

NORTHERN NEW ENGLAND BENEFIT TRUST

2012 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	\$41	2391	Resin, posterior – permanent or primary - one surface	101
0150	- initial exam	82	2392	- two surfaces.....	125
0140	- emergency exam.....	77	2393	- three surfaces.....	150
0145	- oral evaluation under 3 yrs. of age.....	60	2394	- four surfaces	182
0160	- Problem focused	80	2930	Stainless steel crown – primary teeth only	\$209
9110	- palliative treatment	121	2940	Protective Restoration/Sedative filling.....	90
9310	- consultation (per session)	113	2951	Pin retention - per tooth.....	44
X-RAYS AND LAB					
0210	- full mouth X-rays	\$ 129	0180	Periodontal Consultations.....	\$ 87
0220	- intraoral X-ray first.....	28	4210	Gingivectomy per quadrant (4 or more teeth) .	500
0230	- intraoral X-ray each add'l	23	4211	Gingivectomy – (1 tooth)	167
0240	- occlusal X-rays	40	4212	Gingivectomy – (2 to 3 teeth).....	250
0270	- bitewing - 1.....	28	4220	Subgingival curettage - per quadrant.....	175
0272	- bitewing - 2.....	43	4230	Crown exposure - per quadrant	494
0273	- bitewing - 3.....	61	4231	Crown exposure – (1 – 3 teeth)	247
0274	- bitewing - 4.....	61	4240	Gingival flap per quadrant(4 or more teeth).....	650
0277	- Vertical bitewing	90	4241	Gingival flap – (1 tooth).....	217
0330	- panorex X-ray.....	115	4242	Gingival flap – (2 to 3 teeth)	325
CLEANING AND FLOURIDE TREATMENTS					
1110	- cleaning - 13 to adult	\$ 88	4260	Osseous surgery - per quadrant	900
1120	- cleaning - child through 12.....	66	4261	Osseous surgery – (1 tooth).....	300
1201	- fluoride/cleaning - child through 12	100	4262	Osseous surgery – (2 to 3 teeth)	450
1203	- fluoride - child up to 19	33	4263	Bone Graft - first site.....	441
1206	- topical fluoride varnish – up to 19.....	40	4264	Bone Graft - each additional site	115
1351	- sealants - child up to 19	51	4265	Biologic materials/tissue regeneration	450
1352	- Resin-sealant/Permanent Tooth-up to 19.....	75	4266	Tissue regeneration/resorbable.....	500
SPACE MAINTAINERS (up to age 14)					
1510	- fixed unilateral.....	\$ 458	4267	Tissue regeneration/nonresorbable	500
1515	- fixed bilateral.....	458	4270	Pedicle soft tissue graft - per report.....	800
1520	- removable unilateral	458	4271	Free soft tissue graft - per report	800
1525	- removable bilateral	458	4273	Connective Tissue Graft – per report	850
1550	- recementation (once per year)	60	4341	Perio. scaling/root planing –Per quadrant.....	198
9940	- occlusal guard (once every 5 yrs.).....	397	4342	Periodontal scaling /root planing(1 tooth)	66
FILLINGS					
Amalgam – permanent or primary					
2140	- one surface.....	\$101	4343	Periodontal scaling /root planing(2 to 3 teeth)....	99
2150	- two surfaces.....	125	4355	Difficult prophylaxis/scaling	88
2160	- three surfaces	150	4910	Periodontal maintenance procedure	88
2161	- four surfaces or more.....	182	ENDODONTICS		
Composite Resin – permanent or primary					
2330	- one surface.....	110	3110	Pulp capping/remineralization.....	\$ 55
2331	- two surfaces	141	3220	Vital pulpotomy.....	154
2332	- three surfaces	170	3221	Pulpal debridement(primary&permanent).....	165
2335	- four surfaces and incisors	217	3230	Pulpal therapy-anterior primary tooth	175
2390	- resin based composite crown.....	250	3240	Pulpal therapy-posterior primary tooth	175
Root Canal Therapy					
3310	- one root	715	3310	- one root	715
3320	- two roots.....	763	3320	- two roots.....	763
3330	- three or more roots	900	3330	- three or more roots	900
3351	Apexification per visit	90	3351	Apexification per visit	90
3354	Pulpal regeneration – child through 12.....	150	3354	Pulpal regeneration – child through 12.....	150

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CODE	PROCEDURE	MAXIMUM FEE
ENDODONTICS (cont.)		
	Apicoectomy	
3410	- anterior	\$600
3421	- bicuspid	600
3425	- molar.....	600
3426	- each additional root	300
3430	Retrograde filling - per root.....	200
3450	Root resection.....	225
3920	Hemisection.....	200
EXTRACTIONS		
7111	Coronal remnants – deciduous tooth	\$ 100
7140	Single tooth.....	125
7130	Root removal - exposed root.....	114
SURGICAL EXTRACTIONS		
7210	Erupted tooth	\$ 216
7220	Soft tissue impaction	261
7230	Partial bony impaction.....	340
7240	Complete bony impaction.....	385
7241	Complete bony impaction - difficult.....	385
7250	Residual root recovery.....	229
ORAL SURGERY		
7260	Oroantral Fistula closure	by report
7280	Surgical exposure of ortho.....	\$ 485
7281	Surgical exposure of unerupted tooth	440
7285	Biopsy oral tissue - hard	280
7286	Biopsy oral tissue - soft	280
7288	Brush Biopsy	104
7295	Autogenous grafting/Harvest of bone.....	441
7310	Alveoplasty - per quadrant with extractions.....	224
7320	Alveoplasty - per quadrant with no extractions.....	224
7340	Vestibuloplasty, per arch, uncomplicated.....	213
7350	Vestibuloplasty, per arch, w/ridge extension	333
7430	Cystectomy	270
7471	Removal of exostosis.....	320
7510	Incision and drainage abscess - intraoral	180
7520	Incision and drainage abscess - extraoral	180
7950	Osseous or Cartilage graft	by report
7951	Sinus augmentation.....	by report
7953	Bone replacement graft for implants.....	418
7960	Frenectomy.....	340
7963	Frenuloplasty	166
7970	Excision of hyperplastic tissue	by report
9220	General anesthesia	400
9241	IV sedation.....	400
CROWNS AND BRIDGES		
2510	Metallic inlay - 1 surface	\$325
2520	Metallic inlay - 2 surfaces.....	375
2530	Metallic inlay - 3 or more surfaces	450
2543	Metallic onlay - 3 surfaces.....	364
2544	Metallic onlay - 4 or more surfaces	400
2610	Porcelain/ceramic inlay - 1 surface.....	354

CODE	PROCEDURE	MAXIMUM FEE
CROWNS AND BRIDGES (cont.)		
2620	Porcelain/ceramic inlay - 2 surfaces.....	364
2630	Porcelain/ceramic inlay- 3 or more surfaces	420
2642	Porcelain/ceramic onlay - 2 surfaces.....	420
2643	Porcelain/ceramic onlay - 3 surfaces.....	500
2644	Porcelain/ceramic onlay - 4 or more surfaces ..	510
2650	Inlay – composite/resin - 1 surface.....	416
2651	Inlay - composite/resin - 2 surfaces.....	426
2652	Inlay - composite/resin - 3 or more surfaces	436
2662	Onlay - composite/resin - 2 surfaces	426
2663	Onlay - composite/resin - 3 surfaces	\$436
2664	Onlay - composite/resin - 4 or more surfaces...	500
2710	Plastic crown (laboratory)	200
2740	Porcelain crown.....	587
2750	Porcelain to high noble metal.....	568
2751	Porcelain with nonprecious metal	511
2752	Porcelain with semiprecious metal.....	550
2780	Three-quarter high noble metal	568
2781	Three-quarter predominantly base metal.....	465
2782	Three-quarter cast noble metal	568
2783	Three-quarter crown/porcelain	550
2790	Gold crown - full cast.....	570
2791	Nonprecious crown	486
2792	Semiprecious crown	526
2794	Titanium crown	540
2810	Three-quarter cast crown - metallic.....	540
2910	Recement inlay.....	58
2920	Recement crown	58
2932	Prefabricated resin crown.....	150
2950	Crown build-up pin retained.....	140
2952	Cast post and core, in addition to crown	205
2954	Prefabricated post and core	164
2955	Post Removal.....	50
2980	Crown repair.....	90
6210	High noble metal pontic	568
6211	Cast predominantly base pontic.....	511
6212	Cast noble metal pontic	550
6214	Titanium pontic	540
6240	Porcelain fused to high noble pontic	568
6241	Porcelain to predominantly base pontic	511
6242	Porcelain to noble metal pontic	568
6245	Porcelain to ceramic pontic	587
6545	Cast metal retainer.....	300
6740	Porcelain to ceramic abutment	587
6750	Porcelain to gold abutment.....	568
6751	Porcelain to nonprecious abutment	511
6752	Porcelain to semiprecious abutment	550
6790	High noble full cast abutment	570
6791	Predominantly base full cast abutment.....	416
6792	Noble metal full cast abutment.....	570
6794	Titanium abutment	540
6930	Recement bridge.....	90
6980	Bridge repair	175

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CODE	PROCEDURE	MAXIMUM FEE
IMPLANT CROWNS		
6058	Abutment supported porcelain/ceramic	\$587
6059	Abutment supported porcelain/high noble	568
6060	Abutment supported porcelain/base metal	511
6061	Abutment supported porcelain/noble metal	568
6062	Abutment supported high noble metal	570
6063	Abutment supported cast metal	511
6064	Abutment supported noble metal	570
6094	Abutment supported titanium	540
6065	Implant supported porcelain/ceramic	587
6066	Implant supported porcelain/high noble metal	568
6067	Implant supported high noble metal	570
6092	Recent implant crown	58
DENTURES		
5110	Complete upper	\$ 600
5120	Complete lower	600
5130	Immediate upper	685
5140	Immediate lower	685
5211	Upper partial - acrylic base (includes clasps)	564
5212	Lower partial - acrylic base (includes clasps)	564
5213	Upper partial – Cast metal framework	700
5214	Lower partial – Cast metal framework	700
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	90
5620	- replace broken tooth on partial	83
5630	- repair or replace broken clasps	154
5640	- broken tooth on partial (no other repairs)	75
5650	- add tooth to partial	98
5660	- add clasp to existing partial	75

CODE	PROCEDURE	MAXIMUM FEE
DENTURES (cont.)		
Rebase		
5710	- complete upper denture	\$ 225
5711	- complete lower denture	225
5720	- upper partial denture	225
5721	- lower partial denture	225
Office Reline		
5730	- complete upper denture	\$ 155
5731	- complete lower denture	155
5740	- upper partial	155
5741	- lower partial	155
Laboratory Reline		
5750	- complete upper denture	\$ 210
5751	- complete lower denture	210
5760	- upper partial	210
5761	- lower partial	210
Prosthetic Misc.		
5992	- Adjust prosthetic appliance	\$ 113
5993	- Maintenance & Cleaning of prosthesis	50
IMPLANT – (Available for plan DN0 only)		
6010	- Surgical placement of Implant per tooth \$1,000 (Lifetime maximum of \$2,000 per individual)	
Implant Dentures – (Available for plan DN0 only Part of the \$1,000 prosthetic max)		
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
6100	- Implant removal	by report
6055	- Implant connecting bar	300
6056	- Implant prefabricated abutment	300
6057	- Implant custom abutment	300