

Savon Dental Plan [®]

America's Dental Plan [™]

Fee Schedule Update Survey

Savon Dental Plan has started the process of adjusting the fees that you will be charging Savon members for the remainder of 2016 and into the Spring of 2018. We do not anticipate another survey going out to our providers until November of 2017. Your input is very important to us and it is the catalyst of the new fee schedule.

All providers across the state are sent this survey. We are asking for **your usual fee for service prices** for all procedures that you perform.

There are 5 pages attached to this survey. Please fill out them out and return them to us by ***August 15, 2016***.

Please fill in fees **ONLY for procedures that you perform.**

If at all possible, **please subtract out your Lab Fees and Metal Charges for Crowns, Bridges, Dentures, etc. and show those fees to the left of your usual fee.** This will help us make sure that we have an accurate picture of the lab fees and metal charges in your area.

It is our goal to have your new fee schedule in place no later than November 1st.

Please do not delay in returning this survey. It is your opportunity to help us determine a fee that is fair to you and our members, (your patients).

Surveys may be returned by mail or fax.

Savon Dental Plan
PO Box 54277 Phoenix, AZ 85078-4277
Fax: 602.589.0417

You may also download a schedule update form at www.SavonDentalPlan.com and click on the Provider Center link. After downloading, save the file to your desktop, complete it and email to us at ProviderServices@SavonDentalPlan.com.

Thank you in advance for your prompt response.

Savon Dental Plan

SAVON DENTAL PLAN

Name of dental Office: _____

Schedule of Fees And Benefits Update Request

DIAGNOSTIC 2016 Usual Fee

0110	Bio-Hazard Disposal Fee.....	\$
0120	Periodic Oral Evaluation (Recall Exams Only).....	\$
0140	Limited Oral Exam (Emerg. Exam - Problem Focused) (During Regular Office Hours).....	\$
0150	Comprehensive Oral Evaluation (new or established patient)	\$
0180	Comprehensive Perio Evaluation (Includes perio probing and charting)	\$

RADIOGRAPHS

0210	X-Rays - Complete Series (If not panoramic equipped)	\$
0220	Intraoral periapical - single, first film	\$
0230	Intraoral periapical - each additional film	\$
0240	Intraoral - occlusal film	\$
0272	Bitewings - two films	\$
0274	Bitewings - four films.....	\$
0330	Panoramic.....	\$
0351	** 3D Photographic Image.....	\$

OTHER

0416	Viral Culture (a test to identify viral organisms)	\$
0460	Pulp Vitality Test	\$
0470	Diagnostic Casts (study models).....	\$

PREVENTIVE (Dental Cleaning, includes minor scaling and polishing)

1110	Adult Prophylaxis.....	\$
1120	Child Prophylaxis (without fluoride)	\$

Fees are for regular cleanings. The first cleaning may be charged as a difficult cleaning (Savon Specific Codes) or under the Periodontic section.

FLUORIDE TREATMENTS

1206	Topical Application of Fluoride varnish	\$
1208	Topical Application of Fluoride	\$

OTHER PREVENTIVE SERVICES

1330	Oral hygiene instruction	\$
1351	Sealants, per tooth	\$

SPACE MAINTAINERS (To include adjustments)

1510	Fixed - unilateral type.....	\$
1515	Fixed - bilateral type.....	\$
1520	Removable-unilateral type	\$
1525	Removable-bilateral type	\$

RESTORATIVE

Amalgam Restoratives (primary or permanent teeth)

2140	Amalgam - one surface.....	\$
2150	Amalgam - two surfaces.....	\$
2160	Amalgam - three surfaces.....	\$
2161	Amalgam - four or more surfaces.....	\$

**** NEW CDT CODES**

Resin based composite or Other Esthetic Restorations

Resin Fillings (white fillings) 2016 Usual Fee

2330	One surface-anterior (includes class III restorations)	\$
2331	Two Surfaces-anterior	\$
2332	Three Surfaces-anterior	\$
2335	Four or more surfaces or involving incisal angle - anterior	\$
2391	One surface-posterior	\$
2392	Two surface-posterior.....	\$
2393	Three surface-posterior.....	\$
2394	Four or more surface - posterior.....	\$

Inlays and Onlays

	Lab & Metal fee	2016 Usual fee
2510	Inlay Metallic - 1 surface	\$
2520	Inlay Metallic - 2 surface	\$
2530	Inlay Metallic - 3 surface	\$
2542	Onlay Metallic - 2 surface.....	\$
2543	Onlay Metallic - 3 surface.....	\$
2544	Onlay Metallic - 4 + surfaces.....	\$

CROWNS

	Lab & Metal fee	2016 Usual fee
2740	Porcelain/Ceramic (Procera, Empress, Cerec, Etc)	\$
2750	Porcelain fused to high noble	\$
2751	Porcelain fused to base metal	\$
2752	Porcelain fused noble	\$
2780	Crown / 3/4 cast high noble.....	\$
2790	Crown / full cast high noble	\$
2792	Crown / full cast noble	\$
2794	Crown / Titanium	\$

2016 Usual Fee

2910	Re-cement Inlays, Onlays or partial coverage restoration	\$
2915	Re-cement cast or prefabricated post and core.....	\$
2920	Re-cement Crowns	\$
2930	Prefabricated stainless steel crown primary tooth	\$
2931	Prefabricated stainless steel crown permanent tooth.....	\$
2932	Prefabricated resin crown.....	\$
2934	Prefabricated esthetic coated stainless steel crown (primary tooth).....	\$
2940	Protective restoration.....	\$
2950	Core build-up including any pins (when required)	\$
2951	Pin retention - per tooth, in addition to restoration.....	\$
2952	Post and core in addition to crown- indirectly fabricated	\$
2954	Prefabricated post and core in addition to crown.....	\$

VENEERS (LAMINATES - per tooth)

	Lab & Metal fee	2016 Usual fee
2960	Labial Veneer (resin Laminate) (performed chairside)	\$
2961	Labial Veneer (resin) (lab)	\$
2962	Labial Veneer (porcelain)(lab).....	\$

ENDODONTICS (Root Canals) 2016 Usual Fee

- 3110 Pulp cap - direct (exposed pulp excluding final restoration), per tooth \$
- 3120 Pulp cap - indirect (nearly exposed pulp, excluding final restoration) per tooth \$

Pulpotomy (3221 is not used when RCT is performed on the same day)

- 3220 Therapeutic Pulpotomy \$
- 3221 Pulpal Debridement (primary or permanent)..... \$

Root Canal Therapy (includes treatment, procedures, and follow up care)

- 3310 Anterior..... \$
- 3320 Bicuspid..... \$
- 3330 Molar..... \$

Root canal fees DO NOT include final restoration (post, build up, crowns)

Periapical Services

(Includes treatment plan, clinical procedures and follow-up care)

- 3410 Apicoectomy/Periradicular Surgery-Anterior \$
- 3426 Apicoectomy/Periradicular Surgery (each additional root)..... \$
- 3430 Retrograde filling - per tooth (in addition to the apicoectomy, if separate charge is made)..... \$

Other Endodontic Procedures

- 3920 Hemisection (or other root re-section, not including root canal therapy)..... \$

NOTE: The above services do not include the root canal root canal fees are listed above.

PERIODONTICS 2016 Usual Fee

Surgical Services (including usual postoperative services)

- 4210 Gingivectomy or gingivoplasty - (4+Teeth) (per quad) \$
- 4211 Gingivectomy or gingivoplasty (1-3 Teeth) (per quad)..... \$
- 4240 Gingival flap procedure (including root planning) (4+Teeth) (per quad) \$
- 4245 Apically positioned flap procedure (per quad)..... \$
- 4249 Clinical Crown Lengthening (hard tissue) . \$
- 4260 Osseous surgery (4+Teeth) (per quad) (including flap entry and closure) \$
- 4263 Bone replacement graft- First site in quadrant (does not include flap entry, closure and biologic materials) ... \$
- 4264 Bone replacement graft - Each additional site in quadrant (does not include flap entry, closure and biologic materials) \$
- 4270 Pedicle soft tissue graft procedure..... \$
- 4277 Free soft tissue graft procedure (including donor site surgery - first tooth or edentulous tooth position in graft)..... \$

Adjunctive Periodontal Services

- 4341 Perio Scaling and Root Planning - (4+Teeth) (per quad) \$
- 4342 Perio Scaling and Root Planning - (1-3 Teeth) (per quad)..... \$
- 4355 Full Mouth Debridement..... \$
- 4910 Periodontal maintenance \$
- 4921 Gingival irrigation (per quad)..... \$

PROSTHODONTICS

(Removable, Complete Dentures including routine post-delivery care)

Complete Dentures *(This fee is for Medium Grade Acrylic Liner and Medium Grade IPN or similar teeth. If member wants to upgrade an additional fee may be charged.)*

	Lab fee	2016 Usual fee
5110 Complete Denture (Maxillary).....	\$	\$
5120 Complete Denture (Mandibular)	\$	\$

Immediate Denture (these fees DO NOT include any extractions)

5130 Denture (Maxillary)	\$	\$
5140 Denture (Mandibular)	\$	\$

Partial Dentures (Including routine post-delivery care)

Resin Base *(includes acrylic resin base denture with resin or wrought wire clasps or conventional clasps, rests & teeth)*

5211 Partial Denture (Maxillary)	\$	\$
5212 Partial Denture (Mandibular).....	\$	\$

Cast Chrome Base *with acrylic saddles (including any conventional clasps, rests and teeth)*

5213 Partial Denture (Maxillary).....	\$	\$
5214 Partial Denture (Mandibular).....	\$	\$

Immediate partial denture - Resin Base

(including any conventional clasps, rests and teeth)

5221** Immediate maxillary partial denture	\$	\$
5222** Immediate mandibular partial denture....	\$	\$

Immediate partial denture - Cast Metal framework with resin denture bases

5223** Immediate maxillary partial denture	\$	\$
5224** Immediate mandibular partial denture....	\$	\$

FLEXIBLE BASE (includes any clasps, rests & teeth)

5225 Partial Denture (Maxillary).....	\$	\$
5226 Partial Denture (Mandibular).....	\$	\$

Adjustments to Dentures or Partials

2016 Usual Fee

5410 Complete Denture (Maxillary).....	\$	
5411 Complete Denture (Mandibular)	\$	
5421 Partial Denture (Maxillary).....	\$	
5422 Partial Denture (Mandibular).....	\$	

Repairs to Complete or Partial Dentures

	Lab fee	2016 Usual fee
5510 Repair broken denture base (complete)	\$	\$
5520 Replace missing or broken teeth (Complete denture each tooth).....	\$	\$
5610 Repair resin denture base (partial)	\$	\$
5630 Repair or replace broken clasp (partial denture)	\$	\$
5640 Replace broken teeth (per tooth) (partial denture)	\$	\$
5650 Add tooth to existing (per tooth) (partial denture)	\$	\$
5660 Add clasp to existing partial denture.....	\$	\$

**** NEW CDT CODES**

Denture Rebase Procedure		Lab fee	2016 Usual fee
<i>(process of refitting a denture by replacing the base material)</i>			
5710	Complete Denture (Maxillary).....	\$	\$
5711	Complete Denture (Mandibular)	\$	\$
5720	Partial Denture (Maxillary).....	\$	\$
5721	Partial Denture (Mandibular).....	\$	\$

Denture Relining
(Process of resurfacing the tissue side of a denture with newbase material)

Chairside Relines		2016 Usual Fee
5730	Complete denture (Maxillary).....	\$
5731	Complete denture (Mandibular)	\$
5740	Partial denture (Maxillary).....	\$
5741	Partial denture (Mandibular)	\$

Laboratory Relines		Lab fee	2016 Usual fee
5750	Complete denture (Maxillary).....	\$	\$
5751	Complete denture (Mandibular)	\$	\$
5760	Partial denture (Maxillary).....	\$	\$
5761	Partial denture (Mandibular)	\$	\$

Interim Prosthesis		2016 Usual Fee
5810	Complete denture (Maxillary).....	\$
5811	Complete denture (Mandibular)	\$
5820	Partial denture(Maxillary).....	\$
5821	Paritial denture(Mandibular)	\$

Other Prosthetic Services

Tissue conditioning - *(per applications of the treatment material)*

5850	Maxillary	\$
5851	Mandibular	\$

Overdentures		Lab fee	2016 Usual fee
5863	Complete Maxillary.....	\$	\$
5864	Partial Maxillary.....	\$	\$
5865	Complete mandibular	\$	\$
5866	Partial mandibular	\$	\$

PROSTHODONTICS (Bridges and Implants)

Implant Services		2016 Usual Fee
6010	Surgical placement of implant body: endosteal implant.....	\$
6011	Second stage implant surgery (surgical access to an implant body for placement of a healing cap or to enable placement of an abutment).....	\$
6013	Surgical placement of mini implant .	\$
6052	Semi-precision attachment abutment (includes placement of keeper assembly).....	\$
6065	Implant Supported Porcelain/Ceramic crown (Procera, Empress, Cerec, etc.).....	\$
6066	Implant supported porcelain fused to high noble crown (titanium, titanium alloy, high noble metal).....	\$
6067	Implant supported metal crown high noble (titanium, titanium alloy, high noble metal).....	\$

Fixed Bridges
(Each abutment and each pontic constitutes a unit in a bridge)

Bridge Pontics:		Lab fee	2016 Usual fee
6210	Pontic-Cast high noble	\$	\$
6211	Pontic-Cast non-precious metal.....	\$	\$
6212	Pontic-Cast noble	\$	\$
6214	Pontic -Titanium.....	\$	\$
6240	Pontic-Porcelain fused high noble	\$	\$
6241	Pontic-Porcelain fused to base metal.....	\$	\$
6242	Pontic-Porcelain fused noble	\$	\$
6245	Pontic-Porcelain/Ceramic (Procera, Empress, Cerec, etc.)	\$	\$

Bridge Abutments *(crowns connected to the sides of the Pontics):*

6545	Cast metal retainer for bonded fixed prosthesis.....	\$	\$
6740	Crown-Porcelain/Ceramic (Procera, Empress, Cerec, etc.)	\$	\$
6750	Crown-Porcelain fused to high noble.....	\$	\$
6751	Crown-Porcelain fused to base metal.....	\$	\$
6752	Crown-Porcelain fused noble	\$	\$
6780	Crown-High noble (3/4 cast)	\$	\$
6790	Crown-High noble (full cast)	\$	\$
6791	Crown-Non-Precious (full cast).....	\$	\$
6792	Crown-Noble (full cast).....	\$	\$
6794	Crown - Titanium	\$	\$

Other Prosthetic Services

6930	Re-cement or rebond fixed partial denture	\$
------	---	----

SIMPLE EXTRACTIONS

		2016 Usual Fee
7111	Coronal Remnants - Deciduous Tooth (removal of soft tissue retained coronal remnants).....	\$
7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)	\$

ORAL SURGERY
(Including local anesthesia and routine postoperative care for ALL procedures)

Surgical Extractions		2016 Usual Fee
7210	Surgical removal of erupted tooth (requiring removal of bone and/or section of tooth and including elevation of mucoperiosteal flap if indicated).....	\$
7220	Removal of impacted tooth (soft tissue)	\$
7230	Removal of impacted tooth (partly bony)	\$
7240	Removal of impacted tooth (completely bony)	\$
7241	Removal of impacted tooth (completely bony with unusual surg. complications).....	\$
7250	Surgical removal of residual tooth roots (cutting procedure).....	\$

Other Surgical Procedures		2016 Usual Fee
7260	Oroantral Fistula Closure	\$
7270	Tooth re-implantation and/or stabilization of accidentally evulsed or displaced tooth	\$
7280	Surgical access of an unerupted tooth	\$
7285	Biopsy of oral tissue hard (bone, tooth)	\$
7286	Biopsy of oral tissue soft (all others)	\$

Alveoloplasty (*Surgical preparation of ridge for dentures*)

7310	Per quadrant - in conjunction with extractions (4 or more teeth).....	\$
7311	Per quadrant - in conjunction with extractions (1 to 3 teeth).....	\$
7320	Per quadrant - not in conjunction with extractions (4 or more teeth).....	\$
7321	Per quadrant - not in conjunction with extractions (1 to 3 teeth).....	\$

Vestibuloplasty

7340	Vestibuloplasty - ridge extractions (Secondary epithelialization).....	\$
7350	Vestibuloplasty - ridge extension (Including soft tissue grafts, muscle reattachments, revision of soft tissue attachment, and management of hypertrophied and hyperplastic tissue)	\$

Surgical Excision of Intra-Osseous Lesions

7450	Removal of benign odontogenic cyst or tumor up to 1.25 cm.....	\$
7451	Removal of benign odontogenic cyst or tumor over 1.25 cm.....	\$
7460	Removal of benign nonodontogenic cyst or tumor up to 1.25 cm.....	\$
7461	Removal of benign nonodontogenic cyst or tumor over 1.25 cm.....	\$

Excision of Bone Tissue

7471	Removal of lateral exostosis (maxilla or mandible).....	\$
------	---	----

Surgical incision

7510	Incision and drainage of abscess - intraoral (soft tissue)	\$
7520	Incision and drainage of abscess extraoral (soft tissue).....	\$

Treatment of Fracture - Simple

7620	Maxilla - closed reduction, teeth immobilized (if present).....	\$
7640	Mandible - closed reduction, teeth immobilized (if present).....	\$

Other Surgical Procedures

7960	Frenulectomy - separate procedure not incidental to another procedure (frenectomy or frenotomy)	\$
7970	Excision of Hyperplastic tissue - per arch	\$
7971	Excision of pericoronal gingiva	\$

ORTHODONTICS (Braces) 2016 Usual Fee

Limited Orthodontic Treatment

8010	Limited orthodontic treatment of primary dentition	\$
8020	Limited orthodontic treatment of transitional dentition	\$
8030	Limited orthodontic treatment of adolescent dentition	\$
8040	Limited orthodontic treatment of adult dentition	\$

Interceptive Orthodontic Treatment

8050	Interceptive orthodontic treatment of primary dentition	\$
8060	Interceptive orthodontic treatment of transitional dentition	\$

Comprehensive Orthodontic Treatment

8070	Comprehensive orthodontic treatment of the transitional dentition.....	\$
8080	Comprehensive orthodontic treatment of the adolescent dentition	\$
8090	Comprehensive orthodontic treatment of the adult dentition.....	\$

Minor Treatment to Control Harmful Habits

8210	Removable appliance therapy	\$
8220	Fixed appliance therapy.....	\$

Other Orthodontic Services

8660	Pre-orthodontic treatment visit (initial exam including diagnostic aids and creation of records).....	\$
8670	Periodic Orthodontic treatment visit (as part of contract)	\$
8680	Orthodontic Retention (removal of appliances, construction and placement of retainer(s)	\$
8691	Repair of Orthodontic appliance (does not include bracket and standard fixed ortho appliances. It does include functional appliances and palatal expanders)	\$
8692	Replace of lost or broken retainer	\$
8693	Rebonding/cementing (fixed retainer).....	\$
8694	Repair of fixed retainers (includes reattachment)	\$
8999	Replace lost metal bands	\$
8999	Replace Lost or Broken Head Gear	\$
8999	Reline Appliance	\$

Temporomandibular Joint Dysfunction (TMJ) 2016 Usual Fee

TMJ Screening exam	\$
Diag. work-up & X-rays	\$
Tomographic Radiographs	\$
TMJ Treatment (includes oral appliance and five (5) adjustment visits. Treatment not to exceed five (5) months	
Night Orthotic (includes follow-up adjustment)	\$
Lost appliance	\$
Ultrasound therapy unilateral (each)	\$
Ultrasound therapy bilateral (each)	\$
Drug Injection therapy	\$
Splint Adjustment.....	\$

Savon Specific Codes (<i>NOT ADA CODES</i>)	2016 Usual Fee
14345 Difficult Cleaning (excessive buildup).....	\$
19901 Panoramic copy	\$
19902 Record copy.....	\$
19903 Palliative Treat (non emergency).....	\$

**** NEW CDT CODES**

Bleaching/Whitening	2016 Usual Fee
9972 External bleaching (per arch) Office procedure	\$
9973 External bleaching (per tooth) Office procedure	\$
9974 Internal bleaching (per tooth) Office procedure	\$
9985 External bleaching for home application (includes materials and fabrication of custom trays.).....	\$
9986 External bleaching refill	\$

ADJUNCTIVE GENERAL SERVICES	2016 Usual Fee
Unclassified Treatment	
9110 Palliative Treat (emergency) Treatment of dental pain minor procedure (during normal office hours)	\$
9440 Office Visit (after hrs).....	\$
9920 Behavior Mgmt (diff. child).....	\$
9986 Missed appointment (per 15 minutes of chairtime)	\$

Anesthesia	2016 Usual Fee
9215 Local Anesthesia (in conjunction with operative or surgical procedures)	\$
9223 Deep sedation/general anesthesia (each 15 minute increment).....	\$
9230 Nitrous Oxide / analgesia,anxiolysis (per 30 minutes)	\$
9243** Intravenous moderate (conscious) sedation/analgesia each 15 minute increment	\$
9248 Non-intravenous conscious sedation.....	\$

THIS IS A FEE SCHEDULE UPDATE SURVEY!

IT IS NOT A NEW FEE SCHEDULE

*Please complete this survey by August 15, 2016 and
Mail it to: Savon Dental Plan • PO Box 54277 • Phoenix, AZ 85078*

Or

Fax it to: Savon Dental Plan • 602-589-0417

Or

Deliver it to: Savon Dental Plan • 2737 W Greenway Rd Ste 8 • Phoenix, Arizona 85032