

NORTHERN NEW ENGLAND BENEFIT TRUST

2008 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
EXAMINATIONS					
0120	- periodic exam	\$35			
0150	- initial exam	67			
0140	- emergency exam	67			
0160	- Problem focused	85			
9110	- palliative treatment	113			
9310	- consultation (per session)	77			
X-RAYS AND LAB					
0210	- full mouth X-rays	\$ 112			
0220	- intraoral X-ray first	25			
0230	- intraoral X-ray each add'l	21			
0240	- occlusal X-rays	30			
0270	- bitewing - 1	23			
0272	- bitewing - 2	38			
0273	- bitewing - 3	50			
0274	- bitewing - 4	55			
0277	- Vertical bitewing	75			
0330	- panorex X-ray	100			
CLEANING AND FLOURIDE TREATMENTS					
1110	- cleaning - 13 to adult	\$ 79			
1120	- cleaning - child through 12	57			
1201	- fluoride/cleaning - child through 12	79			
1203	- fluoride - child up to 19	29			
1206	- topical fluoride varnish – up to 19	40			
1351	- sealants - child up to 19	42			
SPACE MAINTAINERS (up to age 14)					
1510	- fixed unilateral	\$ 450			
1515	- fixed bilateral	450			
1520	- removable unilateral	450			
1525	- removable bilateral	450			
1550	- recementation (once per year)	53			
9940	- occlusal guard (once every 5 yrs.)	325			
FILLINGS					
Amalgam – permanent or primary					
2140	- one surface	\$85			
2150	- two surfaces	107			
2160	- three surfaces	132			
2161	- four surfaces or more	160			
Composite Resin – permanent or primary					
2330	- one surface	99			
2331	- two surfaces	120			
2332	- three surfaces	150			
2335	- four surfaces and incisors	180			
Resin, posterior – permanent or primary					
2391	- one surface	85			
2392	- two surfaces	107			
2393	- three surfaces	132			
2394	- four surfaces	160			
			FILLINGS (cont.)		
2930	Stainless steel crown – primary teeth only	\$185			
2940	Sedative filling	83			
2951	Pin retention - per tooth	42			
			PERIODONTICS		
0180	Periodontal Consultations	\$ 75			
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	400			
4264	Bone Graft - each additional site	110			
4265	Biologic materials/tissue regeneration	385			
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	79			
4910	Periodontal maintenance procedure	79			
			ENDODONTICS		
3110	Pulp capping/remineralization	\$ 42			
3220	Vital pulpotomy	105			
			Root Canal Therapy		
3310	- one root	555			
3320	- two roots	650			
3330	- three or more roots	825			
3351	Apexification per visit	82			
			Apicoectomy		
3410	- anterior	520			
3421	- bicuspid	520			
3425	- molar	520			
3426	- each additional root	280			
3430	Retrograde filling - per root	200			
3450	Root resection	200			
3920	Hemisection	150			

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CODE	PROCEDURE	MAXIMUM FEE
EXTRACTIONS		
7111	Coronal remnants – deciduous tooth	\$ 100
7140	Single tooth.....	110
7130	Root removal - exposed root.....	110
SURGICAL EXTRACTIONS		
7210	Erupted tooth	\$ 197
7220	Soft tissue impaction	240
7230	Partial bony impaction.....	295
7240	Complete bony impaction.....	330
7241	Complete bony impaction - difficult.....	330
7250	Residual root recovery	180
ORAL SURGERY		
7260	Oroantral Fistula closure	by report
7280	Surgical exposure of ortho.....	\$ 435
7281	Surgical exposure of unerupted tooth	435
7285	Biopsy oral tissue - hard	165
7286	Biopsy oral tissue - soft	165
7288	Brush Biopsy	100
7310	Alveoplasty - per quadrant with extractions	180
7320	Alveoplasty - per quadrant with no extractions	180
7340	Vestibuloplasty, per arch, uncomplicated.....	205
7350	Vestibuloplasty, per arch, complicated with ridge extension	320
7430	Cystectomy	230
7471	Removal of exostosis.....	300
7510	Incision and drainage abscess - intraoral	175
7520	Incision and drainage abscess - extraoral	130
7950	Osseous or Cartilage graft	by report
7951	Sinus augmentation.....	by report
7953	Bone replacement graft for implants.....	325
7960	Frenectomy	325
7963	Frenuloplasty	160
7970	Excision of hyperplastic tissue	by report
9220	General anesthesia	380
9241	IV sedation.....	380
CROWNS AND BRIDGES		
2510	Metallic inlay - 1 surface	\$250
2520	Metallic inlay - 2 surfaces.....	340
2530	Metallic inlay - 3 or more surfaces	350
2543	Metallic onlay - 3 surfaces.....	340
2544	Metallic onlay - 4 or more surfaces	350
2610	Porcelain/ceramic inlay - 1 surface.....	340
2620	Porcelain/ceramic inlay - 2 surfaces	340
2630	Porcelain/ceramic inlay- 3 or more surfaces.....	400
2642	Porcelain/ceramic onlay - 2 surfaces	400
2643	Porcelain/ceramic onlay - 3 surfaces	400
2644	Porcelain/ceramic onlay - 4 or more surfaces... 400	
2650	Inlay – composite/resin - 1 surface	400
2651	Inlay - composite/resin - 2 surfaces	400
2652	Inlay - composite/resin - 3 or more surfaces.....	400
2662	Onlay - composite/resin - 2 surfaces.....	400

CODE	PROCEDURE	MAXIMUM FEE
CROWNS AND BRIDGES (cont.)		
2663	Onlay - composite/resin - 3 surfaces	\$400
2664	Onlay - composite/resin - 4 or more surfaces... 400	
2710	Plastic crown (laboratory)	175
2740	Porcelain crown.....	525
2750	Porcelain to high noble metal	525
2751	Porcelain with nonprecious metal	430
2752	Porcelain with semiprecious metal	470
2783	Three-quarter crown/porcelain	500
2790	Gold crown - full cast.....	500
2791	Nonprecious crown	400
2792	Semiprecious crown	500
2794	Titanium crown	500
2810	Three-quarter cast crown - metallic.....	500
2910	Recent inlay	50
2920	Recent crown	50
2932	Prefabricated resin crown.....	115
2950	Crown build-up pin retained.....	135
2952	Cast post and core, in addition to crown	185
2954	Prefabricated post and core	140
2980	Crown repair	by report
6210	High noble metal pontic	500
6211	Cast predominantly base pontic.....	340
6212	Cast noble metal pontic	385
6214	Titanium pontic	500
6240	Porcelain fused to high noble pontic	525
6241	Porcelain to predominantly base pontic.....	430
6242	Porcelain to noble metal pontic	430
6245	Porcelain to ceramic pontic	525
6545	Cast metal retainer.....	210
6740	Porcelain to ceramic abutment	525
6750	Porcelain to gold abutment.....	525
6751	Porcelain to nonprecious abutment	430
6752	Porcelain to semiprecious abutment.....	470
6790	High noble full cast abutment	500
6791	Predominantly base full cast abutment.....	400
6792	Noble metal full cast abutment.....	450
6794	Titanium abutment	500
6930	Recent bridge.....	70
6980	Bridge repair	by report
IMPLANT CROWNS		
6058	Abutment supported porcelain/ceramic.....	\$525
6059	Abutment supported porcelain/high noble	525
6060	Abutment supported porcelain/base metal	430
6061	Abutment supported porcelain/noble metal.....	525
6062	Abutment supported high noble metal	500
6063	Abutment supported cast metal	430
6064	Abutment supported noble metal.....	500
6094	Abutment supported titanium.....	500
6065	Implant supported porcelain/ceramic	525
6066	Implant supported porcelain/high noble metal .	525
6067	Implant supported high noble metal	500
6092	Recent implant crown.....	50

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DENTURES			DENTURES (cont.)		
5110	Complete upper	\$ 650	Rebase		
5120	Complete lower	650	5710	- complete upper denture	\$ 205
5130	Immediate upper	650	5711	- complete lower denture	205
5140	Immediate lower	650	5720	- upper partial denture	205
5211	Upper partial - acrylic base (includes clasps).....	550	5721	- lower partial denture	205
5212	Lower partial - acrylic base (includes clasps).....	550	Office Reline		
5213	Upper partial - predominantly base with acrylic saddles (includes clasps)	650	5730	- complete upper denture	\$ 145
5214	Lower partial - predominantly base with acrylic saddles (includes clasps)	650	5731	- complete lower denture	145
Adjustments			5740	- upper partial	145
5410	- complete upper denture	\$ 60	5741	- lower partial	145
5411	- complete lower denture	60	Laboratory Reline		
5421	- upper partial.....	60	5750	- complete upper denture	\$ 200
5422	- lower partial.....	60	5751	- complete lower denture	200
Repairs			5760	- upper partial	200
5510	- no teeth broken	\$ 80	5761	- lower partial	200
5520	- replace tooth	80			
5610	- partial denture base.....	80			
5620	- replace broken tooth on partial	80			
5630	- repair or replace broken clasps	100			
5640	- broken tooth on partial (no other repairs)	75			
5650	- add tooth to partial.....	90			
5660	- add clasp to existing partial	95			