

# NORTHERN NEW ENGLAND BENEFIT TRUST

## 2007 FEES

### DENTAL PROCEDURES AND SERVICES

REFER TO DENTAL BENEFIT LIMITATIONS AND EXCLUSIONS  
FOR FURTHER DESCRIPTION OF THESE COVERED SERVICES

CODE	PROCEDURE	MAXIMUM FEE	CODE	PROCEDURE	MAXIMUM FEE
<b>EXAMINATIONS</b>					
0120	- periodic exam .....	\$34			
0150	- initial exam .....	63			
0140	- emergency exam .....	63			
0160	- Problem focused .....	63			
9110	- palliative treatment .....	84			
9310	- consultation (per session) .....	70			
<b>X-RAYS AND LAB</b>					
0210	- full mouth X-rays .....	\$ 108			
0220	- intraoral X-ray first .....	24			
0230	- intraoral X-ray each add'l .....	20			
0240	- occlusal X-rays .....	28			
0270	- bitewing - 1 .....	22			
0272	- bitewing - 2 .....	37			
0273	- bitewing - 3 .....	50			
0274	- bitewing - 4 .....	54			
0277	- Vertical bitewing .....	55			
0330	- panorex X-ray .....	95			
<b>CLEANING AND FLOURIDE TREATMENTS</b>					
1110	- cleaning - 13 to adult .....	\$ 75			
1120	- cleaning - child through 12 .....	55			
1201	- fluoride/cleaning - child through 12 .....	75			
1203	- fluoride - child up to 19 .....	28			
1351	- sealants - child up to 19 .....	41			
<b>SPACE MAINTAINERS (up to age 14)</b>					
1510	- fixed unilateral .....	\$ 424			
1515	- fixed bilateral .....	424			
1520	- removable unilateral .....	424			
1525	- removable bilateral .....	424			
1550	- recementation (once per year) .....	53			
9940	- occlusal guard (once every 5 yrs.) .....	300			
<b>FILLINGS</b>					
Amalgam – permanent or primary					
2140	- one surface .....	\$80			
2150	- two surfaces .....	100			
2160	- three surfaces .....	131			
2161	- four surfaces or more .....	150			
Composite Resin – permanent or primary					
2330	- one surface .....	90			
2331	- two surfaces .....	117			
2332	- three surfaces .....	139			
2335	- four surfaces and incisors .....	160			
Resin, posterior – permanent or primary					
2391	- one surface .....	80			
2392	- two surfaces .....	100			
2393	- three surfaces .....	131			
2394	- four surfaces .....	150			
<b>FILLINGS (cont.)</b>					
2930	Stainless steel crown – primary teeth only .....	\$160			
2940	Sedative filling .....	74			
2951	Pin retention - per tooth .....	42			
<b>PERIODONTICS</b>					
0180	Periodontal Consultations .....	\$ 70			
4210	Gingivectomy per quadrant (4 or more teeth) .....	475			
4211	Gingivectomy – (1 tooth) .....	158			
4212	Gingivectomy – (2 to 3 teeth) .....	238			
4220	Subgingival curettage - per quadrant .....	167			
4230	Crown exposure - per quadrant .....	475			
4231	Crown exposure – (1 – 3 teeth) .....	238			
4240	Gingival flap per quadrant(4 or more teeth) .....	475			
4241	Gingival flap – (1 tooth) .....	158			
4242	Gingival flap – (2 to 3 teeth) .....	238			
4260	Osseous surgery - per quadrant .....	800			
4261	Osseous surgery – (1 tooth) .....	267			
4262	Osseous surgery – (2 to 3 teeth) .....	400			
4263	Bone Graft - first site .....	350			
4264	Bone Graft - each additional site .....	110			
4266	Tissue regeneration/resorbable .....	425			
4267	Tissue regeneration/nonresorbable .....	500			
4270	Pedicle soft tissue graft - per tooth .....	670			
4271	Free soft tissue graft - per tooth .....	700			
4273	Connective Tissue Graft – per tooth .....	700			
4341	Perio. scaling/root planing –Per quadrant .....	180			
4342	Periodontal scaling /root planing(1 tooth) .....	60			
4343	Periodontal scaling /root planing(2 to 3 teeth) .....	90			
4355	Difficult prophylaxis/scaling .....	75			
4910	Periodontal maintenance procedure .....	75			
<b>ENDODONTICS</b>					
3110	Pulp capping/remineralization .....	\$ 42			
3220	Vital pulpotomy .....	105			
Root Canal Therapy					
3310	- one root .....	530			
3320	- two roots .....	640			
3330	- three or more roots .....	800			
3351	Apexification per visit .....	82			
Apicoectomy					
3410	- anterior .....	520			
3421	- bicuspid .....	520			
3425	- molar .....	520			
3426	- each additional root .....	230			
3430	Retrograde filling - per root .....	167			
3450	Root resection .....	200			
3920	Hemisection .....	150			

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CODE	PROCEDURE	MAXIMUM FEE
<b>EXTRACTIONS</b>		
7111	Coronal remnants – deciduous tooth .....	\$ 100
7140	Single tooth.....	100
7130	Root removal - exposed root.....	105
<b>SURGICAL EXTRACTIONS</b>		
7210	Erupted tooth .....	\$ 190
7220	Soft tissue impaction .....	235
7230	Partial bony impaction.....	290
7240	Complete bony impaction.....	320
7241	Complete bony impaction - difficult.....	320
7250	Residual root recovery .....	175
<b>ORAL SURGERY</b>		
7260	Oroantral Fistula closure .....	by report
7280	Surgical exposure of ortho.....	\$ 430
7281	Surgical exposure of unerupted tooth .....	430
7285	Biopsy oral tissue - hard .....	160
7286	Biopsy oral tissue - soft .....	160
7288	Brush Biopsy .....	95
7310	Alveoplasty - per quadrant with extractions .....	175
7320	Alveoplasty - per quadrant with no extractions .....	175
7340	Vestibuloplasty, per arch, uncomplicated.....	200
7350	Vestibuloplasty, per arch, complicated with ridge extension .....	315
7430	Cystectomy .....	230
7471	Removal of exostosis.....	294
7510	Incision and drainage abscess - intraoral .....	145
7520	Incision and drainage abscess - extraoral .....	128
7950	Osseous or Cartilage graft .....	315
7951	Sinus augmentation.....	350
7953	Bone replacement graft for implants.....	315
7960	Frenectomy .....	300
7963	Frenuloplasty .....	158
7970	Excision of hyperplastic tissue .....	by report
9220	General anesthesia .....	305
9241	IV sedation.....	305
<b>CROWNS AND BRIDGES</b>		
2510	Metallic inlay - 1 surface .....	\$245
2520	Metallic inlay - 2 surfaces.....	334
2530	Metallic inlay - 3 or more surfaces .....	345
2543	Metallic onlay - 3 surfaces.....	334
2544	Metallic onlay - 4 or more surfaces .....	345
2610	Porcelain/ceramic inlay - 1 surface.....	334
2620	Porcelain/ceramic inlay - 2 surfaces .....	334
2630	Porcelain/ceramic inlay- 3 or more surfaces.....	375
2642	Porcelain/ceramic onlay - 2 surfaces .....	375
2643	Porcelain/ceramic onlay - 3 surfaces .....	375
2644	Porcelain/ceramic onlay - 4 or more surfaces...	375
2650	Inlay – composite/resin - 1 surface .....	375
2651	Inlay - composite/resin - 2 surfaces .....	375
2652	Inlay - composite/resin - 3 or more surfaces.....	375
2662	Onlay - composite/resin - 2 surfaces.....	375

CODE	PROCEDURE	MAXIMUM FEE
<b>CROWNS AND BRIDGES (cont.)</b>		
2663	Onlay - composite/resin - 3 surfaces .....	\$375
2664	Onlay - composite/resin - 4 or more surfaces...	375
2710	Plastic crown (laboratory) .....	167
2740	Porcelain crown.....	500
2750	Porcelain to high noble metal.....	500
2751	Porcelain with nonprecious metal .....	410
2752	Porcelain with semiprecious metal .....	463
2790	Gold crown - full cast.....	488
2791	Nonprecious crown .....	300
2792	Semiprecious crown .....	400
2794	Titanium crown .....	488
2810	Three-quarter cast crown - metallic.....	400
2910	Recement inlay .....	44
2920	Recement crown .....	44
2932	Prefabricated resin crown .....	111
2950	Crown build-up pin retained.....	128
2952	Cast post and core, in addition to crown .....	175
2954	Prefabricated post and core .....	132
2980	Crown repair.....	by report
6210	High noble metal pontic .....	488
6211	Cast predominantly base pontic.....	334
6212	Cast noble metal pontic .....	372
6214	Titanium pontic .....	488
6240	Porcelain fused to high noble pontic .....	500
6241	Porcelain to predominantly base pontic.....	410
6242	Porcelain to noble metal pontic .....	410
6245	Porcelain to ceramic pontic .....	500
6545	Cast metal retainer.....	200
6740	Porcelain to ceramic abutment .....	500
6750	Porcelain to gold abutment.....	500
6751	Porcelain to nonprecious abutment .....	410
6752	Porcelain to semiprecious abutment.....	463
6790	High noble full cast abutment .....	488
6791	Predominantly base full cast abutment.....	300
6792	Noble metal full cast abutment.....	443
6794	Titanium abutment .....	488
6930	Recement bridge.....	60
6980	Bridge repair .....	by report
<b>IMPLANT CROWNS</b>		
6058	Abutment supported porcelain/ceramic.....	\$500
6059	Abutment supported porcelain/high noble .....	500
6060	Abutment supported porcelain/base metal .....	410
6061	Abutment supported porcelain/noble metal.....	500
6062	Abutment supported high noble metal .....	488
6063	Abutment supported cast metal .....	410
6064	Abutment supported noble metal.....	488
6094	Abutment supported titanium.....	488
6065	Implant supported porcelain/ceramic .....	500
6066	Implant supported porcelain/high noble metal .....	500
6067	Implant supported high noble metal .....	488
6092	Recement implant crown.....	44

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CODE	PROCEDURE	MAXIMUM FEE
<b>DENTURES</b>		
5110	Complete upper .....	\$ 560
5120	Complete lower .....	560
5130	Immediate upper .....	560
5140	Immediate lower .....	560
5211	Upper partial - acrylic base (includes clasps).....	525
5212	Lower partial - acrylic base (includes clasps).....	525
5213	Upper partial - predominantly base with acrylic saddles (includes clasps) .....	560
5214	Lower partial - predominantly base with acrylic saddles (includes clasps) .....	560
<b>Adjustments</b>		
5410	- complete upper denture .....	\$ 55
5411	- complete lower denture .....	55
5421	- upper partial.....	55
5422	- lower partial.....	55
<b>Repairs</b>		
5510	- no teeth broken .....	\$ 78
5520	- replace tooth .....	78
5610	- partial denture base.....	78
5620	- replace broken tooth on partial .....	78
5630	- repair or replace broken clasps .....	95
5640	- broken tooth on partial (no other repairs) .....	70
5650	- add tooth to partial.....	87
5660	- add clasp to existing partial .....	89

CODE	PROCEDURE	MAXIMUM FEE
<b>DENTURES (cont.)</b>		
<b>Rebase</b>		
5710	- complete upper denture .....	\$ 185
5711	- complete lower denture .....	185
5720	- upper partial denture .....	185
5721	- lower partial denture .....	185
<b>Office Reline</b>		
5730	- complete upper denture .....	\$ 140
5731	- complete lower denture .....	140
5740	- upper partial .....	140
5741	- lower partial .....	140
<b>Laboratory Reline</b>		
5750	- complete upper denture .....	\$ 195
5751	- complete lower denture .....	195
5760	- upper partial .....	195
5761	- lower partial .....	195