)	\$ . . . . .	D3950	Canal preparation and fitting of preformed dowel or post	\$ . . . . .
D3120	Pulp cap-indirect (excluding final restoration)	\$ . . . . .	<b>PERIODONTICS D4000-D4999</b>		
D3220	Therapeutic pulpotomy (excluding final restoration)	\$ . . . . .	D4210	Gingivectomy or gingivoplasty-four or more teeth per quadrant	\$ . . . . .
D3221	Pulpal debridement-primary and permanent teeth	\$ . . . . .	D4211	Gingivectomy or gingivoplasty-one to three teeth per quadrant	\$ . . . . .
D3222	Partial pulpotomy for apexogenesis - permanent tooth	\$ . . . . .	D4212	Gingivectomy or gingivoplasty to allow access for restorative procedure, per tooth	\$ . . . . .
D3230	Pulpal therapy (resorbable filling) - anterior, primary tooth (excluding final restoration)	\$ . . . . .	D4230	Anatomical crown exposure-four or more teeth per quadrant	\$ . . . . .
D3240	Pulpal therapy (resorbable filling)-posterior, primary tooth (excluding final restoration)	\$ . . . . .	D4231	Anatomical crown exposure-one to three teeth per quadrant	\$ . . . . .
D3310	Endodontic therapy - anterior (excluding final restoration)	\$ . . . . .	D4240	Gingival flap procedure, including root planing-four or more teeth per quadrant	\$ . . . . .
D3320	Endodontic therapy - bicuspid (excluding final restoration)	\$ . . . . .	D4241	Gingival flap procedure, including root planing-one to three teeth per quadrant	\$ . . . . .
D3330	Endodontic therapy - molar (excluding final restoration)	\$ . . . . .	D4245	Apically positioned flap	\$ . . . . .
D3331	Treatment of root canal obstruction, non-surgical access	\$ . . . . .	D4249	Clinical crown lengthening-hard tissue	\$ . . . . .
D3332	Incomplete endodontic therapy	\$ . . . . .	D4260	Osseous surgery (including flap entry and closure)-four or more teeth per quadrant	\$ . . . . .
D3333	Internal root repair of perforation defects	\$ . . . . .	D4261	Osseous surgery (including flap entry and closure)-one to three teeth per quadrant	\$ . . . . .
D3346	Retreatment of previous root canal therapy-anterior	\$ . . . . .	D4263	Bone replacement graft-first site in quadrant	\$ . . . . .
D3347	Retreatment of previous root canal therapy-bicuspid	\$ . . . . .			

D4264	Bone replacement graft-each additional site in quadrant	\$ . . . . .	D5212	Mandibular partial denture-resin base (including any conventional clasps, rests and teeth)	\$ . . . . .
D4265	Biologic materials to aid in soft and osseous tissue regeneration	\$ . . . . .	D5213	Maxillary partial denture-cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	\$ . . . . .
D4266	Guided tissue regeneration-resorbable barrier, per site	\$ . . . . .	D5214	Mandibular partial denture-cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	\$ . . . . .
D4267	Guided tissue regeneration-nonresorbable barrier, per site (includes membrane removal)	\$ . . . . .	D5225	Maxillary partial denture - flexible base (including any clasps, rests and teeth)	\$ . . . . .
D4268	Surgical revision per tooth	\$ . . . . .	D5226	Mandibular partial denture - flexible base (including any clasps, rests and teeth)	\$ . . . . .
D4270	Pedicle soft tissue graft procedure	\$ . . . . .	D5281	Removable unilateral partial denture-one piece cast metal (including clasps and teeth)	\$ . . . . .
D4273	Subepithelial connective tissue graft procedures, per tooth	\$ . . . . .	D5410	Adjust complete denture-maxillary	\$ . . . . .
D4274	Distal or proximal wedge procedure (not in conjunction with surgical procedures in the same anatomical area)	\$ . . . . .	D5411	Adjust complete denture-mandibular	\$ . . . . .
D4275	Soft tissue allograft	\$ . . . . .	D5421	Adjust partial denture-maxillary	\$ . . . . .
D4276	Combined connective tissue and double pedicle graft, per tooth	\$ . . . . .	D5422	Adjust partial denture-mandibular	\$ . . . . .
D4277	Free soft tissue graft procedure (including donor site surgery), first tooth or edentulous tooth position in graft	\$ . . . . .	D5510	Repair broken complete denture base	\$ . . . . .
D4278	Free soft tissue graft procedure (including donor site surgery), each additional contiguous tooth or edentulous tooth position in same graft site	\$ . . . . .	D5520	Replace missing or broken teeth-complete denture (each tooth)	\$ . . . . .
D4320	Provisional splinting-intracoronal	\$ . . . . .	D5610	Repair resin denture base	\$ . . . . .
D4321	Provisional splinting-extracoronal	\$ . . . . .	D5620	Repair cast framework	\$ . . . . .
D4341	Periodontal scaling and root planing-four or more teeth per quadrant	\$ . . . . .	D5630	Repair or replace broken clasp	\$ . . . . .
D4342	Periodontal scaling and root planing-one to three teeth per quadrant	\$ . . . . .	D5640	Replace broken teeth-per tooth	\$ . . . . .
D4355	Full mouth debridement to enable comprehensive evaluation and diagnosis	\$ . . . . .	D5650	Add tooth to existing partial denture	\$ . . . . .
D4381	Localized delivery of antimicrobial agents via a controlled release vehicle into diseased crevicular tissue, per tooth	\$ . . . . .	D5660	Add clasp to existing partial denture	\$ . . . . .
D4910	Periodontal maintenance	\$ . . . . .	D5670	Replace all teeth and acrylic on cast metal framework (maxillary)	\$ . . . . .
D4920	Unscheduled dressing change (by someone other than treating dentist or their staff)	\$ . . . . .	D5671	Replace all teeth and acrylic on cast metal framework (mandibular)	\$ . . . . .
<b>PROSTHODONTICS (REMOVABLE) D5000-D5999</b>			D5710	Rebase complete maxillary denture	\$ . . . . .
D5110	Complete denture-maxillary	\$ . . . . .	D5711	Rebase complete mandibular denture	\$ . . . . .
D5120	Complete denture-mandibular	\$ . . . . .	D5720	Rebase maxillary partial denture	\$ . . . . .
D5130	Immediate denture-maxillary	\$ . . . . .	D5721	Rebase mandibular partial denture	\$ . . . . .
D5140	Immediate denture-mandibular	\$ . . . . .	D5730	Reline complete maxillary denture (chairside)	\$ . . . . .
D5211	Maxillary partial denture-resin base (including any conventional clasps, rests and teeth)	\$ . . . . .	D5731	Reline complete mandibular denture (chairside)	\$ . . . . .
			D5740	Reline maxillary partial denture (chairside)	\$ . . . . .

D5741	Reline mandibular partial denture (chairside)	\$ .....	D6061	Abutment supported porcelain fused to metal crown (noble metal)	\$ .....
D5750	Reline complete maxillary denture (laboratory)	\$ .....	D6062	Abutment supported cast metal crown (high noble metal)	\$ .....
D5751	Reline complete mandibular denture (laboratory)	\$ .....	D6063	Abutment supported cast metal crown (predominantly base metal)	\$ .....
D5760	Reline maxillary partial denture (laboratory)	\$ .....	D6064	Abutment supported cast metal crown (noble metal)	\$ .....
D5761	Reline mandibular partial denture (laboratory)	\$ .....	D6065	Implant supported porcelain/ceramic crown	\$ .....
D5810	Interim complete denture, maxillary	\$ .....	D6066	Implant supported porcelain fused to metal crown (titanium-titanium alloy, high noble metal)	\$ .....
D5811	Interim complete denture, mandibular	\$ .....	D6067	Implant supported metal crown (titanium-titanium alloy, high noble metal)	\$ .....
D5820	Interim partial denture, maxillary	\$ .....	D6068	Abutment supported retainer for porcelain/ceramic FPD	\$ .....
D5821	Interim partial denture, mandibular	\$ .....	D6069	Abutment supported retainer for porcelain fused to metal FPD (high noble metal)	\$ .....
D5850	Tissue conditioning, maxillary	\$ .....	D6070	Abutment supported retainer for porcelain fused to metal FPD (predominantly base metal)	\$ .....
D5851	Tissue conditioning, mandibular	\$ .....	D6071	Abutment supported retainer for porcelain fused to metal FPD (noble metal)	\$ .....
D5862	Precision attachment, by report	\$ .....	D6072	Abutment supported retainer for cast metal FPD (high noble metal)	\$ .....
D5863	Overdenture – complete maxillary	\$ .....	D6073	Abutment supported retainer for cast metal FPD (predominantly base metal)	\$ .....
D5864	Overdenture – partial maxillary	\$ .....	D6074	Abutment supported retainer for cast metal FPD (noble metal)	\$ .....
D5865	Overdenture – complete mandibular	\$ .....	D6075	Implant supported retainer for ceramic FPD	\$ .....
D5866	Overdenture – partial mandibular	\$ .....	D6076	Implant supported retainer for porcelain fused to metal FPD (titanium-titanium alloy, high noble metal)	\$ .....
D5867	Replacement of precision attachment	\$ .....	D6077	Implant supported retainer for cast metal FPD (titanium-titanium alloy, high noble metal)	\$ .....
D5875	Modification of removable prosthesis after implant surgery	\$ .....	D6078	Implant/abutment supported fixed denture for completely edentulous arch	\$ .....
D5982	Surgical stent	\$ .....	D6079	Implant/abutment supported fixed denture for partially edentulous arch	\$ .....
D5986	Fluoride gel carrier	\$ .....	D6080	Implant maintenance procedures when prostheses are removed and reinserted, including cleansing of prostheses and abutments	\$ .....
D5991	Vesiculobullous disease medicament carrier	\$ .....	D6090	Repair implant supported prosthesis, by report	\$ .....
<b>IMPLANT SERVICES D6000-D6199</b>					
D6010	Surgical placement of implant body: endosteal implant	\$ .....			
D6012	Surgical placement of interim implant body	\$ .....			
D6013	Surgical placement of mini implant	\$ .....			
D6053	Implant/abutment supported removable denture, edentulous arch	\$ .....			
D6054	Implant/abutment supported removable denture, partially edentulous arch	\$ .....			
D6055	Connecting bar-implant supported or abutment supported	\$ .....			
D6056	Prefabricated abutment	\$ .....			
D6057	Custom abutment	\$ .....			
D6058	Abutment supported porcelain/ceramic crown	\$ .....			
D6059	Abutment supported porcelain fused to metal crown (high noble metal)	\$ .....			
D6060	Abutment supported porcelain fused to metal crown (predominantly base metal)	\$ .....			

D6091	Replace semi-precision or precision attachment of implant/abutment supported prosthesis	\$ . . . . .
D6092	Recement implant/abutment supported crown	\$ . . . . .
D6093	Recement implant/abutment supported fixed partial denture	\$ . . . . .
D6094	Abutment supported crown - titanium	\$ . . . . .
D6095	Repair implant abutment, by report	\$ . . . . .
D6100	Implant removal, by report	\$ . . . . .
D6190	Radiographic/surgical implant index, by report	\$ . . . . .
D6194	Abutment supported retainer crown for FPD - titanium	\$ . . . . .

**PROSTHODONTICS, FIXED D6200-D6999**

D6205	Pontic - indirect resin-based composite	\$ . . . . .
D6210	Pontic-cast high noble metal	\$ . . . . .
D6211	Pontic-cast predominantly base metal	\$ . . . . .
D6212	Pontic-cast noble metal	\$ . . . . .
D6214	Pontic - titanium	\$ . . . . .
D6240	Pontic-porcelain fused to high noble metal	\$ . . . . .
D6241	Pontic-porcelain fused to predominantly base metal	\$ . . . . .
D6242	Pontic-porcelain fused to noble metal	\$ . . . . .
D6245	Pontic-porcelain/ceramic	\$ . . . . .
D6250	Pontic-resin with high noble metal	\$ . . . . .
D6251	Pontic-resin with predominantly base metal	\$ . . . . .
D6252	Pontic-resin with noble metal	\$ . . . . .
D6253	Provisional pontic	\$ . . . . .
D6545	Retainer-cast metal for resin bonded fixed prosthesis	\$ . . . . .
D6548	Retainer-porcelain/ceramic	\$ . . . . .
D6600	Inlay-porcelain/ceramic, two surfaces	\$ . . . . .
D6601	Inlay-porcelain/ceramic, three or more surfaces	\$ . . . . .
D6602	Inlay-cast high noble metal, two surfaces	\$ . . . . .
D6603	Inlay-cast high noble metal, three or more surfaces	\$ . . . . .
D6604	Inlay-cast predominantly base metal, two surfaces	\$ . . . . .
D6605	Inlay-cast predominantly base metal, three or more surfaces	\$ . . . . .
D6606	Inlay-cast noble metal, two surfaces	\$ . . . . .
D6607	Inlay-cast noble metal, three or more surfaces	\$ . . . . .

D6608	Onlay-porcelain/ceramic, two surfaces	\$ . . . . .
D6609	Onlay-porcelain/ceramic, three or more surfaces	\$ . . . . .
D6610	Onlay-cast high noble metal, two surfaces	\$ . . . . .
D6611	Onlay-cast high noble metal, three or more surfaces	\$ . . . . .
D6612	Onlay-cast predominantly base metal, two surfaces	\$ . . . . .
D6613	Onlay-cast predominantly base metal, three or more surfaces	\$ . . . . .
D6614	Onlay-cast noble metal, two surfaces	\$ . . . . .
D6615	Onlay-cast noble metal, three or more surfaces	\$ . . . . .
D6624	Inlay - titanium	\$ . . . . .
D6634	Onlay - titanium	\$ . . . . .
D6710	Crown - indirect resin-based composite	\$ . . . . .
D6720	Crown-resin with high noble metal	\$ . . . . .
D6721	Crown-resin with predominantly base metal	\$ . . . . .
D6722	Crown-resin with noble metal	\$ . . . . .
D6740	Crown-porcelain/ceramic	\$ . . . . .
D6750	Crown-porcelain fused to high noble metal	\$ . . . . .
D6751	Crown-porcelain fused to predominantly base metal	\$ . . . . .
D6752	Crown-porcelain fused to noble metal	\$ . . . . .
D6780	Crown-3/4 cast high noble metal	\$ . . . . .
D6781	Crown-3/4 cast predominantly base metal	\$ . . . . .
D6782	Crown-3/4 cast noble metal	\$ . . . . .
D6783	Crown-3/4 porcelain/ceramic	\$ . . . . .
D6790	Crown-full cast high noble metal	\$ . . . . .
D6791	Crown-full cast predominantly base metal	\$ . . . . .
D6792	Crown-full cast noble metal	\$ . . . . .
D6793	Provisional retainer crown	\$ . . . . .
D6794	Crown - titanium	\$ . . . . .
D6930	Recement fixed partial denture	\$ . . . . .
D6940	Stress breaker	\$ . . . . .
D6950	Precision attachment	\$ . . . . .
D6980	Fixed partial denture repair necessitated by restorative material failure	\$ . . . . .
D6985	Pediatric partial denture, fixed	\$ . . . . .

**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	\$ . . . . .	D7410	Excision of benign lesion up to 1.25 cm	\$ . . . . .
D7220	Removal of impacted tooth-soft tissue	\$ . . . . .	D7450	Removal of odontogenic cyst or tumor up to 1.25 cm	\$ . . . . .
D7230	Removal of impacted tooth-partially bony	\$ . . . . .	D7460	Removal of nonodontogenic cyst or tumor up to 1.25 cm	\$ . . . . .
D7240	Removal of impacted tooth-completely bony	\$ . . . . .	D7510	Incision and drainage of abscess-intraoral soft tissue	\$ . . . . .
D7241	Removal of impacted tooth-completely bony, with unusual surgical complications	\$ . . . . .	D7511	Incision and drainage of abscess, intraoral - complicated	\$ . . . . .
D7250	Surgical removal of residual tooth roots (cutting procedure)	\$ . . . . .	D7520	Incision and drainage of abscess-extraoral soft tissue	\$ . . . . .
D7270	Tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth	\$ . . . . .	D7521	Incision and drainage of abscess-extraoral soft tissue-complicated	\$ . . . . .
D7280	Surgical access of unerupted tooth	\$ . . . . .	D7530	Removal of foreign body from mucosa, skin, or subcutaneous alveolar tissue	\$ . . . . .
D7282	Mobilization of erupted or malpositioned tooth to aid eruption	\$ . . . . .	D7540	Removal of reaction producing foreign bodies, musculoskeletal system	\$ . . . . .
D7283	Placement of device to facilitate eruption of impacted tooth	\$ . . . . .	D7880	Occlusal orthotic device, by report	\$ . . . . .
D7285	Biopsy of oral tissue-hard	\$ . . . . .	D7910	Suture of recent small wounds up to 5 cm	\$ . . . . .
D7286	Biopsy of oral tissue-soft	\$ . . . . .	D7911	Complicated suture up to 5 cm	\$ . . . . .
D7287	Exfoliative cytological sample collection	\$ . . . . .	D7912	Complicated suture greater than 5 cm	\$ . . . . .
D7288	Brush biopsy - transepithelial sample collection	\$ . . . . .	D7951	Sinus augmentation with bone or bone substitutes	\$ . . . . .
D7290	Surgical repositioning of teeth	\$ . . . . .	D7953	Bone replacement graft for ridge preservation-per site	\$ . . . . .
D7291	Transseptal fiberotomy/supra crestal fiberotomy, by report	\$ . . . . .	D7960	Frenulectomy - also known as frenectomy or frenotomy-separate procedure not incidental to another	\$ . . . . .
D7292	Surgical placement: temporary anchorage device, screw retained	\$ . . . . .	D7963	Frenuloplasty	\$ . . . . .
D7293	Surgical placement: temporary anchorage device requiring surgical flap	\$ . . . . .	D7971	Excision of pericoronal gingiva	\$ . . . . .
D7294	Surgical placement: temporary anchorage device without surgical flap	\$ . . . . .	D7972	Surgical reduction of fibrous tuberosity	\$ . . . . .
D7310	Alveoloplasty in conjunction with extractions-four or more teeth, per quadrant	\$ . . . . .	D7997	Appliance removal (not by dentist placing appliance)	\$ . . . . .
D7311	Alveoloplasty in conjunction with extractions-one to three teeth, per quadrant	\$ . . . . .	D7998	Placement of fixation device not in conjunction with a fracture	\$ . . . . .
D7320	Alveoloplasty not in conjunction with extractions-four or more teeth, per quadrant	\$ . . . . .			
D7321	Alveoloplasty not in conjunction with extractions - one to three teeth, per quadrant	\$ . . . . .	<b>ORTHODONTICS D8000-D8999</b>		
D7340	Vestibuloplasty-ridge extension (secondary epithelialization)	\$ . . . . .	D8010	Limited orthodontic treatment of the primary dentition	\$ . . . . .
			D8020	Limited orthodontic treatment of the transitional dentition	\$ . . . . .
			D8030	Limited orthodontic treatment of the adolescent dentition	\$ . . . . .
			D8040	Limited orthodontic treatment of the adult dentition	\$ . . . . .
			D8050	Interceptive orthodontic treatment of the primary dentition	\$ . . . . .



D8060	Interceptive orthodontic treatment of the transitional dentition	\$ . . . . .	D9248	Non-intravenous conscious sedation	\$ . . . . .
D8070	Comprehensive orthodontic treatment of the transitional dentition	\$ . . . . .	D9310	Consultation - diagnostic service provided by dentist or physician other than requesting dentist or physician	\$ . . . . .
D8080	Comprehensive orthodontic treatment of the adolescent dentition	\$ . . . . .	D9420	Hospital or ambulatory surgical center call	\$ . . . . .
D8090	Comprehensive orthodontic treatment of the adult dentition	\$ . . . . .	D9430	Office visit for observation (during regularly scheduled hours)-no other services performed	\$ . . . . .
D8210	Removable appliance therapy	\$ . . . . .	D9440	Office visit-after regularly scheduled hours	\$ . . . . .
D8220	Fixed appliance therapy	\$ . . . . .	D9450	Case presentation	\$ . . . . .
D8680	Orthodontic retention	\$ . . . . .	D9610	Therapeutic parenteral drug, single administration	\$ . . . . .
D8691	Repair of orthodontic appliance	\$ . . . . .	D9612	Therapeutic parenteral drugs, two or more administrations	\$ . . . . .
D8692	Replacement of lost or broken retainer	\$ . . . . .	D9910	Application of desensitizing medicament	\$ . . . . .
D8693	Rebonding or recementing of fixed retainers	\$ . . . . .	D9911	Application of desensitizing resin for cervical and/or root surface, per tooth	\$ . . . . .
D8694	Repair of fixed retainers, includes reattachment	\$ . . . . .	D9920	Behavior management, by report	\$ . . . . .
<b>ADJUNCTIVE GENERAL SERVICES D9000-D9999</b>					
D9110	Palliative (emergency) treatment of dental pain-minor procedure	\$ . . . . .	D9930	Treatment of complications (post-surgical)-unusual circumstances, by report	\$ . . . . .
D9120	Fixed partial denture sectioning	\$ . . . . .	D9940	Occlusal guard, by report	\$ . . . . .
D9210	Local anesthesia not in conjunction with operative or surgical procedures	\$ . . . . .	D9941	Fabrication of athletic mouthguard	\$ . . . . .
D9220	Deep sedation/general anesthesia-first 30 minutes	\$ . . . . .	D9942	Repair and/or reline of occlusal guard	\$ . . . . .
D9221	Deep sedation/general anesthesia-each additional 15 minutes	\$ . . . . .	D9950	Occlusion analysis-mounted case	\$ . . . . .
D9230	Inhalation of nitrous oxide/analgesia, anxiolysis	\$ . . . . .	D9951	Occlusal adjustment-limited	\$ . . . . .
D9241	Intravenous sedation/analgesia-first 30 minutes	\$ . . . . .	D9952	Occlusal adjustment-complete	\$ . . . . .
D9242	Intravenous sedation/analgesia-each additional 15 minutes	\$ . . . . .	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 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.**