

**Network Data Request - Dental
Procedure Code Analysis**

EXHIBIT N

For each location listed, provide the average network discounted allowable fee for the procedure codes provided; include plan liability as well as member share. Also indicate your maximum allowance at the percentiles of R&C indicated. As a percentage of ALL procedure code allowable charges, what percentage of the total codes listed typically represent based on your overall book of business?

NOTE: If network arrangement is based on % off billed, indicate actual average allowance in dollar terms based on 2016 plan experience. Indicate the percentage discount to the right side of the exhibit in columns K thru L as applicable.

Your proposal response MUST include hard copy and an Excel file version. Do not alter order of codes, or insert columns or rows. Failure to comply may result in elimination of your proposal from consideration!
Note: ACTUARIAL ATTESTATION IS REQUIRED BELOW. *
Note: There are multiple worksheets and multiple sections within each worksheet; ALL must be completed.

Company Name:

Albuquerque, NM (Zip Code 870 & 871)		Expected % of total Procedures	Expected % of total allowable Charges	Albuquerque, NM (Zip Code 870 & 871)			
ADA Procedure Code	Code Description			Network Average Allowable Fee	Network Maximum Allowable Fee	R&C at 80th Percentile	R&C at 90th Percentile
00120	Periodic oral evaluation						
00140	Limited oral evaluation - problem focused						
00150	Comprehensive oral evaluation						
00210	Intraoral - complete series						
00220	Intraoral periapical first film						
00230	Intraoral periapical each additional film						
00272	Bitewings - two films						
00274	Bitewings - four films						
00330	Panoramic film						
01110	Prophylaxis - adult						
01120	Prophylaxis - child						
01203	Topical application of fluoride						
01204	Topical application of fluoride						
01351	Sealant - per tooth						
02140	Amalgam - one surface, primary or permanent						
02150	Amalgam - two surfaces, primary or permanent						
02160	Amalgam - three surfaces, primary or permanent						
02161	Amalgam - four or more surfaces, primary or permanent						
02330	Resin-based composite - one surface, anterior						
02331	Resin-based composite - two surfaces, anterior						
02332	Resin-based composite - three surfaces, anterior						
02335	Resin-based composite						
02391	resin-based composite - one surface, posterior						
02392	resin-based composite - two surfaces, posterior						
02393	resin-based composite - three surfaces, posterior						
02644	Onlay - porcelain/ceramic - four or more surfaces						

02740	Crown - porcelain/ceramic substrate						
02750	Crown - porcelain fused to high noble metal						
02751	Crown - porcelain fused to predominantly base metal						
02752	Crown - porcelain fused to noble metal						
02790	Crown - full cast high noble metal						
02930	Prefabricated stainless steel crown - primary tooth						
02950	Core buildup, including any pins						
02954	Prefabricated post and core in addition to crown						
03310	Anterior (excluding final restoration)						
03320	Bicuspid (excluding final restoration)						
03330	Molar (excluding final restoration)						
03348	Retreatment of previous root canal therapy						
04260	Osseous surgery						
04261	Osseous surgery						
04271	Free soft tissue graft procedure						
04341	Periodontal scaling and root planing						
04355	Full mouth debridement to enable comprehensive evaluation & diagnosis						
04910	Periodontal maintenance						
05110	Complete denture - maxillary						
05120	Complete denture - mandibular						
05130	Immediate denture - maxillary						
05213	Maxillary partial denture						
05214	Mandibular partial denture						
05650	Add tooth to existing partial denture						
06240	Pontic - porcelain fused to high noble metal						
06750	Crown - porcelain fused to high noble metal						
06752	Crown - porcelain fused to noble metal						
07140	Extraction, erupted tooth or exposed root						
07210	Surgical removal of erupted tooth						
07220	Removal of impacted tooth - soft tissue						
07230	Removal of impacted tooth - partially bony						
07240	Removal of impacted tooth - completely bony						
07250	Surgical removal of residual tooth roots						
08060	Interceptive orthodontic treatment						
08080	Comprehensive orthodontic treatment						
08090	Comprehensive orthodontic treatment						
09110	Palliative (emergency) treatment of dental pain						
09220	Deep sedation/general anesthesia - first 30 minutes						

*** As an actuary (ASA or FSA) of the company, I hereby attest that the information included in this is workbook is accurate and complete.**

Sign **Date**

Print Name **Title**

**Network Data Request - Dental
Procedure Code Analysis**

EXHIBIT N

For each location listed, provide the average network discounted allowable fee for the procedure codes provided; include plan liability as well as member share. Also indicate your maximum allowance at the percentiles of R&C indicated. As a percentage of ALL procedure code allowable charges, what percentage of the total codes listed typically represent based on your overall book of business?

NOTE: If network arrangement is based on % off billed, indicate actual average allowance in dollar terms based on 2016 plan experience. Indicate the percentage discount to the right side of the exhibit in columns K thru L as applicable.

Your proposal response MUST include hard copy and an Excel file version. Do not alter order of codes, or insert columns or rows.

Failure to comply may result in elimination of your proposal from consideration!

Note: ACTUARIAL ATTESTATION IS REQUIRED (see first tab of this workbook).

Note: There are multiple worksheets and multiple sections within each worksheet; ALL must be completed.

Company Name:

Santa Fe, NM (Zip Code 875)							
ADA Procedure Code	Code Description	Expected % of total Procedures	Expected % of total allowable Charges	Santa Fe, NM (Zip Code 875)			
				Network Average Allowable Fee	Network Maximum Allowable Fee	R&C at 80th Percentile	R&C at 90th Percentile
00120	Periodic oral evaluation						
00140	Limited oral evaluation - problem focused						
00150	Comprehensive oral evaluation						
00210	Intraoral - complete series						
00220	Intraoral periapical first film						
00230	Intraoral periapical each additional film						
00272	Bitewings - two films						
00274	Bitewings - four films						
00330	Panoramic film						
01110	Prophylaxis - adult						
01120	Prophylaxis - child						
01203	Topical application of fluoride						
01204	Topical application of fluoride						
01351	Sealant - per tooth						
02140	Amalgam - one surface, primary or permanent						
02150	Amalgam - two surfaces, primary or permanent						
02160	Amalgam - three surfaces, primary or permanent						
02161	Amalgam - four or more surfaces, primary or permanent						
02330	Resin-based composite - one surface, anterior						
02331	Resin-based composite - two surfaces, anterior						
02332	Resin-based composite - three surfaces, anterior						
02335	Resin-based composite						
02391	resin-based composite - one surface, posterior						
02392	resin-based composite - two surfaces, posterior						
02393	resin-based composite - three surfaces, posterior						
02644	Onlay - porcelain/ceramic - four or more surfaces						

02740	Crown - porcelain/ceramic substrate						
02750	Crown - porcelain fused to high noble metal						
02751	Crown - porcelain fused to predominantly base metal						
02752	Crown - porcelain fused to noble metal						
02790	Crown - full cast high noble metal						
02930	Prefabricated stainless steel crown - primary tooth						
02950	Core buildup, including any pins						
02954	Prefabricated post and core in addition to crown						
03310	Anterior (excluding final restoration)						
03320	Bicuspid (excluding final restoration)						
03330	Molar (excluding final restoration)						
03348	Retreatment of previous root canal therapy						
04260	Osseous surgery						
04261	Osseous surgery						
04271	Free soft tissue graft procedure						
04341	Periodontal scaling and root planing						
04355	Full mouth debridement to enable comprehensive evaluation & diagnosis						
04910	Periodontal maintenance						
05110	Complete denture - maxillary						
05120	Complete denture - mandibular						
05130	Immediate denture - maxillary						
05213	Maxillary partial denture						
05214	Mandibular partial denture						
05650	Add tooth to existing partial denture						
06240	Pontic - porcelain fused to high noble metal						
06750	Crown - porcelain fused to high noble metal						
06752	Crown - porcelain fused to noble metal						
07140	Extraction, erupted tooth or exposed root						
07210	Surgical removal of erupted tooth						
07220	Removal of impacted tooth - soft tissue						
07230	Removal of impacted tooth - partially bony						
07240	Removal of impacted tooth - completely bony						
07250	Surgical removal of residual tooth roots						
08060	Interceptive orthodontic treatment						
08080	Comprehensive orthodontic treatment						
08090	Comprehensive orthodontic treatment						
09110	Palliative (emergency) treatment of dental pain						
09220	Deep sedation/general anesthesia - first 30 minutes						