

### LIBERTY Dental Plan of California, Inc.

#### **LDP-200 PLAN SCHEDULE OF BENEFITS**

Covered Benefits, Member Co-payments, Limitations & Exclusions

## No Annual Deductible No Annual Dollar Amount Maximum

- Members must select, and be assigned to, a LIBERTY Dental Plan contracted dental office to utilize covered benefits. Your assigned office will initiate a treatment plan or will initiate the specialty referral process with LIBERTY Dental Plan if the services are dentally necessary and outside the scope of general dentistry.
- ✓ Member Co-payments are payable to the dental office at the time services are rendered.
- This Schedule does not guarantee benefits. All services are subject to eligibility and dental necessity at the time of service.
- ✓ Dental procedures not listed as covered benefits are available at the dental office's usual and customary fee.

CDT Code	Description	Member Co payment
	Diagnostic Services	
D0120	Periodic oral evaluation	\$0.00
D0140	Limited oral evaluation	\$0.00
D0145	Oral evaluation under age 3	\$0.00
D0150	Comprehensive oral evaluation	\$0.00
D0160	Oral evaluation, problem focused	\$0.00
D0170	Re-evaluation, limited, problem focused	\$0.00
D0171	Re-evaluation, post operative office visit	\$0.00
D0180	Comprehensive periodontal evaluation	\$0.00
D0210	Intraoral, complete series of radiographic images	\$0.00
D0220	Intraoral, periapical, first radiographic image	\$0.00
D0230	Intraoral, periapical, each add 'l radiographic image	\$0.00
D0240	Intraoral, occlusal radiographic image	\$0.00
D0250	Extra-oral 2D projection radiographic image, stationary radiation source	\$0.00
D0251	Extra-oral posterior dental radiographic image	\$0.00
D0270	Bitewing, single radiographic image	\$0.00
D0272	Bitewings, two radiographic images	\$0.00
D0273	Bitewings, three radiographic images	\$0.00
D0274	Bitewings, four radiographic images	\$0.00
D0277	Vertical bitewings, 7 to 8 radiographic images	\$0.00
D0330	Panoramic radiographic image	\$0.00
D0414	Laboratory process of microbial specimen, culture, sensitivity, prep, report	\$0.00
D0415	Collection of microorganisms for culture	\$0.00
D0425	Caries susceptibility tests	\$0.00
D0460	Pulp vitality tests	\$0.00
D0470	Diagnostic casts	\$35.00
D0472	Accession of tissue, gross exam, prep & report	\$0.00
D0473	Accession of tissue, gross/micro. exam, prep, report	\$0.00
D0474	Accession of tissue, gross/micro. exam, report	\$0.00
	Preventive Services	
D1110	Prophylaxis, adult	\$0.00
D1110	Prophylaxis, adult (additional prophylaxis)	\$45.00
D1120	Prophylaxis, child	\$0.00
D1120	Prophylaxis, child (additional prophylaxis)	\$35.00
D1206	Topical application of fluoride varnish	\$0.00
D1208	Topical application of fluoride, excluding varnish	\$0.00
D1200	up to the 18th birthday (additional fluoride)	\$10.00
D1310	Nutritional counseling for control of dental disease	\$0.00
D1320	Tobacco counseling, control/prevention oral disease	\$0.00
D1330	Oral hygiene instruction	\$0.00
D1351	Sealant, per tooth	\$8.00
D1352	Preventive resin restoration, permanent tooth	\$8.00
D1353	Sealant repair, per tooth	\$0.00
D1510	Space maintainer, fixed, unilateral, per quadrant	\$0.00
D1516	Space maintainer – fixed – bilateral, maxillary	\$0.00
D1517	Space maintainer – fixed – bilateral, mandibular	\$0.00
D1520	Space maintainer, removable, unilateral, per quadrant	\$0.00
D1526	Space maintainer – removable – bilateral, maxillary	\$0.00
D1527	Space maintainer – removable – bilateral, mandibular	\$0.00
D1551	Re-cement or re-bond bilateral space maintainer, maxillary	\$0.00
D1552	Re-cement or re-bond bilateral space maintainer, mandibular	\$0.00

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CDT	Description	Member
Code		Co payment
100	Preventive Services (continued)	- 2
D1553	Re-cement or re-bond unilateral space maintainer, mandibular	\$0.00
D1556	Removal of fixed unilateral space maintainer, per quadrant	\$0.00
D1557	Removal of fixed unilateral space maintainer, maxillary	\$0.00
D1558	Removal of fixed unilateral space maintainer, mandibular	\$0.00
D1575	Distal shoe space maintainer, fixed, per quadrant	\$0.00
	Restorative Services	
D2140	Amalgam, one surface, primary or permanent	\$0.00
D2150	Amalgam, two surfaces, primary or permanent	\$0.00
D2160	Amalgam, three surfaces, primary or permanent	\$0.00
D2161	Amalgam, four or more surfaces, primary or permanent	\$0.00
D2330	Resin-based composite, one surface, anterior	\$0.00
D2331	Resin-based composite, two surfaces, anterior	\$0.00
D2332	Resin-based composite, three surfaces, anterior	\$0.00
D2335	Resin-based composite, four or more surfaces, involving incisal angle	\$0.00
D2390	Resin-based composite crown, anterior	\$0.00
D2391	Resin-based composite, one surface, posterior	\$35.00
D2392	Resin-based composite, two surfaces, posterior	\$39.00
D2393	Resin-based composite, three surfaces, posterior	\$45.00
D2394	Resin-based composite, four or more surfaces, posterior	\$64.00

#### \*GUIDELINES for Inlays, Onlays, and Single Crowns:

The total maximum amount chargeable to the member for elective upgraded procedures (explained below) is \$250.00 per tooth. Providers are required to explain covered benefits as well as any elective differences in materials and fees prior to providing an elective upgraded procedure.

- 1. <u>Brand name restorations:</u> (e.g. Sunrise, Captek, Vitadure-N, Hi-Ceram, Optec, HSP, In-Ceram, Empress, Cerec, AllCeram, Procera, Lava, etc.) may be considered elective upgraded procedures if their related CDT procedure codes are not listed as covered benefits.
- 2. <u>Benefits for anterior and bicuspid teeth:</u> Resin, porcelain and any resin to base metal or porcelain to base metal crowns are covered benefits for anterior and bicuspid teeth. Adding a porcelain margin may be considered an elective upgraded procedure.
- 3. <u>Benefits for molar teeth:</u> Cast base metal restorations are covered benefits for molar teeth. Resin-based composite and porcelain to metal crowns may be considered elective upgraded procedures. Adding a porcelain margin may be considered an elective upgraded procedure.
- 4. Base metal is the benefit: If elected, a)noble, b)high noble metal, or c) titanium may be considered an elective upgraded procedure.

D2510	Inlay, metallic, one surface	\$25.00
D2520	Inlay, metallic, two surfaces	\$28.00
D2530	Inlay, metallic, three or more surfaces	\$30.00
D2542	Onlay, metallic, two surfaces	\$30.00
D2543	Onlay, metallic, three surfaces	\$31.00
D2544	Onlay, metallic, four or more surfaces	\$33.00
D2610	Inlay, porcelain/ceramic, one surface	\$26.00*
D2620	Inlay, porcelain/ceramic, two surfaces	\$28.00*
D2630	Inlay, porcelain/ceramic, three or more surfaces	\$30.00*
D2642	Onlay, porcelain/ceramic, two surfaces	\$31.00*
D2643	Onlay, porcelain/ceramic, three surfaces	\$33.00*
D2644	Onlay, porcelain/ceramic, four or more surfaces	\$35.00*
D2650	Inlay, resin-based composite, one surface	\$25.00*
D2651	Inlay, resin-based composite, two surfaces	\$26.00*
D2652	Inlay, resin-based composite, three or more surfaces	\$30.00*
D2662	Onlay, resin-based composite, two surfaces	\$30.00*
D2663	Onlay, resin-based composite, three surfaces	\$31.00*
D2664	Onlay, resin-based composite, four or more surfaces	\$33.00*
D2710	Crown, resin-based composite (indirect)	\$35.00*
D2712	Crown, ¾ resin-based composite (indirect)	\$23.00*
D2720	Crown, resin with high noble metal	\$40.00*
D2721	Crown, resin with predominantly base metal	\$40.00*
D2722	Crown, resin with noble metal	\$40.00*
D2740	Crown, porcelain/ceramic	\$95.00*
D2750	Crown, porcelain fused to high noble metal	\$55.00*
D2751	Crown, porcelain fused to predominantly base metal	\$55.00*
D2752	Crown, porcelain fused to noble metal	\$55.00*



LIBERTY DENTAL PLAN®		
CDT Code	Description	Member Co payment
Code	Restorative Services (continued)	co payment
D2753	Crown, porcelain fused to titanium and titanium alloys	\$55.00*
D2780	Crown, ¾ cast high noble metal	\$55.00*
D2781	Crown, ¾ cast predominantly base metal	\$55.00
D2782	Crown, ¾ cast noble metal	\$55.00*
D2783	Crown, ¾ porcelain/ceramic	\$55.00*
D2790	Crown, full cast high noble metal	\$40.00*
D2791	Crown, full cast predominantly base metal	\$40.00
D2792	Crown, full cast noble metal	\$40.00*
D2794	Crown, titanium and titanium alloys	\$55.00*
D2799	Provisional crown	\$15.00
D2910	Re-cement or re-bond inlay, onlay, veneer, or partial coverage	\$0.00
D2915	Re-cement or re-bond indirectly fabricated/prefabricated post & core	\$0.00
D2920	Re-cement or re-bond crown	\$0.00 \$0.00
D2930 D2931	Prefabricated stainless steel crown, primary tooth Prefabricated stainless steel crown, permanent tooth	\$0.00
D2931 D2932	Prefabricated resin crown	\$0.00
D2932 D2933	Prefabricated stainless steel crown with resin window	\$5.00
D2934	Prefabricated esthetic coated stainless steel crown, primary tooth	\$5.00
D2940	Protective restoration	\$0.00
D2950	Core buildup, including any pins when required	\$0.00
D2951	Pin retention, per tooth, in addition to restoration	\$0.00
D2952	Post and core in addition to crown, indirectly fabricated	\$0.00
D2953	Each additional indirectly fabricated post, same tooth	\$0.00
D2954	Prefabricated post and core in addition to crown	\$0.00
D2955	Post removal	\$0.00
D2957	Each additional prefabricated post, same tooth	\$0.00
D2960	Labial veneer (resin laminate), chairside	\$200.00
D2961	Labial veneer (resin laminate), laboratory	\$325.00
D2962	Labial veneer (porcelain laminate), laboratory	\$500.00
D2971	Additional procedure to construct new crown, existing partial denture frame	\$5.00
D2980	Crown repair necessitated by restorative material failure	\$10.00
	Endodontic Services	42.22
D3110	Pulp cap, direct (excluding final restoration)	\$0.00
D3120	Pulp cap, indirect (excluding final restoration)	\$0.00
D3220	Therapeutic pulpotomy (excluding final restoration)	\$0.00
D3221 D3230	Pulpal debridement, primary and permanent teeth  Pulpal therapy, anterior, primary tooth (excluding final restoration)	\$0.00 \$0.00
D3230	Pulpal therapy, posterior, primary tooth (excluding final restoration)	\$0.00
D3240	Endodontic therapy, anterior tooth (excluding final restoration)	\$0.00
D3310	Endodontic therapy, premolar tooth (excluding final restoration)	\$0.00
D3330	Endodontic therapy, molar tooth (excluding final restoration)	\$0.00
D3331	Treatment of root canal obstruction; non-surgical access	\$0.00
D3332	Incomplete endodontic therapy; inoperable, unrestorable, fractured tooth	\$0.00
D3333	Internal root repair of perforation defects	\$15.00
D3346	Retreatment of previous root canal therapy, anterior	\$0.00
D3347	Retreatment of previous root canal therapy, premolar	\$0.00
D3348	Retreatment of previous root canal therapy, molar	\$0.00
D3351	Apexification/recalcification, initial visit	\$15.00
D3352	Apexification/recalcification, interim medication replacement	\$15.00
D3353	Apexification/recalcification, final visit	\$15.00
D3410	Apicoectomy, anterior	\$0.00
D3421	Apicoectomy, premolar (first root)	\$0.00
D3425	Apicoectomy, molar (first root)	\$0.00
D3426	Apicoectomy, (each additional root)	\$0.00
D3430	Retrograde filling, per root	\$0.00
D3450	Root amputation, per root	\$0.00
D3910	Surgical procedure for isolation of tooth with rubber dam	\$0.00
D3920	Hemisection, not including root canal therapy	\$5.00
D3950	Canal preparation and fitting of preformed dowel or post	\$0.00
D4210	Periodontal Services  Gingivectomy or gingiven lacty, four or more teeth per guadrant	\$0.00
D4210 D4211	Gingivectomy or gingivoplasty, four or more teeth per quadrant  Gingivectomy or gingivoplasty, one to three teeth per quadrant	\$0.00 \$0.00
D4211	Joingivectoriny of Brigivopiasty, one to tiliee teeth per quadrant	ου.υυ



Code  Octobroom Description  Political Services (continued)  Political Services surgery, true remove fresh perquadrant  Political Services surgery, true remove fresh services (continued)  Political Services surgery for services (continued)  Political Services surgery for services (continued)  Political Services surgery for services (continued)  Political	LIBERTY DENTAL PLAN®		
Periodontal Services (continued) 104121 Singhood flap procedure, pour or more teeth per quadrant 104121 Singhood flap procedure, flour or more teeth per quadrant 104121 Singhood flap procedure, flour or more teeth per quadrant 104121 Singhood flap procedure, flour or more teeth per quadrant 104121 Singhood flap procedure, flour or more teeth per quadrant 104121 Singhood flap procedure, flour or more treeth per quadrant 104120 Clinical crown lengthming, hard tissue 104120 Clinical crown lengthming, hard tissue 104121 School Susgery, with or three beth per quadrant 104121 School Susgery, with or three beth per quadrant 104121 School Susgery, with or three beth per quadrant 104121 School Susgery, with or three beth per quadrant 104121 School Susgery, with or three beth per quadrant 104121 School Susgery, with or three beth per quadrant 104121 School Susgery, with or three beth per quadrant 104121 School Susgery, with or three beth per quadrant 104122 School Susgery, with or three beth per quadrant 104121 School Susgery, with or three beth per quadrant 104120 School Susgery, with or three beth per quadrant 104121 School Susgery, with or three beth per quadrant 104120 School Susgery, with or three beth per quadrant 104121 School Susgery, with or three beth per quadrant 104120 School Susgery, with or three beth per quadrant 104121 School Susgery, with or three beth per quadrant 104121 School		Description	
194212   Gingwectomy or gingtoplasty, restorative procedure, per tooth   50.00	Code	Periodontal Services (continued)	co payment
Javase J. Ginghard flap procedure, four or more teath per quadrant 50.00   Javase J. Apically positioned flap	D4212		\$0.00
April prostinoed Tap  April prostinoed Tap  April prostinoed Town Inegithering, hard Issue  \$36.00  AD4290  Oscens surgery, for to free teeth per quadrant  \$50.00  AD4260  AD	D4240		
20.4280   Clinical crown lengthening, hard tissue   \$36.00	D4241	Gingival flap procedure, one to three teeth per quadrant	\$0.00
19426  Osseous surgery, four or more teeth per quadrant   50.00   19426  Osseous surgery, four or three teeth per quadrant   50.00   19426  Store replacement graft, retained natural tooth, first site, quadrant   515.00   19426  Store replacement graft, retained natural tooth, seah additional ste   515.00   19427  Autogenous connective tissue graft procedure   545.00   19427  Autogenous connective tissue graft procedure, first tooth   545.00   19427  Autogenous connective tissue graft procedure, first tooth   545.00   19427  New Industries of the Store of tissue graft, first tooth   545.00   19427  Free soft tissue graft, and additional tooth   545.00   19427  Free soft tissue graft, and additional tooth   545.00   19427  Free soft tissue graft, and additional tooth   545.00   19427  Free soft tissue graft, and additional tooth   545.00   19428  Autogenous connective tissue graft procedure, each additional tooth, per site   545.00   19428  None trade tissue graft procedure, each additional tooth, per site   545.00   19428  Provisional splinting, intracroonal   515.00   19428  Provisional splinting, intracroonal   515.00   19421  Provisional splinting, intracroonal   515.00   19421  Provisional splinting, intracroonal   515.00   19421  Provisional splinting, intracroonal   515.00   19422  Productional splinting, and root planing per appointment/ per day are allowable.  **None that two (2) quadrants of periodoxtal scaling and root planing per appointment/ per day are allowable.  **John Provisional scaling and root planing, not for three teeth per quadrant   50.00   19432  Productional scaling and root planing, not for three teeth per quadrant   50.00   19434  Periodoxtal scaling and root planing, not for three teeth per quadrant   50.00   19434  Periodoxtal scaling and root planing, not for three teeth per quadrant   50.00   19435  Scaling periodoxtal scaling and root planing per appointment/ pe	D4245	Apically positioned flap	\$20.00
DAZES   Discension surgery, one to three teeth per quadrant   \$5.00	D4249	Clinical crown lengthening, hard tissue	\$36.00
JA243 Bone replacement graft, retained natural tooth, first stite, quadrant JA244 Bone replacement graft, retained natural tooth, such additional site JA273 Autogenous connective tissue graft procedure JA273 Autogenous connective tissue graft procedure, first tooth JA273 Autogenous connective tissue graft, first tooth JA275 No JA276 Pres soft tissue graft, groed under the such graft procedure, single tooth JA275 No JA276 Pres soft tissue graft, graft tooth JA276 Pres soft tissue graft, graft contains tooth JA277 Pres soft tissue graft, graft contains tooth JA277 Pres soft tissue graft, graft contains tooth JA278 Pres soft tissue graft, graft procedure, each additional tooth, per site JA278 Pres soft tissue graft pracedure, each additional tooth, per site JA278 Pres soft tissue graft pracedure, each additional tooth, per site JA279 Provisional splinting, extracromal JA279 Provisional splinting, ex	D4260	0 77	\$0.00
1942-04-05	D4261	Osseous surgery, one to three teeth per quadrant	\$0.00
1947    Pedicies Soft States graft procedure   945.00   1947    Autopeanus connective tissue graft procedure, first tooth   945.00   1947    Autopeanus connective tissue graft procedure, single tooth   926.00   1947    Per soft issue graft, first tooth   945.00   1947    Per soft issue graft, great death death of the soft state graft, first tooth   945.00   1947    Per soft issue graft, great hadditional tooth   945.00   1947    Per soft issue graft, great hadditional tooth   945.00   1948    Autopeanus connective tissue graft procedure, each additional tooth, per site   945.00   1948    Autopeanus connective tissue graft procedure, each additional tooth, per site   945.00   1948    Pervisional splinting, intraceronal   955.00   1948    Pervisional splinting, extraceronal   955.00   1949    Provisional splinting, extraceronal   955.00   1949    Provisional splinting, extraceronal   955.00   1949    Pervisional splinting, extraceronal   955.00   1949    Pervisional splinting, extraceronal   955.00   1949    Pervisional splinting, extraceronal   950.00   1949    Pervisional splinting, extracero			
D4273   Autogenous connective tissue graft procedure, first tooth   \$95.00   D4274   Mesi, diridal wedge procedure, singlet booth   \$95.00   D4277   Fee soft tissue graft, first tooth   \$95.00   D4278   Fee soft tissue graft, first tooth   \$95.00   D4279   Non-autogenous connective tissue graft procedure, each additional tooth, per site   \$95.00   D4283   Autogenous connective tissue graft procedure, each additional tooth, per site   \$95.00   D4283   Provisional splinting, intracoronal   \$15.00   D4293   Provisional splinting, intracoronal   \$15.00   D4293   Provisional splinting, intracoronal   \$15.00   D4293   Provisional splinting, extracoronal   \$15.00   D4294   Provisional splinting, extracoronal   \$15.00   D4294   Provisional splinting, extracoronal   \$15.00   D4294   Periodonal scaling and root planting, one to three teeth per quadrant   \$0.00   D4394   Periodonal scaling and root planting, one to three teeth per quadrant   \$0.00   D4395   Full mouth debridement to enable comprehensive evaluation   \$0.00   D4395   Full mouth debridement to enable comprehensive evaluation and diagnosis, subsequent visit   \$0.00   D4396   Periodonal maintenance   \$0.00   D4397   Periodonal maintenance   \$0.00   D4398   Periodonal maintenance   \$0.00   D4399   Periodonal maintenance   \$0.00   D4399   Periodonal maintenance   \$0.00   D4390   Davide dedivery of animatenance   \$0.00   D4390   Davide dedivery of animatenance   \$0.00   D4391   Maintenance			· ·
DA275   Manuatogenous connective Ussue graft, first both   \$45,00   DA277   Free soft issue graft, first tooth   \$45,00   DA278   Free soft issue graft, first tooth   \$45,00   DA278   Free soft issue graft, first tooth   \$45,00   DA278   Free soft issue graft, death additional tooth   \$45,00   DA278   Free soft issue graft, death additional tooth   \$45,00   DA278   Autogenous connective Ussue graft procedure, each additional tooth, per site   \$45,00   DA285   Non-autogenous connective Ussue graft procedure, each additional tooth, per site   \$45,00   DA285   Provisional splinting, entraccoronal   \$15,00   DA297   Provisional splinting, entraccoronal   \$15,00   DA298   Provisional splinting, extraccoronal   \$15,00   DA298   Provisional splinting, extraccoronal   \$15,00   DA299   Provisional splinting, extraccoronal   \$15,00   DA291   Provisional splinting, extraccoronal   \$15,00   DA292   Provisional splinting, extraccoronal   \$15,00   DA293   Provisional splinting, extraccoronal   \$15,00   DA294   Provisional splinting, extraccoronal   \$15,00   DA294   Provisional splinting, extraccoronal   \$15,00   DA295   Provisional splinting, extraccoronal   \$15,00   DA296   Provisional splinting, extraccoronal   \$15,00   DA297   Provisional splinting, extraccoronal   \$15,00   DA298   Provisional splinting, extraccoronal   \$15,00   DA299   Provisional splinting, extraccoronal   \$15,00   DA299   Provisional splinting, extraccoronal   \$15,00   DA290   Provisional splinting, extraccoronal   \$15,00   DA291   Provisional splinting, extraccoronal   \$15,00   DA292   Provisional splinting, e			
1947   Non-autogenous connective tissue graft, first tooth			
DA277   Free soft tissue graft, first tooth   \$45,00   \$45,00   \$45,00   \$457,00   \$			
DA248   Tree soft tissue graft, each additional tooth, per site   \$45.00			
D4283 Notogenous connective tissue graft procedure, each additional tooth, per site D4285 Non-autogenous connective tissue graft procedure, each additional tooth, per site D4381 Povisional splinting, intracoronal S15.00 D4392 Provisional splinting, intracoronal S15.00 D4393 Provisional splinting, intracoronal S15.00 D4394 Periodontal scaling and root planing, four or more teeth per quadrant D4394 Periodontal scaling and root planing, four or more teeth per quadrant D4394 Periodontal scaling and root planing, four or more teeth per quadrant D4395 Pull mouth debridement to enable comprehensive evaluation and diagnosis, subsequent visit D4396 Scaling in presence of moderate or severe inflammation, full mouth after evaluation D4397 Periodontal maintenance D4398 Localized delivery of midmerchola jagentifyer tooth D4390 Unscheduled dressing change (other than treating dentist or staff) D4390 Unscheduled dressing change (other than treating dentist or staff) D5310 Complete denture, mandibular D5310 Complete denture, mandibular D5310 Complete denture, mandibular D5310 Complete denture, mandibular D5310 Immediate denture, mandibular D5310 Immediate denture, mandibular D5311 Mandibular partial denture, resin base D5311 Mandibular partial denture, cast metal, resin base D5311 Mandibular partial denture, cast metal, resin base D5311 Mandibular partial denture, cast metal, resin base D5321 Mandibular partial denture, cast metal, resin base D5321 Mandibular partial denture, cast metal, resin base D5322 Immediate mandibular partial denture, resin base D5323 Manuallary partial denture, cast metal, resin base D5324 Immediate mandibular partial denture, resin base D5325 Manuallary partial denture, cast metal resin base D5326 Manuallary partial denture, resin base D5327 Manuallary partial denture, cast metal resin base D5328 Removable unilaterial partial denture, cast metal resin base D5329 Manuallary partial denture, resin base D5320 Manuallary partial denture, resin base D5320 Manuallary partial denture, resin base D5320 Manual			· ·
DAJASE Non-autogenous connective itssue graft procedure, each additional tooth, per site			
DA321 Provisional splinting, intracoronal 515.00  DA321 Provisional splinting, extracoronal 515.00  DA321 Provisional splinting, extracoronal 515.00  DA341 Periodonal scaling and root planing, four or more teeth per quadrant 50.00  DA341 Periodonal scaling and root planing, four or more teeth per quadrant 50.00  DA342 Periodonal scaling and root planing, four or more teeth per quadrant 50.00  DA343 Periodonal scaling and root planing, four or more teeth per quadrant 50.00  DA344 Periodonal scaling and root planing, four or more teeth per quadrant 50.00  DA345 Scaling in presence of moderate or severe inflammation, full moth after evaluation 50.00  DA345 Scaling in presence of moderate or severe inflammation, full moth after evaluation 50.00  DA345 Scaling in presence of moderate or severe inflammation, full moth after evaluation 50.00  DA345 Scaling delivery of antimicrobial agent per tooth 50.00  DA341 Localized delivery of antimicrobial agent per tooth 50.00  DA341 Localized delivery of antimicrobial agent per tooth 50.00  Removable Prosthodontic Services 50.00  Removable Prosthodontic Services 50.00  DA351 Complete denture, maxillary 50.00  DA351 Complete denture, maxillary 50.00  DA351 Inmediate denture, maxillary 50.00  DA352 Inmediate maxillary partial denture, resin base 50.00  DA352 Inmediate maxillary partial denture, resin base 50.00  DA352 Inmediate maxillary partial denture, resin base 50.00  DA352 Inmediate maxillary partial denture, cast metal framework, resin denture base 50.00  DA352 Inmediate maxillary partial denture, cast metal framework, resin denture base 50.00  DA352 Inmediate maxillary partial denture, east metal framework in east of the partial denture, denture base 50.00  DA352 Inmediate maxillary partial denture, east metal framework in east of the partial denture of the			<u> </u>
DA321   Provisional splinting, extracroronal   S15.00			<u> </u>
Mompre Ham Time Vot (2) quadrants of periodontal scaling and root planing per appointment/ per day are allowable.    D4341			<u> </u>
Da341 Periodontal scaling and root planing, four or more teeth per quadrant \$0.00 Pd342 Periodontal scaling and root planing, one to three teeth per quadrant \$0.00 Pd345 Scaling in presence of moderate or severe inflammation, full mouth after evaluation \$0.00 Pd345 If I will mouth debridement to enable comprehensive evaluation and diagnosis, subsequent visit \$0.00 Pd345 I localized delivery of antimicrobial agent/per tooth \$0.00 Pd345 I localized delivery of antimicrobial agent/per tooth \$0.00 Pd345 I localized delivery of antimicrobial agent/per tooth \$0.00 Pd345 I localized delivery of antimicrobial agent/per tooth \$0.00 Pd345 I localized delivery of antimicrobial agent/per tooth \$0.00 Pd345 I localized delivery of antimicrobial agent/per tooth \$0.00 Pd345 I localized delivery of antimicrobial agent/per tooth \$0.00 Pd345 I localized delivery of antimicrobial agent/per tooth \$0.00 Pd345 I localized delivery and \$0.00 Pd345 I localized periodontal maintenance \$0.00 Pd345 I localized periodontal maintenance \$0.00 Pd345 I localized periodontal services \$0.00 Pd345 I localized serv			7-2
Da342 Periodontal scaling and root planing, one to three teeth per quadrant Scaling in presence of moderate or severe inflammation, full mouth after evaluation \$0.00 \$0	No more tha	n two (2) quadrants of periodontal scaling and root planing per appointment/ per day are allowable.	
D8346 Scaling in presence of moderate or severe inflammation, full mouth after evaluation D4355 Full mouth debriddement to enable comprehensive evaluation and diagnosis, subsequent visit  S0.00 D4361 Localized delivery of antimicrobial agent/per tooth S5.00 D4910 Periodontal maintenance S0.00 D4920 Unscheduled dressing change (other than treating dentist or staff) S0.00  Removable Prosthodontic Services S0.00 D5110 Complete denture, maxillary S0.00 D5120 Complete denture, maxillary S0.00 D5130 Immediate denture, maxillary S0.00 D51310 Immediate denture, cresin base S0.00 D5131 Maxillary partial denture, cresin base S0.00 D5211 Maxillary partial denture, cast metal, resin base S0.00 D5212 Maxillary partial denture, resin base S0.00 D5221 Immediate maxillary partial denture, resin base S0.00 D5221 Immediate maxillary partial denture, resin base S0.00 D5222 Immediate maxillary partial denture, resin base S0.00 D5223 Immediate maxillary partial denture, cast metal framework, resin denture base S0.00 D5224 Immediate maxillary partial denture, cast metal framework, resin denture base S0.00 D5225 Maxillary partial denture, cast metal framework, resin denture base S0.00 D5226 Maxillary partial denture, cast metal framework, resin denture base S0.00 D5227 Maxillary partial denture, cast metal framework, resin denture base S0.00 D5228 Removable unilateral partial denture, cast metal framework, resin denture base S0.00 D5229 Maxillary partial denture, cast metal framework, resin denture base S0.00 D5220 Maxillary partial denture, cast metal framework, resin denture base S0.00 D5221 Immediate maxillary S0.00 D5222 Removable unilateral partial denture, cast metal framework, resin denture base S0.00 D5223 Removable unilateral partial denture, one piece cast metal (including clasps and teeth), maxillary S0.00 D5224 Adjust partial denture, maxillary S0.00 D5225 Repair broken complete denture, maxillary	D4341	Periodontal scaling and root planing, four or more teeth per quadrant	\$0.00
D4355 Full mouth debridement to enable comprehensive evaluation and diagnosis, subsequent visit	D4342	Periodontal scaling and root planing, one to three teeth per quadrant	\$0.00
Da331 Localized delivery of antimicrobial agent/per tooth D4910 Periodontal maintenance D4920 Unscheduled dressing change (other than treating dentist or staff) S5000 Removable Prosthodontic Services D5110 Complete denture, maxillary S5000 D5120 Complete denture, maxillary S5000 D5130 Immediate denture, mandibular S5100 Immediate denture, mandibular S5101 Immediate denture, mandibular S511 Maxillary partial denture, resin base S5121 Maxillary partial denture, cast metal framework, resin denture base S5122 Immediate maxillary partial denture, cast metal framework, resin denture base S5122 Immediate maxillary partial denture, cast metal framework, resin denture base S5122 Immediate maxillary partial denture, cast metal framework, resin denture base S5122 Immediate maxillary partial denture, cast metal framework, resin denture base S5122 Immediate maxillary partial denture, cast metal framework, resin denture base S5122 Immediate maxillary partial denture, cast metal framework, resin denture base S5122 Immediate maxillary partial denture, cast metal framework, resin denture base S5123 Maxillary partial denture, est metal framework, maxillary S5123 Removable unilateral partial denture, one piece cast metal (including clasps and teeth), maxillary S5123 Removable unilateral partial denture, one piece est metal (including clasps and teeth), maxillary S5123 Repair broken complete denture, one piece est metal (including clasps and teeth), maxillary S5124 Repair broken complete denture, one piece est me	D4346	Scaling in presence of moderate or severe inflammation, full mouth after evaluation	\$0.00
D4910 Periodontal maintenance \$0.00 D4920 Unscheduled dressing change (other than treating dentist or staff) \$0.00  Removable Prostorbodontic Services  D5110 Complete denture, maxillary \$0.00 D5120 Complete denture, maxillary \$0.00 D5130 Immediate denture, maxillary \$0.00 D5130 Immediate denture, maxillary \$0.00 D5130 Immediate denture, maxillary \$0.00 D5131 Maxillary partial denture, resin base \$0.00 D5211 Maxillary partial denture, resin base \$0.00 D5212 Maxillary partial denture, resin base \$0.00 D5213 Immediate maxillary partial denture, resin base \$0.00 D5214 Maxillary partial denture, resin base \$0.00 D5215 Immediate maxillary partial denture, resin base \$0.00 D5216 Immediate maxillary partial denture, resin base \$0.00 D5217 Immediate maxillary partial denture, resin base \$0.00 D5218 Immediate maxillary partial denture, resin base \$0.00 D5219 Immediate maxillary partial denture, resin base \$0.00 D5210 Immediate maxillary partial denture, cast metal framework, resin denture base \$0.00 D5210 Immediate maxillary partial denture, resin base \$0.00 D5211 Maxillary partial denture, resin base \$0.00 D5212 Immediate maxillary partial denture, resin denture base \$0.00 D5213 Maxillary partial denture, flexible base \$0.00 D5214 Maxillary partial denture, flexible base \$0.00 D5215 Maxillary partial denture, flexible base \$0.00 D5216 Maxillary partial denture, flexible base \$0.00 D5217 Maxillary partial denture, flexible base \$0.00 D5218 Removable unilateral partial denture - one piece cast metal (including clasps and teeth), maxillary \$0.00 D5218 Removable unilateral partial denture, one piece flexible base, per quadrant \$0.00 D5210 Adjust complete denture, maxillary \$0.00 D5211 Adjust complete denture, maxillary \$0.00 D5212 Adjust partial denture base, maxillary \$0.00 D5213 Repair broken complete denture base, maxillary \$0.00 D5214 Repair r	D4355	Full mouth debridement to enable comprehensive evaluation and diagnosis, subsequent visit	\$0.00
D4920 Unscheduled dressing change (other than treating dentist or staff)  Removable Prosthodontic Services  D5110 Complete denture, maxillary  D5130 Immediate denture, maxillary  D5130 Immediate denture, maxillary  D5130 Immediate denture, mandibular  D5130 Immediate denture, mandibular  D5131 Maxillary partial denture, resin base  D5211 Maxillary partial denture, cast metal, resin base  D5212 Maxillary partial denture, cast metal, resin base  D5213 Maxillary partial denture, cast metal, resin base  D5214 Mandibular partial denture, cast metal, resin base  D5215 Maxillary partial denture, resin base  D5216 Maxillary partial denture, resin base  D5217 Immediate maxillary partial denture, resin base  D5218 Maxillary partial denture, cast metal, resin base  D5219 Immediate maxillary partial denture, resin base  D5220 Immediate maxillary partial denture, cast metal framework, resin denture base  D5221 Immediate maxillary partial denture, cast metal framework, resin denture base  D5222 Immediate maxillary partial denture, cast metal framework, resin denture base  D5223 Maxillary partial denture, fexible base  D5224 Maxillary partial denture, fexible base  D5225 Maxillary partial denture, fexible base  D5226 Maxillary partial denture, fexible base  D5227 Maxillary partial denture, expected fexible base, per quadrant  D5228 Removable unilateral partial denture, one piece cast metal (including clasps and teeth), maxillary  D5238 Removable unilateral partial denture, one piece (fexible base, per quadrant  D5329 Adjust complete denture, maxillary  D5411 Adjust complete denture, maxillary  D5422 Adjust partial denture, maxillary  D5423 Adjust partial denture, maxillary  D5424 Adjust partial denture, maxillary  D5425 Adjust partial denture, maxillary  D5426 Repair crist partial denture base, maxillary  D5427 Adjust partial denture base, maxillary  D5428 Repair resin partial denture base, maxillary  D5429 Adjust partial denture base, maxillary  D5440 Repair crist partial denture base, maxillary  D5440 Repair crist partial d			<del> </del>
Removable Prosthodontic Services   S0.00			
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D5120     Complete denture, mandibular     \$0.00       D5130     Immediate denture, mandibular     \$0.00       D51410     Immediate denture, mandibular     \$0.00       D5211     Maxillary partial denture, resin base     \$0.00       D5212     Mandibular partial denture, resin base     \$0.00       D5213     Maxillary partial denture, resin base     \$0.00       D5214     Mandibular partial denture, cast metal, resin base     \$0.00       D5212     Immediate maxillary partial denture, resin base     \$0.00       D5221     Immediate mandibular partial denture, resin base     \$0.00       D5222     Immediate mandibular partial denture, resin base     \$0.00       D5223     Immediate mandibular partial denture, cast metal framework, resin denture base     \$0.00       D5224     Immediate mandibular partial denture, cast metal framework, resin denture base     \$0.00       D5225     Maxillary partial denture, flexible base     \$0.00       D5226     Mandibular partial denture, flexible base     \$300.00       D5227     Mandibular partial denture, flexible base     \$300.00       D5228     Removable unilateral partial denture — one piece cast metal (including clasps and teeth), mandibular     \$0.00       D5284     Removable unilateral partial denture, one piece flexible base, per quadrant     \$0.00       D5410     Adjust complete dentur	DE440		¢0.00
D5130     Immediate denture, mandibular     \$0.00       D5140     Immediate denture, mandibular     \$0.00       D5211     Maxillary partial denture, resin base     \$0.00       D5212     Mandibular partial denture, cast metal, resin base     \$0.00       D5213     Maxillary partial denture, cast metal, resin base     \$0.00       D5214     Mandibular partial denture, cast metal, resin base     \$0.00       D5212     Immediate maxillary partial denture, resin base     \$0.00       D5221     Immediate maxillary partial denture, resin base     \$0.00       D5222     Immediate maxillary partial denture, cast metal framework, resin denture base     \$0.00       D5224     Immediate mandibular partial denture, cast metal framework, resin denture base     \$0.00       D5225     Maxillary partial denture, flexible base     \$300.00       D5226     Maxillary partial denture, flexible base     \$300.00       D5227     Removable unilateral partial denture one piece cast metal (including clasps and teeth), maxillary     \$0.00       D5282     Removable unilateral partial denture, one piece flexible base, per quadrant     \$0.00       D5284     Removable unilateral partial denture, one piece flexible base, per quadrant     \$0.00       D5240     Adjust complete denture, mandibular     \$0.00       D5411     Adjust complete denture, mandibular     \$0.00		1 , ,	
D5140 Immediate denture, mandibular D5211 Maxillary partial denture, resin base S5.00 D5212 Maxillary partial denture, resin base S5.00 D5213 Maxillary partial denture, cast metal, resin base S5.00 D5214 Mandibular partial denture, cast metal, resin base S5.00 D5215 Maxillary partial denture, cast metal, resin base S5.00 D5216 Mandibular partial denture, cast metal, resin base S5.00 D5217 Immediate maxillary partial denture, resin base S5.00 D5218 Immediate maxillary partial denture, resin base S5.00 D5229 Immediate maxillary partial denture, cast metal framework, resin denture base D5220 Immediate maxillary partial denture, cast metal framework, resin denture base D5221 Immediate maxillary partial denture, cast metal framework, resin denture base D5222 Immediate maxillary partial denture, cast metal framework, resin denture base D5224 Maxillary partial denture, flexible base D5226 Maxillary partial denture, flexible base D5228 Removable unilateral partial denture - one piece cast metal (including clasps and teeth), maxillary D5288 Removable unilateral partial denture - one piece fexible base, per quadrant D5288 Removable unilateral partial denture, one piece fexible base, per quadrant D5288 Removable unilateral partial denture, one piece fexible base, per quadrant D5289 S600 D5280 Adjust complete denture, maxillary D5300 D5410 Adjust complete denture, maxillary D5411 Adjust complete denture, maxillary D5412 Adjust partial denture, maxillary D5413 Adjust partial denture, maxillary D5414 Adjust partial denture, maxillary D5415 Repair broken complete denture base, maxillary D5510 Repair or price or piece denture base, maxillary D5511 Repair broken complete denture base, maxillary D5512 Repair cast partial framework, maxillary D5513 Repair or price or piece broken retentive clasping materials – per tooth D5614 Repair or price to broken retentive clasping materials – per tooth D5640 Replace broken teeth, per tooth			<u> </u>
D5211       Maxillary partial denture, resin base       \$0.00         D5212       Mandibular partial denture, cast metal, resin base       \$0.00         D5214       Maxillary partial denture, cast metal, resin base       \$0.00         D5212 Immediate maxillary partial denture, resin base       \$0.00         D5221 Immediate maxillary partial denture, resin base       \$0.00         D5222 Immediate maxillary partial denture, resin base       \$0.00         D5223 Immediate maxillary partial denture, resin base       \$0.00         D5224 Immediate maxillary partial denture, cast metal framework, resin denture base       \$0.00         D5225 Maxillary partial denture, flexible base       \$0.00         D5226 Mandibular partial denture, flexible base       \$300.00         D5227 Maxillary partial denture, flexible base       \$300.00         D5228 Removable unilateral partial denture – one piece cast metal (including clasps and teeth), maxillary       \$0.00         D5281 Removable unilateral partial denture, one piece flexible base, per quadrant       \$0.00         D5282 Removable unilateral partial denture, one piece flexible base, per quadrant       \$0.00         D5283 Removable unilateral partial denture, one piece flexible base, per quadrant       \$0.00         D5240 Adjust complete denture, maxillary       \$0.00         D5411 Adjust complete denture, mandibular       \$0.00         <		·	
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D5226 Mandibular partial denture, flexible base \$300.00 D5282 Removable unilateral partial denture – one piece cast metal (including clasps and teeth), maxillary \$0.00 D5283 Removable unilateral partial denture – one piece cast metal (including clasps and teeth), mandibular \$0.00 D5284 Removable unilateral partial denture, one piece flexible base, per quadrant \$0.00 D5286 Removable unilateral partial denture, one piece resin, per quadrant \$0.00 D5410 Adjust complete denture, maxillary \$0.00 D5411 Adjust complete denture, mandibular \$0.00 D5412 Adjust partial denture, mandibular \$0.00 D5413 Repair broken complete denture base, mandibular \$0.00 D5514 Repair broken complete denture base, maxillary \$0.00 D5512 Repair broken complete denture base, maxillary \$0.00 D5513 Repair resin partial denture base, mandibular \$0.00 D5510 Repair resin partial denture base, mandibular \$0.00 D5511 Repair resin partial denture base, mandibular \$0.00 D5512 Repair resin partial denture base, mandibular \$0.00 D5513 Repair resin partial denture base, mandibular \$0.00 D5514 Repair resin partial denture base, mandibular \$0.00 D5615 Repair cast partial framework, mandibular \$0.00 D5616 Repair cast partial framework, mandibular \$0.00 D5620 Repair cast partial framework, mandibular \$0.00 D5630 Repair or replace broken retentive clasping materials – per tooth \$0.00	D5224		
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D5283Removable unilateral partial denture – one piece cast metal (including clasps and teeth), mandibular\$0.00D5284Removable unilateral partial denture, one piece flexible base, per quadrant\$0.00D5286Removable unilateral partial denture, one piece resin, per quadrant\$0.00D5410Adjust complete denture, maxillary\$0.00D5411Adjust complete denture, mandibular\$0.00D5421Adjust partial denture, maxillary\$0.00D5422Adjust partial denture, mandibular\$0.00D5513Repair broken complete denture base, mandibular\$0.00D5514Repair broken complete denture base, maxillary\$0.00D5520Repaice missing or broken teeth, complete denture\$0.00D5511Repair resin partial denture base, mandibular\$0.00D5512Repair resin partial denture base, mandibular\$0.00D5612Repair resin partial denture base, maxillary\$0.00D5621Repair cast partial framework, mandibular\$0.00D5622Repair cast partial framework, mandibular\$0.00D5630Repair cast partial framework, maxillary\$0.00D5640Replace broken teeth, per tooth\$0.00			
D5284Removable unilateral partial denture, one piece flexible base, per quadrant\$0.00D5286Removable unilateral partial denture, one piece resin, per quadrant\$0.00D5410Adjust complete denture, maxillary\$0.00D5411Adjust complete denture, mandibular\$0.00D5421Adjust partial denture, maxillary\$0.00D5422Adjust partial denture, mandibular\$0.00D5511Repair broken complete denture base, mandibular\$0.00D5512Repair broken complete denture base, maxillary\$0.00D5513Replace missing or broken teeth, complete denture\$0.00D5514Repair resin partial denture base, mandibular\$0.00D5515Repair resin partial denture base, mandibular\$0.00D5612Repair resin partial denture base, mandibular\$0.00D5613Repair cast partial framework, mandibular\$0.00D5624Repair cast partial framework, maxillary\$0.00D5630Repair or replace broken retentive clasping materials – per tooth\$0.00D5640Replace broken teeth, per tooth\$0.00			
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D5630 Repair or replace broken retentive clasping materials – per tooth \$0.00  D5640 Replace broken teeth, per tooth \$0.00	D5621		
D5640 Replace broken teeth, per tooth \$0.00	D5622	Repair cast partial framework, maxillary	\$0.00
	D5630	Repair or replace broken retentive clasping materials – per tooth	\$0.00
D5650 Add tooth to existing partial denture \$0.00	D5640	·	
	D5650	Add tooth to existing partial denture	\$0.00



LIBERTY DENTAL PLAN ®		Member
Code	Description	Co payment
	Removable Prosthodontic Services (continued)	- 3
D5660	Add clasp to existing partial denture, per tooth	\$0.00
D5670	Replace all teeth & acrylic on cast metal frame, maxillary	\$0.00
D5671	Replace all teeth & acrylic on cast metal frame, mandibular	\$0.00
D5710	Rebase complete maxillary denture	\$0.00
D5711	Rebase complete mandibular denture	\$0.00
D5720	Rebase maxillary partial denture	\$0.00
D5721	Rebase mandibular partial denture	\$0.00 \$0.00
D5730 D5731	Reline complete maxillary denture, chairside  Reline complete mandibular denture, chairside	\$0.00
D5731 D5740	Reline maxillary partial denture, chairside	\$0.00
D5740 D5741	Reline mandibular partial denture, chairside	\$0.00
D5750	Reline complete maxillary denture, laboratory	\$0.00
D5750	Reline complete mandibular denture, laboratory	\$0.00
D5760	Reline maxillary partial denture, laboratory	\$0.00
D5761	Reline mandibular partial denture, laboratory	\$0.00
D5810	Interim complete denture, maxillary	\$20.00
D5811	Interim complete denture, mandibular	\$20.00
D5820	Interim partial denture, maxillary	\$0.00
D5821	Interim partial denture, mandibular	\$0.00
D5850	Tissue conditioning, maxillary	\$0.00
D5851	Tissue conditioning, mandibular	\$0.00
	Implant Services	
GUIDELINE:	· ·	
Implants an	d all services associated with implants are listed at the actual member co-payment amount. No additional fee is allowable for porcelain, noble metal, h	igh noble metal,
or titanium	for implants and procedures associated with implants.	
D6010	Surgical placement of implant body, endosteal	\$2,000.00
D6056	Prefabricated abutment, includes modification and placement	\$210.00
D6058	Abutment supported porcelain/ceramic crown	\$1,110.00
D6059	Abutment supported porcelain fused to high noble crown	\$1,096.00
D6060	Abutment supported porcelain fused to base metal crown	\$1,035.00
D6061	Abutment supported porcelain fused to noble metal crown	\$1,056.00
D6062	Abutment supported cast metal crown, high noble	\$1,003.00
D6063	Abutment supported cast metal crown, base metal	\$861.00
D6064	Abutment supported cast metal crown, noble metal	\$912.00
D6065	Implant supported porcelain/ceramic crown	\$1,040.00
D6066	Implant supported crown, porcelain fused to high noble alloys	\$1,013.00
D6067 D6068	Implant supported crown, high noble alloys  Abutment supported retainer, percelain (coronic EDD)	\$984.00
D6068	Abutment supported retainer, porcelain/ceramic FPD Abutment supported retainer, metal FPD, high noble	\$1,110.00 \$1,096.00
D6009	Abutment supported retainer, metal FPD, hase metal	\$1,035.00
D6070	Abutment supported retainer, porcelain fused to metal FPD, noble	\$1,056.00
D6071	Abutment supported retainer, cast metal FPD, high noble	\$1,028.00
D6072	Abutment supported retainer, cast metal FPD, base metal	\$930.00
D6073	Abutment supported retainer, cast metal FPD, noble	\$1,005.00
D6075	Implant supported retainer for ceramic FPD	\$1,092.00
D6076	Implant supported retainer for FPD, porcelain fused to high noble alloys	\$1,064.00
D6077	Implant supported retainer for metal FPD, high noble alloys	\$984.00
D6081	Scaling and debridement in the presence of inflammation or mucositis of a single implant	\$0.00
D6082	Implant supported crown, porcelain fused to predominantly base alloys	\$984.00
D6083	Implant supported crown, porcelain fused to noble alloys	\$984.00
D6084	Implant supported crown, porcelain fused to titanium and titanium alloys	\$984.00
D6085	Provisional implant crown	\$15.00
D6086	Implant supported crown, predominantly base alloys	\$984.00
D6087	Implant supported crown, noble alloys	\$984.00
D6088	Implant supported crown, titanium and titanium alloys	\$984.00
D6092	Re-cement or re-bond implant/abutment supported crown	\$45.00
D6093	Re-cement or re-bond implant/abutment supported FPD	\$65.00
D6094	Abutment supported crown, titanium, and titanium alloys	\$670.00
D6096	Remove broken implant retaining screw	\$75.00
D6097	Abutment supported crown, porcelain fused to titanium and titanium alloys	\$984.00
D6098	Implant supported retainer, porcelain fused to predominantly base alloys	\$984.00



CDT Code	Description	Member Co payment
3	Implant Services (continued)	- 7
D6099	Implant supported retainer for FPD, porcelain fused to noble alloys	\$984.00
D6120	Implant supported retainer, porcelain fused to titanium and titanium alloys	\$984.00
D6121	Implant supported retainer for metal FPD, predominantly base alloys	\$984.00
D6122	Implant supported retainer for metal FPD, noble alloys	\$984.00
D6123	Implant supported retainer for metal FPD, titanium and titanium alloys	\$984.00
D6194	Abutment supported retainer crown for FPD titanium, titanium and titanium alloys	\$670.00
D6195	Abutment supported retainer, porcelain fused to titanium and titanium alloys	\$984.00
1	Fixed Prosthodontic Services	

#### \*GUIDELINES for Pontics, Retainer Crowns, Retainer Inlays, Retainer Onlays:

The total maximum amount chargeable to the member for elective upgraded procedures (explained below) is \$250.00 per tooth. Providers are required to explain covered benefits as well as any elective differences in materials and fees prior to providing an elective upgraded procedure.

- 1. <u>Brand name restorations:</u> (e.g. Sunrise, Captek, Vitadure-N, Hi-Ceram, Optec, HSP, In-Ceram, Empress, Cerec, AllCeram, Procera, Lava, etc.) may be considered elective upgraded procedures if their related CDT procedure codes are not listed as covered benefits.
- 2. <u>Benefits for anterior and bicuspid teeth:</u> Resin, porcelain and any resin to base metal or porcelain to base metal crowns are covered benefits for anterior and bicuspid teeth. Adding a porcelain margin may be considered an elective upgraded procedure.
- 3. <u>Benefits for molar teeth:</u> Cast base metal restorations are covered benefits for molar teeth. Resin-based composite and porcelain to metal crowns may be considered elective upgraded procedures. Adding a porcelain margin may be considered an elective upgraded procedure.
- 4. Base metal is the benefit: If elected, a)noble, b)high noble metal, or c) titanium may be considered an elective upgraded procedure.

4. Base meta	Base metal is the benefit: If elected, a)noble, b)high noble metal, or c) titanium may be considered an elective upgraded procedure.		
D6205	Pontic, indirect resin based composite	\$40.00*	
D6210	Pontic, cast high noble metal	\$40.00*	
D6211	Pontic, cast predominantly base metal	\$40.00	
D6212	Pontic, cast noble metal	\$40.00*	
D6214	Pontic, titanium, and titanium alloys	\$40.00*	
D6240	Pontic, porcelain fused to high noble metal	\$55.00*	
D6241	Pontic, porcelain fused to predominantly base metal	\$55.00*	
D6242	Pontic, porcelain fused to noble metal	\$55.00*	
D6243	Pontic, porcelain fused to titanium and titanium alloys	\$55.00*	
D6245	Pontic, porcelain/ceramic	\$55.00*	
D6250	Pontic, resin with high noble metal	\$55.00*	
D6251	Pontic, resin with predominantly base metal	\$40.00*	
D6252	Pontic, resin with noble metal	\$40.00*	
D6253	Provisional pontic	\$55.00	
D6545	Retainer, cast metal for resin bonded fixed prosthesis	\$17.00*	
D6548	Retainer, porcelain/ceramic, resin bonded fixed prosthesis	\$17.00*	
D6549	Resin retainer, for resin bonded fixed prosthesis	\$17.00	
D6600	Retainer inlay, porcelain/ceramic, two surfaces	\$28.00*	
D6601	Retainer inlay, porcelain/ceramic, three or more surfaces	\$30.00*	
D6602	Retainer inlay, cast high noble metal, two surfaces	\$28.00*	
D6603	Retainer inlay, cast high noble metal, three or more surfaces	\$30.00*	
D6604	Retainer inlay, cast base metal, two surfaces	\$28.00	
D6605	Retainer inlay, cast base metal, three or more surfaces	\$30.00	
D6606	Retainer inlay, cast noble metal, two surfaces	\$26.00*	
D6607	Retainer inlay, cast noble metal, three or more surfaces	\$30.00*	
D6624	Retainer inlay, titanium	\$30.00*	
D6608	Retainer onlay, porcelain/ceramic, two surfaces	\$31.00*	
D6609	Retainer onlay, porcelain/ceramic, three or more surfaces	\$33.00*	
D6610	Retainer onlay, cast high noble metal, two surfaces	\$30.00*	
D6611	Retainer onlay, cast high noble metal, three or more surfaces	\$31.00*	
D6612	Retainer onlay, cast base metal, two surfaces	\$30.00	
D6613	Retainer onlay, cast base metal, three or more surfaces	\$31.00	
D6614	Retainer onlay, cast noble metal, two surfaces	\$30.00*	
D6615	Retainer onlay, cast noble metal three or more surfaces	\$31.00*	
D6634	Retainer onlay, titanium	\$31.00*	
D6710	Retainer crown, indirect resin based composite	\$40.00*	
D6720	Retainer crown, resin with high noble metal	\$40.00*	
D6721	Retainer crown, resin with predominantly base metal	\$40.00*	
D6722	Retainer crown, resin with noble metal	\$40.00*	
D6740	Retainer crown, porcelain/ceramic	\$40.00*	
D6750	Retainer crown, porcelain fused to high noble metal	\$55.00*	
D6751	Retainer crown, porcelain fused to predominantly base metal	\$55.00*	
D6752	Retainer crown, porcelain fused to noble metal	\$55.00*	



LIBERTY DENTAL PLAN®		
CDT	Description	Member
Code	·	Co payment
	Fixed Prosthodontic Services (continued)	4==
D6753	Retainer crown, porcelain fused to titanium and titanium alloys	\$55.00*
D6780	Retainer crown, % cast high noble metal	\$55.00*
D6781	Retainer crown, % cast predominantly base metal	\$55.00
D6782	Retainer crown, % cast noble metal	\$55.00*
D6783	Retainer crown, % porcelain/ceramic	\$55.00*
D6784	Retainer crown ¾, titanium and titanium alloys	\$55.00*
D6790	Retainer crown, full cast high noble metal	\$40.00*
D6791 D6792	Retainer crown, full cast predominantly base metal Retainer crown, full cast noble metal	\$40.00 \$40.00*
D6792 D6793	Provisional retainer crown	\$15.00
D6793	Retainer crown, titanium and titanium alloys	\$40.00*
D6930	Re-cement or re-bond fixed partial denture	\$0.00
D6940	Stress breaker	\$0.00
D6980	Fixed partial denture repair, restorative material failure	\$0.00
D0300	Oral & Maxillofacial Services	\$0.00
D7111	Extraction, coronal remnants, primary tooth	\$0.00
D7111	Extraction, erupted tooth or exposed root	\$0.00
D7140	Extraction, erupted tooth or exposed root  Extraction, erupted tooth requiring removal of bone and/or sectioning of tooth	\$0.00
D7210	Removal of impacted tooth, soft tissue	\$0.00
D7230	Removal of impacted tooth, partially bony	\$0.00
D7240	Removal of impacted tooth, completely bony	\$0.00
D7241	Removal impacted tooth, complete bony, complication	\$0.00
D7250	Removal of residual tooth roots (cutting procedure)	\$0.00
D7261	Primary closure of a sinus perforation	\$31.00
D7270	Tooth reimplantation and/or stabilization, accident	\$30.00
D7280	Exposure of an unerupted tooth	\$15.00
D7282	Mobilization of erupted/malpositioned tooth	\$10.00
D7283	Placement, device to facilitate eruption, impaction	\$10.00
D7285	Incisional biopsy of oral tissue, hard (bone, tooth)	\$0.00
D7286	Incisional biopsy of oral tissue, soft	\$0.00
D7287	Exfoliative cytological sample collection	\$0.00
D7288	Brush biopsy, transepithelial sample collection	\$0.00
D7310	Alveoloplasty with extractions, four or more teeth per quadrant	\$0.00
D7311	Alveoloplasty with extractions, one to three teeth per quadrant	\$0.00
D7320	Alveoloplasty, w/o extractions, four or more teeth per quadrant	\$0.00
D7321	Alveoloplasty, w/o extractions, one to three teeth per quadrant	\$0.00
D7340	Vestibuloplasty, ridge extension (2nd epithelialization)	\$13.00
D7350	Vestibuloplasty, ridge extension	\$18.00
D7450	Removal, benign odontogenic cyst/tumor, up to 1.25 cm	\$15.00
D7451	Removal, benign odontogenic cyst/tumor, greater than 1.25 cm	\$30.00
D7460	Removal, benign nonodontogenic cyst/tumor, up to 1.25 cm	\$16.00
D7461	Removal, benign nonodontogenic cyst/tumor, greater than 1.25 cm	\$23.00
D7471	Removal of lateral exostosis, maxilla or mandible	\$18.00
D7472	Removal of torus palatinus	\$13.00
D7473	Removal of torus mandibularis	\$13.00
D7485	Reduction of osseous tuberosity	\$10.00
D7510	Incision & drainage of abscess, intraoral soft tissue	\$0.00
D7511	Incision & drainage of abscess, intraoral soft tissue, complicated	\$0.00
D7520	Incision & drainage of abscess, extraoral soft tissue	\$0.00
D7521	Incision & drainage of abscess, extraoral soft tissue, complicated	\$0.00
D7530	Remove foreign body, mucosa, skin, tissue	\$5.00
D7560	Maxillary sinusotomy for removal of tooth fragment or foreign body	\$10.00
D7922	Placement of intra-socket biological dressing to aid in hemostasis or clot, stabilization, per site	\$0.00
D7960 D7963	Frenulectomy (frenectomy or frenotomy), separate procedure	\$0.00
D7963 D7970	Frenuloplasty  Excision of hyperplastic tissue, per arch	\$0.00 \$0.00
D7970 D7971	Excision of hyperplastic tissue, per arch	\$5.00
0/9/1	Excision of pericoronal gingiva  Adjunctive General Services	\$3.00
D9110	Palliative (emergency) treatment, minor procedure	\$0.00
D9110 D9120	Fixed partial denture sectioning	\$0.00
D9120	Local anesthesia not in conjunction, operative or surgical procedures	\$0.00
D9210	Regional block anesthesia	\$0.00
	11-0	1 70.00



CDT	Description	Member
Code		Co payment
	Adjunctive General Services (continued)	
D9212	Trigeminal division block anesthesia	\$0.00
D9215	Local anesthesia in conjunction with operative or surgical procedures	\$0.00
D9219	Evaluation for moderate sedation, deep sedation or general anesthesia	\$0.00

#### \*\*GUIDELINE:

Deep sedation/general anesthesia is a covered benefit only when in conjunction with covered oral surgery and pedodontic procedures when dispensed in a dental office by a practitioner acting within the scope of his/her licensure; and when warranted by documented conditions that local anesthetic and contraindicated. General anesthesia, as used for dental pain control, means the elimination of all sensations accompanied by a state of unconsciousness. Patient apprehension and/or nervousness are not of themselves sufficient justification for deep sedation/general anesthesia or intravenous conscious sedation/analgesia.

justification for deep sedation/general anesthesia or intravenous conscious sedation/analgesia.		
D9222	Deep sedation/general anesthesia, first 15 minute increment	\$125.00**
D9223	Deep sedation/general anesthesia, each subsequent 15 minute increment	\$125.00**
D9230	Inhalation of nitrous oxide/analgesia, anxiolysis	\$35.00
D9239	Intravenous moderate (conscious) sedation/analgesia, first 15 minute increment	\$125.00**
D9243	Intravenous moderate (conscious) sedation/analgesia, each subsequent 15 minute increment	\$125.00**
D9248	Non-intravenous (conscious) sedation, includes non-IV minimal and moderate sedation	\$100.00
D9310	Consultation, other than requesting dentist	\$0.00
D9311	Consultation with a medical health care professional	\$0.00
D9430	Office visit, observation, regular hours, no other services	\$0.00
D9440	Office visit, after regularly scheduled hours	\$0.00
D9450	Case presentation, detailed & extensive treatment	\$0.00
D9630	Drugs or medicaments dispensed in the office for home use	\$0.00
D9910	Application of desensitizing medicament	\$0.00
D9911	Application of desensitizing resin for cervical, root surface, per tooth	\$0.00
D9930	Treatment of complications, post surgical, unusual, by report	\$0.00
D9942	Repair and/or reline of occlusal guard	\$25.00
D9944	Occlusal guard – hard appliance, full arch	\$100.00
D9945	Occlusal guard – soft appliance, full arch	\$100.00
D9946	Occlusal guard – hard appliance, partial arch	\$100.00
D9950	Occlusion analysis, mounted case	\$0.00
D9951	Occlusal adjustment, limited	\$0.00
D9952	Occlusal adjustment, complete	\$0.00
D9971	Odontoplasty 1-2 teeth; includes removal of enamel projections	\$0.00
D9986	Missed appointment	\$0.00
D9987	Cancelled appointment	\$0.00
D9991	Dental case management, addressing appointment compliance barriers	\$0.00
D9992	Dental case management, care coordination	\$0.00
D9993	Dental case management, motivational interviewing	\$0.00
D9994	Dental case management, patient education to improve oral health literacy	\$0.00
D9997	Dental case management, patients with special health care needs	\$0.00
	Office visit, per visit	\$0.00

#### **Limitations:**

- 1. Prophylaxis procedures or scaling in presence of inflammation is covered once every 6 consecutive months.
- 2. Complete series of radiographic images or panoramic radiographic image is covered once every 36 consecutive months.
- 3. Fluoride treatments are covered once every 6 consecutive months.
- 4. Sealants and sealant repairs are covered only on the first and second permanent molars with no caries (decay) for dependent children up to the 14th birth date. Limited to once per tooth per 36 month period.
- 5. Scaling and debridement of a single implant is covered once every 12 consecutive months.
- 6. Scaling and root planing per quadrant/site is covered once every 24 consecutive months.
- 7. Replacement of crowns, labial veneers or fixed partial dentures (bridgework), per unit, are limited to once every 5 year period.
- 8. Replacement of an existing full and partial denture is covered once per arch every 5 years if the appliance cannot be made functional through reline or repair.
- 9 Denture relines are covered twice every 12 consecutive months.
- 10. Fabricated crowns, onlays and inlays may be covered when a tooth with a good prognosis requires restoration but has insufficient remaining structure to reliably retain a filling. Coverage for these procedures limited to members age 16 and over.
- 11. The replacement of an amalgam or resin restoration in less than twelve months by the same contracted dentist or office is not chargeable to the Plan or the member.
- 12. Procedures that appear to have a poor prognosis as determined by a licensed LIBERTY dentist consultant are not covered.
- 13. Localized delivery of antimicrobial agents may be covered 4-6 weeks after the completion of scaling and root planing as an adjunctive procedure for 2 non-responsive sites in a quadrant with 5mm pockets or deeper plus inflammation.
- 14. For treatment plans involving 7 or more units of crowns and/or fixed partial dentures (bridges), contracted providers may charge an additional \$200 co-payment per unit. In such cases, the first 6 units, as described in limitation #7 above, are covered at the specified member co-payment amount only, as documented in this Schedule of Benefits.
- 15. Fixed partial dentures (bridges) are covered when: replacing a "like-for-like" existing fixed partial denture with identical pontics and abutment teeth with good prognosis; abutment teeth qualify for crowns on their own merit, as described in limitation #7 above; there is only one missing permanent tooth in a full arch and the bridge would have opposing teeth in the opposite arch.
- 16. Surgical periodontal services are limited to once every 36 month period.
- 17. Full mouth debridement is limited to once in a 24 month period.
- 18. Pediatric referrals, if authorized by LIBERTY, are covered only for dependent children through the age of 6 unless the child qualifies under the American with Disabilities Act (ADA).

#### **Exclusions:**

- 1. Any procedure not specifically listed as a Covered Benefit.
- 2. Replacement of lost or stolen prosthetics or appliances including partial dentures, full dentures, and orthodontic appliances.
- 3. General anesthesia, analgesia, intravenous/intramuscular sedation or the services of an anesthesiologist other than those situations described in the Schedule of Benefits (\*\*).
- 4. Treatment started prior to coverage or after termination of coverage.
- 5. Procedures, appliances, or restorations to treat temporomandibular joint dysfunctions (e.g. adjustments/corrections to the facial bones), congenital or developmental situations (including supernumerary teeth) or medically induced dental disorders, including but not limited to: myofunctional treatment (e.g. speech therapy), or myoskeletal dysfunctions, unless otherwise covered as an orthodontic benefit.
- 6. Services for cosmetic purposes or for conditions that are a result of hereditary developmental defects, such as cleft palate, upper and lower jaw malformations, congenitally missing teeth and teeth that are discolored or lacking enamel.
- 7. Procedures which are determined not to be dentally necessary consistent with professionally recognized standards of dental practice.
- 8. Procedures performed on natural teeth solely to increase vertical dimension or restore occlusion.
- 9. Any service performed outside of your assigned dental office, unless expressly authorized by LIBERTY Dental Plan, or unless as outlined and covered in the "Emergency Dental Care" section of the Evidence of Coverage.
- 10. The removal of asymptomatic, unerupted third molars (or other teeth) that appear to have an unimpeded pathway to eruption and no active pathology.
- 11. Procedures or appliances that are provided by a dentist who specializes in prosthodontic services.
- 12. Services for restoring tooth structure lost from wear (abrasion, erosion, attrition or abfraction), for rebuilding occlusion or maintaining chewing surfaces or teeth that are out of alignment or for stabilizing teeth. Examples of such treatment are equilibration and periodontal splinting.
- 13. Any routine dental services performed by a dentist or dental specialist in an inpatient/outpatient hospital setting.
- 14. Consultations for non-covered services.



# LIBERTY Dental Plan of California, Inc. Ortho-275 PLAN SCHEDULE OF BENEFITS

Primary Dentition: Teeth developed and erupted first in order of time.

Transitional Dentition: The Final phase of the transition from primary to adult teeth, in which the deciduous molars and canines are in the

process of shedding and the permanent successors are emerging.

Adolescent Dentition: The dentition that is present after the normal loss of primary teeth and prior to cessation of growth that would affect

orthodontic treatment.

Adult Dentition: The dentition that is present after the cessation of growth that would affect orthodontic treatment.

Treatment must be provided by a LIBERTY Dental Plan contracted orthodontic provider.

Any procedure not listed is available at the provider's usual and customary fee

CDT Code	Description	Member Co-payment
D0340	2D cephalometric radiographic image, measurement and analysis	\$150.00
D0470	Diagnostic casts	\$125.00
D9310	Consultation, other than requesting dentist	\$0.00
D8010	Limited orthodontic treatment of the primary dentition	\$1,550.00
D8020	Limited orthodontic treatment of the transitional dentition	\$1,550.00
D8030	Limited orthodontic treatment of the adolescent dentition	\$1,550.00
D8040	Limited orthodontic treatment of the adult dentition	\$1,550.00
D8050	Interceptive orthodontic treatment of the primary dentition	\$725.00
D8060	Interceptive orthodontic treatment of the transitional dentition	\$725.00
D8070	Comprehensive orthodontic treatment of the transitional dentition	\$1,775.00
D8080	Comprehensive orthodontic treatment of the adolescent dentition	\$1,775.00
D8090	Comprehensive orthodontic treatment of the adult dentition	\$1,950.00
D8210	Removable appliance therapy	\$350.00
D8220	Fixed appliance therapy	\$350.00
D8660	Pre-orthodontic treatment examination to monitor growth and development	\$0.00
D8670	Periodic orthodontic treatment visit	\$0.00
D8680	Orthodontic retention (removal of appliances, construction and placement of retainer(s))	\$325.00
D9986	Missed appointment	\$25.00
D9987	Cancelled appointment	\$0.00

#### **Orthodontic Exclusions:**

- 1. Replacement of lost or stolen orthodontic appliances
- 2. Lost, stolen or broken appliances
- 3. Orthodontic treatment started prior to member's effective date of coverage unless covered through an orthodontic takeover provision.
- 4. Extractions for orthodontic purposes, (will not be applied if extraction is consistent with professionally recognized standards of dental practice or arises in the context of an emergency dental condition).
- 5. Treatment in progress at the time of eligibility, unless included as an orthodontic rider to the groups benefits.
- 6. Temporomandibular joint syndrome (TMJ) surgical orthodontics
- 7. Myofunctional therapy
- 8. Treatment of cleft palate
- 9. Treatment of micrognathia
- 10. Treatment of macroglossia
- 11. Changes in orthodontic treatment necessitated by accident of any kind.
- 12. Orthodontic coverage is limited to 24 months of treatment, followed by 24 months of retention office visits.
- 13. Services provided after the 24th month of treatment and/or retention is the responsibility of the patient at a fee not to exceed \$130 per month.
- 14. In the event of termination the patient is responsible for the usual fee of the treating dentist pro-rated over the remainder of treatment and/or retention.

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