

# BTF-SBF DENTAL BENEFIT REIMBURSEMENT SCHEDULE 2017

(only the most frequently used procedures are listed)

<u>CODE</u>	<u>PROCEDURE</u>	<u>ALLOWANCE</u>
<b><u>DIAGNOSTIC</u></b>		
<b>00100</b>	<b><u>Clinical Oral Examinations</u></b>	
00120	Periodic Oral Examination	\$ 20.00
00150	Comprehensive Oral Evaluation	\$ 24.00
<b>00200</b>	<b><u>Radiographs</u></b>	
00210	Intraoral – Complete Series (including bitewings)	\$ 44.00
00220	Intraoral – Periapical – first film	\$ 10.00
00230	Intraoral – Periapical – each additional film	\$ 7.00
00272	Bitewings – two films	\$ 17.00
00274	Bitewings – four films	\$ 25.00
00330	Panoramic film	\$ 40.00
00340	Cephalometric film	\$ 33.00
<b><u>PREVENTIVE</u></b>		
<b>01100</b>	<b><u>Dental Prophylaxis</u></b>	
01110	Prophylaxis – adult	\$ 30.00
01120	Prophylaxis – child 12 years or younger	\$ 25.00
<b>01200</b>	<b><u>Fluoride Treatments</u></b>	
01208	Topical application of fluoride (prophy not included)	\$ 20.00
01351	Sealant per tooth	\$ 20.00
<b><u>RESTORATIVE</u></b>		
<b>02100</b>	<b><u>Amalgam Restorations (including polishing)</u></b>	
02140	Amalgam – one surface, permanent	\$ 44.00
02150	Amalgam – two surface, permanent	\$ 50.00
02160	Amalgam – three surface, permanent	\$ 55.00
02161	Amalgam – four or more surfaces, permanent	\$ 66.00
<b>02300</b>	<b><u>RESIN RESTORATIONS</u></b>	
02330	resin – one surface, anterior	\$ 50.00
02331	resin – two surface, anterior	\$ 55.00
02332	resin – three surface, anterior	\$ 66.00
02335	resin - four or more surfaces or involving incisal angle, ant.	\$ 90.00

<u>CODE</u>	<u>PROCEDURE</u>	<u>ALLOWANCE</u>
<b><u>RESTORATIVE</u></b>	<b>(continued)</b>	
<b><u>02600</u></b>	<b><u>INLAY/ONLAY RESTORATIONS</u></b>	
02644	onlay – porcelain/ceramic – four or more surfaces	\$300.00
<b><u>02700</u></b>	<b><u>CROWNS – SINGLE RESTORATIONS ONLY</u></b>	
02740	crown – porcelain/ceramic substrate	\$375.00
02750	crown – porcelain fused to high noble metal	\$375.00
02751	crown – porcelain fused to predominantly base metal	\$350.00
02752	crown – porcelain fused to noble metal	\$350.00
02790	crown – fused to cast high noble metal	\$340.00
<b><u>02900</u></b>	<b><u>OTHER RESTORATIVE SERVICES</u></b>	
02920	recrement crown	\$ 30.00
02930	prefabricated stainless steel crown – primary tooth	\$ 75.00
02940	sedative filling (to relieve pain)	\$ 35.00
02950	core buildup, including any pins	\$ 90.00
02951	pin retention – per tooth, in addition to restoration	\$ 15.00
02952	cast post & core in addition to crown	\$125.00
02954	prefabricated post & core in addition to crown	\$125.00
02962	labial veneer (porcelain laminate) – laboratory	\$260.00
02970	temporary crown (fractured tooth)	\$ 75.00
<b><u>ENDODONTICS</u></b>		
<b><u>03100</u></b>	<b><u>Pulp Capping &amp; Therapy Procedures</u></b>	
03110	pulp cap – direct (excluding final restoration)	\$ 22.00
03120	pulp cap – indirect (excluding final restoration)	\$ 17.00
03220	therapeutic pulpotomy (excluding final restoration)	\$ 75.00
03310	anterior endodontic therapy (excluding final restoration)	\$ 270.00
03320	bicuspid endodontic therapy (excluding final restoration)	\$ 300.00
03330	molar endodontic therapy (excluding final restoration)	\$ 375.00
<b><u>PERIODONTICS</u></b>	<b><u>\$2,500.00 LIFETIME LIMIT AS PER SCHEDULE</u></b>	
<b><u>CODE</u></b>	<b><u>PROCEDURE</u></b>	<b><u>ALLOWANCE</u></b>
<b><u>04200</u></b>	<b><u>Surgical Services</u></b>	
04211	gingivectomy or gingivoplasty – per tooth	\$ 100.00
04249	clinical crown lengthening – hard tissue	\$150.00
04260	osseous surgery (including flap entry/closure) per quad	\$400.00
04263	bone replacement graft – first site quadrant	\$225.00

**PERIODONTICS** (continued)

<b><u>CODE</u></b>	<b><u>PROCEDURE</u></b>	<b><u>ALLOWANCE</u></b>
<b><u>04300</u></b>	<b><u>Adjunctive Periodontal Services</u></b>	
04341	periodontal scaling and root planing – per quadrant	\$ 75.00
04355	full mouth debridement to enable evaluation & diagnosis	\$ 70.00
04381	localized delivery of chemotherapeutic agents	\$ 60.00
<b><u>04900</u></b>	<b><u>Other Periodontal Services</u></b>	
04910	periodontal maintenance (active therapy)	\$120.00

**PROSTHODONTICS (REMOVABLE)**

<b><u>05100</u></b>	<b><u>Complete Dentures (including Routine Post – Delivery Care)</u></b>	
05110-20	complete denture - maxillary or mandibular	\$350.00
05130-40	immediate denture – maxillary or mandibular	\$375.00
<b><u>05200</u></b>	<b><u>Partial Dentures (including Routine Post – Delivery Care)</u></b>	
05213	maxillary partial denture – cast metal frame	\$275.00
05214	mandibular partial denture – cast metal framework	\$275.00
<b><u>05600</u></b>	<b><u>Repairs to Partial Dentures</u></b>	
05610	repair resin denture base	\$ 40.00
05640	replace broken teeth – per tooth	\$ 40.00
05650	add tooth to existing partial denture	\$ 75.00

**PROSTHODONTICS (FIXED PARTIAL DENTURE)**

<b><u>06200</u></b>	<b><u>Fixed Partial Denture</u></b>	
06240	pontic – porcelain fused to high noble metal	\$300.00
<b><u>06700</u></b>	<b><u>Fixed partial Denture Retainers – Crowns</u></b>	
06750	crown – porcelain fused to high noble metal	\$375.00
06751	crown – porcelain fused to predominantly base metal	\$340.00
06752	crown – porcelain fused to noble metal	\$340.00
06790	crown – full cast high noble metal	\$325.00
06930	recement fixed partial denture	\$ 50.00

<u>CODE</u>	<u>PROCEDURE</u>	<u>ALLOWANCE</u>
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**ORAL & MAXILLOFACIAL SURGERY**

**07100-200-300 Extractions (including Local Anesthesia, Suturing & Routine Care)**

07110	single tooth extraction	\$ 45.00
07120	each additional tooth extracted	\$ 45.00
07130	root removal – exposed roots	\$ 40.00
07210	surgical removal of erupted tooth	\$ 85.00
07220	removal of impacted tooth – soft tissue	\$ 90.00
07230	removal of impacted tooth – partial bony	\$ 115.00
07240	removal of impacted tooth – completely bony	\$ 125.00
07250	surgical removal of residual tooth roots (cutting procedure)	\$ 80.00
07310	alveoplasty in conjunction with extractions – per quad.	\$ 100.00
07510	incision and drainage of abscess – intraoral soft tissue	\$ 40.00

**ORTHODONTICS**

**LIFETIME LIMIT IS \$1000.00**

**(for appliances inserted on or after 7/1/17)**

THE SBF ALLOWS THE MAXIMUM LIFETIME BENEFIT OF  
**\$1000.00** PER PERSON FOR AN ORTHODONTIC APPLIANCE OR  
 PROCEDURE AS PER THE SBF SCHEDULE.

CALL THE SBF AT (716) **881-5462** FOR DETAILS

**ADJUSTED GENERAL SERVICES**

**09100**      **Unclassified Treatment**

09110	palliative (emergency) treatment of dental pain minor procedure	\$ 35.00
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**09200**      **Anesthesia**

09220	general anesthesia – first 30 minutes	\$ 75.00
09230	analgesia (including nitrous oxide)	\$ 38.00
09241	intravenous sedation	\$ 125.00

**09300**      **Professional Consultation**

09310	consultation – (diagnostic service provided by dentist)	\$ 35.00
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**09400**      **Professional Visits**

09440	office visits – after regular hours	\$ 10.00
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**09900**      **Miscellaneous Services**

09910	application of desensitizing medicament	\$ 15.00
09940	occlusal guard/ bruxism appliance	\$ 150.00
09951	occlusal adjustment – limited	\$ 50.00
09970	enamel micro abrasion	\$ 10.00