

Welcome to Savon Dental Plan

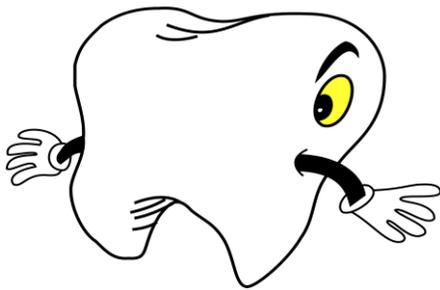
This survey has 2 other tabs at the bottom

An Instruction tab - Please read carefully

**Survey tab - Please fill out only procedures you
perform**

Please return this survey by June 1, 2021.

Thank you in advance for your prompt response.



Savon Dental Plan

**Savon Dental Plan
Fee Schedule
Update Survey
2021**

Savon Dental Plan

Annual Fee Adjustment Survey

Please download this file to your desktop. On the next tab (at the bottom) is our survey. Please fill out the survey filling in fees **ONLY** for procedures that you perform.

If at all possible, **please subtract out your Lab Fees for Crowns, Bridges, Dentures, etc. and show those fees in the column(s) 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
August 1, 2021

Once you have completed the survey, please email it to
providerservices@SavonDentalPlan.com

Please return this survey by June 1, 2021. It is your opportunity to help us determine a fee that is fair to you and our members, (your patients).

Thank you in advance for your prompt response.

Savon Dental Plan

Savon Dental Plan Fee Schedule Update Survey For 2021

Office Name	(Enter Your Office Name Here)	State:	Enter State Here
ADA Code	Description	Your Lab & Metal fee	Your 2021 Usual Fee
DIAGNOSTIC			
0110	Infection Control Fee		
0120	Periodic Oral Evaluation (Recall 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)		
1999	PPE Covid-19 Surcharge		
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)		
PREVENTATIVE			
<i>(Dental Cleaning, includes minor scaling and polishing)</i>			
1110	Adult Prophylaxis		
1120	Child Prophylaxis		
** Fees are for regular cleanings. Excessive buildup may require charges under the periodontal section			
FLUORIDE TREATMENTS			
1206	Topical Application of Fluoride varnish		
1208	Topical Application of Fluoride (Without Propy - Child)		
OTHER PREVENTIVE SERVICES			
1330	Oral hygiene instruction		
1351	Sealants, per tooth		
SPACE MAINTAINERS (To include adjustments)			
1510	Fixed - unilateral type		
1515	Fixed - (bilateral Maxillary)..		
1516	Fixed - - (bilateral Mandibular)		
1520	Removable-unilateral type		
1525	Removable-bilateral type		
1526	Removable - (bilateral Maxillary)		
1527	Removable - (bilateral Mandibular)		
RESTORATIVE			
Amalgam Restoratives (Silver fillings)			
2140	Amalgam - one surface, primary or permanent		
2150	Amalgam - two surfaces, primary or permanent		
2160	Amalgam - three surfaces, primary or permanent		
2161	Amalgam - four or more surfaces, primary or permanent		
Resin based Composite or Other Esthetic Restorations			
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		
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			
2740	Porcelain/Ceramic (Procera, Empress, Cerec etc.)		
2750	Porcelain fused to high noble		
2751	Porcelain fused to base metal		
2752	Porcelain fused noble		
2753	Porcelain fused to Titanium/Alloys		
2780	Crown / 3/4 cast high noble		
2790	Crown / full cast high noble		
2792	Crown / full cast noble		
2794	Crown - Titanium		
2910	Re-cement or rebond inlay, onlay, veneer or partial coverage restoration		
2915	Re-cement or rebond indirectly fabricated or prefabricated post and core		

ADA Code	Description	Your Lab & Metal fee	Your 2021 Usual Fee
2920	Re-cement or rebond Crown		
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	Temporary restorations (Sedative filling)		
2950	Core build-ups including any pins (when required)		
2951	Pin retention - per tooth, in addition to restoration		
2952	Cast post and core in addition to crown		
2954	Prefabricated post and core in addition to crown		
VENEERS (LAMINATES - per tooth)			
2960	Labial Veneer (resin Laminate) (performed chairside)		
2961	Labial Veneer (resin) (lab)		
2962	Labial Veneer (porcelain) (lab)		
ENDODONTICS (Root Canals)			
3110	Pulp cap - direct (exposed pulp excluding final restoration), per tooth		
3120	Pulp cap - indirect (nearly exposed pulp, excluding final restoration) per tooth		
Root Canal Therapy (3221 is not used when RCT is performed on the same day)			
3220	Therapeutic Pulpotomy		
3221	Pupal Debridement (primary or permanent)		
Root Canal Therapy (includes treatment plan, clinical procedures, and follow up care).			
3310	Anterior (excludes final restoration)		
3320	Bicuspid (excludes final restoration)		
3330	Molar (excludes final restoration)		
Periapical Services (Includes treatment plan, clinical procedures and follow-up care) NOTE: Does not include the root canal - root canals are listed above.			
3410	Apicoectomy (per tooth) 1st root		
3426	Apicoectomy (per tooth) each additional root		
3430	Retrograd 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 post-operative services)			
4210	Gingivectomy or gingivoplasty - (per quadrant) (4 or more contiguous teeth or bound teeth spaces)		
4211	Gingivectomy or gingivoplasty (per quadrant) (1 to 3 contiguous teeth or bound teeth spaces)		
4240	Gingival flap procedure (including root planning) (per quadrant) (4 or more contiguous teeth or bound teeth spaces)		
4245	Apically positioned flap procedure (per quadrant)		
4249	Clinical Crown Lengthening (hard tissue)		
4260	Osseous surgery (including elevation of a full thickness flap and closure) (per quadrant) (4 or more contiguous teeth or bound teeth spaces)		
4263	Bone replacement graf - 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 recipient and donor surgical sites)		
Adjunctive Periodontal Services			
4341	Perio Scaling and Root Planning (per quad) (4 or more contiguous teeth or bound teeth spaces)		
4342	Perio Scaling and Root Planning (per quad) (1 to 3 contiguous teeth or bound teeth spaces)		
4355	Full Mouth Debredment (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 (including routine post-delivery care) 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.			
5110	Complete Denture (Maxillary)		
5120	Complete Denture (Mandibular)		
Immediate Denture (not including extractions) (includes limited follow up care only; does not include required future rebasing/relining procedure(s) or a complete new denture)			
5130	Immediate Denture (Maxillary)		
5140	Immediate Denture (Mandibular)		
Partial Dentures (Including routine post-delivery care)			
Resin base (includes any conventional clasps, rests and teeth) Includes acrylic resin base denture with resin or wrought wire clasps)			
5211	Partial Denture Maxillary - Resin Base		
5212	Partial Denture Mandibular - Resin Base		
Cast chrome base with acrylic saddles (including any conventional clasps, rests and teeth)			
5213	Partial Denture Maxillary - Metal Framework		
5214	Partial Denture Mandibular - Metal Framework		
Immediate partial denture (including any conventional clasps, rests and teeth)			
5221	Immediate maxillary partial denture – resin base		
5222	Immediate mandibular partial denture – resin base		
Immediate partial denture (including any conventional clasps, rests and teeth)			
5223	Immediate maxillary partial denture – cast metal framework with resin denture bases		

ADA Code	Description	Your Lab & Metal fee	Your 2021 Usual Fee
5224	Immediate mandibular partial denture – cast metal framework with resin denture bases		
Flexible base (includes any clasps, rests and teeth)			
5225	Partial Denture Maxillary - Flexible base		
5226	Partial Denture Mandibular - Flexible base		
Adjustments to Dentures or Partials			
5410	Complete Denture -Maxillary		
5411	Complete Denture - Mandibular		
5421	Partial Denture - Maxillary		
5422	Partial Denture - Mandibular		
Repairs to Complete or Partial Dentures			
5511	Repair broken denture base (Maxillary)		
5512	Repair broken denture base (Mandibular)		
5520	Replace missing or broken teeth (Complete Denture) Each tooth		
5611	Repair resin denture base (Maxillary)		
5612	Repair resin denture base (Mandibular)		
5621	Repair cast partial framework (Maxillary)		
5622	Repair cast partial framework (Mandibular)		
5630	Repair or replace broken clasp (per tooth)(partial denture)		
5640	Replace broken teeth (per tooth)(partial denture)		
5650	Add tooth to existing (partial denture)		
5660	Add clasp to existing (per tooth) (partial denture)		
Denture Rebase Procedure (process of refitting a denture by replacing the base material)			
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			
5730	Complete denture (Maxillary)		
5731	Complete denture (Mandibular)		
5740	Partial denture (Maxillary)		
5741	Partial denture (Mandibular)		
Laboratory Relines			
5750	Complete denture (Maxillary)		
5751	Complete denture (Mandibular)		
5760	Partial denture (Maxillary)		
5761	Partial denture (Mandibular)		
Interim Prosthesis			
5810	Complete denture (Maxillary)		
5811	Complete partial denture (Mandibular)		
5820	Interim partial denture (Maxillary)		
5821	Interim partial denture (Mandibular)		
Other Prosthetic Services			
Tissue conditioning - per applications of the treatment material			
5850	Maxillary		
5851	Mandibular		
Over Dentures			
5863	Complete denture (Maxillary)		
5864	Partial denture (Maxillary)		
5865	Complete denture (Mandibular)		
5866	Partial denture (Mandibular)		
PROSTHODONTICS (Bridges and Implants)			
Implant Services:			
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 crown (titanium, titanium alloy, high noble metal)		
Fixed Bridges (Each abutment and each pontic constitutes a unit in a bridge)			
Bridge Pontics:			
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		
6243	Pontic-Porcelain fused Titanium/Alloys		
6245	Pontic - Porcelain/Ceramic (Procera, Empress, Cerec, etc.)		
Bridge Abutments			
6545	Cast metal retainer for bonded fixed prosthesis		
6740	Retainer crown - Porcelain/Ceramic (Procera, Empress, Cerec, etc.)		
6750	Retainer crown - Porcelain fused high noble		
6751	Retainer crown - Porcelain fused to base metal		

ADA Code	Description	Your Lab & Metal fee	Your 2021 Usual Fee
6752	Retainer crown - Porcelain fused noble		
6753	Retainer Crown Porcelain fused Titanium/Alloys		
6780	Retainer crown - High noble (3/4 cast)		
6790	Retainer crown - High noble (full cast)		
6791	Retainer crown - Non-Precious (full cast)		
6792	Retainer crown - Noble (full cast)		
6794	Retainer crown -Titanium/Alloys		
Other Prosthetic Services			
6930	Re-cement or rebond 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			
(Including local anesthesia and routine post-operative care for ALL procedures). NOTE: Surgical services not listed on this fee survey may be considered on a by-report basis.			
Surgical Extractions			
7210	Surgical removal of erupted tooth requiring elevation of mucoperiosteal flap and removal of bone and/or section of tooth		
7220	Removal of impacted tooth - soft tissue		
7230	Removal of impacted tooth - partly bony		
7240	Removal of impacted tooth - complete bony		
7241	Removal of impacted tooth completely bony with unusual surgical 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 avulsed or displaced tooth and/or alveous		
7280	Surgical access of an unerupted tooth		
7285	Biopsy of oral tissue -hard (bone, tooth)		
7286	Biopsy of oral tissue - soft (all others)		
Alveoplasty (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 extension (Secondary epithelialization)		
7350	Vestibuloplasty - ridge extension (Including soft tissue grafts, muscle reattachments, revision of soft tissue attachment, and management of hyper-trophied and hyper-plastic 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 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 Repair Procedures			
7960	Frenulectomy - separate procedure (frenectomy or frenotomy)		
7970	Excision of Hyperplastic tissue - per arch		
7971	Excision of pericoronal gingiva		
ORTHODONTICS (Braces)			
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 adult 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		
8680	Orthodontic Retention (removal of appliances, construction and placement of retainer(s))		

ADA Code	Description	Your Lab & Metal fee	Your 2021 Usual Fee
8691	Repair of Orthodontic appliance (does not include bracket and standard fixed ortho appliances. It does include functional appliances and palatal expanders)		
8692	Replace lost or broken retainer		
8693	Rebond or re-cement fixed retainer		
8694	Repair of fixed retainer (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		
ADJUNCTIVE GENERAL SERVICES			
Unclassified Treatment			
9110	Palliative Treat (emergency)		
9440	Office Visit (after hrs)		
9920	Behavior Mgmt (diff. child)		
9986	Missed appointment (per 15 minutes of chairtime)		
Anesthesia			
9215	Local Anesthetic		
9222	Deep sedation/general anesthesia (First 15 minutes)..		
9223	Deep sedation/general anesthesia - each 15 minute increment		
9230	Inhalation of Nitrous Oxide / analgesia, anxiolysis (per 30 minutes)		
9239	Intravenous moderate (conscious) sedation/analgesia first 15 minutes		
9243	Intravenous moderate (conscious) sedation/analgesia – each 15 minute increment		
9248	Non-intravenous (conscious) sedation		
BLEACHING/WHITING			
9972	External bleaching (per arch)		
9973	External bleaching (per tooth)		
9974	Internal bleaching (per tooth)		
9975	External bleaching for home application (includes materials and fabrication of custom trays.)		
7796	External bleaching refill		
Temporomandibular Joint Dysfunction (TMJ)			
	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		
End of Survey Thank You Very Much			