



CARPENTERS BENEFIT FUNDS OF PHILADELPHIA

— WORK BENEFITS ALL —

Philadelphia Carpenters' Health & Welfare Fund Schedule of Allowances

Plan Year: May 1 through April 30

Annual Family Maximum: \$2,000 (*Children 18 & Under do not count against the allowance*)

Electronic Payor ID: CX101

Fund's Mailing Address: 1811 Spring Garden St.
Philadelphia, PA 19130

****For Eligibility, Remaining Allowance, or Frequency Limitations please call (215) 568-0430****

CODE	DESCRIPTION	PAPER ALLOWANCE	ELECTRONIC ALLOWANCE	FREQUENCY (MONTHS)	ATTACHMENTS: SEE KEY BELOW	COMMENTS
120	PERIODIC ORAL EVALUATION	\$22.00	\$22.00	6		
140	LIMITED PROBLEM FOCUS	\$25.00	\$25.00	6		
150	COMPREHENSIVE ORAL EVALUATION	\$38.00	\$38.00	24		
180	PERIO EXAM	\$55.00	\$55.00	24		
210	RADIOGRAPHS, COMPLETE SERVICE	\$60.00	\$70.00	36		
220	RADIOGRAPHS, 1ST PERIAPICAL	\$11.00	\$13.00	UNLIMITED		
230	RADIOGRAPHS, 2ND PERIAPICAL	\$6.00	\$8.00	UNLIMITED		
240	RADIOGRAPHS, OCCLUSAL FILM	\$18.00	\$20.00	6		
270	RADIOGRAPHS, 1 BITEWING	\$10.00	\$12.00	6		
272	RADIOGRAPHS, 2 BITEWINGS	\$18.00	\$20.00	6		
273	RADIOGRAPHS, 3 BITEWINGS	\$22.00	\$24.00	6		
274	RADIOGRAPHS, 4 BITEWINGS	\$29.00	\$30.00	6		
277	RADIOGRAPHS, 7 BITEWINGS	\$45.00	\$47.00	6		
330	RADIOGRAPHS, PANORAMIC FILM	\$55.00	\$57.00	12		
460	PULP VITALITY TEST	\$15.00	\$15.00	12		
1110	PROPHYLAXIS, ADULT	\$45.00	\$52.00	6		
1120	PROPHYLAXIS, CHILD	\$30.00	\$35.00	6		
1206	TOPICAL APPLICATION OF FLUORIDE VARNISH	\$15.00	\$15.00	6		AGE 15 & UNDER

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1208	TOPICAL APPLICATION OF FLUORIDE	\$15.00	\$15.00	6				AGE 15 & UNDER
1351	PIT & FISSURE SEALANTS CHILDREN	\$20.00	\$20.00	36				AGE 15 & UNDER
1510	SPACE MAINTAINER, FIXED UNILATERAL	\$150.00	\$170.00	LT.				
1515	SPACE MAINTAINER, FIXED BILATERAL	\$220.00	\$240.00	LT.				
1550	SPACE MAINTAINER RECEMENT	\$20.00	\$25.00	12				
2140	AMALGAM, 1 SURFACE	\$55.00	\$55.00	12				
2150	AMALGAM, 2 SURFACE	\$65.00	\$65.00	12				
2160	AMALGAM, 3 OR MORE SURFACES	\$90.00	\$90.00	12				
2330	COMPOSITE RESIN, 1 SURFACE	\$65.00	\$65.00	12				
2331	RESIN 2 SURFACES	\$85.00	\$85.00	12				
2332	RESIN 3 OR MORE SURFACES	\$95.00	\$95.00	12				
2335	RESIN 4 OR MORE SURFACES	\$105.00	\$105.00	12				
2391	RESIN BASED COMPOSITE, 1 SURFACE	\$65.00	\$65.00	12				
2392	RESIN BASED COMPOSITE, 2 SURFACES	\$85.00	\$85.00	12				
2393	RESIN BASED COMPOSITE, 3 SURFACES	\$95.00	\$95.00	12				
2394	RESIN BASED COMPOSITE, 4 SURFACES	\$105.00	\$105.00	12				
2630	INLAY PORCELAIN/CERAMIC 3 OR MORE SURFACES	\$460.00	\$515.00	60	1			
2643	ONLAY PORCELAIN/CERAMIC 3 OR MORE SURFACES	\$500.00	\$555.00	60	1			
2720	CROWN-RESIN WITH HIGH NOBLE	\$500.00	\$555.00	60	1			
2721	CROWN-RESIN WITH PREDOMINATE	\$450.00	\$500.00	60	1			
2740	CROWN-PORCELAIN- CERAMIC	\$550.00	\$630.00	60	1			
2750	CROWN-PORCELAIN TO HIGH NOBLE	\$560.00	\$635.00	60	1			
2751	CROWN-PORCELAIN TO PREDOMINATELY BASE METAL	\$540.00	\$605.00	60	1			
2752	CROWN-PORCELAIN TO NOBLE	\$560.00	\$635.00	60	1			
2790	CROWN- FULL CAST HIGH NOBLE	\$540.00	\$615.00	60	1			
2791	FULL CAST CROWN BASE METAL	\$500.00	\$575.00	60	1			
2792	CROWN- FULL CAST NOBLE METAL	\$540.00	\$615.00	60	1			
2910	RECEMENT INLAY	\$25.00	\$35.00	24				
2920	RECEMENT CROWN	\$32.00	\$42.00	24				
2930	STAINLESS STEEL CROWN- PRIMARY	\$100.00	\$110.00	60				
2931	STAINLESS STEEL CROWN- PERMANENT	\$100.00	\$110.00	60				
2940	SEDATIVE FILLING	\$35.00	\$35.00	12				
2950	CROWN BUILD UP, PIN RETAINED	\$110.00	\$120.00	24				

CODE	DESCRIPTION	PAPER ALLOWANCE	ELECTRONIC ALLOWANCE	FREQUENCY (MONTHS)	ATTACHMENTS: SEE KEY BELOW			COMMENTS
2951	PIN RETENTION (1 PER TOOTH)	\$18.00	\$28.00	12				
2952	CAST POST CORE	\$185.00	\$195.00	60				
2954	PREFAB STEEL POST CORE	\$135.00	\$145.00	60				
2970	PRE-FAB TEMPORARY CROWN	\$50.00	\$60.00	24				
2980	CROWN REPAIR	\$80.00	\$90.00	12				
3110	PULP CAP- DIRECT	\$22.00	\$22.00	24				
3120	PULP CAP- INDIRECT	\$22.00	\$22.00	24				
3220	THERAPUTIC PULPOTOMY	\$75.00	\$85.00	12	1			
3310	ROOT CANAL- ANTERIOR	\$325.00	\$350.00	LT.	1			
3320	ROOT CANAL BICUSPID	\$450.00	\$500.00	LT.	1			
3330	ROOT CANAL MOLAR	\$550.00	\$595.00	LT.	1			
3346	RETREAT ANTERIOR	BR.	BR.	BR.	1	2		
3347	RETREAT PREMOLAR	BR.	BR.	BR.	1	2		
3348	RETREAT MOLAR	BR.	BR.	BR.	1	2		
3351	APEXIFICATION - INITIAL VISIT	\$60.00	\$85.00	UNLIMITED	1			
3352	APEXIFICATION - ADDITIONAL VISIT	\$60.00	\$85.00	UNLIMITED	1			
3410	APICTOMY- ONE ROOT	\$310.00	\$350.00	LT.	1			
3421	APICTOMY- PREMOLAR	\$350.00	\$390.00	LT.	1			
3425	APICTOMY MOLAR	\$600.00	\$640.00	LT.	1			
3430	RETROGRADE FILLING- PER ROOT	\$60.00	\$85.00	UNLIMITED	1			
3920	HEMISECTION	\$275.00	\$325.00	LT.	1			
4210	GINGIVECTOMY OR GINGIVOPLASTY- QUADRANT	\$250.00	\$250.00	36	1	5		
4211	GINGIVECTOMY 1-3 TEETH	\$130.00	\$130.00	36	1	5		
4240	GINGIVAL FLAP PROCEDURE- QUADRANT	\$300.00	\$300.00	36	1	5		
4249	CROWN LENGTHENING	\$350.00	\$350.00	60	1			
4260	OSSEOUS SURGERY PER QUAD	BR.	BR.	BR.	1	5		
4261	OSSEOUS SURGERY 1-3 TEETH	BR.	BR.	BR.	1	5		
4263	BONE REPLACEMENT GRAFT FIRST SITE	BR.	BR.	BR.	1	5		
4266	GUIDED TISSUE REGENERATION	BR.	BR.	BR.	1	5		
4271	FREE SOFT TISSUE GRAFT PROCEDURE	BR.	BR.	BR.	5			
4273	SUBEPITHELIAL CT GRAFT	BR.	BR.	BR.	5			
4330	OCCLUSAL ADJ- LIMITED	\$40.00	\$40.00	12	2			
4341	PERIO SCALE & ROOT PLANE- QUAD	\$130.00	\$130.00	24	1	5		
4342	SCALING & ROOT PLANING 1-3 TEETH	\$85.00	\$85.00	24	1	5		

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4355	FM- DEBRIDEMENT TO ENABLE DIAG.	\$85.00	\$85.00	24				
4381	ACTISITE-CHEMOTHERAPEUTIC AGENT	\$40.00	\$40.00	24	5			
4910	PERIO MAINTENANCE	\$70.00	\$70.00	6				
5110	COMPLETE UPPER DENTURE	\$665.00	\$730.00	60	3	4		
5120	COMPLETE LOWER DENTURE	\$665.00	\$730.00	60	3	4		
5211	PARTIAL DENTURE, UPPER- ACRYLIC	\$350.00	\$405.00	60	3	4		
5212	PARTIAL DENTURE, LOWER- ACRYLIC	\$350.00	\$405.00	60	3	4		
5213	UPPER PARITAL- PREDOMINATELY CAST	\$575.00	\$660.00	60	3	4		
5214	LOWER PARITAL- PREDOMINATELY CAST	\$575.00	\$660.00	60	3	4		
5281	UPPER REMOVABLE UNILATERAL	\$185.00	\$225.00	60	3	4		
5410	ADJUST COMPLETE DENTURE- UPPER	\$20.00	\$25.00	6				
5411	ADJUST COMPLETE DENTURE- LOWER	\$20.00	\$25.00	6				
5421	ADJUST PARTIAL UPPER	\$20.00	\$25.00	6				
5422	ADJUST PARTIAL LOWER	\$20.00	\$25.00	6				
5510	REPAIR BROKEN COMPLETE DENTURE	\$70.00	\$85.00	12				
5520	REPLACE MISSING OR BROKEN TEETH COMPLETE DENTURE	\$65.00	\$80.00	12				
5610	REPAIR RESIN DENTURE BASE	\$65.00	\$80.00	12				
5620	REPAIR CAST FRAMEWORK	BR.	BR.	BR.				
5630	REPAIR OR REPLACE BROKEN CLASP	\$70.00	\$95.00	12				
5640	REPLACE TOOTH- NO OTHER REPAIR	\$60.00	\$85.00	12				
5643	EACH ADD TOOTH	\$30.00	\$40.00	12				
5650	ADD TOOTH OR PART	\$75.00	\$85.00	12				
5660	ADD CLASP TO PARTIAL	\$85.00	\$115.00	12				
5710	REBASE COMPLETE UPPER DENTURE	\$220.00	\$260.00	24				
5711	REBASE COMPLETE LOWER DENTURE	\$220.00	\$260.00	24				
5720	REBASE UPPER PARITAL DENTURE	\$200.00	\$240.00	24				
5721	REBASE LOWER PARITAL DENTURE	\$200.00	\$240.00	24				
5730	OFFICE RELINE COMPLETE UPPER	\$110.00	\$135.00	12				
5731	OFFICE RELINE COMPLETE LOWER	\$110.00	\$135.00	12				
5740	OFFICE RELINE PARTIAL UPPER	\$90.00	\$115.00	12				
5741	OFFICE RELINE PARTIAL LOWER	\$90.00	\$115.00	12				
5750	LAB RELINE COMPLETE UPPER	\$142.00	\$190.00	12				
5751	LAB RELINE COMPLETE LOWER	\$142.00	\$190.00	12				
5760	LAB RELINE PARTIAL UPPER	\$150.00	\$200.00	12				

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5761	LAB RELINE PARTIAL LOWER	\$150.00	\$200.00	12				
6010	IMPLANT	\$1,325.00	\$1,325.00	LT	1			
6065	SINGLE RESTORATION IMPLANT TOOTH	\$560.00	\$660.00	60	1			
6210	PONTIC- CAST HIGH NOBLE METAL	\$500.00	\$595.00	60	1			
6240	PONTIC- PORCELAIN TO HIGH NOBLE METAL	\$550.00	\$635.00	60	1			
6241	PONTIC- PORCELAIN TO BASE METAL	\$500.00	\$605.00	60	1			
6242	PONTIC- PORCELAIN TO NOBLE METAL	\$550.00	\$635.00	60	1			
6545	MARYLAND BRIDGE WING	\$200.00	\$225.00	60	1			
6720	CROWN- RESIN WITH HIGH NOBLE METAL	\$560.00	\$635.00	60	1			
6750	CROWN- PORCELAIN TO HIGH NOBLE METAL	\$560.00	\$635.00	60	1			
6751	CROWN- PORCELAIN TO BASE METAL	\$500.00	\$605.00	60	1			
6752	CROWN- PORCELAIN TO NOBLE METAL	\$560.00	\$635.00	60	1			
6790	CROWN- FULL CAST HIGH NOBLE METAL	\$560.00	\$635.00	60	1			
6791	CROWN- FULL CAST BASE METAL	\$560.00	\$635.00	60	1			
6792	CROWN- FULL CAST NOBLE METAL	\$560.00	\$635.00	60	1			
6930	RECEMENT BRIDGE	\$45.00	\$55.00	24				
6980	BRIDGE REPAIR	BR.	BR.	BR.				
7140	EXTRACTION- SINGLE	\$100.00	\$100.00	LT.				
7210	SURGICAL EXTRACTION- ERUPTION	\$115.00	\$125.00	LT.	1			
7220	REMOVAL OF SOFT TISSUE IMPACTION	\$125.00	\$135.00	LT.	1	4		
7230	REMOVAL OF IMPACTED TOOTH PARTIALLY BONY	PAID UNDER MEDICAL THROUGH INDEPENDENCE ADMINISTRATORS						
7240	FULL BONY IMPACTED WISDOM TOOTH	PAID UNDER MEDICAL THROUGH INDEPENDENCE ADMINISTRATORS						
7241	FULL BONY IMPACTED WISDOM TOOTH, UNUSUAL SURGICAL	PAID UNDER MEDICAL THROUGH INDEPENDENCE ADMINISTRATORS						
7250	ROOT REMOVAL- EXPOSED ROOT	\$75.00	\$125.00	LT.	1			
7280	SURGICAL ACCESS OF AN UNERUPTED TOOTH	BR.	BR.	BR.				
7283	PLACEMENT OF DEVICE TO FACILITATE ERUPTION	BR.	BR.	BR.				
7286	BIOPSY OF ORAL TISSUE	BR.	BR.	BR.				
7310	ALVEOLOPLASTY IN CONJUNCTION WITH EXTRACTIONS	\$100.00	\$130.00	LT.	1	3	4	
7320	ALVEOLOPLASTY NOT IN CONJUNCTION WITH EXTRACTIONS	\$120.00	\$150.00	LT.	1	3	4	
7510	INCISION AND DRAINAGE	\$175.00	\$200.00	UNLIMITED	2			
7520	INCISION AND DRAINAGE	\$275.00	\$300.00	UNLIMITED	2			
7960	FRENECTOMY OR FRENOTOMY	\$175.00	\$200.00	LT.				
7970	EXCISION HYPERPLASTIC TISSUE	BR.	BR.	BR.				
9110	PALLIATIVE TREATMENT	\$40.00	\$40.00	6				

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9223	GENERAL ANESTHESIA FIRST 30 MINUTES	\$200.00	\$200.00	UNLIMITED				
9223	GENERAL ANESTHESIA ADDITIONAL 15 MINUTES	\$50.00	\$50.00	UNLIMITED				MAX 2 UNITS
9230	NITROUS OXIDE	\$40.00	\$65.00	UNLIMITED				AGE 10 & UNDER
9310	CONSULTATION	\$25.00	\$25.00	6				
9940	BRUXISM APPLIANCE	\$295.00	\$295.00	60	6			

FREQUENCY KEY:

“BR”: This code must be reviewed and approved by the Fund’s Dental Consultant prior to pricing or payment

“LT”: This code is paid once in a lifetime

NECESSARY ATTACHMENTS:

1: X-RAYS	2: NARRATIVE	3: FULL MOUTH SERIES
4: PANORAMIC FILM	5: CHARTING	6: DIAGNOSIS

ORTHODONTIC BENEFITS:

\$3,200 Lifetime Allowance per Patient (*separate* from the Family Annual Max of \$2,000)

Initial Claim requires a Treatment Plan: Length of Treatment, Total Cost, and Diagnosis

Payments: can be made to the Patient or to the Provider. If Payments are made to the provider, the payments are made over eighteen (18) months in the following increments:

Initial Payment: \$650

Each Additional Month: \$150