

NORTHERN NEW ENGLAND BENEFIT TRUST

2010 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	\$39	2391	Resin, posterior – permanent or primary - one surface	95
0150	- initial exam	77	2392	- two surfaces.....	115
0140	- emergency exam.....	74	2393	- three surfaces.....	136
0160	- Problem focused	91	2394	- four surfaces	173
9110	- palliative treatment	113	2930	Stainless steel crown – primary teeth only	\$209
9310	- consultation (per session)	93	2940	Sedative filling	87
X-RAYS AND LAB					
0210	- full mouth X-rays	\$ 124	2951	Pin retention - per tooth.....	42
0220	- intraoral X-ray first.....	26	PERIODONTICS		
0230	- intraoral X-ray each add'l	21	0180	Periodontal Consultations.....	\$ 87
0240	- occlusal X-rays	40	4210	Gingivectomy per quadrant (4 or more teeth) .	475
0270	- bitewing - 1.....	25	4211	Gingivectomy – (1 tooth)	158
0272	- bitewing - 2.....	41	4212	Gingivectomy – (2 to 3 teeth).....	238
0273	- bitewing - 3.....	64	4220	Subgingival curettage - per quadrant.....	174
0274	- bitewing - 4.....	59	4230	Crown exposure - per quadrant	494
0277	- Vertical bitewing	84	4231	Crown exposure – (1 – 3 teeth)	238
0330	- panorex X-ray.....	108	4240	Gingival flap per quadrant(4 or more teeth)....	500
CLEANING AND FLOURIDE TREATMENTS					
1110	- cleaning - 13 to adult	\$ 86	4241	Gingival flap – (1 tooth).....	167
1120	- cleaning - child through 12.....	63	4242	Gingival flap – (2 to 3 teeth)	250
1201	- fluoride/cleaning - child through 12	82	4260	Osseous surgery - per quadrant	832
1203	- fluoride - child up to 19	31	4261	Osseous surgery – (1 tooth).....	277
1206	- topical fluoride varnish – up to 19.....	40	4262	Osseous surgery – (2 to 3 teeth)	416
1351	- sealants - child up to 19	49	4263	Bone Graft - first site.....	441
SPACE MAINTAINERS (up to age 14)					
1510	- fixed unilateral.....	\$ 458	4264	Bone Graft - each additional site	114
1515	- fixed bilateral.....	458	4265	Biologic materials/tissue regeneration	400
1520	- removable unilateral	458	4266	Tissue regeneration/resorbable.....	500
1525	- removable bilateral	458	4267	Tissue regeneration/nonresorbable.....	500
1550	- recementation (once per year)	55	4270	Pedicle soft tissue graft - per tooth.....	700
9940	- occlusal guard (once every 5 yrs.).....	375	4271	Free soft tissue graft - per tooth.....	750
FILLINGS					
Amalgam – permanent or primary					
2140	- one surface.....	\$95	4273	Connective Tissue Graft – per tooth.....	750
2150	- two surfaces.....	115	4341	Perio. scaling/root planing –Per quadrant.....	184
2160	- three surfaces	136	4342	Periodontal scaling /root planing(1 tooth)	61
2161	- four surfaces or more	173	4343	Periodontal scaling /root planing(2 to 3 teeth)....	92
Composite Resin – permanent or primary					
2330	- one surface.....	102	4355	Difficult prophylaxis/scaling	86
2331	- two surfaces.....	132	4910	Periodontal maintenance procedure	86
2332	- three surfaces	157	ENDODONTICS		
2335	- four surfaces and incisors	211	3110	Pulp capping/remineralization.....	\$ 49
2390	- resin based composite crown.....	211	3220	Vital pulpotomy.....	134
			3221	Pulpal debridement(primary&permanent).....	134
			3230	Pulpal therapy-anterior primary tooth	134
			3240	Pulpal therapy-posterior primary tooth	134
			Root Canal Therapy		
			3310	- one root	606
			3320	- two roots.....	710
			3330	- three or more roots	876
			3351	Apexification per visit.....	85

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ENDODONTICS (cont.)			CROWNS AND BRIDGES (cont.)		
	Apicoectomy		2620	Porcelain/ceramic inlay - 2 surfaces.....	364
3410	- anterior	\$550	2630	Porcelain/ceramic inlay- 3 or more surfaces	416
3421	- bicuspid	550	2642	Porcelain/ceramic onlay - 2 surfaces	416
3425	- molar.....	550	2643	Porcelain/ceramic onlay - 3 surfaces	453
3426	- each additional root	300	2644	Porcelain/ceramic onlay - 4 or more surfaces ..	463
3430	Retrograde filling - per root.....	200	2650	Inlay – composite/resin - 1 surface.....	416
3450	Root resection.....	208	2651	Inlay - composite/resin - 2 surfaces.....	426
3920	Hemisection.....	200	2652	Inlay - composite/resin - 3 or more surfaces	436
	EXTRACTIONS		2662	Onlay - composite/resin - 2 surfaces	426
7111	Coronal remnants – deciduous tooth	\$ 100	2663	Onlay - composite/resin - 3 surfaces	\$436
7140	Single tooth.....	115	2664	Onlay - composite/resin - 4 or more surfaces...	446
7130	Root removal - exposed root.....	114	2710	Plastic crown (laboratory)	182
	SURGICAL EXTRACTIONS		2740	Porcelain crown.....	565
7210	Erupted tooth	\$ 215	2750	Porcelain to high noble metal	532
7220	Soft tissue impaction	252	2751	Porcelain with nonprecious metal	484
7230	Partial bony impaction.....	323	2752	Porcelain with semiprecious metal	503
7240	Complete bony impaction.....	365	2780	Three-quarter high noble metal	532
7241	Complete bony impaction - difficult.....	365	2781	Three-quarter predominantly base metal.....	456
7250	Residual root recovery	207	2782	Three-quarter cast noble metal	532
	ORAL SURGERY		2783	Three-quarter crown/porcelain	518
7260	Oroantral Fistula closure	by report	2790	Gold crown - full cast.....	536
7280	Surgical exposure of ortho.....	\$ 435	2791	Nonprecious crown	451
7281	Surgical exposure of unerupted tooth	440	2792	Semiprecious crown	526
7285	Biopsy oral tissue - hard	255	2794	Titanium crown	520
7286	Biopsy oral tissue - soft	255	2810	Three-quarter cast crown - metallic.....	520
7288	Brush Biopsy	104	2910	Recement inlay	58
7310	Alveoplasty - per quadrant		2920	Recement crown	58
	with extractions.....	224	2932	Prefabricated resin crown.....	120
7320	Alveoplasty - per quadrant		2950	Crown build-up pin retained.....	135
	with no extractions	224	2952	Cast post and core, in addition to crown	200
7340	Vestibuloplasty, per arch, uncomplicated.....	213	2954	Prefabricated post and core	161
7350	Vestibuloplasty, per arch, complicated		2955	Post Removal.....	156
	with ridge extension	333	2980	Crown repair.....	89
7430	Cystectomy	270	6210	High noble metal pontic	532
7471	Removal of exostosis.....	320	6211	Cast predominantly base pontic.....	484
7510	Incision and drainage abscess - intraoral	175	6212	Cast noble metal pontic	400
7520	Incision and drainage abscess - extraoral	135	6214	Titanium pontic	520
7950	Osseous or Cartilage graft	by report	6240	Porcelain fused to high noble pontic	532
7951	Sinus augmentation.....	by report	6241	Porcelain to predominantly base pontic	484
7953	Bone replacement graft for implants.....	380	6242	Porcelain to noble metal pontic	532
7960	Frenectomy	336	6245	Porcelain to ceramic pontic	565
7963	Frenuloplasty	166	6545	Cast metal retainer.....	218
7970	Excision of hyperplastic tissue	by report	6740	Porcelain to ceramic abutment	565
9220	General anesthesia	400	6750	Porcelain to gold abutment.....	532
9241	IV sedation.....	400	6751	Porcelain to nonprecious abutment	484
	CROWNS AND BRIDGES		6752	Porcelain to semiprecious abutment.....	503
2510	Metallic inlay - 1 surface	\$300	6790	High noble full cast abutment	536
2520	Metallic inlay - 2 surfaces.....	354	6791	Predominantly base full cast abutment.....	416
2530	Metallic inlay - 3 or more surfaces	400	6792	Noble metal full cast abutment.....	536
2543	Metallic onlay - 3 surfaces.....	364	6794	Titanium abutment	520
2544	Metallic onlay - 4 or more surfaces	400	6930	Recement bridge.....	71
2610	Porcelain/ceramic inlay - 1 surface.....	354	6980	Bridge repair	175

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IMPLANT CROWNS		
6058	Abutment supported porcelain/ceramic	\$565
6059	Abutment supported porcelain/high noble	532
6060	Abutment supported porcelain/base metal	484
6061	Abutment supported porcelain/noble metal	532
6062	Abutment supported high noble metal	536
6063	Abutment supported cast metal	484
6064	Abutment supported noble metal	536
6094	Abutment supported titanium	520
6065	Implant supported porcelain/ceramic	565
6066	Implant supported porcelain/high noble metal	532
6067	Implant supported high noble metal	536
6092	Recent implant crown	58
DENTURES		
5110	Complete upper	\$ 676
5120	Complete lower	676
5130	Immediate upper	676
5140	Immediate lower	676
5211	Upper partial - acrylic base (includes clasps)	564
5212	Lower partial - acrylic base (includes clasps)	564
5213	Upper partial – Cast metal framework	676
5214	Lower partial – Cast metal framework	676
Adjustments		
5410	- complete upper denture	\$ 62
5411	- complete lower denture	62
5421	- upper partial	62
5422	- lower partial	62
Repairs		
5510	- no teeth broken	\$ 83
5520	- replace tooth	83
5610	- partial denture base	89
5620	- replace broken tooth on partial	83
5630	- repair or replace broken clasps	104
5640	- broken tooth on partial (no other repairs)	75
5650	- add tooth to partial	98
5660	- add clasp to existing partial	100

CODE	PROCEDURE	MAXIMUM FEE
DENTURES (cont.)		
Rebase		
5710	- complete upper denture	\$ 213
5711	- complete lower denture	213
5720	- upper partial denture	213
5721	- lower partial denture	213
Office Reline		
5730	- complete upper denture	\$ 150
5731	- complete lower denture	150
5740	- upper partial	150
5741	- lower partial	150
Laboratory Reline		
5750	- complete upper denture	\$ 200
5751	- complete lower denture	200
5760	- upper partial	200
5761	- lower partial	200
IMPANT – (Available for plan DN0/A2 only)		
6010	- Surgical placement of Implant per tooth	\$1000
(Lifetime maximum of \$2,000 per individual)		
Implant Dentures – (Available for plan DN0/A2 only)		
6053	- Implant/abutment complete removable	\$1,000
6054	- Implant/abutment partial removable	500
6078	- Implant/abutment complete fixed	1,000
6079	- Implant/abutment partial fixed	1,000