

DIAGNOSTIC D0100-D0999

D0120	Periodic oral evaluation	\$
D0150	Comprehensive oral evaluation	\$
D0160	Detailed and extensive oral evaluation - problem focused, by report	\$
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	\$
D0290	Posterior-anterior or lateral skull and facial bone survey film	\$
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	\$
D0470	Diagnostic casts	\$
D0486	Accession of transepithelial cytologic sample	\$

PREVENTIVE D1000-D1999

D1310	Nutritional counseling for the control of dental disease	\$
D1320	Tobacco counseling for the control and prevention of oral disease	\$
D1330	Oral hygiene instructions	\$
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	\$

MAXILLOFACIAL PROSTHETICS D5900-D5999

D5986	Fluoride gel carrier	\$
D5991	Topical medicament carrier	\$

ORAL AND MAXILLOFACIAL SURGERY D7000-D7999

D7283	Placement of device to facilitate eruption of impacted tooth	\$
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D7291	Transseptal fiberotomy/supra crestal fiberotomy, by report	\$
D7998	Placement of fixation device not in conjunction with a fracture	\$

ORTHODONTICS D8000-D8999

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	\$
D8070	Comprehensive orthodontic treatment of the transitional dentition	\$
D8080	Comprehensive orthodontic treatment of the adolescent dentition	\$
D8090	Comprehensive orthodontic treatment of the adult dentition	\$
D8210	Removable appliance therapy	\$
D8220	Fixed appliance therapy	\$
D8691	Repair of orthodontic appliance	\$
D8692	Replacement of lost or broken retainer	\$
D8693	Rebonding, recementing; and/or repair fixed retainers	\$

ADJUNCTIVE GENERAL SERVICES D9000-D9999

D9110	Palliative treatment	\$
D9210	Local anesthesia not in conjunction with operative or surgical procedures	\$
D9230	Inhalation of nitrous oxide/analgesia, anxiolysis	\$
D9420	Hospital or ambulatory surgical center call	\$
D9450	Case presentation	\$
D9610	Therapeutic parenteral drug, single administration	\$
D9612	Therapeutic parenteral drug, two or more administrations	\$
D9920	Behavior management, by report	\$
D9941	Fabrication of athletic mouthguard	\$
D9971	Odontoplasty 1-2 teeth	\$

CURRENT ADA CODES FOR PROCEDURES PERFORMED BUT NOT LISTED

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

The filed fee for procedures **D0120 through D1555** represents your usual fee for these items when rendered as a separate service, not as part of your orthodontic treatment.

When filing fees for orthodontic treatment, codes **D8010 through D8090**, your usual fee should include all phases of treatment from the initial evaluation and diagnostic records through retention and post treatment recalls.

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.