

# NORTHERN NEW ENGLAND BENEFIT TRUST

## 2005 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 .....	\$30	2930	Stainless steel crown – primary teeth only .....	148
0150	- initial exam .....	55	2940	Sedative filling .....	64
0140	- emergency exam .....	55	2951	Pin retention - per tooth .....	41
0160	- Problem focused .....	55	<b>PERIODONTICS</b>		
9110	- palliative treatment .....	75	4110	Periodontal Consultations .....	\$ 60
9310	- consultation (per session) .....	67	4210	Gingivectomy per quadrant (4 or more teeth) .	426
<b>X-RAYS AND LAB</b>					
0210	- full mouth X-rays .....	\$ 100	4211	Gingivectomy – (1 tooth) .....	142
0220	- intraoral X-ray first .....	22	4212	Gingivectomy – (2 to 3 teeth) .....	213
0230	- intraoral X-ray each add'l .....	18	4220	Subgingival curettage - per quadrant .....	153
0240	- occlusal X-rays .....	26	4240	Gingival flap per quadrant(4 or more teeth) .....	426
0270	- bitewing - 1 .....	20	4241	Gingival flap – (1 tooth) .....	142
0272	- bitewing - 2 .....	34	4242	Gingival flap – (2 to 3 teeth) .....	213
0274	- bitewing - 4 .....	48	4260	Osseous surgery - per quadrant .....	700
0277	- Vertical bitewing .....	48	4261	Osseous surgery – (1 tooth) .....	233
0330	- panorex X-ray .....	85	4262	Osseous surgery – (2 to 3 teeth) .....	350
<b>CLEANING AND FLOURIDE TREATMENTS</b>					
1110	- cleaning - 13 to adult .....	\$ 68	4263	Bone Graft - first site .....	300
1120	- cleaning - child through 12 .....	49	4264	Bone Graft - each additional site .....	100
1201	- fluoride/cleaning - child through 12 .....	72	4266	Tissue regeneration/resorbable .....	400
1203	- fluoride - child up to 19 .....	25	4267	Tissue regeneration/nonresorbable .....	400
1351	- sealants - child up to 19 .....	37	4270	Pedicle soft tissue graft - per tooth .....	600
<b>SPACE MAINTAINERS</b>					
1510	- fixed unilateral .....	\$ 424	4271	Free soft tissue graft - per tooth .....	600
1515	- fixed bilateral .....	424	4273	Connective Tissue Graft – per tooth .....	600
1520	- removable unilateral .....	424	4341	Periodontal scaling/root planing - per quadrant .....	160
1525	- removable bilateral .....	424	4342	Periodontal scaling /root planing(1 tooth) .....	54
1550	- recementation (once per year) .....	53	4343	Periodontal scaling /root planing(1 to 3 teeth) .....	80
9940	- occlusal guard (once every 5 yrs.) .....	250	4355	Difficult prophylaxis/scaling .....	68
<b>FILLINGS</b>					
Amalgam – permanent or primary					
2140	- one surface .....	70	4910	Periodontal maintenance procedure .....	68
2150	- two surfaces .....	89	<b>ENDODONTICS</b>		
2160	- three surfaces .....	104	3110	Pulp capping/remineralization .....	\$ 40
2161	- four surfaces or more .....	128	3220	Vital pulpotomy .....	95
Composite Resin – permanent or primary					
2330	- one surface .....	80	Root Canal Therapy		
2331	- two surfaces .....	100	3310	- one root .....	470
2332	- three surfaces .....	120	3320	- two roots .....	575
2335	- four surfaces and incisors .....	148	3330	- three or more roots .....	730
Resin, posterior – permanent or primary					
2391	- one surface .....	70	3351	Apexification per visit .....	74
2392	- two surfaces .....	89	Apicoectomy		
2393	- three surfaces .....	104	3410	- anterior .....	480
2394	- four surfaces .....	128	3421	- bicuspid .....	480
			3425	- molar .....	480
			3426	- each additional root .....	210
			3430	Retrograde filling - per root .....	150
			3450	Root resection .....	175
			3920	Hemisection .....	122
<b>EXTRACTIONS</b>					
			7140	Single tooth .....	\$ 90
			7130	Root removal - exposed root .....	95

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CODE	PROCEDURE	MAXIMUM FEE
<b>SURGICAL EXTRACTIONS</b>		
7210	Erupted tooth .....	\$ 175
7220	Soft tissue impaction .....	206
7230	Partial bony impaction.....	260
7240	Complete bony impaction.....	280
7241	Complete bony impaction - difficult.....	280
7250	Residual root recovery.....	160
<b>ORAL SURGERY</b>		
7260	Oroantral Fistula closure .....	by report
7280	Surgical exposure of ortho.....	\$ 400
7281	Surgical exposure of unerupted tooth .....	400
7285	Biopsy oral tissue - hard .....	147
7286	Biopsy oral tissue - soft .....	147
7310	Alveoplasty - per quadrant with extractions .....	148
7320	Alveoplasty - per quadrant with no extractions .....	159
7340	Vestibuloplasty, per arch, uncomplicated.....	180
7350	Vestibuloplasty, per arch, complicated with ridge extension .....	297
7430	Cystectomy .....	217
7471	Removal of exostosis.....	276
7510	Incision and drainage abscess - intraoral .....	135
7520	Incision and drainage abscess - extraoral .....	115
7960	Frenectomy .....	275
7970	Excision of hyperplastic tissue .....	by report
9220	General anesthesia .....	274
9241	IV sedation.....	242
<b>CROWNS AND BRIDGES</b>		
2510	Metallic inlay - 1 surface .....	233
2520	Metallic inlay - 2 surfaces.....	318
2530	Metallic inlay - 3 or more surfaces .....	329
2543	Metallic onlay - 3 surfaces.....	334
2544	Metallic onlay - 4 or more surfaces .....	345
2610	Porcelain/ceramic inlay - 1 surface.....	334
2620	Porcelain/ceramic - 2 surfaces .....	334
2630	Porcelain/ceramic - 3 or more surfaces.....	360
2642	Porcelain/ceramic - 2 surfaces .....	360
2643	Porcelain/ceramic - 3 surfaces .....	360
2644	Porcelain/ceramic - 4 or more surfaces.....	360
2650	Inlay - composite/resin - 1 surface.....	360
2651	Inlay - composite/resin - 2 surfaces .....	360
2652	Inlay - composite/resin - 3 or more surfaces.....	360
2662	Onlay - composite/resin - 2 surfaces.....	360
2663	Onlay - composite/resin - 3 surfaces.....	360
2664	Onlay - composite/resin - 4 or more surfaces ...	360
2710	Plastic crown (laboratory).....	\$ 159
2740	Porcelain crown .....	455
2750	Porcelain to high noble metal .....	455
2751	Porcelain with nonprecious metal.....	375
2752	Porcelain with semiprecious metal .....	418
2790	Gold crown - full cast .....	440

CODE	PROCEDURE	MAXIMUM FEE
<b>CROWNS AND BRIDGES (cont.)</b>		
2791	Nonprecious crown .....	276
2792	Semiprecious crown .....	370
2810	Three-quarter cast crown - metallic.....	375
2910	Recement inlay .....	40
2920	Recement crown .....	40
2932	Prefabricated resin crown .....	100
2950	Crown build-up pin retained.....	115
2952	Cast post and core, in addition to crown .....	165
2954	Prefabricated post and core .....	125
6210	High noble metal pontic .....	440
6211	Cast predominantly base pontic.....	300
6212	Cast noble metal pontic .....	334
6240	Porcelain fused to high noble pontic .....	455
6241	Porcelain to predominantly base pontic .....	375
6242	Porcelain to noble metal pontic .....	375
6545	Cast metal retainer.....	159
6750	Porcelain to gold abutment.....	455
6751	Porcelain to nonprecious abutment .....	375
6752	Porcelain to semiprecious abutment.....	418
6790	High noble full cast abutment .....	440
6791	Predominantly base full cast abutment.....	270
6792	Noble metal full cast abutment.....	398
6930	Recement bridge.....	50
6980	Bridge repair (by report).....	I/C
<b>IMPLANT CROWNS</b>		
6058	Abutment supported porcelain/ceramic.....	455
6059	Abutment supported porcelain/high noble .....	455
6060	Abutment supported porcelain/base metal .....	375
6061	Abutment supported porcelain/noble metal.....	455
6062	Abutment supported high noble metal .....	440
6063	Abutment supported cast metal .....	375
6064	Abutment supported noble metal.....	440
6094	Abutment supported titanium.....	418
6065	Implant supported porcelain/ceramic .....	455
6066	Implant supported porcelain/high noble metal .	455
6067	Implant supported high noble metal .....	440

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CODE	PROCEDURE	MAXIMUM FEE	CODE	PROCEDURE	MAXIMUM FEE
<b>DENTURES</b>			<b>DENTURES (cont.)</b>		
5110	Complete upper .....	\$ 500	<b>Rebase</b>		
5120	Complete lower .....	500	5710	- complete upper denture .....	\$ 175
5130	Immediate upper .....	500	5711	- complete lower denture .....	175
5140	Immediate lower .....	500	5720	- upper partial denture .....	175
5211	Upper partial - acrylic base (includes clasps).....	480	5721	- lower partial denture .....	175
5212	Lower partial - acrylic base (includes clasps).....	480	<b>Office Reline</b>		
5213	Upper partial - predominantly base with acrylic saddles (includes clasps) .....	500	5730	- complete upper denture .....	\$ 125
5214	Lower partial - predominantly base with acrylic saddles (includes clasps) .....	500	5731	- complete lower denture .....	125
<b>Adjustments</b>			5740	- upper partial .....	125
5410	- complete upper denture .....	\$ 50	5741	- lower partial .....	125
5411	- complete lower denture .....	50	<b>Laboratory Reline</b>		
5421	- upper partial.....	50	5750	- complete upper denture .....	\$ 175
5422	- lower partial.....	50	5751	- complete lower denture .....	175
<b>Repairs</b>			5760	- upper partial .....	175
5510	- no teeth broken .....	\$ 70	5761	- lower partial .....	175
5520	- replace tooth .....	70			
5610	- partial denture base.....	70			
5620	- replace broken tooth on partial .....	70			
5630	- repair or replace broken clasps .....	90			
5640	- broken tooth on partial (no other repairs) .....	55			
5650	- add tooth to partial.....	80			
5660	- add clasp to existing partial .....	84			