



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
(Periodontists 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)

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	\$
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-7-8 radiographic images	\$
D0320	Temporomandibular joint arthrogram, including injection	\$
D0321	Other temporomandibular joint radiographic images, by report	\$
D0330	Panoramic 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	\$
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	\$
D0477	Special stains not for microorganisms	\$
D0478	Immunohistochemical stains	\$

D0479	Tissue in-situ hybridization, including interpretation	\$
D0480	Accession of exfoliative cytologic smears	\$
D0481	Electron microscopy	\$
D0482	Direct immunofluorescence	\$
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

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	\$

RESTORATIVE D2000-D2999

D2799	Provisional crown	\$
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ENDODONTICS D3000-D3999

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	\$	D4910	Periodontal maintenance	\$
D4249	Clinical crown lengthening-hard tissue	\$	D4920	Unscheduled dressing change (by someone other than treating dentist or their staff)	\$
D4260	Osseous surgery (including flap entry and closure)-four or more teeth per quadrant	\$	PROSTHODONTICS, REMOVABLE D5000-D5899		
D4261	Osseous surgery (including flap entry and closure)-one to three teeth per quadrant	\$	D5850	Tissue conditioning, maxillary	\$
D4263	Bone replacement graft-first site in quadrant	\$	D5851	Tissue conditioning, mandibular	\$
D4264	Bone replacement graft-each additional site in quadrant	\$	MAXILLOFACIAL PROSTHETICS D5900-D5999		
D4265	Biologic materials to aid in soft and osseous tissue regeneration	\$	D5982	Surgical stent	\$
D4266	Guided tissue regeneration-resorbable barrier, per site	\$	D5986	Fluoride gel carrier	\$
D4267	Guided tissue regeneration-nonresorbable barrier, per site (includes membrane removal)	\$	D5991	Vesicubullous disease medicament carrier	\$
D4268	Surgical revision per tooth	\$	IMPLANT SERVICES D6000-D6199		
D4270	Pedicle soft tissue graft procedure	\$	D6010	Surgical placement of implant body: endosteal implant	\$
D4273	Subepithelial connective tissue graft procedures, per tooth	\$	D6012	Surgical placement of interim implant body	\$
D4274	Distal or proximal wedge procedure (not in conjunction with surgical procedures in the same anatomical area)	\$	D6013	Surgical placement of mini implant	\$
D4275	Soft tissue allograft	\$	D6055	Connecting bar-implant supported or abutment supported	\$
D4276	Combined connective tissue and double pedicle graft	\$	D6056	Prefabricated abutment	\$
D4277	Free soft tissue graft procedure (including donor site surgery), first tooth or edentulous tooth position in graft	\$	D6057	Custom abutment	\$
D4278	Free soft tissue graft procedure (including donor site surgery), each additional contiguous tooth or edentulous tooth position in same graft site	\$	D6080	Implant maintenance procedures when prostheses are removed and reinserted, including cleansing of prostheses and abutments	\$
D4320	Provisional splinting-intracoronaral	\$	D6090	Repair implant supported prosthesis, by report	\$
D4321	Provisional splinting-extracoronaral	\$	D6095	Repair implant abutment, by report	\$
D4341	Periodontal scaling and root planing, four or more teeth per quadrant	\$	D6100	Implant removal, by report	\$
D4342	Periodontal scaling and root planing, one to three teeth per quadrant	\$	D6190	Radiographic/surgical implant index, by report	\$
D4355	Full mouth debridement to enable comprehensive evaluation and diagnosis	\$	ORAL & MAXILLOFACIAL SURGERY D7000-D7999		
D4381	Localized delivery of antimicrobial agents via a controlled release vehicle into diseased crevicular tissue, per tooth	\$	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	\$
			D7260	Oroantral fistula closure	\$
			D7261	Primary closure of a sinus perforation	\$
			D7272	Tooth transplantation (includes reimplantation from one site to another and splinting and/or stabilization)	\$

D7280	Surgical access of unerupted tooth	\$	D7550	Partial ostectomy/sequestrectomy	\$
D7282	Mobilization of erupted or malpositioned tooth	\$	D7880	Occlusal orthotic device, by report	\$
D7287	Exfoliative cytological sample collection	\$	D7951	Sinus augmentation with bone or bone substitutes	\$
D7288	Brush biopsy - transepithelial sample collection	\$	D7953	Bone replacement graft for ridge preservation - per site	\$
D7290	Surgical repositioning of teeth	\$	D7955	Repair of maxillofacial soft and/or hard tissue defect	\$
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	\$	D7970	Excision of hyperplastic tissue-per arch	\$
D7294	Surgical placement: temporary anchorage device without surgical flap	\$	D7971	Excision of pericoronal gingiva	\$
D7310	Alveoloplasty in conjunction with extractions - four or more teeth per quadrant	\$	D7972	Surgical reduction of fibrous tuberosity	\$
D7311	Alveoloplasty in conjunction with extractions - one to three teeth per quadrant	\$	D7997	Appliance removal (not by dentist placing appliance)	\$
D7320	Alveoloplasty not in conjunction with extractions - four or more teeth per quadrant	\$	D7998	Placement of fixation device not in conjunction with a fracture	\$
D7321	Alveoloplasty not in conjunction with extractions - one to three teeth per quadrant	\$			
D7410	Excision of benign lesion up to 1.25 cm	\$		ADJUNCTIVE GENERAL SERVICES D9000-D9999	
D7450	Removal of odontogenic cyst or tumor up to 1.25 cm	\$	D9110	Palliative (emergency) treatment of dental pain-minor procedure	\$
D7460	Removal of nonodontogenic cyst or tumor up to 1.25 cm	\$	D9210	Local anesthesia not in conjunction with operative or surgical procedures	\$
D7485	Surgical reduction of osseous tuberosity	\$	D9230	Inhalation of nitrous oxide/analgesia, anxiolysis	\$
D7510	Incision and drainage of abscess - intraoral soft tissue	\$	D9241	Intravenous sedation/analgesia - first 30 minutes	\$
D7511	Incision and drainage of abscess - intraoral soft tissue - complicated	\$	D9242	Intravenous sedation/analgesia - each additional 15 minutes	\$
D7520	Incision and drainage of abscess - extraoral soft tissue	\$	D9248	Non-intravenous conscious sedation	\$
D7521	Incision and drainage of abscess - extraoral soft tissue - complicated	\$	D9310	Consultation - diagnostic service provided by dentist or physician other than requesting dentist or physician	\$
D7530	Removal of foreign body from mucosa, skin, or subcutaneous alveolar tissue	\$	D9420	Hospital or ambulatory surgical center call	\$
D7540	Removal of reaction producing foreign bodies, musculoskeletal system	\$	D9430	Office visit for observation (during regularly scheduled hours) - no other services performed	\$
			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	\$
D9940	Occlusal guard, by report	\$
D9942	Repair and/or relin of occlusal guard	\$
D9950	Occlusion analysis - mounted case	\$
D9951	Occlusal adjustment-limited	\$
D9952	Occlusal adjustment-complete	\$
D9971	Odontoplasty 1-2 teeth	\$
D9972	External bleaching-per arch	\$
D9973	External 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.