

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 2020 and into the fall of 2021. We do not anticipate another survey going out to our providers until September of 2021. 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 11/1/2019.**

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 in parentheses to the right 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 January 31, 2020.

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 by following the directions on the last page of this survey.

Thank you in advance for your prompt response.

Savon Dental Plan

Explanation of codes next to numbers in this survey

X = Please include JUST your lab fee to the right of your fee in ()
Do not include precious metal charges. You will add them in seperately

Z = Please remove any lab fees for these procedures. These are charged as Actual Lab Fees.

SAVON DENTAL PLAN

Schedule of Fees And Benefits Update Request

Name of dental Office: _____

| DIAGNOSTIC | Your 2019 Fee | Composite or Other Esthetic Restorations | Your 2019 Fee |
|---|----------------------|--|----------------------|
| 0110 Bio-Hazard Disposal Fee..... | | Composite Fillings (white fillings) | |
| 0120 Periodic Oral Evaluation | | 2330 One surface-anterior (includes | |
| 0140 Limited Oral Exam..... | | class III restorations) | |
| 0150 Comprehensive Oral Evaluation (new or | | 2331 Two Surfaces-anterior | |
| established patient) | | 2332 Three Surfaces-anterior | |
| 0180 Comprehensive Perio Evaluation | | 2335 Four or more surfaces or involving | |
| (Includes perio probing and charting) | | incisal angle - anterior | |
| | | 2391 One surface-posterior | |
| | | 2392 Two surface-posterior..... | |
| | | 2393 Three surface-posterior..... | |
| | | 2394 Four or more surface - posterior..... | |
| RADIOGRAPHS | | Inlays and Onlays | |
| 0210 X-Rays - Complete Series | | X 2510 Inlay Metallic - 1 surface | |
| (If not panoramic equipped)..... | | X 2520 Inlay Metallic - 2 surface | |
| 0220 Intraoral periapical - single, first film... | | X 2530 Inlay Metallic - 3 surface | |
| 0230 Intraoral periapical - additional film.... | | X 2542 Onlay Metallic - 2 surface..... | |
| 0240 Intraoral - occlusal film | | X 2543 Onlay Metallic - 3 surface..... | |
| 0272 Bitewings - two films | | X 2544 Onlay Metallic - 4 + surfaces..... | |
| 0274 Bitewings - four films..... | | | |
| 0330 Panoramic..... | | CROWNS | |
| 0351 3D Photographic Image..... | | X 2740 Porcelain/Ceramic | |
| | | (Procera, Empress, Cerec, etc) | |
| OTHER | | X 2750 Porcelain fused to high noble | |
| 0416 Viral Culture | | X 2751 Porcelain fused to base metal | |
| d0460 Pulp Vitality Test | | X 2752 Porcelain fused noble | |
| 0470 Diagnostic Casts (study models)..... | | X 2780 Crown / 3/4 cast high noble..... | |
| | | X 2790 Crown / full cast high noble | |
| PREVENTIVE (Dental Cleaning, includes minor scaling and polishing) | | X 2792 Crown / full cast noble | |
| 1110 Adult Prophylaxis..... | | X 2794 Crown / Titanium | |
| 1120 Child Prophylaxis (without fluoride) | | 2910 Re-cement Inlays, Onlays or partial | |
| (Fees are for regular cleanings. The first cleaning may be charged as a | | coverage restoration | |
| difficult cleaning (Savon Specific Codes) or under the Periodontics.) | | 2915 Re-cement cast or prefabricated post and core.... | |
| | | 2920 Re-cement Crowns | |
| FLUORIDE TREATMENTS | | 2930 Prefabricated stainless steel crown | |
| 1206 Topical Application of Fluoride Varnish | | primary tooth | |
| 1208 Topical Application of Fluoride | | 2931 Prefabricated stainless steel crown | |
| | | permanent tooth..... | |
| OTHER PREVENTIVE TREATMENTS | | 2932 Prefabricated resin crown..... | |
| 1330 Oral hygiene instruction | | 2934 Prefabricated esthetic coated stainless | |
| 1351 Sealants, per tooth | | steel crown (primary tooth) | |
| | | 2940 Protective restoration..... | |
| SPACE MAINTAINERS (To include adjustments) | | 2950 Core build-up including any pins | |
| 1510 Fixed - unilateral type..... | | 2951 Pin retention - per tooth, | |
| 1515 Fixed - bilateral type..... | | in addition to restoration..... | |
| 1520 Removable-unilateral type | | 2952 Post and core in addition | |
| 1525 Removable-bilateral type | | to crown- indirectly fabricated | |
| | | 2954 Prefabricated post and | |
| RESTORATIVE | | core in addition to crown..... | |
| Amalgam Restoratives (Silver fillings)(primary or permanent) | | VENEERS (LAMINATES - per tooth) | |
| 2140 Amalgam - one surface..... | | 2960 Labial Veneer (resin Laminate) | |
| 2150 Amalgam - two surfaces..... | | (performed chairside) | |
| 2160 Amalgam - three surfaces..... | | Z 2961 Labial Veneer (resin) (lab) | |
| 2161 Amalgam - four or more surfaces..... | | Z 2962 Labial Veneer (porcelain)(lab)..... | |

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ENDODONTICS (Root Canals)**Your 2019 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).....

PERIODONTICS**Surgical Services** (including usual postoperative services)

- 4210 Gingivectomy or gingivoplasty - (4 or more contiguous teeth or bound teeth spaces)(per quad)
- 4211 Gingivectomy or gingivoplasty (1 to 3 contiguous teeth or bound teeth spaces)(per quad)
- 4240 Gingival flap procedure (including root planning) (4 or more contiguous teeth or bound teeth spaces) (per quadrant)
- 4245 Apically positioned flap procedure (per quad).....
- 4249 Clinical Crown Lengthening (hard tissue)
- 4260 Osseous surgery (4 or more contiguous teeth or bound teeth spaces) (including flap entry and closure) (per quadrant).....
- 4263 Bone replacement graft- First site (including flap entry, closure and donor site)
- 4264 Bone replacement graft - Each additional (includes flap entry, closure and donor site)
- 4270 Pedicle soft tissue graft procedure.....
- 4277 Free soft tissue graft procedure (including donor site surgery).....

Adjunctive Periodontal Services**Your 2019 Fee**

- 4341 Perio Scaling and Root Planning - (per quad) (4 or more contiguous teeth or bound teeth spaces)
- 4342 Perio Scaling and Root Planning - (per quadrant) (1 to 3 contiguous teeth or boundteeth spaces)
- 4355 Full Mouth Debridement (to enable comprehensive evaluation and diagnosis)

Other Periodontal Procedures

- 4910 Periodontal maintenance (after completion of active periodontal treatment)
- 4921 Gingival irrigation (per quad).....

PROSTHODONTICS**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.)

- Z 5110 Complete Denture (Maxillary).....
- Z 5120 Complete Denture (Mandibular)

Immediate Denture (these fees DO NOT include any extractions)

(includes limited follow up care only; does not include required future rebasing/ relining procedure(s) or a complete new denture)

- Z 5130 Denture (Maxillary)
- Z 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)

- Z 5211 Partial Denture (Maxillary)
- Z 5212 Partial Denture (Mandibular).....

CAST CHROME BASE with acrylic saddles (including any conventional clasps, rests and teeth)

- Z 5213 Partial Denture (Maxillary)
- Z 5214 Partial Denture (Mandibular).....

Immediate partial denture - Resin Base

(including any conventional clasps, rests and teeth)

- Z 5221 Immediate maxillary partial denture ...
- Z 5222 Immediate mandibular partial denture... ..

Immediate partial denture - Cast Metal with resin denture bases

- Z 5223 Immediate maxillary partial denture
- Z 5224 Immediate mandibular partial denture

FLEXIBLE BASE (includes any clasps, rests & teeth)

- Z 5225 Partial Denture (Maxillary)
- Z 5226 Parital Denture (Mandibular).....

Adjustments to Dentures or Partial

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

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Repairs to Complete or Partial Dentures **Your 2019 Fee**

- Z 5511 Repair broken denture base (Maxillary)....
- Z 5512 Repair broken denture base (Mandibular)....
- Z 5520 Replace missing or broken teeth
(Complete denture each tooth).....
- Z 5611 Repair resin denture base (Maxillary).....
- Z 5612 Repair resin denture base (Mandibular) ...
- Z 5621 Repair cast partial framework (Maxillary)....
- Z 5622 Repair cast partial framework (Mandibular)....
- Z 5630 Repair or replace broken clasp(partial denture)....
- Z 5640 Replace broken teeth (per tooth)(partial denture)....
- Z 5650 Add tooth to existing partial denture (per tooth)....
- Z 5660 Add clasp to existing partial denture....

Denture Rebase*(process of refitting a denture by replacing the base material)*

- Z 5710 Complete Denture (Maxillary).....
- Z 5711 Complete Denture (Mandibular)
- Z 5720 Partial Denture (Maxillary).....
- Z 5721 Partial Denture (Mandibular).....

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

Chairside Relines

- 5730 Complete denture (Maxillary).....
- 5731 Complete denture (Mandibular)
- 5740 Partial denture (Maxillary).....
- 5741 Partial denture (Mandibular)

Laboratory Relines

- Z 5750 Complete denture (Maxillary).....
- Z 5751 Complete denture (Mandibular)
- Z 5760 Partial denture (Maxillary).....
- Z 5761 Partial denture (Mandibular)

Interim Prosthesis

- 5810 Complete denture (Maxillary).....
- 5811 Complete denture (Mandibular)
- 5820 Partial denture(Maxillary).....
- 5821 Partial denture(Mandibular)

Other Prosthetic Services

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

- 5850 Maxillary
- 5851 Mandibular

Overdentures

- Z 5863 Complete Maxillary.....
- Z 5864 Partial Maxillary.....
- Z 5865 Complete mandibular
- Z 5866 Partial mandibular

- a - First cleaning may be a difficult cleaning
- b - Plus Gold/Metal Charges
- c - Plus Lab Fee not to exceed \$150.00
- d - Plus Actual Lab Fee
- f - Plus Lab Fee not to exceed \$160.00 per tooth

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PROSTHODONTICS (Bridges and Implants) **Your 2019 Fee**

Implant Services

- 6010 Surgical placement of implant body
endosteal implant.....
- 6011 Second Stage implant surgery
- 6013 Surgical placement of mini implant
- 6052 Semi-precision attachment abutment
(includes placement of keeper assembly).....

Single Crowns- Implant Supported *(Does Not Include Implant)*

- Z 6065 Porcelain/Ceramic
(Procera, Empress, Cerec, etc)
- X 6066 Implant supported porcelain fused to high noble crown
(titanium, titanium alloy, high noble metal)....
- X 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:

- X 6210 Pontic-Cast high noble
- X 6211 Pontic-Cast non-precious metal.....
- X 6212 Pontic-Cast noble
- X 6214 Pontic -Titanium.....
- X 6240 Pontic-Porcelain fused high noble.....
- X 6241 Pontic-Porcelain fused to base metal..
- X 6242 Pontic-Porcelain fused noble.....
- Z 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.....
- Z 6740 Crown-Porcelain/Ceramic
(Procera, Empress, Cerec, etc)
- X 6750 Crown-Porcelain fused high noble
- X 6751 Crown-Porcelain fused to base metal.
- X 6752 Crown-Porcelain fused noble
- X 6780 Crown-High noble (3/4 cast).....
- X 6790 Crown-High noble (full cast)
- X 6791 Crown-Non-Precious (full cast).....
- X 6792 Crown-Noble (full cast).....
- X 6794 Crown - Titanium

Other Prosthetic Services

- 6930 Re-cement fixed partial denture

SIMPLE EXTRACTIONS

- 7111 Coronal Remnants - Deciduous Tooth (includes soft
tissue retained coronal remnants).....
- 7140 Extraction, erupted tooth or exposed root (elevation
and/or forceps removal)

ORAL SURGERY**Your 2019 Fee***(Including local anesthesia and routine postoperative care for ALL procedures)***Surgical Extractions**

- 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

- 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).....

Other Surgical Procedures(cont.)**Your 2019 Fee****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

NOTE: Surgical services not listed on this fee schedule may be considered on a by-report basis.**ORTHODONTICS** *(Braces)***Limited Orthodontic Treatment Of The:**

- 8010 Primary Dentition
- 8020 Transitional Dentition.....
- 8030 Adolescent Dentition
- 8040 Adult Dentition

Interceptive Orthodontic Treatment Of The:

- 8050 Primary Dentition
- 8060 Transitional Dentition

Comprehensive Orthodontic Treatment Of The:

- 8070 Transitional Dentition.....
- 8080 Adolescent Dentition.....
- 8090 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)...
- 8695 Removal of fixed orthodontic appliance (for reasons other than completion of treatment)...
- 8999 Replace lost metal bands
- 8999 Replace Lost or Broken Head Gear
- 8999 Reline Appliance

ALL SAVON orthodontic treatment prices are based on a 24 month treatment plan by a general dentist and include standard or usual treatment. Prolonged treatment may result in additional fees.

| ADJUNCTIVE GENERAL SERVICES | Your 2019 Fee | ANESTHESIA | Your 2019 Fee |
|---|----------------------|--|----------------------|
| Unclassified Treatment | | | |
| 9110 Palliative Treat (emergency) Treatment of dental pain minor procedure (during normal office hours) | | 9215 Local Anesthesia (in conjunction with operative or surgical procedures) | |
| 9440 Office Visit (after hrs) | | 9222 Deep sedation/general anesthesia (First 15 minutes) | |
| 9920 Behavior Mgmt (diff. child) | | 9223 Deep sedation/general anesthesia (each 15 minute increment) | |
| 9986 Missed appointment (per 15 minutes of chairtime).... | | 9230 Inhalation of Nitrous Oxide / analgesia, anxiolysis (per 30 minutes) | |
| TEMPOROMANDIBULAR JOINT DYSFUNCTION (TMJ) | | 9239 Intravenous moderate (conscious) sedation/analgesia first 15 minutes | |
| TMJ Screening exam | | 9243 Intravenous moderate (conscious) sedation/analgesia each 15 minute increment | |
| Diag. work-up & X-rays | | 9248 Non-intravenous conscious sedation.... | |
| Tomographic Radiographs | Lab Fee | | |
| 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..... | | | |
| | | BLEACHING/WHITENING | |
| | | 9972 External bleaching (per arch) | |
| | | 9973 External bleaching (per tooth) | |
| | | 9974 Internal bleaching (per tooth) | |
| | | 9985 External bleaching for home application (includes materials and fabrication of custom trays.).... | |
| | | 9986 External bleaching refill | |

General Information For Dental Centers

Please fax completed form to

***Savon Dental Plan
602-589-0417***

Or mail it to

***Savon Dental Plan
PO Box 54277 • Phoenix, AZ 85078***

You may also download a schedule update form at www.savondentalplan.com

Click on the provider Center then Provider Forms.

You can download it as an Excel Spreadsheet or a PDF file.

When you download the file save it to your desktop

Complete it and email to us at providerservices@savondentalplan.com.

This Is A Survey Only

This Is Not A New Fee Schedule