



# Delta Dental Programs

---

Since the Delta Dental system is the largest dental system in the country, many of your patients are likely to be covered by a Delta Dental benefits plan. However, when your patient says, ***"I am covered with Delta Dental,"*** it is important to ask them under which plan they participate (this can be found in the upper right-hand corner of their ID card). Delta Dental offers three networks: Delta Dental PPO<sup>SM</sup>, Delta Dental Premier<sup>®</sup> and DeltaCare<sup>®</sup>, and a variety of plan types based on these networks. Determining **in advance** under which plan your patients are covered will enable them to know if you participate in the Delta Dental network covered by their plan and will avoid any surprises or misunderstandings.

## Delta Dental National Coverage

When you sign a Delta Dental of Virginia (DDVA) Participating Dentist Agreement, your participation is honored throughout the national Delta Dental system. Please keep in mind that if your patient is covered under a Delta Dental National Coverage program, claims must be submitted to the Delta Dental member company in the state that provides the patient's coverage. You are still guaranteed direct payment and current Virginia's maximum plan allowances (MPAs).

## Delta Dental Premier

Delta Dental Premier is our traditional fee-for-service program. You are guaranteed direct payment based on the lesser of your filed fee or Virginia MPAs, regardless of which Delta Dental member company processes your claim. Subscribers with Delta Dental Premier coverage generally have financial incentive to seek services from a Delta Dental Premier participating provider.

## Delta Dental PPO

Delta Dental PPO is our preferred provider organization. Delta Dental PPO providers agree to accept payment based on the lesser of their filed fee or the Delta Dental PPO fee schedule. Dentists file claims and receive direct payment, regardless of which Delta Dental processes your claim. There is generally a financial incentive for Delta Dental PPO patients to seek services from a Delta Dental PPO participating provider. However Delta Dental PPO patients may choose to incur higher out-of-pocket expenses and seek services from a Delta Dental Premier participating provider, unless the group contract specifies all services must be rendered by a Delta Dental PPO participating provider, such as with Delta Dental PPO – EPN and Delta Dental PPO (Pays PPO Network Only) Plans.

## DeltaCare

DeltaCare is our managed care program commonly referred to as a DHMO (Dental Health Maintenance Organization.) Reimbursement is based on capitation and member copayments. Delta Dental also pays an encounter fee per patient per visit. **DeltaCare patients must seek care from their selected DeltaCare dentist** and any necessary **specialty care referrals must be pre-authorized by DeltaCare**. If you are not the patient's selected DeltaCare dentist, please ask the patient to call DeltaCare at 800-862-0838. Any services rendered by a dentist other than their selected DeltaCare dentist becomes the patient's full financial responsibility.



## Participation Application Checklist

Delta Dental of Virginia (DDVA) wishes to thank you for your request to participate in the Delta Dental Premier network. To become a participating provider, please send the following items to the address at the bottom of this page:

- Signed Participating Dentist Agreement
- Completed and Signed Individual Practitioner Profile
- Completed Facility Profile
- Five year work history
- National Provider Identifier (NPI) Form
- Confidential Fee Filing Form
- Legible copy of Drug Enforcement Administration license (Controlled Substance Registration Certificate) or signed statement
- Proof of professional malpractice insurance\*
- Proof of Anesthesia Education and ACLS certificates, if applicable
- W-9 Form
- Specialty Documentation
- Other \_\_\_\_\_

*\* To have a copy of your malpractice insurance coverage sent automatically to DDVA each year when the policy renews, please contact the insurance carrier and have DDVA listed as a certificate holder.*

Please return the required information to:

Delta Dental of Virginia  
Attn: Provider Relations  
4818 Starkey Rd.  
Roanoke, VA 24018

You may also fax the information to 540-774-7797 and use this form as a cover sheet.

**Thank you for your prompt attention to this matter.** We appreciate your decision to become a Delta Dental participating provider. Please assist us in expediting your membership by returning the required information promptly.

**DDVA welcomes your suggestions on how we might improve our credentialing process.**

Should you have any questions, please call 800-367-3531, ext. 3155 to speak with Ellen Drewery, Provider Relations Specialist



## Participating Dentist Agreement Terms and Conditions

### Section I: Dentist's Obligations

1. License, Certificates, and Authorizations. You are a duly qualified and practicing dentist who holds a valid and unrestricted license to practice dentistry in the Commonwealth of Virginia and any other jurisdiction in which you provide Dental Services to Enrollees. You must maintain in good standing all licenses, specialty certificates, and other authorizations of any kind that are required to conduct your practice. You must promptly notify DDVA of any investigation or action relating to any of these licenses, certificates or authorizations by any licensing board, certifying board or other organization.
2. Credentialing and Re-Credentialing. We have established a credentialing program to ensure that Delta Dental Participating Dentists meet our standards for licensure, certification, providing Dental Services, and insurance. You must cooperate fully with our credentialing and re-credentialing program. We require credentialing documentation at the time that you apply to become a Delta Dental Participating Dentist. We also require you to update previously submitted information on an annual basis. The types of information we require include (without limitation) a current valid license; specialty certification (if applicable); practice or work history for the prior 5 years; current, adequate malpractice insurance coverage; and malpractice history for at least the prior 5 years. You must notify us at least 14 business days prior to any changes to your practice's name, address, phone number, or type of practice, and within 3 business days of any revocation, suspension or probationary action involving your license.
3. Dentist / Patient Relationship. The Agreement does not alter your professional relationship with your patients, including our Enrollees. We expect you to maintain dentist / patient relationships with our Enrollees. You are solely responsible to the Enrollee for your diagnosis, care, and treatment. Any decision whether to provide a service is your decision, and any decision whether to receive a Dental Service is the Enrollee's decision, regardless of whether the service is a Covered Benefit. You are an independent contractor, and neither we nor any group through which your patient is enrolled will have any control over your practice or the relationship between the patient and you. Our decision to include you as a Delta Dental Participating Dentist does not constitute an endorsement of your qualifications, fitness, or suitability to perform any service.
4. Complying with Laws, Rules, Regulations, and Ordinances. You will comply with all federal, state, and local laws, rules, regulations, and ordinances that pertain to your practice, including (without limitation) the United States Department of Health and Human Services' rules and regulations; OSHA rules and regulations; Center for Disease Control rules, regulations and guidelines; the Health Insurance Portability and Accountability Act (HIPAA) and other applicable privacy rules; applicable requirements of the Department of Health, Board of Dentistry, and equivalent bodies in the state or other jurisdiction in which Dental Services are provided.
5. Standards of Care. You must provide services to our Enrollees in accordance with the relevant professional standards for the type of practice, specialty or subspecialty, or region in which the Dental Services are provided to Enrollees. You will insure that the quality and availability of services provided to our Enrollees are not less than the quality and availability of services provided to all other patients to whom you provide services. Nothing in the Agreement limits,

restricts or otherwise prohibits you from fully disclosing all dental treatment options to our Enrollees, whether or not the treatment options are Covered Benefits, if you determine that these options are in the Enrollees' best interests.

The following are never Covered Benefits: Dental Services that are (a) demonstrably below generally accepted standards of dental practice; (b) clinically inappropriate, in terms of type, frequency, extent, site, or duration; or (c) generally considered ineffective for the diagnosis or treatment of the patient's injury or disease. You may not bill or otherwise collect from our Enrollee any fee for Dental Services of this type, and you will promptly refund to our Enrollee any Patient Payment Amounts that have been collected for these services.

## 6. Claims and Payments.

- a. Filing Claims. Except as provided herein, you must submit claims to us for Dental Services that you provide to our Enrollees within 12 months after (i) the date on which the service is completed or (ii) the last day on which the last service in a series of related services is completed (if a series is required). Completion dates include the seating date for crowns and bridges, delivery of partial or complete dentures, and final fill for root canal treatment. There is a different timely filing period for orthodontic services. You must file claims for orthodontic services after banding or initial placement of an orthodontic device. DDVA then makes periodic payments for orthodontic services over the entire course of orthodontic treatment up to the Benefit Maximum under the Enrollee's Dental Services plan. For all Dental Services, you must submit claims on standard claim forms or by another means of reasonable, timely, and accurate claims submission (including electronic submission) to which DDVA has agreed in advance. You must identify Dental Services provided to our Enrollees using dental nomenclature from the most recent edition of the publication Current Dental Terminology ("CDT"). Amounts that you bill us will not exceed amounts that you typically charge the general public for Dental Services.

You agree to bill us for Dental Services using the CDT procedure codes that most accurately describe the Dental Services that you provide to our Enrollees. We base our payment on our determination of the most accurate CDT procedure code. You must not bill for Dental Services using multiple CDT procedure codes if there is a single, more comprehensive CDT code for the services. We base our payment on the allowance for the more comprehensive code, not on the allowances for the underlying component codes. For information regarding these and other uniform claims processing policies and procedures, please visit our website at [deltadentalva.com](http://deltadentalva.com) or request a written copy from DDVA's Dental Director at the address provided in the "Notices" paragraph of this document.

- b. Fee Adjustments. We recognize that there are special circumstances that may make some Enrollees' dental treatment more complicated than other patients' treatment. In these circumstances, you may request that we consider an adjustment to the Plan Allowance. Your request must include a written description of the special circumstances and reasons for the adjustment. You may make the request in a separate letter attached to the claim form or as part of a request for reconsideration. Timely filing rules described in Paragraph 6.a. in this section also apply to fee adjustment requests.
- c. Optional Treatment. After consulting with you, an Enrollee may select a more expensive Dental Service than the one that we determine is Dentally Necessary for the diagnosis or treatment of the Enrollee's condition ("Optional Treatment"). We will only pay the amount that we would have paid for the less expensive Covered Benefit. In most cases, our payment for Optional Treatment will not exceed the amount that we customarily pay to restore the patient's tooth or dental arch to its proper contour and function. Our Enrollee is responsible for the difference between the Plan Allowance for Optional Treatment and our payment for the less expensive Covered Benefit.

- d. Enrollee's Payments. You will not bill or otherwise collect from our Enrollees the differences between your charges for Dental Services and the Plan Allowances for these services. In the special circumstances described in paragraph 6.c. and 6.d. of this section, you will not bill or otherwise collect from our Enrollees the differences between your charges for Dental Services and the adjusted Plan Allowances. You agree not to waive Patient Payment Amounts, and you will make reasonable efforts to collect Patient Payment Amounts. You may request these amounts in advance or at the time of treatment. You will not bill us or otherwise collect from our Enrollee any amount for any service that is not a Dental Service, including (without limitation) a charge to complete a claim form, copy records or respond to our request for additional information.
7. Records. You must maintain accurate and complete patient treatment, financial and accounting records in accordance with generally accepted dental office management practices. Without limiting the scope of the preceding requirement, you must retain these records during the term of the Agreement and for at least 6 years after its termination. You must cooperate fully in our post-treatment claims review programs. You agree to furnish copies of our Enrollees' dental records, including x-rays and written or electronic patient records that we reasonably request, for a period of up to 6 years after (a) the date on which the service is completed or (b) the last day on which the last service in a series of related services is completed (if a series is required). You must provide us with access, during your regular business hours and upon reasonable advance notice, to your insurance policies and other records that relate to Dental Services provided to our Enrollees and charges to and payments from our Enrollees in sufficient quantity (as reasonably requested by DDVA) to verify compliance with the Agreement. Your obligation to keep and provide these records to us will not terminate upon the termination of the Agreement, regardless of the reason for termination.
8. Uniform Policies and Procedures. You agree to abide by uniform policies and procedures, of which you are advised in writing in advance, that we have adopted with respect to Dental Services furnished to our Enrollees. These include our billing procedures, utilization review standards, and quality assurance programs for Delta Dental Participating Dentists. In addition, you must cooperate fully with utilization review and quality assurance programs that are implemented for our Enrollees' benefit. Upon reasonable advance request, you will complete and provide to us with periodic quality assurance surveys.
9. Confidential and Proprietary Information. You will maintain the confidentiality of Enrollee records in accordance with applicable federal and state laws and regulations and DDVA's uniform policies and procedures. In addition, our payment schedules, groups' names and addresses, provider manual and other descriptions of utilization and quality review programs, internal operations, and reimbursement methodologies, which are not otherwise available to the public, are our confidential and proprietary documents. Except as otherwise required by law, you will maintain the confidentiality of these documents and, at our request, return them to us after termination of the Agreement.
10. Insurance. You will, at your cost and expense, procure and maintain policies of general liability, malpractice and other insurance necessary to insure against liability, claims or damages arising by reason of personal injuries or death to our Enrollees, occasioned directly or indirectly by your acts or omissions ("insurance coverage"). The amount of this insurance coverage must be customary and reasonable for your type of practice, specialty or subspecialty, and the prevailing practices in the area in which you practice. Upon request, you must provide us with a certificate of insurance or other documentation which confirms that insurance coverage is in force. You must notify us immediately of the cancellation of insurance coverage. If, during the period in which you provide Dental Services to our Enrollees, you maintain professional liability insurance on a "claims incurred" basis, you must maintain in force sufficient "tail" insurance to assure full and continuing coverage through the policy's extended reporting period.

11. Non-Discrimination. You agree to accept our Enrollees without discriminating on the basis of race, religion, color, sex, national origin, pre-existing condition, disability or disease.

## **Section II: DDVA's Obligations**

1. Timely Filing. Except as otherwise provided in the Agreement, we will pay a claim for Covered Benefits if it is filed with us within 12 months after (a) the date on which the service is completed or (b) the last day on which the last service in a series of related services is completed (if a series is required). There is a different timely filing period for orthodontic services. You must file claims for orthodontic services after banding or initial placement of an orthodontic device. After the claim is filed, we make periodic payments for orthodontic services over the entire course of orthodontic treatment up to the Benefit Maximum under the Enrollee's Dental Services plan. For all Dental Services (including orthodontic services), we will only consider an adjustment to a previously submitted claim if it is resubmitted within 12 months after the original claim is processed. We will not pay a claim or make an adjustment submitted after the end of these timely filing periods.

[Explanatory Note]: VA Code § 38.2-3407.15 requires that the following paragraphs 2 through 12 be part of the Agreement. Paragraphs 2 through 12 apply to each "claim" (as defined in this section) made under Dental Services plans that DDVA insures directly. The terms and conditions of paragraphs 2 through 12 do not apply to services under any plan that an employer or other group self-insures. They do not apply to any other Delta Dental Member Company's plan. DDVA's uniform policies and procedures for Delta Dental Participating Dentists and the terms and conditions of our Enrollees' dental plans, to the extent these terms and conditions may differ, apply to and supercede Paragraphs 2 through 12 for all plans to which VA Code § 38.2-3407.15 does not apply.

2. Claims Payments. DDVA will pay any claim for Covered Benefits submitted by you or on your behalf within 40 days after receipt of the claim except where DDVA's obligation to pay the claim is not reasonably clear due to the existence of a reasonable basis supported by specific information available for review by the person submitting the claim that:
  - a. DDVA has determined that the claim is not a clean claim due to a good faith determination or dispute regarding (i) the manner in which the claim form was completed or submitted, (ii) the eligibility of a person for coverage, (iii) the responsibility of another carrier for all or part of the claim, (iv) the amount of the claim or the amount currently due under the claim, (v) the benefits covered, or (vi) the manner in which services were accessed or provided; or
  - b. The claim was submitted fraudulently.
3. DDVA's Claims Records. DDVA will maintain a written or electronic record of the date of receipt of a claim. The person submitting the claim will be entitled to inspect this record and to rely on the record or on any other admissible evidence as proof of the fact of receipt of the claim, including (without limitation) electronic or facsimile confirmation of receipt of the claim.
4. Requests for Additional Claims Information. DDVA will, within 30 days after receipt of a claim, request electronically or in writing from the person submitting the claim the information and documentation that DDVA reasonably believes will be required to process and pay the claim or to determine whether the claim is a clean claim. Upon receipt of the additional information requested under this paragraph necessary to make the original claim a clean claim, DDVA will make the payment of the claim in compliance with this section. DDVA will not refuse to pay a claim for Dental Services rendered pursuant to the Agreement, which are Covered Benefits, if DDVA fails timely to notify or attempt to notify the person submitting the claim of the matters identified above unless such failure was caused in material part by the person submitting the claim. However, nothing herein will preclude DDVA from imposing a retroactive denial of

payment of such a claim if the time that has elapsed since the date of the payment of the original claim does not exceed 12 months. Nothing in this section will require DDVA to pay a claim that is not a clean claim or to pay for Dental Services that are not Covered Benefits.

5. Interest. Any interest owing or accruing on a claim under Section 38.2-3407.1 or Section 38.2-4306.1 in Title 38.2 of the Code of Virginia, under any provider contract or under any other applicable law, shall, if not sooner paid or required to be paid, be paid, without necessity of demand, at the time the claim is paid or within 60 days thereafter. [Explanatory Note: The Virginia Bureau of Insurance has interpreted VA Code § 38.2-3407.15 to require that this provision be included in agreements of this type. However, the two Code sections referred to above – Sections 38.2-3407.1 and 38.2-4306.1 – do not apply to DDVA. DDVA does not pay interest on claims under any provider contract. Interest is not owed and does not accrue on a DDVA claim under any other applicable law.]
  
6. Access to Pre-Determination Review, Authorization and DDVA's Policies and Procedures.
  - a. DDVA has established and implemented reasonable policies to permit you (i) to confirm in advance during normal business hours by free telephone or electronic means if available whether the Dental Services to be provided are Dentally Necessary and Covered Benefits; and (ii) to determine DDVA's requirements that apply to you or the type of Dental Services that you have contracted to provide under the Agreement for (a) pre-determination or authorization of coverage decisions; (b) retroactive reconsideration of a pre-determination or authorization of coverage decision or retroactive denial of a previously paid claim; (c) provider-specific payment and reimbursement methodology, coding levels and methodology, down-coding and bundling of claims; and (d) other provider-specific, applicable claims processing and payment matters necessary to meet the terms and conditions of the Agreement, including determining whether a claim is a clean claim.
  - b. Under certain circumstances, DDVA may notify you in writing that you must submit some or all required Dental Services to DDVA for prior authorization. In the event you fail to submit a Covered Benefit in accordance with DDVA's written notification, DDVA may deny, in whole or in part, claims for Covered Benefits submitted without this authorization. You may not charge to our Enrollee for any such denied amount.
  - c. DDVA will make available to you, within 10 business days of receipt of your request, copies of or reasonable electronic access (if available) to all such policies that apply to you or the particular Dental Services that you have identified. In the event the provision of the entire policy would violate any applicable copyright law, DDVA may instead comply with this paragraph by timely delivering to you a clear explanation of the policy as it applies to you or the particular Dental Services that you have identified.
  
7. Pre-Determination of Claims. DDVA will pay a claim if it has previously determined that the Enrollee's Dental Service is a Covered Benefit or has advised you or the Enrollee in advance of the provision of Dental Services that the Dental Services are Dentally Necessary and Covered Benefits, unless:
  - a. The documentation for the claim provided by the person submitting the claim clearly fails to support the claim as originally authorized; or
  - b. DDVA's refusal is because (i) another payer is responsible for the payment; (ii) we have already paid the claim for Dental Services; (iii) the claim was submitted fraudulently or the authorization was based in whole or material part on erroneous information that you provided to DDVA, the Enrollee, or another person not related to DDVA; or (iv) the person receiving the Dental Services was not eligible to receive them on the date of service and DDVA did not

know, and with the exercise of reasonable care could not have known, of the person's eligibility status.

8. Retroactive Denials; Limitations. DDVA will not impose any retroactive denial of a previously paid claim unless it has provided the reason for the retroactive denial and (a) the original claim was submitted fraudulently; (b) the original claim payment was incorrect because the Dental Services identified on the claim have already been paid or you did not deliver the Dental Services identified on the claim; or (c) the time that has elapsed since the date of the payment of the original challenged claim does not exceed 12 months. DDVA will notify you at least 30 days in advance of any retroactive denial of a previously paid claim.
9. Retroactive Denials; Identification. The provisions of the immediately preceding paragraph notwithstanding, DDVA will not impose any retroactive denial of payment or in any other way seek recovery or refund of a previously paid claim unless DDVA specifies in writing the specific claim or claims for which it has imposed the retroactive denial or the recovery or refund is sought. DDVA will include, in the written communication, an explanation why the claim is being retroactively adjusted.
10. Access to Reimbursement and Other Information. DDVA's reimbursement policies that apply to you and DDVA's statement as to the manner in which claims will be calculated and paid, which apply to you, are provided as part of the Agreement. You have been, or will be, furnished with all material addenda, schedules and exhibits thereto and any policies (including those referred to in paragraph 6 of this section) that apply to you or the range of Dental Services that you are reasonably expected to provide under the Agreement.
11. Copyright Laws. In the event that DDVA's providing a policy as required under paragraph 6 or 10 of this section would violate any applicable copyright laws, DDVA may instead comply with this section by providing a clear, written explanation of the policy as it applies to you.
12. Definitions for this Section II: As used in paragraphs 2 through 12 of this section only, the following terms have these meanings:
  - a. Claim is any bill, claim, or proof of loss made by or on behalf of the Enrollee or you to DDVA (or DDVA's intermediary, administrator or designated representative) under the Agreement for payment for Dental Services under any program of Dental Services that DDVA insures; however, a "claim" shall not include a request for payment of a capitation fee or withhold.
  - b. Clean claim means a claim (i) that has no material defect or impropriety (including any lack of any reasonably required substantiation documentation) which substantially prevents timely payment from being made on the claim or (ii) with respect to which DDVA has failed to timely notify the person submitting the claim of any such defect or impropriety in accordance with this section.
  - c. Retroactive denial of a previously paid claim or retroactive denial of payment means any attempt by DDVA retroactively to collect payments already made to you with respect to a claim by reducing other payments currently owed to you, by withholding or setting off against future payments, or in any other manner reducing or affecting the future claim payments to you.

### **Section III: General Provisions**

1. Notices. Any notice that DDVA sends to you under the Agreement will be sent to your address of record on file with DDVA. Any notice that you send to DDVA under the Agreement must be sent to:

Dental Director  
Delta Dental of Virginia  
4818 Starkey Road  
Roanoke, Virginia 24018

Any notice of termination of the Agreement by either party must be sent to the other party by certified mail, return receipt requested, with postage prepaid.

2. Changes to the Agreement. DDVA may amend the Agreement at any time by providing you with a written copy of the amendment. No amendment to the Agreement or any addendum, schedule, exhibit or policy thereto (or new addendum, schedule, exhibit or policy) that applies to you (or the range of services that you are reasonably expected to provide to our Enrollees) will be effective as to you, unless (a) you have been notified in writing of the applicable portion of the proposed amendment (or the proposed new addendum, schedule, exhibit or policy) at least 60 calendar days before its effective date and (b) you have failed to notify DDVA within 30 calendar days after receipt of the document(s) that you will terminate the Agreement at the earliest date thereafter permitted under the Agreement.
3. Assignment. Neither party may assign, subcontract, delegate or transfer its duties or obligations under the Agreement unless the other party expressly consents in writing in advance. Any attempted assignment, subcontract, delegation or transfer not in accordance with the terms of this paragraph is void. There are two exceptions: (a) DDVA may assign its duties or obligations to any entity that controls, is controlled by, or is under common control with DDVA now or in the future; and (b) DDVA may assign its duties and obligations to any entity that succeeds to DDVA's business by merger or other reorganization.
4. Non-Exclusive Agreement. The Agreement is not an exclusive agreement. In other words, we may enter into similar agreements with other dentists and dental practices, and you are not expected to limit your practice to our Enrollees.
5. Use of Name. By entering into the Agreement, you authorize us to include your name, office address, telephone number, and type of practice in our listing of providers participating in our Dental Services network(s). We may distribute these listings to (without limitation) Enrollees, groups, other Delta Dental Member Companies, participating dentists, and regulatory agencies. You authorize us to release other identifying information about you that is required by federal or state law or by covered groups subject to applicable confidentiality provisions.
6. Force Majeure. Neither party is in violation of the Agreement for failure to comply with the Agreement's terms and conditions if that failure is due to matters beyond the non-complying party's reasonable control (such as acts of God, insurrection, strike, fire, or power outages), provided that the failure is not caused in material part by the non-complying party.
7. Waiver. Either party's waiver of a breach of the Agreement will not be construed to be a waiver of any subsequent breach. Failure to exercise any right or remedy under the Agreement is not a waiver of the right or remedy. All remedies provided in the Agreement are cumulative.
8. Governing Law. The validity, enforceability, construction, and interpretation of the Agreement or any clause of the Agreement shall be governed by the applicable laws of the Commonwealth of Virginia in effect at the time of such construction or enforcement, except the Commonwealth's choice of laws requirements and federal laws that expressly preempt state laws.
9. Invalid or Unenforceable Provisions. If any provision of the Agreement is held to be illegal, invalid, or unenforceable, that provision is fully severable. If the severed provision is not material to the Agreement's overall purpose and operation, the Agreement will be construed and enforced as if the illegal, invalid or unenforceable provision had never been part of the

Agreement. In this case, the remaining provisions will remain in full force and effect. If the severed provision is material to the Agreement's overall purpose and operation, the Agreement will automatically terminate upon its severance.

10. Liability for Acts and Omissions. Except as otherwise provided herein, each party (the "responsible party") is solely responsible for all direct, compensatory, punitive, indirect, consequential, non-economic or other damages of every type, which are assessed against and / or incurred by the responsible party, whether by verdict, settlement or otherwise, and which arise out of or result from: (a) the acts or omissions of the responsible party and/or the responsible party's employees or subcontractors (provided that under no circumstances will we be liable for a dentist's care for, advice to, or treatment of any Enrollee); (b) the responsible party's breach of any duty or obligation arising under the Agreement; and (c) any violation by the responsible party of any federal, state or local statute, regulation, ordinance, ruling and/or judicial or administrative order that applies to the responsible party or its employees or subcontractors.
  
11. Resolving Disputes.
  - a. Arbitration and Resolution. In the event of a dispute under the Agreement, which cannot be satisfactorily resolved between the parties' designated representatives, the dispute shall be resolved by arbitration in accordance with the rules and regulations of the American Arbitration Association, as then in effect. Either party may initiate arbitration by making a written demand for arbitration on the other party within 60 days of the time the dispute arises. Within 30 days of this demand (or as soon thereafter as reasonably practical), the parties shall each designate an arbitrator and give written notice of such designation to the other party. Within 30 days after receipt of such notices (or as soon thereafter as reasonably practical), the two designated arbitrators shall select a third arbitrator and give notice of the selection to both parties hereto. If the dispute involves Dental Necessity or requires professional dental judgment, at least two of the arbitrators will be dentists who have experience with or dental expertise in the subject matter at issue. The three arbitrators shall hold a hearing and decide the matter within 90 days (or as soon thereafter as reasonably practical). The result of the arbitration shall be final and binding upon the parties to the same extent that the parties would have been bound by a legally enforceable judgment with respect to the matter in dispute. Each party will bear the expenses of its designated arbitrator, and the parties shall share equally the expenses of the third arbitrator.
  
  - b. Exceptions. Notwithstanding the foregoing provisions of this "Resolving Disputes" paragraph, the following matters are not subject to arbitration or the operation of this arbitration clause: (a) any suit or action, including any counterclaim, cross-claim or third-party claim, in any suit against you pursuant to the Agreement or DDVA, for indemnity or contribution arising out of the services provided under the Agreement; and (b) "for cause" termination of your participation as a Delta Dental Participating Dentist. The mandatory process for resolving disputes that result from "for cause" termination of a dentist's participation as a Delta Dental Participating Dentist are in the document entitled "Provider Appeal of Termination," which is attached to and made a part of the Agreement.
  
  - c. Limitations on Actions. Each party must provide at least 30 days prior notice to the other party before initiating arbitration or bringing any other legal action against the other party, its officers, employees, agents or representatives. This notice must specify the nature of the dispute and/or causes of action. No arbitration proceeding or other legal action may be brought more than one year after the date on which the causes of action first arose. Damages available as a result of arbitration or any other legal action under the Agreement are limited to the claimant's actual damages that result from the claims asserted. In no event are punitive, indirect, consequential or non-economic damages or damages for emotional distress or mental anguish available under the Agreement.

## 12. Termination.

- a. Method of Termination. Except as outlined in this section, either party may terminate the Agreement “for cause” if the party seeking termination (i) provides the other party with written notice specifying the nature of the defect giving rise to termination and (ii) affords the other party at least 30 days within which to cure the defect. If, in the judgment of the party seeking termination, the defect cannot be cured within this 30-day period, the effective date of termination will be the date specified in the notice. In the event your professional license is surrendered, forfeited, or revoked or if you are placed on suspension or fail to renew your professional license within the timeframes required, the Agreement will terminate upon the date of such event. Either party may terminate the Agreement “without cause” upon at least 90 days prior written notice to the other party.
  - b. Notice of Termination. You must notify in writing all of our Enrollees who are your patients that you are no longer a Delta Dental Participating Dentist. Each of these Enrollees must receive the notice at least 30 days before the Enrollee’s next visit after the effective date of termination. If, during the first year following termination of the Agreement, you fail to notify our Enrollee in the manner provided for in this paragraph, you are bound by the terms and conditions of the Agreement for Dental Services provided prior to the Enrollee’s receipt of the required notice, including (without limitation) the prohibition against balance-billing the differences between (i) your charges and (ii) the Plan Allowances for the services provided.
  - c. Obligations after Termination. Termination of the Agreement in whole, or as it relates to any DDVA program in which you participate, shall have no effect upon the rights or obligations of the parties arising out of any transactions occurring prior to the effective date of termination and the continuing obligations after termination provided for in the Agreement. Termination will not change your obligations under the Agreement for any Enrollee who has begun a course of dental treatment with you. Our Enrollee will continue to receive the benefits of his or her individual or group Delta Dental contract, including (without limitation) your commitment to accept our Plan Allowances as payment in full for Covered Benefits, through the end of his or her course of dental treatment.
  - d. Appeal of Termination. Any other provision of the Agreement to the contrary notwithstanding, if your participation as a Delta Dental Participating Dentist is terminated “for cause,” you must use DDVA’s mandatory appeal process before you take any further legal or administrative action. The document entitled “Provider Appeal of Termination” describes this mandatory appeal process. DDVA will provide more specific information about the appeal process with the notice of termination or upon request.
13. Binding Effect. The Agreement shall be binding upon and inure to the benefit of the parties to the Agreement and their respective heirs, successors and permitted assigns.
  14. Entire Agreement. The Agreement contains all the terms and conditions to which the parties have agreed with respect to Enrollees and supersedes any and all other agreements, oral or written, regarding Enrollees or the subject matter of the Agreement.

## **Section IV: Definitions**

The following terms used anywhere in the Agreement have these meanings:

1. Benefit Maximum is the maximum dollar amount that we will pay for Covered Benefits during the benefit period specified in the Enrollee’s Dental Services plan (a calendar year, for example).

2. Coinsurance is a fixed percentage of the Plan Allowance that our Enrollee must pay for a Covered Benefit. Coinsurance reduces the amount that we would otherwise pay for a Covered Benefit.
3. Copayment means a fixed dollar amount of the Plan Allowance that our Enrollee must pay for a Covered Benefit. A Copayment reduces the amount that we would otherwise pay for a Covered Benefit.
4. Covered Benefits mean one or more Dental Services that are covered under the Delta Dental Member Company's contract with the Enrollee's group or the Enrollee on the date on which the Dental Services are provided.
5. DDVA means Delta Dental of Virginia.
6. Deductible is a fixed dollar amount that an Enrollee must pay for Covered Benefits before we begin to pay for Covered Benefits. A Deductible reduces the amount that we would otherwise pay for Covered Benefits.
7. Delta Dental Member Company means any company licensed to use the Delta Dental name and service mark (including DDVA) which has entered into a "DeltaUSA Interplan Participating Agreement" or a successor agreement that is in effect on the date on which the Dental Services are provided.
8. Delta Dental Participating Dentist means a dentist who has entered into one or more network-specific Participating Dentist Agreements with DDVA, which is in effect on the date on which the Dental Service is provided.
9. Dental Services mean care and procedures provided for the diagnosis, treatment of dental disease or injury, and services provided to promote overall oral health and well-being. Not all Dental Services are Covered Benefits.
10. Dentally Necessary or Dental Necessity means those Dental Services that a dentist or other qualified dental professional, exercising prudent clinical judgment, would provide to a patient for the purpose of preventing, evaluating, diagnosing or treating a dental injury, disease or its symptoms. Dentally Necessary services must be (a) in accordance with generally accepted standards of dental practice; (b) clinically appropriate, in terms of type, frequency, extent, site and duration, and considered effective for the patient's injury or disease; (c) not primarily performed for the convenience of the patient, the dentist, other dental professional or health care provider; and (d) not more costly than an alternative service at least as likely to produce equivalent therapeutic or diagnostic results as to the diagnosis or treatment of the patient's injury or disease. "Dental Necessity" includes (without limitation) treatments involving dental structures and pathology which, while rarely "medically" necessary, are essential to resolve the condition of dental disease or pathosis.

A "medically" necessary situation as it relates to dental therapies is one in which failure to provide the Dental Services would result in deleterious effects to the patient's overall health status or are necessary to sustain the patient's life.

For these purposes, "generally accepted standards of dental practice" mean standards that are credible, scientific, evidence-based and published in peer-reviewed dental literature generally recognized by the relevant dental community, or otherwise consistent with the applicable dental specialty association's recommendations and the views of practitioners in the relevant clinical areas.

11. Dentist, you, or your means the individual dentist, partnership, corporation, limited liability company or similar entity on whose behalf the Agreement is signed and which DDVA has accepted as a Delta Dental Participating Dentist. Whenever the term “you” or “your” is used in the Agreement, it means the dentist and any other dental care professional, employee or subcontractor who provides Dental Services to our Enrollees under the dentist’s supervision.
12. Enrollee means an individual who is properly enrolled in or otherwise eligible to receive Covered Benefits under any Delta Dental Member Company’s contract with the individual’s group or the individual on the date on which the Dental Services are provided.
13. Patient Payment Amounts mean Coinsurance, Copayments and Deductibles for which Enrollees are responsible under their group or individual Dental Services contracts with Delta Dental Member Companies.
14. Plan Allowance means the maximum amount on which the Delta Dental Member Company’s payment is based under the network-specific agreement with respect to which you are a Delta Dental Participating Dentist.
15. We, us, or our means any Delta Dental Member Company.

## DELTA DENTAL OF VIRGINIA PROVIDER APPEAL OF TERMINATION

### Policy

In an effort to provide DDVA's Delta Dental Participating Dentists with a means to resolve grievances that arise from "for cause" termination of participation in DDVA's provider networks, DDVA provides the dentist whose participation in a DDVA provider network has been terminated with a means to appeal the decision and obtain a reversal (if appropriate).

This process is designed to give the dentist a better understanding of the circumstances giving rise to termination, an opportunity to be heard on the issue(s) that resulted in termination, and obtain a reversal (if appropriate). This process is a firm prerequisite to legal action, meaning that the Participating Dentist must avail himself or herself of this process before bringing any action or seeking further redress in the courts.

### Provider Appeal Panel

For the purposes of this review, the provider appeal panel will consist of three dentists (the "Provider Appeal Panel"). Two of these dentists will be DDVA Participating Dentists who are not DDVA employees and have no financial interest in the outcome of the appeal. These dentists may receive compensation for their participation on the Provider Appeal Panel. The third dentist will be a DDVA employee. The three dentists may, by majority vote, elect the Provider Appeal Panel's chairperson.

The Provider Appeal Panel will have authority to make a binding determination about the validity of DDVA's "for cause" termination of participation in a DDVA provider network. The result will bind the parties to the same extent they would be bound a judgment in a court proceeding.

### Appeal Process

A dentist, whose participation in one or more of DDVA's provider networks is terminated by DDVA, may submit a written request to appeal the termination decision within 30 days after the date of DDVA's termination letter. The appeal letter should include sufficient detail for the Provider Appeal Panel to evaluate the merits of the appeal. All documentation that supports a reversal should be included.

If a hearing with the Provider Appeal Panel is requested, DDVA's Provider Relations Department will schedule the hearing within 60 days after receipt of the appealing dentist's written request (or as soon thereafter as reasonably practical).

The hearing by the Provider Appeal Panel will be conducted informally. Rules of evidence that would govern a judicial-type hearing will not apply. Neither DDVA nor the appealing provider must be represented by an attorney, although neither party's attorney will be excluded from the hearing.

Prior to the hearing, each party must advise the other party of the names, identity, and anticipated testimony of all persons who will make arguments or present testimony to the Provider Appeal Panel. The members of the panel may, by majority vote, exclude any individual or group who is not attending the hearing to argue the merits or present testimony or whose presence is not deemed necessary by the panel for a full and proper evaluation of the appeal.

At the beginning of the review hearing, a Notary Public or other officer authorized to administer oaths shall swear all witnesses. Minutes of the hearing will be kept by an individual designated to do so by DDVA's Dental Director.

DDVA's Dental Director or his designee will provide an opening statement that includes the reason(s) why the termination decision was made and the contractual performance, regulatory compliance or quality of care issues that gave rise to the termination decision.

The appealing dentist may then make an opening statement in person or through counsel.

Witnesses will be called by the chairperson of the Provider Appeal Panel (sworn affidavits may be substituted in lieu of live witnesses). Unless one or both of the parties are represented by counsel, only the Provider Appeal Panel members may query the witnesses. The chairperson of the Provider Appeal Panel may set time limits for the length of the hearing, presentation of testimony, examination of witnesses, and arguments on the merits, and will decide all other procedural matters.

Any documents that bear upon the issues may be submitted to the panel by the appealing dentist or DDVA's Dental Director.

DDVA's Dental Director and the appealing dentist may make a closing statement in person and through counsel.

After the hearing is concluded, the Provider Appeal Panel members will adjourn to evaluate the merits of the appeal. All persons who are not members of the Provider Appeal Panel will be excluded from these deliberations.

The Provider Appeal Panel will furnish the appealing dentist, directly or through counsel, a written decision on the outcome of the appeal within 14 calendar days after the hearing date. The Provider Appeal Panel may extend the time within which to respond by notifying the appealing dentist, directly or through counsel, of the anticipated date of the panel's response. If, in the Provider Appeal Panel's sole judgment, a second hearing is required, the chairperson of the Provider Appeal Panel or his or her designee will so notify the dentist. These same rules will apply to any second hearing.

Each party will bear its own expenses for any appeal.

The result of the Provider Review Panel's decision shall be final and binding upon the parties to the same extent that the parties would have been bound by a legally enforceable judgment with respect to the matter in dispute. The submitted documents and testimony will remain confidential unless subpoenaed in a subsequent administrative or judicial proceeding or DDVA determines, on advice of counsel, that applicable federal or state law or regulations compel their disclosure.



## **Delta Dental Premier Participating Dentist Agreement**

This Agreement ("Agreement") is between Dentist and DDVA. It is effective on the date that DDVA accepts it (as evidenced by DDVA's entry to that effect on the last page of the Agreement) and will remain in effect until either party terminates it in the manner provided for in the "Termination" section of the "Terms and Conditions" attachment. This Agreement applies specifically to DDVA's Delta Dental Premier program. These means that, with respect to Enrollees, the terms and conditions in this Agreement control and supersede any contradictory provisions in the "Terms and Conditions" attachment.

### **DDVA's Payments & Other Delta Dental Premier Program Requirements**

In our Delta Dental Premier network, we base our payments on Delta Dental Premier Allowances. You agree to accept our Delta Dental Premier Allowances as payment in full for Covered Benefits that you provide to our Delta Dental Premier Enrollees. This includes (without limitation) Covered Benefits provided after our Delta Dental Premier Enrollee reaches his or her Benefit Maximum and Covered Benefits subject to Patient Payment Amounts. DDVA reduces its payments by Patient Payment Amounts, as that term is defined in the "Terms and Conditions" attachment.

In this Agreement, the following terms have these meanings

1. Delta Dental Premier Allowance means lowest of (a) the fee that Dentist bills DDVA, (b) the most recent fee for the service that Dentist has on file with DDVA, or (c) the payment allowance that DDVA has established for the Dental Service that our Enrollee receives. For the purposes of this Delta Dental Premier Agreement, when the term "Plan Allowance is used in the "Terms and Conditions" attachment, it means the Delta Dental Premier Allowance.
2. Enrollee means an individual who is properly enrolled in, or otherwise eligible to receive Covered Benefits under, any Delta Dental Member Company's Delta Dental Premier contract with the Dental Delta group or the individual on the date on which the Dental Services are provided. Unless Dentist also participates in one or more of our other network-based programs (Delta Dental PPO or DeltaCare, for example), individuals enrolled in those programs are considered Enrollees for the purposes of this Delta Dental Premier Agreement.

### **Multiple Dentists and / or Dental Office Locations**

If this Agreement applies to more than one dentist or dental office location, please copy and attach a separate signature sheet identifying the additional dentists, their license numbers, and / or the office locations where Dental Services will be provided.

### **Instructions for the Delta Dental Premier Dentist**

To participate in DDVA's Delta Dental Premier network, Dentist must:

1. Sign and return to DDVA the signature page found on page 2 of this Agreement;
2. Provide the information that we request for credentialing purposes; and
3. **Be accepted by DDVA (a copy of the signature page, with DDVA's representative's initials on it, will be returned to Dentist and should be kept in file with the remainder of this Agreement).**



**Delta Dental Premier  
Participating Dentist Agreement - Signature Page**

Dentist, acting directly or by Dentist’s authorized representative, has executed this Delta Dental Premier Agreement. Likewise, DDVA, acting by its authorized representative, has accepted Dentist’s application for participation in its Delta Dental Premier network and executed this Agreement.

Dentist

Delta Dental of Virginia

By: \_\_\_\_\_

By: \_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_  
Please Print Name & Include:

\_\_\_\_\_  
Office Street Address

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Federal Tax I.D.# or Social Security #

\_\_\_\_\_  
National Provider Identifier (NPI)

**TO BE COMPLETED BY DDVA UPON  
RECEIPT OF SIGNATURE PAGE:**  
  
Date Accepted by DDVA: \_\_\_\_\_  
  
DDVA’s Representative’s Initials: \_\_\_\_\_



### Individual Practitioner Profile

**MUST COMPLETE IN FULL**

First Name	Middle Name	Last Name	Degree
Other Names Used, if applicable		Number of years in practice	
Virginia Dental License #		National Provider Identifier # (NPI)	
Social Security Number		Date of Birth	
Professional Schools Attended and Year of Graduation			

Specialty Residency Program Completed and Year of Graduation

Specialty, if applicable \_\_\_\_\_

Are you a Board Certified specialist? **Yes**\_\_\_\_ **No**\_\_\_\_ **(Certificate Required – Please attach a copy)**

Are you a Board Eligible specialist? **Yes**\_\_\_\_ **No**\_\_\_\_ **(Certificate Required – Please attach a copy)**

Do you administer any level of anesthesia **other than** local anesthetic or nitrous oxide sedation?

**Yes**\_\_\_\_ **No**\_\_\_\_ **(Anesthesia License Required – Please attach a copy)**  
**(Oral Surgeons - please supply ACLS card)**

1. Have any malpractice claims or suits ever been filed against you?	YES	NO
2. Has your professional license in any state ever been denied, revoked, limited, suspended, put on probation or voluntarily relinquished?	YES	NO
3. Has your DEA permit ever been denied, revoked, limited, suspended, or voluntarily relinquished?	YES	NO
4. Have you ever been convicted of a criminal offense?	YES	NO
5. Have you ever been disciplined by a state board of dental examiners or a misconduct board?	YES	NO
6. Have you ever been subject to peer review action?	YES	NO
7. Have you ever had, or do you currently have, a chemical dependency or substance abuse condition?	YES	NO
8. Do you have any mental or physical condition that results in an inability to perform the essential functions of your profession, with or without accommodation?	YES	NO
9. If applicable, are your hospital privileges in good standing?	YES	NO
10. Does your office use infection control and barrier techniques according to CDC standards?	YES	NO
11. Does your office clean and heat sterilize high-speed, air-driven hand pieces and prophylaxis angles after each patient?	YES	NO
12. Do you take initial medical/dental history with periodic updates?	YES	NO
13. Do you routinely use a dental or medical consent form for treatment? (submit copy)	YES	NO

**If you answered "yes" to questions 1-8, please provide dates, circumstances, and dispositions on a separate sheet of paper.**

I hereby certify that the information provided and the answers to the questions on this profile are accurate and complete. I agree to immediately notify Delta Dental of Virginia in writing of any changes, including any changes to my professional liability insurance. I hereby give Delta Dental permission to request information from other entities regarding my professional credentials and qualifications. This release of information will not remain valid in the event the Participating Dentist Agreement is terminated.

Signature \_\_\_\_\_ Date \_\_\_\_\_

*DDVA welcomes your comments regarding our credentialing process.*



### Facility Profile

Please complete a facility profile for each office location.  
If you have more than one location, please copy this page.

---

Facility Name (if any) \_\_\_\_\_ SSN or TIN submitted on claims for this location  
(This is the TIN used for tax reporting purposes)

---

Business name (As recorded with IRS on Form 941: should match name on W-9 form and number listed above)

---

Physical Address \_\_\_\_\_ Date started at this location: xx/xx/xxxx

---

Payment Address (for checks only, if different from physical address)

---

Correspondence Address (X-rays, provider updates and information other than checks)

---

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Office Hours: Mon \_\_\_\_\_ Tues \_\_\_\_\_ Wed \_\_\_\_\_ Thurs \_\_\_\_\_ Fri \_\_\_\_\_ Sat \_\_\_\_\_ Sun \_\_\_\_\_

Languages spoken (other than English) \_\_\_\_\_

Does this location have wheelchair access? \_\_\_\_\_ Laboratory on site:  Complete  Limited

# of Panoramic X-ray Units \_\_\_\_\_ # of Periapical X-ray Units \_\_\_\_\_ # of other X-ray Units \_\_\_\_\_

# of Dental Assistants \_\_\_\_\_ # of Hygienists \_\_\_\_\_ # of Operatories \_\_\_\_\_

Are emergency services available 24 hours a day?  Yes  No

If yes, please check the type of service available:  
 Pager  Home phone number  Another local dentist

Are all permits and filings required by law and regulation current and valid (i.e., radiographic equipment)?  
 Yes  No

Are all staff members trained in CPR?  Yes  No

Do radiographic techniques meet accepted professional standards?  Yes  No

Are all individuals treating patients fully licensed?  Yes  No

Please list all Dentists practicing at this location (use a separate sheet of paper if necessary):

---

Name \_\_\_\_\_ License # \_\_\_\_\_

---

Name \_\_\_\_\_ License # \_\_\_\_\_

---

Name \_\_\_\_\_ License # \_\_\_\_\_

Do all dentists use the same Tax ID Number?  Yes  No  
If no, please give details: \_\_\_\_\_



**\*\*Participating DeltaCare® Dentists Only\*\***  
**Please also complete information below.**

**Services offered at this location (check all that apply):**

- Diagnostic                       Preventive                       Endodontics                       Periodontics
- Restorative                       Oral Surgery                       Orthodontics                       Prosthodontics
- Pedodontics                       General anesthesia                       Nitrous Oxide
- Other (explain): \_\_\_\_\_

Practice limited to: \_\_\_\_\_

At what age do you begin to accept children as patients? \_\_\_\_\_

**New patient capability:**

What is your office's current daily patient load? Dentistry \_\_\_\_\_ Hygiene \_\_\_\_\_

What is your current maximum daily capacity? Dentistry \_\_\_\_\_ Hygiene \_\_\_\_\_

What's the current waiting time for new patient appointments?

Initial Exam \_\_\_\_\_ Prophylaxis \_\_\_\_\_

Is your office currently participating with any alternate delivery plans (capitation, PPO)?

- Yes    No

If yes, please list which plans:

\_\_\_\_\_  
\_\_\_\_\_

Square footage of office \_\_\_\_\_ Ability to expand? \_\_\_\_\_

Parking available?  Yes    No                      Access to public transportation?  Yes    No

Type of computer system used in your office \_\_\_\_\_

# of Full-time Hygienists \_\_\_\_\_ # of Part-time Hygienists \_\_\_\_\_

For more information about participating with DeltaCare, please call 800-862-0838.



### Five Year Work History

Provider Name \_\_\_\_\_ License No. \_\_\_\_\_

**Practice/Employer** \_\_\_\_\_

Address \_\_\_\_\_

Dates of Employment, from \_\_\_\_\_ to \_\_\_\_\_

**Practice/Employer** \_\_\_\_\_

Address \_\_\_\_\_

Dates of Employment, from \_\_\_\_\_ to \_\_\_\_\_

**Practice/Employer** \_\_\_\_\_

Address \_\_\_\_\_

Dates of Employment, from \_\_\_\_\_ to \_\_\_\_\_

**Practice/Employer** \_\_\_\_\_

Address \_\_\_\_\_

Dates of Employment, from \_\_\_\_\_ to \_\_\_\_\_

**Practice/Employer** \_\_\_\_\_

Address \_\_\_\_\_

Dates of Employment, from \_\_\_\_\_ to \_\_\_\_\_

- ❖ Curriculum vitae, résumé or any other documents stating work history are welcomed in lieu of this sheet.
- ❖ If you are a recent graduate, simply state such, as we are required to have five year history for all providers.

# National Provider Identifier (NPI) Form

**Do you have your National Provider Identifier (NPI) yet?**  
**Effective May 23, 2007, the NPI will be part of the required credentialing material necessary for participating Delta Dental of Virginia dentists.**

Please complete and sign the form below. If your practice has multiple locations, please copy this form and submit a separate form for each practice location/Tax ID number. All forms should be faxed or returned to the fax number/address listed below.

**Please note: If you do not have a NPI yet, please go to the following website to get your number today:**  
<https://nppes.cms.hhs.gov/NPPES/Welcome.do>

## PRACTICE NPI

Practice Name:					
Correspondence Address:			Physical Address:		
City:	State:	ZIP:	City:	State:	ZIP:
Business Phone: ( )	Fax Number: ( )		Email Address:		
Type II - NPI (Facility) Number:			Tax ID Number:		

## Individual Dentist NPIs

Each Dentist at this Practice location should complete and sign the form below, then fax or return it to the fax number/address listed below. Please make copies of this form if you need space for additional Dentists' information.

<b><i>I confirm that I have the NPI number stated below:</i></b>		
Dentist Name:		Dentist Signature:
Type I - NPI (Individual) Number:	License Number:	Date:
<b><i>I confirm that I have the NPI number stated below:</i></b>		
Dentist Name:		Dentist Signature:
Type I - NPI (Individual) Number:	License Number:	Date:
<b><i>I confirm that I have the NPI number stated below:</i></b>		
Dentist Name:		Dentist Signature:
Type I - NPI (Individual) Number:	License Number:	Date:

Please mail or fax completed form to:  
 Delta Dental of Virginia, ATTN: Provider Relations  
 4818 Starkey Road, SW, Roanoke, VA 24018-8542  
 800.367.3531 ext. 3186 • Fax 540.774.7797



### Delta Dental Participating Dentist Confidential Fee Listing

**Please list all dentists that will use the attached fee listing.** Only those dentists listed will be updated. For more than four dentists, please make a copy of this page and the following. **All dentists listed must sign the Statement of Intent on the following page.**

Dentist Name \_\_\_\_\_ Virginia Dental License # \_\_\_\_\_

Dentist Name \_\_\_\_\_ Virginia Dental License # \_\_\_\_\_

Dentist Name \_\_\_\_\_ Virginia Dental License # \_\_\_\_\_

Dentist Name \_\_\_\_\_ Virginia Dental License # \_\_\_\_\_

**Please list all locations that will use the attached fee listing.** For more than two locations, please make a copy of this page. **Only those locations listed will be updated.**

TIN submitted on claim forms for this location. Type II - Business NPI#  
**(This number will be used for tax reporting purposes.)**

Business Name (As recorded with the IRS on Form 941: should match the name on W-9 form and the number listed above.)

Physical Address City State ZIP

Mailing Address City State ZIP

Phone Fax Email Address

**Additional Location(s):**

TIN submitted on claim forms for this location. Type II - Business NPI#  
**(This number will be used for tax reporting purposes.)**

Business Name (As recorded with the IRS on Form 941: should match the name on W-9 form and the number listed above.)

Physical Address City State ZIP

Mailing Address City State ZIP

Phone Fax Email Address



Fee Filing Instructions

PLEASE READ CAREFULLY BEFORE COMPLETING. This Fee Listing is not intended to be a listing of all dental procedures used in your office, but, instead, includes only the most commonly used procedures.

- List the "usual" fee you charge your patients for the respective dental procedures listed on the form. Only indicate fees for procedures listed that you perform routinely. Do not submit fees for services you do not provide.
Delta Dental of Virginia (DDVA) can accept only one fee for each service. A fee range does not represent your usual fee for a service and, therefore, cannot be accepted. If a range is submitted, DDVA will accept the lowest fee listed.
Benefits for an individual patient depend upon the group contract. Therefore, the existence of a procedure code does not necessarily mean it is a covered benefit for each patient.
Type or print clearly ALL requested information so that your fees will be entered into DDVA's records correctly.
Fees must be submitted on this form. Computer generated fee listings are not acceptable.
Fees may be updated once every 12 (twelve) consecutive months.
DDVA recommends sending this form via certified mail. Please make a copy of this document for your files and mail to: Delta Dental of Virginia, 4818 Starkey Road, Roanoke, VA 24018
You will receive written confirmation that DDVA has received and updated your fees.

Statement of Intent

The undersigned dentist(s) submits this Fee Listing for acceptance by Delta Dental of Virginia ("DDVA") contingent upon his or her agreement with the following:

- This Fee Listing, when completed and accepted by DDVA, will be used by DDVA and all Delta Dental National Coverage Member Companies (Delta Dental) only for the administration of dental care programs and will replace any previously accepted Fee Listing. I understand that claims will be processed on my currently accepted Fee Listing until such time as this Fee Listing is accepted by DDVA.
This Fee Listing is STRICTLY CONFIDENTIAL and will at all times be treated as such by Delta Dental and me. All information herein submitted is for the exclusive use of Delta Dental. Fee updates are normally processed within 10 (ten) business days of receipt. Delta Dental National Coverage updates may require in excess of 15 (fifteen) days for activation.
I understand that Participating Dentists shall be responsible for requesting Participating Delta Dental Dentist Confidential Fee Listing forms from DDVA for the purpose of updating their fees. I further understand that I have the privilege of resubmitting my fees once every 12 (twelve) consecutive months. Fees will only be accepted if submitted on the form provided by DDVA. DDVA is not responsible for lost or misdirected mail, therefore it is recommended that you send this form via certified mail. You will receive a written confirmation that DDVA has received and updated your fees.
The following Fee Listing represents my "Usual" fee for the listed service as charged to all my patients. If requested, I will verify this as agreed to in my contract with DDVA.
By signing the following page the undersigned agrees that any and all participating provider or network provider agreements between the undersigned and DDVA will be amended as of the date of this confidential fee listing by the addition of the attached "Section Two: For Provider Agreements Between Dentists and Delta Dental of Virginia." Virginia Code Section 38.2-3407.15 requires that this or similar language be included in all provider agreements "amended, extended or renewed" after the effective date thereof. The language is intended to clarify carriers' obligations under the law. This action will accomplish that result.
I certify that all of the information I furnished to DDVA in my most recent Individual Practitioner and/or Facility Profile form has not changed. This includes, but is not limited to, adverse state licensing board actions, malpractice or professional liability claims resulting in settlements or judgments within the last five years, and changes in my malpractice or professional liability insurance. Please note any new information in the space provided below, or on a separate sheet, if necessary. If you wish to complete a new Individual Practitioner and/or Facility Profile form, please contact DDVA at the address provided in this document.

Dentist Signature License # Type I - Individual NPI# Date

Dentist Signature License # Type I - Individual NPI# Date

Dentist Signature License # Type I - Individual NPI# Date

### Diagnostic

- \_\_\_\_\_ D0120 Periodic oral evaluation
- \_\_\_\_\_ D0140 Limited oral evaluation
- \_\_\_\_\_ D0145 Oral evaluation with patient under 3 years of age
- \_\_\_\_\_ D0150 Comprehensive oral evaluation
- \_\_\_\_\_ D0160 Detailed extensive oral evaluation (first encounter converts to a 150 for processing, subsequent encounters to a 120 for processing)
- \_\_\_\_\_ D0170 Re-evaluation (disallowed as part of another procedure, narrative required for payment, converts to a 140 for processing if allowed)
- \_\_\_\_\_ D0180 Comprehensive periodontal evaluation
- \_\_\_\_\_ D0210 Intraoral- complete series, including bitewings
- \_\_\_\_\_ D0220 Intraoral- periapical- first film
- \_\_\_\_\_ D0230 Intraoral- periapical- each additional film (Individually listed X-rays are considered a complete series when the combined fee is equal to or greater than the fee for a complete series)
- \_\_\_\_\_ D0240 Intraoral- occlusal film
- \_\_\_\_\_ D0250 Extraoral - first film
- \_\_\_\_\_ D0260 Extraoral - each additional film
- \_\_\_\_\_ D0270 Bitewings - single film
- \_\_\_\_\_ D0272 Bitewings - two films
- \_\_\_\_\_ D0273 Bitewings - three films
- \_\_\_\_\_ D0274 Bitewings - four films
- \_\_\_\_\_ D0277 Vertical bitewings - 7 to 8 films
- \_\_\_\_\_ D0290 Posterior-anterior or lateral skull and facial bone survey film
- \_\_\_\_\_ D0310 Sialography
- \_\_\_\_\_ D0320 Temporomandibular joint arthrogram
- \_\_\_\_\_ D0321 Other temporomandibular joint films
- \_\_\_\_\_ D0322 Tomographic survey
- \_\_\_\_\_ D0330 Panoramic film (a panoramic film with or without supplemental films, including bitewings, is considered a complete series)
- \_\_\_\_\_ D0340 Cephalometric film
- \_\_\_\_\_ D0350 Oral/facial photographic images
- \_\_\_\_\_ D0360 Cone beam ct – craniofacial
- \_\_\_\_\_ D0362 Cone beam – two-dimensional
- \_\_\_\_\_ D0363 Cone beam – three-dimensional
- \_\_\_\_\_ D0415 Collection of microorganisms
- \_\_\_\_\_ D0416 Viral culture
- \_\_\_\_\_ D0421 Genetic test for susceptibility to oral diseases
- \_\_\_\_\_ D0425 Caries susceptibility tests
- \_\_\_\_\_ D0431 Adjunctive pre-diagnostic test
- \_\_\_\_\_ D0460 Pulp vitality tests
- \_\_\_\_\_ D0470 Diagnostic casts
- \_\_\_\_\_ D0472 Accession of tissue, gross exam
- \_\_\_\_\_ D0473 Accession of tissue, gross & microscopic exam

- \_\_\_\_\_ D0474 Accession of tissue, gross & microscopic exam, including assessment
- \_\_\_\_\_ D0475 Decalcification procedure
- \_\_\_\_\_ D0476 Special stains for microorganisms
- \_\_\_\_\_ D0477 Special stains not for microorganisms
- \_\_\_\_\_ D0478 Immunohistochemical stains
- \_\_\_\_\_ D0479 Tissue in-situ hybridization
- \_\_\_\_\_ D0480 Accession of exfoliative cytologic smears
- \_\_\_\_\_ D0481 Electron microscopy-diagnostic
- \_\_\_\_\_ D0482 Direct immunofluorescence
- \_\_\_\_\_ D0483 Indirect immunofluorescence
- \_\_\_\_\_ D0484 Consultation on slides
- \_\_\_\_\_ D0485 Consultation, includ prep of slides from biopsy material supplied by referring source
- \_\_\_\_\_ D0486 Accession of trans, cytologic sample
- \_\_\_\_\_ D0502 Other oral pathology procedures, by report
- \_\_\_\_\_ D0999\* Unspecified diagnostic procedure, by report

### Preventive

- \_\_\_\_\_ D1110 Prophylaxis - adult
- \_\_\_\_\_ D1120 Prophylaxis - child (to age 14)
- \_\_\_\_\_ D1203 Topical application of fluoride (excluding prophylaxis) - child
- \_\_\_\_\_ D1204 Topical application of fluoride (excluding prophylaxis) - adult
- \_\_\_\_\_ D1206 Topical fluoride varnish
- \_\_\_\_\_ D1310 Nutritional counseling
- \_\_\_\_\_ D1320 Tobacco counseling
- \_\_\_\_\_ D1330 Oral hygiene instructions
- \_\_\_\_\_ D1351 Sealant - per tooth (to age 14)
- \_\_\_\_\_ 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

*The fee for a restoration includes services such as, but not limited to, adhesives, etching, liners, bases, anesthetic, occlusal adjustment, caries removal & gingivectomy. Fee includes any repair or replacement for 24 months. For crowns, **cementation** date is required on claim forms.*

- \_\_\_\_\_ D2140 Amalgam - one surface
- \_\_\_\_\_ D2150 Amalgam - two surfaces
- \_\_\_\_\_ D2160 Amalgam - three surfaces
- \_\_\_\_\_ D2161 Amalgam - four or more surfaces
- \_\_\_\_\_ D2330 Resin - one surface, anterior

\*When submitting claims for these procedures, radiographs and/or narrative and/or perio charting is required.

_____	D2331 Resin - two surfaces, anterior	_____	D2910 Recement inlay, onlay or partial coverage restoration
_____	D2332 Resin - three surfaces, anterior	_____	D2915 Recement cast or prefab post & core
_____	D2335 Resin - four or more surfaces or involving incisal angle, anterior	_____	D2920 Recement crown
_____	D2390 Resin crown - anterior	_____	D2930 Crown - prefab stainless steel, primary
_____	D2391 Resin - one surface, posterior	_____	D2931 Crown - prefab stainless steel, permanent
_____	D2392 Resin - two surfaces, posterior	_____	D2932 Crown - prefab resin
_____	D2393 Resin - three surfaces, posterior	_____	D2933 Crown - prefab stainless steel crown with resin window
_____	D2394 Resin - four or more surfaces, posterior	_____	D2934 Prefab esthetic coated stainless steel, primary
_____	D2410 Gold foil - one surface	_____	D2940 Sedative filling
_____	D2420 Gold foil - two surfaces	_____	D2950* Core build up, including pins (Only a benefit when necessary to retain a cast restoration due to extensive loss of tooth structure from caries or fractures)
_____	D2430 Gold foil - three surfaces	_____	D2951 Pin retention- per tooth
_____	D2510* Inlay - metallic, one surface	_____	D2952* Cast post & core in addition to crown
_____	D2520* Inlay - metallic, two surfaces	_____	D2953 Each additional cast post, same tooth
_____	D2530* Inlay - metallic, three surfaces	_____	D2954* Prefab post & core, in addition to crown
_____	D2542* Onlay - metallic, two surfaces	_____	D2955 Post removal (not in conjunction with endodontic therapy)
_____	D2543* Onlay - metallic, three surfaces	_____	D2957 Each additional prefab post, same tooth
_____	D2544* Onlay - metallic, four or more surfaces	_____	D2960* Labial veneer- resin, chairside
_____	D2610* Inlay - porcelain/ceramic, one surface	_____	D2961* Labial veneer- resin, lab
_____	D2620* Inlay - porcelain/ ceramic, two surfaces	_____	D2962* Labial veneer- porcelain, lab
_____	D2630* Inlay - porcelain/ceramic, three or more surfaces	_____	D2970* Temporary crown (fractured tooth)
_____	D2642* Onlay- porcelain/ceramic, two surfaces	_____	D2971 Additional procedures to construct crown under existing partial denture
_____	D2643* Onlay- porcelain/ceramic, three surfaces	_____	D2975 Coping
_____	D2644* Onlay- porcelain/ceramic- four or more surfaces	_____	D2980* Crown repair, by report
_____	D2650* Inlay- composite/resin, one surface	_____	D2999* Unspecified restorative procedure, by report
_____	D2651* Inlay- composite/resin, two surfaces		
_____	D2652* Inlay- composite/resin, three surfaces		
_____	D2662* Onlay- composite/resin, two surfaces		
_____	D2663* Onlay- composite/resin, three surfaces		
_____	D2664* Onlay- composite/resin, four or more surfaces		
_____	D2710* Crown - resin- based composite (indirect)		
_____	D2712* Crown - ¾ resin-based composite (indirect)		
_____	D2720* Crown - resin with high noble metal		
_____	D2721* Crown - resin with base metal		
_____	D2722* Crown - resin with noble metal		
_____	D2740* Crown - porcelain/ceramic		
_____	D2750* Crown - porcelain/high noble metal		
_____	D2751* Crown - porcelain/base metal		
_____	D2752* Crown - porcelain/noble metal		
_____	D2780* Crown - ¾ cast high noble metal		
_____	D2781* Crown - ¾ cast base metal		
_____	D2782* Crown - ¾ cast noble metal		
_____	D2783* Crown - ¾ porcelain/ceramic		
_____	D2790* Crown - full cast high noble metal		
_____	D2791* Crown - full cast base metal		
_____	D2792* Crown - full cast noble metal		
_____	D2794* Crown - titanium		
_____	D2799 Provisional crown		

### Endodontics

For RCT, **completion** date is required on claim forms. X-rays are required for RCT on primary teeth or four or more canals. Retreats require an X-ray if a covered benefit.

_____	D3110* Pulp cap - direct
_____	D3120 Pulp cap - indirect
_____	D3220* Therapeutic pulpotomy (This benefit is limited to primary teeth. The fee for a pulpotomy on a permanent tooth may be payable as palliative treatment, 9110, in addition to the fee for RCT when performed on different date of service.)
_____	D3221 Pulpal debridement
_____	D3230* Pulpal therapy - resorbable filling, anterior, primary - excluding final restoration

\*When submitting claims for these procedures, radiographs and/or narrative and/or perio charting is required.

\_\_\_\_\_ D3240\* Pulpal therapy - resorbable filling, posterior, primary - excluding final restoration

\_\_\_\_\_ D3310 Root canal - anterior

\_\_\_\_\_ D3320 Root canal - bicuspid

\_\_\_\_\_ D3330 Root canal - molar

\_\_\_\_\_ D3331 Treatment of root canal obstruction, non-surgical access

\_\_\_\_\_ D3332 Incomplete endodontic therapy, inoperable, unrestorable or fractured tooth

\_\_\_\_\_ D3333 Internal root repair of perforation defects

\_\_\_\_\_ D3346 Retreat of RCT - anterior

\_\_\_\_\_ D3347 Retreat of RCT - bicuspid

\_\_\_\_\_ D3348 Retreat of RCT - molar

\_\_\_\_\_ D3351 Apexification/recalcification- initial visit

\_\_\_\_\_ D3352 Apexification/recalcification- interim medication replacement

\_\_\_\_\_ D3353 Apexification/recalcification- final visit

\_\_\_\_\_ D3354 Pulpal regeneration, not including final restoration

\_\_\_\_\_ D3410 Apicoectomy/periradicular surgery- anterior

\_\_\_\_\_ D3421 Apicoectomy/periradicular surgery- bicuspid

\_\_\_\_\_ D3425 Apicoectomy/periradicular surgery- molar

\_\_\_\_\_ D3426 Apicoectomy/periradicular surgery- (each additional root)

\_\_\_\_\_ D3430 Retrograde filling, per root

\_\_\_\_\_ D3450 Root amputation, per root

\_\_\_\_\_ D3460 Endodontic endosseous implant

\_\_\_\_\_ D3470 Intentional reimplantation

\_\_\_\_\_ D3910 Surgical procedure for isolation of tooth with rubber dam

\_\_\_\_\_ D3920 Hemisection, including root removal, not including root canal therapy

\_\_\_\_\_ D3950 Canal preparation and fitting of preformed dowel or post

\_\_\_\_\_ D3999\* Unspecified endodontic procedure, by report

### Periodontics

*Periodontal surgery includes routine postoperative care for three months following treatment, as well as any surgical re-entry for three years, unless extraordinary circumstances are documented. Consultants may prorate based on number of teeth treated.*

\_\_\_\_\_ D4210 Gingivectomy or gingivoplasty, four or more teeth per quad

\_\_\_\_\_ D4211 Gingivectomy or gingivoplasty, one to three teeth per quad

\_\_\_\_\_ D4230 Anatomical crown exposure – four or more teeth per quad

\_\_\_\_\_ D4231 Anatomical crown exposure – one to three teeth per quad

\_\_\_\_\_ D4240\* Gingival flap procedure, including root planing, four or more teeth per quad

\_\_\_\_\_ D4241 Gingival flap procedure, including root planing, one to three teeth, per quad

\_\_\_\_\_ D4245 Apically positioned flap

\_\_\_\_\_ D4249 Clinical crown lengthening, hard tissue

\_\_\_\_\_ D4260\* Osseous Surgery, including flap entry & closure, four or more teeth per quad

\_\_\_\_\_ D4261 Osseous surgery, including flap entry & closure, one to three teeth, per quad

\_\_\_\_\_ D4263 Bone replacement graft- first site in quad

\_\_\_\_\_ D4264 Bone replacement graft- each additional site in quad

\_\_\_\_\_ D4265 Biologic materials to aid in tissue regeneration

\_\_\_\_\_ D4266 Guided tissue regeneration- resorbable barrier, per site

\_\_\_\_\_ D4267 Guided tissue regeneration- nonresorbable barrier, per site

\_\_\_\_\_ D4268 Surgical revision procedure, per tooth

\_\_\_\_\_ D4270 Pedicle soft tissue graft procedures

\_\_\_\_\_ D4271 Free soft tissue graft (including donor site surgery)

\_\_\_\_\_ D4273 Subepithelial connective tissue graft procedures, per tooth (including donor site surgery)

\_\_\_\_\_ D4274 Distal or proximal wedge procedure

\_\_\_\_\_ D4275 Soft tissue allograft

\_\_\_\_\_ D4276 Combined connective tissue & double pedicle graft, per tooth

\_\_\_\_\_ D4320 Provisional splinting intracoronal

\_\_\_\_\_ D4321 Provisional splinting extracoronal

\_\_\_\_\_ D4341\* Periodontal scaling and root planing, four or more teeth per quad

\_\_\_\_\_ D4342 Perio scaling & root planning, one to three teeth per quad

\_\_\_\_\_ D4355 Full mouth debridement

\_\_\_\_\_ D4381 Localized delivery of antimicrobial agents via a controlled release vehicle into diseased crevicular tissue, per tooth

\_\_\_\_\_ D4910 Periodontal maintenance procedures (following active periodontal therapy)

\_\_\_\_\_ D4920 Unscheduled dressing change

\_\_\_\_\_ D4999\* Unspecified periodontal procedure, by report

\*When submitting claims for these procedures, radiographs and/or narrative and/or perio charting is required.

### Removable Prosthodontics

Full or partial dentures include any reline/rebase, adjustment or repair required within six months of delivery. Removable cast partials are not a benefit for children under age 16. **Insertion date is required on claim forms.**

- \_\_\_\_\_ D5110 Complete upper denture
- \_\_\_\_\_ D5120 Complete lower denture
- \_\_\_\_\_ D5130 Immediate upper denture
- \_\_\_\_\_ D5140 Immediate lower denture
- \_\_\_\_\_ D5211\* Upper partial (resin base)
- \_\_\_\_\_ D5212\* Lower partial (resin base)
- \_\_\_\_\_ D5213\* Upper partial, cast metal framework with resin bases
- \_\_\_\_\_ D5214\* Lower partial, cast metal framework with resin bases
- \_\_\_\_\_ D5225 Maxillary partial denture – flex base
- \_\_\_\_\_ D5226 Mandibular partial denture – flex base
- \_\_\_\_\_ D5281\* Removable unilateral partial denture
- \_\_\_\_\_ D5410 Complete denture adjustment, upper
- \_\_\_\_\_ D5411 Complete denture adjustment, lower
- \_\_\_\_\_ D5421 Partial denture adjustment, upper
- \_\_\_\_\_ D5422 Partial denture adjustment, lower
- \_\_\_\_\_ D5510 Repair broken complete denture base
- \_\_\_\_\_ D5520 Replace missing or broken teeth, complete denture, each tooth
- \_\_\_\_\_ D5610 Repair resin denture base
- \_\_\_\_\_ D5620 Repair cast framework
- \_\_\_\_\_ D5630 Repair or replace broken clasp
- \_\_\_\_\_ D5640 Replace broken teeth, per tooth
- \_\_\_\_\_ D5650 Add tooth to existing partial denture
- \_\_\_\_\_ D5660 Add clasp to existing partial denture
- \_\_\_\_\_ D5670 Replace all teeth & acrylic on cast metal framework, upper
- \_\_\_\_\_ D5671 Replace all teeth & acrylic on cast metal framework, lower
- \_\_\_\_\_ D5710 Rebase complete upper denture
- \_\_\_\_\_ D5711 Rebase complete lower denture
- \_\_\_\_\_ D5720 Rebase partial upper denture
- \_\_\_\_\_ D5721 Rebase partial lower denture
- \_\_\_\_\_ D5730 Reline complete upper denture, chairside
- \_\_\_\_\_ D5731 Reline complete lower denture, chairside
- \_\_\_\_\_ D5740 Reline partial upper denture, chairside
- \_\_\_\_\_ D5741 Reline partial lower denture, chairside
- \_\_\_\_\_ D5750 Reline complete upper denture, lab
- \_\_\_\_\_ D5751 Reline complete lower denture, lab
- \_\_\_\_\_ D5760 Reline partial upper denture, lab
- \_\_\_\_\_ D5761 Reline partial lower denture, lab
- \_\_\_\_\_ D5810 Interim complete upper denture
- \_\_\_\_\_ D5811 Interim complete lower denture
- \_\_\_\_\_ D5820\* Interim partial upper denture
- \_\_\_\_\_ D5821\* Interim partial lower denture

- \_\_\_\_\_ D5850 Tissue conditioning, upper
- \_\_\_\_\_ D5851 Tissue conditioning, lower
- \_\_\_\_\_ D5860\* Overdenture, complete, by report
- \_\_\_\_\_ D5861\* Overdenture, partial, by report
- \_\_\_\_\_ D5862\* Precision attachment, by report
- \_\_\_\_\_ D5867 Replacement of replaceable part of semi-precision or precision attachment
- \_\_\_\_\_ D5875 Modification of removable prosthesis following implant surgery
- \_\_\_\_\_ D5899\* Unspecified removable prosthetic, by report

### Maxillofacial Prosthetics

- \_\_\_\_\_ D5911 Facial moulage (sectional)
- \_\_\_\_\_ D5912 Facial moulage (complete)
- \_\_\_\_\_ D5913 Nasal prosthesis
- \_\_\_\_\_ D5914 Auricular prosthesis
- \_\_\_\_\_ D5915 Orbital prosthesis
- \_\_\_\_\_ D5916 Ocular prosthesis
- \_\_\_\_\_ D5919 Facial prosthesis
- \_\_\_\_\_ D5922 Nasal septal prosthesis
- \_\_\_\_\_ D5923 Ocular prosthesis, interim
- \_\_\_\_\_ D5924 Cranial prosthesis,
- \_\_\_\_\_ D5925 Facial augmentation implant prosthesis
- \_\_\_\_\_ D5926 Nasal prosthesis, replacement
- \_\_\_\_\_ D5927 Auricular prosthesis, replacement
- \_\_\_\_\_ D5928 Orbital prosthesis, replacement
- \_\_\_\_\_ D5929 Facial prosthesis, replacement
- \_\_\_\_\_ D5931 Obturator prosthesis, surgical
- \_\_\_\_\_ D5932 Obturator prosthesis, definitive
- \_\_\_\_\_ D5933 Obturator prosthesis, modification
- \_\_\_\_\_ D5934 Mandibular resection prosthesis with guide flange
- \_\_\_\_\_ D5935 Mandibular resection prosthesis without guide flange
- \_\_\_\_\_ D5936 Obturator prosthesis, interim
- \_\_\_\_\_ D5937 Trismus appliance, not for TMD treatment
- \_\_\_\_\_ D5951 Feeding aid
- \_\_\_\_\_ D5952 Speech aid prosthesis, pediatric
- \_\_\_\_\_ D5953 Speech aid prosthesis, adult
- \_\_\_\_\_ D5954 Palatal augmentation prosthesis
- \_\_\_\_\_ D5955 Palatal lift prosthesis, definitive
- \_\_\_\_\_ D5958 Palatal lift prosthesis, interim
- \_\_\_\_\_ D5959 Palatal lift prosthesis, modification
- \_\_\_\_\_ D5960 Speech aid prosthesis, modification
- \_\_\_\_\_ D5982 Surgical stent
- \_\_\_\_\_ D5983 Radiation carrier
- \_\_\_\_\_ D5984 Radiation shield
- \_\_\_\_\_ D5985 Radiation cone locator
- \_\_\_\_\_ D5986 Flouride gel carrier
- \_\_\_\_\_ D5987 Commissure splint
- \_\_\_\_\_ D5988 Surgical splint

\*When submitting claims for these procedures, radiographs and/or narrative and/or perio charting is required.

- \_\_\_\_\_ D5992 Adjust maxillofacial prosthetic appliance, by report
- \_\_\_\_\_ D5993 Maintenance/cleaning of maxillofacial prosthetic appliance, by report
- \_\_\_\_\_ D5999\* Unspecified maxillofacial prosthesis, by report

### Implant Services

- \_\_\_\_\_ D6010\* Surgical placement of implant body, endosteal implant
- \_\_\_\_\_ D6012\* Surgical placement of interim implant body for transitional prosthesis, endosteal implant
- \_\_\_\_\_ D6040\* Surgical placement, eposteal implant
- \_\_\_\_\_ D6050\* Surgical placement, transosteal implant
- \_\_\_\_\_ D6053\* Implant/abutment supported removable denture for completely edentulous arch
- \_\_\_\_\_ D6054\* Implant/abutment supported removable denture for partially edentulous arch
- \_\_\_\_\_ D6055\* Implant supported connecting bar
- \_\_\_\_\_ D6056 Prefab abutment – includes placement
- \_\_\_\_\_ D6057 Custom abutment – includes placement
- \_\_\_\_\_ D6058 Abutment supported porcelain/ceramic crown
- \_\_\_\_\_ D6059 Abutment supported porcelain/high noble metal crown
- \_\_\_\_\_ D6060 Abutment supported porcelain/base metal crown
- \_\_\_\_\_ D6061 Abutment supported porcelain/noble metal crown
- \_\_\_\_\_ D6062 Abutment supported high noble metal crown
- \_\_\_\_\_ D6063 Abutment supported base metal crown
- \_\_\_\_\_ D6064 Abutment supported noble metal crown
- \_\_\_\_\_ D6065 Implant supported porcelain/ceramic crown
- \_\_\_\_\_ D6066 Implant supported porcelain fused to metal crown (titanium, titanium alloy, high noble metal)
- \_\_\_\_\_ D6067 Implant supported metal crown (titanium, titanium alloy, high noble metal)
- \_\_\_\_\_ D6068 Abutment supported retainer for porcelain/ceramic FPD
- \_\_\_\_\_ D6069 Abutment supported retainer for porcelain fused to high noble metal FPD
- \_\_\_\_\_ D6070 Abutment supported retainer for porcelain fused to base metal FPD
- \_\_\_\_\_ D6071 Abutment supported retainer for porcelain fused to noble metal FPD
- \_\_\_\_\_ D6072 Abutment supported retainer for high noble metal FPD
- \_\_\_\_\_ D6073 Abutment supported retainer for base metal FPD

- \_\_\_\_\_ D6074 Abutment supported retainer for noble metal FPD
- \_\_\_\_\_ D6075 Implant supported retainer for ceramic FPD
- \_\_\_\_\_ D6076 Implant supported retainer for porcelain fused to metal FPD (titanium, titanium alloy, or high noble metal)
- \_\_\_\_\_ D6077 Implant supported retainer for cast metal FPD (titanium, titanium alloy, or high noble metal)
- \_\_\_\_\_ D6078 Implant/abutment supported fixed denture for completely edentulous arch
- \_\_\_\_\_ D6079 Implant/abutment supported fixed denture for partially edentulous arch
- \_\_\_\_\_ D6080\* Implant maintenance procedures
- \_\_\_\_\_ D6090\* Repair implant supported prosthesis, by report
- \_\_\_\_\_ D6091\* Replacement of 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
- \_\_\_\_\_ D6199\* Unspecified implant procedure, by report

### Fixed Prosthodontics

*Fixed prosthodontics are not a benefit for children under age 16. **Cementation** date is required on claims.*

- \_\_\_\_\_ D6205\* Pontic - indirect resin based composite
- \_\_\_\_\_ D6210\* Pontic - cast high noble metal
- \_\_\_\_\_ D6211\* Pontic - cast base metal
- \_\_\_\_\_ D6212\* Pontic - cast noble metal
- \_\_\_\_\_ D6214\* Pontic - titanium
- \_\_\_\_\_ D6240\* Pontic - porcelain fused to high noble metal
- \_\_\_\_\_ D6241\* Pontic - porcelain fused to base metal
- \_\_\_\_\_ D6242\* Pontic - porcelain fused to noble metal
- \_\_\_\_\_ D6245 Pontic - porcelain/ceramic
- \_\_\_\_\_ D6250\* Pontic - resin with high noble metal
- \_\_\_\_\_ D6251\* Pontic - resin with base metal
- \_\_\_\_\_ D6252\* Pontic - resin with noble metal
- \_\_\_\_\_ D6253 Provisional pontic
- \_\_\_\_\_ D6254 Interim pontic
- \_\_\_\_\_ D6545 Retainer - cast metal with resin

*\*When submitting claims for these procedures, radiographs and/or narrative and/or perio charting is required.*

\_\_\_\_\_ D6548\* Retainer - porcelain/ceramic for resin bonded fixed prosthesis  
 \_\_\_\_\_ D6600 Inlay, porcelain/ceramic, two surfaces  
 \_\_\_\_\_ D6601 Inlay, porcelain/ceramic, three or more surfaces  
 \_\_\_\_\_ D6602 Inlay, cast high noble, two surfaces  
 \_\_\_\_\_ D6603 Inlay, cast high noble, three or more surfaces  
 \_\_\_\_\_ D6604 Inlay, cast base metal, two surfaces  
 \_\_\_\_\_ D6605 Inlay, cast base metal, three or more surfaces  
 \_\_\_\_\_ D6606 Inlay, cast noble, two surfaces  
 \_\_\_\_\_ D6607 Inlay, cast noble, three or more surfaces  
 \_\_\_\_\_ D6608 Onlay, porcelain/ceramic, two surfaces  
 \_\_\_\_\_ D6609 Onlay, porcelain/ceramic, three or more surfaces  
 \_\_\_\_\_ D6610 Onlay, cast high noble, two surfaces  
 \_\_\_\_\_ D6611 Onlay, cast high noble, three or more surfaces  
 \_\_\_\_\_ D6612 Onlay, cast base metal, two surfaces  
 \_\_\_\_\_ D6613 Onlay, cast base metal, three or more surfaces  
 \_\_\_\_\_ D6614 Onlay, cast noble, two surfaces  
 \_\_\_\_\_ D6615 Onlay, cast noble, 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 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 base metal  
 \_\_\_\_\_ D6752\* Crown - porcelain fused to noble metal  
 \_\_\_\_\_ D6780\* Crown - ¾ cast high noble metal  
 \_\_\_\_\_ D6781\* Crown - ¾ cast base metal  
 \_\_\_\_\_ D6782\* Crown - ¾ cast noble metal  
 \_\_\_\_\_ D6783\* Crown - ¾ cast porcelain/ceramic  
 \_\_\_\_\_ D6790\* Crown - full cast high noble metal  
 \_\_\_\_\_ D6791\* Crown - full cast base metal  
 \_\_\_\_\_ D6792\* Crown - full cast noble metal  
 \_\_\_\_\_ D6793 Provisional retainer crown  
 \_\_\_\_\_ D6794\* Crown - titanium  
 \_\_\_\_\_ D6795 Interim retainer crown  
 \_\_\_\_\_ D6920 Connector bar  
 \_\_\_\_\_ D6930 Recement FPD  
 \_\_\_\_\_ D6940 Stress breaker  
 \_\_\_\_\_ D6950 Precision attachment  
 \_\_\_\_\_ D6970 Post and core in addition to fixed partial denture retainer  
 \_\_\_\_\_ D6972 Prefab post and core in addition to FPD retainer

\_\_\_\_\_ D6973\* Core build up for retainer, including any pins  
 \_\_\_\_\_ D6975 Coping, metal  
 \_\_\_\_\_ D6976 Each additional indirect fab post, same tooth  
 \_\_\_\_\_ D6977 Each additional prefab post, same tooth  
 \_\_\_\_\_ D6980\* FPD repair, by report  
 \_\_\_\_\_ D6985 Pediatric partial denture, fixed  
 \_\_\_\_\_ D6999\* Unspecified fixed prosthodontic procedure, by report

### Oral and Maxillofacial Surgery

*Fee for root recovery is included in the fee for surgical extraction if done by the same dentist/dental office.*

*Alveoloplasty is included in the fee for surgical extractions.*

\_\_\_\_\_ D7111 Extraction - coronal remnants, deciduous tooth  
 \_\_\_\_\_ D7140 Extraction - erupted tooth or exposed root  
 \_\_\_\_\_ D7210\* Surgical removal of erupted tooth  
 \_\_\_\_\_ 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 and/or alveolus  
 \_\_\_\_\_ D7272 Tooth transplantation  
 \_\_\_\_\_ D7280 Surgical access of an 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 (bone, tooth)  
 \_\_\_\_\_ D7286 Biopsy of oral tissue - soft (all others)  
 \_\_\_\_\_ D7287 Cytology sample collection  
 \_\_\_\_\_ D7288 Brush biopsy  
 \_\_\_\_\_ D7290 Surgical repositioning of teeth  
 \_\_\_\_\_ D7291 Transseptal fibrotomy, by report  
 \_\_\_\_\_ D7292 Surgical placement: temp anchorage device (screw retained plate) req surgical flap  
 \_\_\_\_\_ D7293 Surgical placement: temp anchorage device req surgical flap

*\*When submitting claims for these procedures, radiographs and/or narrative and/or perio charting is required.*

- \_\_\_\_\_ D7294 Surgical placement: temp anchorage device without req surgical flap
- \_\_\_\_\_ D7295 Bone harvest for autogenous grafting
- \_\_\_\_\_ D7310 Alveoloplasty in conjunction with extractions, four or more teeth per quad
- \_\_\_\_\_ D7311 Alveoloplasty in conjunction with extractions, one to three teeth
- \_\_\_\_\_ D7320 Alveoloplasty not in conjunction with extractions, four or more teeth per quad
- \_\_\_\_\_ D7321 Alveoloplasty not in conjunction with extractions, one to three teeth
- \_\_\_\_\_ D7340 Vestibuloplasty, ridge extension, secondary epithelialization
- \_\_\_\_\_ D7350 Vestibuloplasty, ridge extension, including soft tissue grafts, muscle reattachment, revision of soft tissue attachment, and management of hypertrophied and hyperplastic tissue)
- \_\_\_\_\_ D7410 Excision of benign lesion up to 1.25 cm
- \_\_\_\_\_ D7411 Excision of benign lesion greater than 1.25 cm
- \_\_\_\_\_ D7412 Excision of benign lesion, complicated
- \_\_\_\_\_ D7413 Excision of malignant lesion up to 1.25 cm
- \_\_\_\_\_ D7414 Excision of malignant lesion greater than 1.25 cm
- \_\_\_\_\_ D7415 Excision of malignant lesion, complicated
- \_\_\_\_\_ D7440 Excision of malignant tumor, lesion up to 1.25 cm
- \_\_\_\_\_ D7441 Excision of malignant tumor, lesion greater than 1.25 cm
- \_\_\_\_\_ D7450 Removal of odontogenic cyst or tumor, lesion to 1.25 cm
- \_\_\_\_\_ D7451 Removal of odontogenic cyst or tumor, lesion greater than 1.25 cm
- \_\_\_\_\_ D7460 Removal of nonodontogenic cyst or tumor, lesion diameter to 1.25 cm
- \_\_\_\_\_ D7461 Removal of nonodontogenic cyst or tumor, lesion greater than 1.25 cm
- \_\_\_\_\_ D7465 Destruction of lesion(s) by physical or chemical method, by report
- \_\_\_\_\_ D7471 Removal of lateral
- \_\_\_\_\_ D7472 Removal of torus palatinus
- \_\_\_\_\_ D7473 Removal of torus mandibularis
- \_\_\_\_\_ D7485 Surgical reduction of osseous tuberosity
- \_\_\_\_\_ D7490 Radical resection of maxilla or mandible
- \_\_\_\_\_ 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
- \_\_\_\_\_ D7550 Partial Osteotomy/Sequestrectomy
- \_\_\_\_\_ D7560 Maxillary sinusotomy for removal of tooth fragment of foreign body
- \_\_\_\_\_ D7610 Simple fracture- maxilla, open reduction
- \_\_\_\_\_ D7620 Simple fracture- maxilla, closed reduction
- \_\_\_\_\_ D7630 Simple fracture- mandible, open reduction
- \_\_\_\_\_ D7640 Simple fracture- mandible, closed reduction
- \_\_\_\_\_ D7650 Simple fracture- Malar and/or zygomatic arch- open reduction
- \_\_\_\_\_ D7660 Simple fracture- Malar and/or zygomatic arch- closed reduction
- \_\_\_\_\_ D7670 Simple fracture- alveolus, closed reduction
- \_\_\_\_\_ D7671 Simple fracture- alveolus, open reduction
- \_\_\_\_\_ D7680 Simple fracture- facial bones
- \_\_\_\_\_ D7710 Compound fracture- maxilla, open reduction
- \_\_\_\_\_ D7720 Compound fracture- maxilla, closed reduction
- \_\_\_\_\_ D7730 Compound fracture- mandible, open reduction
- \_\_\_\_\_ D7740 Compound fracture- mandible, closed reduction
- \_\_\_\_\_ D7750 Compound fracture- Malar and/or zygomatic arch- open reduction
- \_\_\_\_\_ D7760 Compound fracture- Malar and/or zygomatic arch- closed reduction
- \_\_\_\_\_ D7770 Compound fracture- alveolus, open reduction stabilization
- \_\_\_\_\_ D7771 Alveolus closed reduction stabilization
- \_\_\_\_\_ D7780 Compound fracture- facial bones- complicated reduction with fixation & multiple surgical approaches
- \_\_\_\_\_ D7810 Open reduction of dislocation
- \_\_\_\_\_ D7820 Closed reduction of dislocation
- \_\_\_\_\_ D7830 Manipulation under anesthesia
- \_\_\_\_\_ D7840 Condylectomy
- \_\_\_\_\_ D7850 Surgical discectomy, with/without implant
- \_\_\_\_\_ D7852 Disc repair
- \_\_\_\_\_ D7854 Synovectomy
- \_\_\_\_\_ D7856 Myotomy
- \_\_\_\_\_ D7858 Joint reconstruction
- \_\_\_\_\_ D7860 Arthrotomy

*\*When submitting claims for these procedures, radiographs and/or narrative and/or perio charting is required.*

\_\_\_\_\_ D7865 Arthroplasty  
 \_\_\_\_\_ D7870 Arthrocentesis  
 \_\_\_\_\_ D7871 Non-arthroscopic lysis and lavage  
 \_\_\_\_\_ D7872 Arthroscopy, diagnosis, with or without biopsy  
 \_\_\_\_\_ D7873 Arthroscopy, surgical, lavage & lysis of adhesions  
 \_\_\_\_\_ D7874 Arthroscopy, surgical, disc repositioning and stabilization  
 \_\_\_\_\_ D7875 Arthroscopy, surgical, synovectomy  
 \_\_\_\_\_ D7876 Arthroscopy, surgical, disectomy  
 \_\_\_\_\_ D7877 Arthroscopy, surgical, debridement  
 \_\_\_\_\_ D7880 Occlusal orthotic device, by report  
 \_\_\_\_\_ D7899 Unspecified TMD procedure, by report  
 \_\_\_\_\_ D7910 Suture of recent small wounds to 5 cm  
 \_\_\_\_\_ D7911 Complicated suture, to 5 cm  
 \_\_\_\_\_ D7912 Complicated suture, greater than 5 cm  
 \_\_\_\_\_ D7920 Skin graft  
 \_\_\_\_\_ D7940 Osteoplasty, for orthognathic deformities  
 \_\_\_\_\_ D7941 Osteotomy- mandibular rami  
 \_\_\_\_\_ D7943 Osteotomy- mandibular rami with bone graft  
 \_\_\_\_\_ D7944 Osteotomy- segmented or subapical, per quad  
 \_\_\_\_\_ D7945 Osteotomy- body of mandible  
 \_\_\_\_\_ D7946 LeFort I, maxilla, total  
 \_\_\_\_\_ D7947 LeFort I, maxilla, segmented  
 \_\_\_\_\_ D7948 LeFort II or Lefort III, without bone graft  
 \_\_\_\_\_ D7949 LeFort II or Lefort III, with bone graft  
 \_\_\_\_\_ D7950 Osseous, osteoperiosteal, or cartilage graft of the mandible or maxilla by report  
 \_\_\_\_\_ D7951 Sinus augmentation with bone or bone substitutes  
 \_\_\_\_\_ D7953 Bone replacement graft for ridge preservation, per site  
 \_\_\_\_\_ D7955 Repair of maxillofacial soft and/or hard tissue defect  
 \_\_\_\_\_ D7960 Frenulectomy, separate procedure  
 \_\_\_\_\_ D7963 Frenuloplasty  
 \_\_\_\_\_ D7970 Excision of hyperplastic tissue, per arch  
 \_\_\_\_\_ D7971 Excision of periocoronary gingiva  
 \_\_\_\_\_ D7972 Surgical reduction of fibrous tuberosity  
 \_\_\_\_\_ D7980 Sialolithotomy  
 \_\_\_\_\_ D7981 Excision of salivary gland, by report  
 \_\_\_\_\_ D7982 Saliidochooplasty  
 \_\_\_\_\_ D7983 Closure of salivary fistula  
 \_\_\_\_\_ D7990 Emergency tracheotomy  
 \_\_\_\_\_ D7991 Coronoidectomy  
 \_\_\_\_\_ D7995 Synthetic graft- mandible or facial bones  
 \_\_\_\_\_ D7996\* Implant- mandible for augmentation purposes, by report

\_\_\_\_\_ D7997 Appliance removal, includes removal of arch bar  
 \_\_\_\_\_ D7998 Intraoral placement of a fixed device not in conjunction with a fracture  
 \_\_\_\_\_ D7999\* Unspecified oral surgery procedure, by report

### Orthodontics

\_\_\_\_\_ 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  
 \_\_\_\_\_ D8660 Pre-orthodontic treatment visit  
 \_\_\_\_\_ D8670 Periodic orthodontic treatment visit (as part of a contract)  
 \_\_\_\_\_ D8680 Orthodontic retention  
 \_\_\_\_\_ D8690 Orthodontic treatment (alternative billing to a contract fee)  
 \_\_\_\_\_ D8691 Repair of orthodontic appliance  
 \_\_\_\_\_ D8692 Replacement of lost or broken retainer  
 \_\_\_\_\_ D8693 Rebonding or recementing; and/or repair, as required, of fixed retainers  
 \_\_\_\_\_ D8999\* Unspecified orthodontic procedure by report

### Adjunctive General Services

\_\_\_\_\_ D9110 Palliative (emergency) treatment of pain (Palliative treatment is disallowed when any definitive treatment is performed on the same date, except limited X-rays and tests necessary to diagnose the emergency condition. Payment for emergency exam allowed unless definitive treatment is provided.)  
 \_\_\_\_\_ D9120 Fixed partial denture sectioning  
 \_\_\_\_\_ D9210 Local anesthesia not in conjunction with operative or surgical procedures  
 \_\_\_\_\_ D9211 Regional block anesthesia

*\*When submitting claims for these procedures, radiographs and/or narrative and/or perio charting is required.*

- \_\_\_\_\_ D9212 Trigeminal division block anesthesia
- \_\_\_\_\_ D9215 Local anesthesia (The fee for local anesthesia performed in conjunction with any other procedure is included in the fee for that procedure.)
- \_\_\_\_\_ D9220 General anesthesia, first 30 minutes
- \_\_\_\_\_ D9221 General anesthesia, each additional 15 minutes
- \_\_\_\_\_ D9230 Analgesia, anxiolysis, inhalation of nitrous oxide
- \_\_\_\_\_ D9241 IV Sedation/analgesia, first 30 minutes
- \_\_\_\_\_ D9242 IV Sedation/analgesia, each additional 15 minutes
- \_\_\_\_\_ D9248 Non-intravenous conscious sedation
- \_\_\_\_\_ D9310 Consultation
- \_\_\_\_\_ D9410 House/extended care facility call
- \_\_\_\_\_ D9420 Hospital call
- \_\_\_\_\_ D9430 Office visit for observation
- \_\_\_\_\_ D9440 Office visit after regularly scheduled hours
- \_\_\_\_\_ D9450 Case presentation, detailed and extensive treatment planning
- \_\_\_\_\_ D9610\* Therapeutic parenteral drugs, single administration
- \_\_\_\_\_ D9612 Therapeutic parenteral drugs, two or more administrations, different medications
- \_\_\_\_\_ D9630\* Other drugs and/or medicaments, by report
- \_\_\_\_\_ D9910 Application of desensitizing medicament
- \_\_\_\_\_ D9911 Application of desensitizing resin for cervical and/or root surface, per tooth
- \_\_\_\_\_ D9920\* Behavior management, by report
- \_\_\_\_\_ D9930\* Treatment of complications, post-surgical, by report
- \_\_\_\_\_ D9940\* Occlusal guard, by report
- \_\_\_\_\_ D9941 Fabrication of athletic mouthguard
- \_\_\_\_\_ D9942 Repair and/or reline occlusal guard
- \_\_\_\_\_ D9950 Occlusion analysis, mounted case
- \_\_\_\_\_ D9951 Occlusal adjustment, limited
- \_\_\_\_\_ D9952 Occlusal adjustment, complete
- \_\_\_\_\_ D9970 Enamel microabrasion
- \_\_\_\_\_ D9971 Odontoplasty 1-2 teeth
- \_\_\_\_\_ D9972 External bleaching, per arch
- \_\_\_\_\_ D9973 External bleaching, per tooth
- \_\_\_\_\_ D9974 Internal bleaching, per tooth
- \_\_\_\_\_ D9999\* Unspecified adjunctive procedure, by report

*\*When submitting claims for these procedures, radiographs and/or narrative and/or perio charting is required.*



## **Delta Dental of Virginia Participating Dentist Confidential Fee Listing**

### **Section Two: For Provider Agreements Between Dentists and Delta Dental of Virginia ("DDVA")**

#### **Paragraphs 1 through 12 of this Section Two apply only to:**

- Agreements entered into, amended, extended or renewed on or after January 1, 2006; and
- Claims by the Dentist for services to DDVA enrollees in dental services programs that are subject to regulation under Section 38.2-3407.15 of the Code of Virginia. These programs are only those that DDVA insures directly.

The terms and conditions of paragraphs 1 through 13 do not apply to services under any program that (1) is not subject to Virginia insurance laws and regulations or (2) an employer or other group self-insures.

Paragraph 14 of this Section Two applies to all contracts with DDVA's groups, both insured and self-insured, and all individuals, whether enrolled as individuals or within a group, unless, for group enrollees only, the group contract specifically provides otherwise.

Subject to the terms and conditions hereof, DDVA and the Dentist agree as follows:

1. DDVA will pay any claim submitted by the Dentist or on the Dentist's behalf within 40 days of receipt of the claim except where DDVA's obligation to pay the claim is not reasonably clear due to the existence of a reasonable basis supported by specific information available for review by the person submitting the claim that:
  - a. DDVA has determined that the claim is not a clean claim due to a good faith determination or dispute regarding (i) the manner in which the claim form was completed or submitted, (ii) the eligibility of a person for coverage, (iii) the responsibility of another carrier for all or part of the claim, (iv) the amount of the claim or the amount currently due under the claim, (v) the benefits covered, or (vi) the manner in which services were accessed or provided; or
  - b. The claim was submitted fraudulently.

DDVA will maintain a written or electronic record of the date of receipt of a claim. The person submitting the claim will be entitled to inspect such record on request and to rely on that record or on any other admissible evidence as proof of the fact of receipt of the claim, including without limitation electronic or facsimile confirmation of receipt of a claim.

2. DDVA will, within 30 days after receipt of a claim, request electronically or in writing from the person submitting the claim the information and documentation that DDVA reasonably believes will be required to process and pay the claim or to determine if the claim is a clean claim. Upon receipt of the additional information requested under this section necessary to make the original claim a clean claim, DDVA will make the payment of the claim in compliance with this Section Two. DDVA will not refuse to pay a claim for dental services rendered pursuant to the Agreement which are covered benefits if DDVA fails to timely notify or attempt to notify the person submitting the claim of the matters identified above unless such failure was caused in material part by the person submitting the claim; however, nothing herein will preclude DDVA from imposing a

retroactive denial of payment of such a claim unless such retroactive denial of payment of the claim would violate the provisions of subsection 6 of this Section Two. Nothing in this subsection will require DDVA to pay a claim which is not a clean claim.

3. Any interest owing or accruing on a claim under Section 38.2-3407.1 or Section 38.2-4306.1 in Title 38.2 of the Code of Virginia, under any provider contract or under any other applicable law, shall, if not sooner paid or required to be paid, be paid, without necessity of demand, at the time the claim is paid or within 60 days thereafter. [Explanatory Note: Virginia law requires that this Agreement include this provision. However, the two Code sections referred to above – specifically Sections 38.2-3407.1 and 38.2-4306.1 -- do not apply to DDVA. DDVA does not pay interest on claims under any provider contract. Interest is not owed and does not accrue on a DDVA claim under any other applicable law.]
4.
  - a. DDVA will establish and implement reasonable policies to permit the Dentist (i) to confirm in advance during normal business hours by free telephone or electronic means if available whether the dental services to be provided are medically necessary and a covered benefit and (ii) to determine DDVA's requirements applicable to the Dentist or the type of dental services which the Dentist has contracted to provide under the Agreement for (a) pre-certification or authorization of coverage decisions; (b) retroactive reconsideration of a certification or authorization of coverage decision or retroactive denial of a previously paid claim; (c) provider-specific payment and reimbursement methodology, coding levels and methodology, downcoding and bundling of claims; and (d) other provider-specific, applicable claims processing and payment matters necessary to meet the terms and conditions of the Agreement, including determining whether a claim is a clean claim. If DDVA routinely, as a matter of policy, bundles or downcodes claims submitted by providers, DDVA shall clearly disclose that practice in its provider contracts. Further, DDVA shall either (i) disclose in its provider contract or its website the specific bundling and downcoding policies that DDVA reasonably expects to be applied to the Dentist or Dentist's services on a routine basis as a matter of policy or (ii) disclose in DDVA's contract with the Dentist a telephone or facsimile number or e-mail address that the Dentist can use to request the specific bundling and downcoding policies that DDVA reasonably expects to be applied to the Dentist or Dentist's services on a routine basis as a matter of policy. If such request is made by or on behalf of the Dentist, DDVA shall provide the Dentist with such policies within 10 business days following the date the request is received.
  - b. DDVA will make available to the Dentist within 10 business days of receipt of a request, copies of or reasonable electronic access if available to all such policies which are applicable to the Dentist or to particular dental services identified by the Dentist. In the event the provision of the entire policy would violate any applicable copyright law, DDVA may instead comply with this subsection by timely delivering to the Dentist a clear explanation of the policy as it applies to the Dentist and to any dental services identified by the Dentist.
5. DDVA will pay a claim if DDVA has previously authorized the dental services or has advised the Dentist or enrollee in advance of the provision of dental services that the dental services are medically necessary and a covered benefit, unless:
  - a. The documentation for the claim provided by the person submitting the claim clearly fails to support the claim as originally authorized; or
  - b. DDVA's refusal is because (i) another payer is responsible for the payment; (ii) the Dentist has already been paid for the dental services identified on the claim; (iii) the claim was submitted fraudulently or the authorization was based in whole or material part on erroneous information provided to DDVA by the Dentist, enrollee, or other person not related to DDVA;

- or (iv) the person receiving the dental services was not eligible to receive them on the date of service and DDVA did not know, and with the exercise of reasonable care could not have known, of the person's eligibility status.
6. DDVA will not impose any retroactive denial of a previously paid claim unless DDVA has provided the reason for the retroactive denial and (a) the original claim was submitted fraudulently, (b) the original claim payment was incorrect because the Dentist was already paid for the dental services identified on the claim or the dental services identified on the claim were not delivered by the Dentist, or (c) the time which has elapsed since the date of the payment of the original challenged claim does not exceed 12 months. Effective July 1, 2000, DDVA will notify the provider at least 30 days in advance of any retroactive denial of a claim.
  7. Notwithstanding the provisions of subsection 6 of this Section Two, with respect to provider contracts entered into, amended, extended, or renewed on or after July 1, 2004, DDVA will not impose any retroactive denial of payment or in any other way seek recovery or refund of a previously paid claim unless DDVA specifies in writing the specific claim or claims for which the retroactive denial is to be imposed or the recovery or refund is sought. The written communication will also contain an explanation of why the claim is being retroactively adjusted.
  8. DDVA's reimbursement policy applicable to the Dentist and its statement as to the manner in which claims will be calculated and paid applicable to the Dentist are set forth in the Agreement. Attached to the Agreement are all material addenda, schedules and exhibits thereto and any policies (including those referred to in subsection 4 above) applicable to the Dentist or the range of dental services reasonably expected to be delivered by the Dentist under the Agreement.
  9. No amendment to the Agreement or to any addenda, schedule, exhibit or policy thereto (or new addenda, schedule, exhibit or policy) applicable to the Dentist (or the range of dental services reasonably expected to be delivered by the Dentist) shall be effective as to the Dentist, unless the Dentist has been provided with the applicable portion of the proposed amendment (or of the proposed new addenda, schedule, exhibit or policy) at least 60 calendar days before its effective date and the Dentist has failed to notify DDVA within 30 calendar days of receipt of the documentation of the Dentist's intention to terminate the Agreement at the earliest date thereafter permitted under the Agreement.
  10. In the event that DDVA's provision of a policy required to be provided under subsections 8 or 9 of this Section Two would violate any applicable copyright laws, DDVA may instead comply with this section by providing a clear, written explanation of the policy as it applies to the Dentist.
  11. DDVA shall establish, in writing, its claims dispute mechanism and shall make this information available to Dentist.
  12. DDVA will not be in violation of the Agreement if its failure to comply with its terms and conditions is caused in material part by the person submitting the claim or if DDVA's compliance is rendered impossible due to matters beyond DDVA's reasonable control (such as an act of God, insurrection, strike, fire, or power outage) which are not caused in material part by DDVA.
  13. As used in paragraphs 1 through 13 of this Section Two:
    - a. "Claim" means any bill, claim, or proof of loss made by or on behalf of an enrollee or the Dentist to DDVA (or its intermediary, administrator or designated representative) under the Agreement for payment for dental services under any dental plan; however, a "claim" shall not include request for payment of a capitation or withhold.
    - b. "Clean claim" means a claim (i) that has no material defect or impropriety (including any lack of any reasonably required substantiation documentation) which substantially prevents timely payment from being made on the claim or (ii) with respect to which DDVA has failed timely to

notify the person submitting the claim of any such defect or impropriety in accordance with this section.

- c. "Dental plan means any individual or group dental services plan, or other similar certificate, policy, contract or arrangement, and any endorsement or rider thereto, which covers all or a portion of the cost of persons receiving covered dental services, which (i) DDVA insures, (ii) is subject to state regulation, and (iii) DDVA offers, arranges or issues in the Commonwealth of Virginia under Title 38.2 of the Code of Virginia. "Dental plan" does not mean any (i) coverages issued pursuant to Title XVIII of the Social Security Act, 42 U.S.C. § 1395 et seq. (Medicare), Title XIX of the Social Security Act, 42 U.S.C. § 1396 et seq. or Title XX of the Social Security Act, 42 U.S.C. § 1397 et seq. (Medicaid), 5 U.S.C. § 8901 et seq. (federal employees), or 10 U.S.C. § 1071 et seq. (CHAMPUS); or (ii) accident only, credit or disability insurance, long-term care insurance, CHAMPUS supplement, Medicare supplement, or workers' compensation coverages, to the extent that DDVA offers or may in the future offer any of these coverages.
  - d. "Retroactive denial of a previously paid claim" or "retroactive denial of payment" means any attempt by DDVA retroactively to collect payments already made to the Dentist with respect to a claim by reducing other payments currently owed to the Dentist, by withholding or setting off against future payments, or in any other manner reducing or affecting the future claim payments to the Dentist.
14. DDVA will only pay a claim for covered benefits if the claim is filed with DDVA within 12 months after (a) the date on which the service is performed, or (b) if a series of related services is performed, the last day on which the last service in the series is performed. DDVA will only consider an adjustment to a previously submitted claim if it is re-submitted within 12 months after the original claim was paid. DDVA will not pay a claim or make an adjustment submitted after the end of these timely filing periods.



4. The type and amount of income that qualifies for the exemption from tax.

5. Sufficient facts to justify the exemption from tax under the terms of the treaty article.

**Example.** Article 20 of the U.S.-China income tax treaty allows an exemption from tax for scholarship income received by a Chinese student temporarily present in the United States. Under U.S. law, this student will become a resident alien for tax purposes if his or her stay in the United States exceeds 5 calendar years. However, paragraph 2 of the first Protocol to the U.S.-China treaty (dated April 30, 1984) allows the provisions of Article 20 to continue to apply even after the Chinese student becomes a resident alien of the United States. A Chinese student who qualifies for this exception (under paragraph 2 of the first protocol) and is relying on this exception to claim an exemption from tax on his or her scholarship or fellowship income would attach to Form W-9 a statement that includes the information described above to support that exemption.

If you are a nonresident alien or a foreign entity not subject to backup withholding, give the requester the appropriate completed Form W-8.

**What is backup withholding?** Persons making certain payments to you must under certain conditions withhold and pay to the IRS 28% of such payments (after December 31, 2002). This is called "backup withholding." Payments that may be subject to backup withholding include interest, dividends, broker and barter exchange transactions, rents, royalties, nonemployee pay, and certain payments from fishing boat operators. Real estate transactions are not subject to backup withholding.

You will not be subject to backup withholding on payments you receive if you give the requester your correct TIN, make the proper certifications, and report all your taxable interest and dividends on your tax return.

**Payments you receive will be subject to backup withholding if:**

1. You do not furnish your TIN to the requester, or
2. You do not certify your TIN when required (see the Part II instructions on page 4 for details), or
3. The IRS tells the requester that you furnished an incorrect TIN, or
4. The IRS tells you that you are subject to backup withholding because you did not report all your interest and dividends on your tax return (for reportable interest and dividends only), or
5. You do not certify to the requester that you are not subject to backup withholding under 4 above (for reportable interest and dividend accounts opened after 1983 only).

Certain payees and payments are exempt from backup withholding. See the instructions below and the separate Instructions for the Requester of Form W-9.

## Penalties

**Failure to furnish TIN.** If you fail to furnish your correct TIN to a requester, you are subject to a penalty of \$50 for each such failure unless your failure is due to reasonable cause and not to willful neglect.

**Civil penalty for false information with respect to withholding.** If you make a false statement with no reasonable basis that results in no backup withholding, you are subject to a \$500 penalty.

**Criminal penalty for falsifying information.** Willfully falsifying certifications or affirmations may subject you to criminal penalties including fines and/or imprisonment.

**Misuse of TINs.** If the requester discloses or uses TINs in violation of federal law, the requester may be subject to civil and criminal penalties.

## Specific Instructions

### Name

If you are an individual, you must generally enter the name shown on your social security card. However, if you have changed your last name, for instance, due to marriage without informing the Social Security Administration of the name change, enter your first name, the last name shown on your social security card, and your new last name.

If the account is in joint names, list first, and then circle, the name of the person or entity whose number you entered in Part I of the form.

**Sole proprietor.** Enter your individual name as shown on your social security card on the "Name" line. You may enter your business, trade, or "doing business as (DBA)" name on the "Business name" line.

**Limited liability company (LLC).** If you are a single-member LLC (including a foreign LLC with a domestic owner) that is disregarded as an entity separate from its owner under Treasury regulations section 301.7701-3, enter the owner's name on the "Name" line. Enter the LLC's name on the "Business name" line. Check the appropriate box for your filing status (sole proprietor, corporation, etc.), then check the box for "Other" and enter "LLC" in the space provided.

**Other entities.** Enter your business name as shown on required Federal tax documents on the "Name" line. This name should match the name shown on the charter or other legal document creating the entity. You may enter any business, trade, or DBA name on the "Business name" line.

**Note.** You are requested to check the appropriate box for your status (individual/sole proprietor, corporation, etc.).

### Exempt From Backup Withholding

If you are exempt, enter your name as described above and check the appropriate box for your status, then check the "Exempt from backup withholding" box in the line following the business name, sign and date the form.

Generally, individuals (including sole proprietors) are not exempt from backup withholding. Corporations are exempt from backup withholding for certain payments, such as interest and dividends.

**Note.** If you are exempt from backup withholding, you should still complete this form to avoid possible erroneous backup withholding.

**Exempt payees.** Backup withholding is not required on any payments made to the following payees:

1. An organization exempt from tax under section 501(a), any IRA, or a custodial account under section 403(b)(7) if the account satisfies the requirements of section 401(f)(2),
2. The United States or any of its agencies or instrumentalities,
3. A state, the District of Columbia, a possession of the United States, or any of their political subdivisions or instrumentalities,
4. A foreign government or any of its political subdivisions, agencies, or instrumentalities, or
5. An international organization or any of its agencies or instrumentalities.

Other payees that may be exempt from backup withholding include:

6. A corporation,

- 7. A foreign central bank of issue,
- 8. A dealer in securities or commodities required to register in the United States, the District of Columbia, or a possession of the United States,
- 9. A futures commission merchant registered with the Commodity Futures Trading Commission,
- 10. A real estate investment trust,
- 11. An entity registered at all times during the tax year under the Investment Company Act of 1940,
- 12. A common trust fund operated by a bank under section 584(a),
- 13. A financial institution,
- 14. A middleman known in the investment community as a nominee or custodian, or
- 15. A trust exempt from tax under section 664 or described in section 4947.

The chart below shows types of payments that may be exempt from backup withholding. The chart applies to the exempt recipients listed above, 1 through 15.

IF the payment is for . . .	THEN the payment is exempt for . . .
Interest and dividend payments	All exempt recipients except for 9
Broker transactions	Exempt recipients 1 through 13. Also, a person registered under the Investment Advisers Act of 1940 who regularly acts as a broker
Barter exchange transactions and patronage dividends	Exempt recipients 1 through 5
Payments over \$600 required to be reported and direct sales over \$5,000 <sup>1</sup>	Generally, exempt recipients 1 through 7 <sup>2</sup>

<sup>1</sup>See Form 1099-MISC, Miscellaneous Income, and its instructions.

<sup>2</sup> However, the following payments made to a corporation (including gross proceeds paid to an attorney under section 6045(f), even if the attorney is a corporation) and reportable on Form 1099-MISC are not exempt from backup withholding: medical and health care payments, attorneys' fees; and payments for services paid by a Federal executive agency.

## Part I. Taxpayer Identification Number (TIN)

**Enter your TIN in the appropriate box.** If you are a resident alien and you do not have and are not eligible to get an SSN, your TIN is your IRS individual taxpayer identification number (ITIN). Enter it in the social security number box. If you do not have an ITIN, see *How to get a TIN* below.

If you are a sole proprietor and you have an EIN, you may enter either your SSN or EIN. However, the IRS prefers that you use your SSN.

If you are a single-owner LLC that is disregarded as an entity separate from its owner (see *Limited liability company (LLC)* on page 2), enter your SSN (or EIN, if you have one). If the LLC is a corporation, partnership, etc., enter the entity's EIN.

**Note.** See the chart on page 4 for further clarification of name and TIN combinations.

**How to get a TIN.** If you do not have a TIN, apply for one immediately. To apply for an SSN, get Form SS-5, Application for a Social Security Card, from your local Social Security Administration office or get this form online at [www.socialsecurity.gov/online/ss-5.pdf](http://www.socialsecurity.gov/online/ss-5.pdf). You may also get this form by calling 1-800-772-1213. Use Form W-7, Application for IRS Individual Taxpayer Identification Number, to apply for an ITIN, or Form SS-4, Application for Employer Identification Number, to apply for an EIN. You can apply for an EIN online by accessing the IRS website at [www.irs.gov/businesses/](http://www.irs.gov/businesses/) and clicking on Employer ID Numbers under Related Topics. You can get Forms W-7 and SS-4 from the IRS by visiting [www.irs.gov](http://www.irs.gov) or by calling 1-800-TAX-FORM (1-800-829-3676).

If you are asked to complete Form W-9 but do not have a TIN, write "Applied For" in the space for the TIN, sign and date the form, and give it to the requester. For interest and dividend payments, and certain payments made with respect to readily tradable instruments, generally you will have 60 days to get a TIN and give it to the requester before you are subject to backup withholding on payments. The 60-day rule does not apply to other types of payments. You will be subject to backup withholding on all such payments until you provide your TIN to the requester.

**Note.** Writing "Applied For" means that you have already applied for a TIN or that you intend to apply for one soon.

**Caution:** A disregarded domestic entity that has a foreign owner must use the appropriate Form W-8.

## Part II. Certification

To establish to the withholding agent that you are a U.S. person, or resident alien, sign Form W-9. You may be requested to sign by the withholding agent even if items 1, 4, and 5 below indicate otherwise.

For a joint account, only the person whose TIN is shown in Part I should sign (when required). Exempt recipients, see *Exempt From Backup Withholding* on page 2.

**Signature requirements.** Complete the certification as indicated in 1 through 5 below.

**1. Interest, dividend, and barter exchange accounts opened before 1984 and broker accounts considered active during 1983.** You must give your correct TIN, but you do not have to sign the certification.

**2. Interest, dividend, broker, and barter exchange accounts opened after 1983 and broker accounts considered inactive during 1983.** You must sign the certification or backup withholding will apply. If you are subject to backup withholding and you are merely providing your correct TIN to the requester, you must cross out item 2 in the certification before signing the form.

**3. Real estate transactions.** You must sign the certification. You may cross out item 2 of the certification.

**4. Other payments.** You must give your correct TIN, but you do not have to sign the certification unless you have been notified that you have previously given an incorrect TIN. "Other payments" include payments made in the course of the requester's trade or business for rents, royalties, goods (other than bills for merchandise), medical and health care services (including payments to corporations), payments to a nonemployee for services, payments to certain fishing boat crew members and fishermen, and gross proceeds paid to attorneys (including payments to corporations).

**5. Mortgage interest paid by you, acquisition or abandonment of secured property, cancellation of debt, qualified tuition program payments (under section 529), IRA, Coverdell ESA, Archer MSA or HSA contributions or distributions, and pension distributions.** You must give your correct TIN, but you do not have to sign the certification.

## What Name and Number To Give the Requester

For this type of account:	Give name and SSN of:
1. Individual	The individual
2. Two or more individuals (joint account)	The actual owner of the account or, if combined funds, the first individual on the account <sup>1</sup>
3. Custodian account of a minor (Uniform Gift to Minors Act)	The minor <sup>2</sup>
4. a. The usual revocable savings trust (grantor is also trustee)	The grantor-trustee <sup>1</sup>
b. So-called trust account that is not a legal or valid trust under state law	The actual owner <sup>1</sup>
5. Sole proprietorship or single-owner LLC	The owner <sup>3</sup>
For this type of account:	Give name and EIN of:
6. Sole proprietorship or single-owner LLC	The owner <sup>3</sup>
7. A valid trust, estate, or pension trust	Legal entity <sup>4</sup>
8. Corporate or LLC electing corporate status on Form 8832	The corporation
9. Association, club, religious, charitable, educational, or other tax-exempt organization	The organization
10. Partnership or multi-member LLC	The partnership
11. A broker or registered nominee	The broker or nominee
12. Account with the Department of Agriculture in the name of a public entity (such as a state or local government, school district, or prison) that receives agricultural program payments	The public entity

<sup>1</sup> List first and circle the name of the person whose number you furnish. If only one person on a joint account has an SSN, that person's number must be furnished.

<sup>2</sup> Circle the minor's name and furnish the minor's SSN.

<sup>3</sup> You must show your individual name and you may also enter your business or "DBA" name on the second name line. You may use either your SSN or EIN (if you have one). If you are a sole proprietor, IRS encourages you to use your SSN.

<sup>4</sup> List first and circle the name of the legal trust, estate, or pension trust. (Do not furnish the TIN of the personal representative or trustee unless the legal entity itself is not designated in the account title.)

**Note.** If no name is circled when more than one name is listed, the number will be considered to be that of the first name listed.

## Privacy Act Notice

Section 6109 of the Internal Revenue Code requires you to provide your correct TIN to persons who must file information returns with the IRS to report interest, dividends, and certain other income paid to you, mortgage interest you paid, the acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA, or Archer MSA or HSA. The IRS uses the numbers for identification purposes and to help verify the accuracy of your tax return. The IRS may also provide this information to the Department of Justice for civil and criminal litigation, and to cities, states, and the District of Columbia to carry out their tax laws. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You must provide your TIN whether or not you are required to file a tax return. Payers must generally withhold 28% of taxable interest, dividend, and certain other payments to a payee who does not give a TIN to a payer. Certain penalties may also apply.