

# LIBERTY Dental Plan of California, Inc.

# **LDP-400 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 quarantee benefits. All services are subject to eligibility and dental necessity at the time of service.
- $\checkmark$  Dental procedures not listed as covered benefits are available at the dental office's usual and customary fee.

CDT Code	Description	Member Co-paymen
	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	\$15.00
D0415	Collection of microorganisms for culture	\$15.00
D0425	Caries susceptibility tests	\$8.00
D0460	Pulp vitality tests	\$0.00
D0470	Diagnostic casts	\$0.00
D0472	Accession of tissue, gross exam, prep & report	\$15.00
D0473	Accession of tissue, gross/micro. exam, prep, report	\$15.00
D0474	Accession of tissue, gross/micro. exam, report	\$15.00
	Preventive Services	
D1110	Prophylaxis, adult	\$0.00
DIIIU	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	\$5.00
D1352	Preventive resin restoration, permanent tooth	\$5.00
D1353	Sealant repair, per tooth	\$0.00
D1510	Space maintainer, fixed, unilateral, per quadrant	\$15.00
D1516	Space maintainer – fixed – bilateral, maxillary	\$15.00
D1517	Space maintainer – fixed – bilateral, mandibular	\$15.00
D1520	Space maintainer, removable, unilateral, per quadrant	\$15.00
D1526	Space maintainer – removable – bilateral, maxillary	\$15.00
D1527	Space maintainer – removable – bilateral, mandibular	\$15.00

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CDT Code	Description	Member Co-payment
	Preventive Services (continued)	
D1551	Re-cement or re-bond bilateral space maintainer, maxillary	\$0.00
D1552	Re-cement or re-bond bilateral space maintainer, mandibular	\$0.00
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	\$15.00
	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	\$45.00
D2392	Resin-based composite, two surfaces, posterior	\$49.00
D2393	Resin-based composite, three surfaces, posterior	\$55.00
D2394	Resin-based composite, four or more surfaces, posterior	\$74.00

#### \*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	\$75.00
D2520	Inlay, metallic, two surfaces	\$85.00
D2530	Inlay, metallic, three or more surfaces	\$90.00
D2542	Onlay, metallic, two surfaces	\$90.00
D2543	Onlay, metallic, three surfaces	\$95.00
D2544	Onlay, metallic, four or more surfaces	\$100.00
D2610	Inlay, porcelain/ceramic, one surface	\$80.00*
D2620	Inlay, porcelain/ceramic, two surfaces	\$85.00*
D2630	Inlay, porcelain/ceramic, three or more surfaces	\$90.00*
D2642	Onlay, porcelain/ceramic, two surfaces	\$95.00*
D2643	Onlay, porcelain/ceramic, three surfaces	\$100.00*
D2644	Onlay, porcelain/ceramic, four or more surfaces	\$105.00*
D2650	Inlay, resin-based composite, one surface	\$75.00*
D2651	Inlay, resin-based composite, two surfaces	\$80.00*
D2652	Inlay, resin-based composite, three or more surfaces	\$90.00*
D2662	Onlay, resin-based composite, two surfaces	\$90.00*
D2663	Onlay, resin-based composite, three surfaces	\$95.00*
D2664	Onlay, resin-based composite, four or more surfaces	\$100.00*
D2710	Crown, resin-based composite (indirect)	\$70.00*
D2712	Crown, ¾ resin-based composite (indirect)	\$70.00*
D2720	Crown, resin with high noble metal	\$70.00*
D2721	Crown, resin with predominantly base metal	\$70.00*
D2722	Crown, resin with noble metal	\$70.00*
D2740	Crown, porcelain/ceramic	\$70.00*
D2750	Crown, porcelain fused to high noble metal	\$70.00*
D2751	Crown, porcelain fused to predominantly base metal	\$70.00*
D2752	Crown, porcelain fused to noble metal	\$70.00*
D2753	Crown, porcelain fused to titanium and titanium alloys	\$70.00*
D2780	Crown, ¾ cast high noble metal	\$70.00*



LIBERTY DENTAL PLAN ®		
CDT	Description	Member
Code	Description	Co-payment
	Restorative Services (continued)	
D2781	Crown, ¾ cast predominantly base metal	\$70.00
D2782	Crown, ¾ cast noble metal	\$70.00*
D2783	Crown, ¾ porcelain/ceramic	\$70.00*
D2790	Crown, full cast high noble metal	\$70.00*
D2791	Crown, full cast predominantly base metal	\$70.00
D2792	Crown, full cast noble metal	\$70.00*
D2794	Crown, titanium and titanium alloys	\$70.00*
D2799	Provisional crown	\$40.00
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
D2930	Prefabricated stainless steel crown, primary tooth	\$0.00
D2931	Prefabricated stainless steel crown, permanent tooth	\$0.00
D2932	Prefabricated resin crown	\$5.00
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	\$10.00
D2951	Pin retention, per tooth, in addition to restoration	\$10.00
D2952	Post and core in addition to crown, indirectly fabricated	\$10.00
D2953	Each additional indirectly fabricated post, same tooth	\$5.00
D2954	Prefabricated post and core in addition to crown	\$10.00
D2955	Post removal	\$10.00
D2957	Each additional prefabricated post, same tooth	\$5.00
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	\$15.00
D2980	Crown repair necessitated by restorative material failure	\$15.00
		715.00
	Endodontic Services	
D3110	Endodontic Services Pulp cap, direct (excluding final restoration)	\$0.00
D3110 D3120	Endodontic Services Pulp cap, direct (excluding final restoration) Pulp cap, indirect (excluding final restoration)	\$0.00 \$0.00
D3110 D3120 D3220	Endodontic Services Pulp cap, direct (excluding final restoration) Pulp cap, indirect (excluding final restoration) Therapeutic pulpotomy (excluding final restoration)	\$0.00 \$0.00 \$0.00
D3110 D3120 D3220 D3221	Endodontic Services  Pulp cap, direct (excluding final restoration)  Pulp cap, indirect (excluding final restoration)  Therapeutic pulpotomy (excluding final restoration)  Pulpal debridement, primary and permanent teeth	\$0.00 \$0.00 \$0.00 \$5.00
D3110 D3120 D3220 D3221 D3230	Endodontic Services  Pulp cap, direct (excluding final restoration)  Pulp cap, indirect (excluding final restoration)  Therapeutic pulpotomy (excluding final restoration)  Pulpal debridement, primary and permanent teeth  Pulpal therapy, anterior, primary tooth (excluding final restoration)	\$0.00 \$0.00 \$0.00 \$5.00 \$5.00
D3110 D3120 D3220 D3221 D3230 D3240	Endodontic Services  Pulp cap, direct (excluding final restoration)  Pulp cap, indirect (excluding final restoration)  Therapeutic pulpotomy (excluding final restoration)  Pulpal debridement, primary and permanent teeth  Pulpal therapy, anterior, primary tooth (excluding final restoration)  Pulpal therapy, posterior, primary tooth (excluding finale restoration)	\$0.00 \$0.00 \$0.00 \$5.00 \$0.00 \$0.00
D3110 D3120 D3220 D3221 D3230 D3240 D3310	Endodontic Services  Pulp cap, direct (excluding final restoration)  Pulp cap, indirect (excluding final restoration)  Therapeutic pulpotomy (excluding final restoration)  Pulpal debridement, primary and permanent teeth  Pulpal therapy, anterior, primary tooth (excluding final restoration)  Pulpal therapy, posterior, primary tooth (excluding finale restoration)  Endodontic therapy, anterior tooth (excluding final restoration)	\$0.00 \$0.00 \$0.00 \$5.00 \$5.00 \$0.00 \$34.00
D3110 D3120 D3220 D3221 D3230 D3240 D3310 D3320	Endodontic Services  Pulp cap, direct (excluding final restoration)  Pulp cap, indirect (excluding final restoration)  Therapeutic pulpotomy (excluding final restoration)  Pulpal debridement, primary and permanent teeth  Pulpal therapy, anterior, primary tooth (excluding final restoration)  Pulpal therapy, posterior, primary tooth (excluding finale restoration)  Endodontic therapy, anterior tooth (excluding final restoration)  Endodontic therapy, premolar tooth (excluding final restoration)	\$0.00 \$0.00 \$0.00 \$5.00 \$5.00 \$0.00 \$34.00 \$80.00
D3110 D3120 D3220 D3221 D3230 D3240 D3310 D3320 D3330	Pulp cap, direct (excluding final restoration) Pulp cap, indirect (excluding final restoration) Therapeutic pulpotomy (excluding final restoration) Pulpal debridement, primary and permanent teeth Pulpal therapy, anterior, primary tooth (excluding final restoration) Pulpal therapy, posterior, primary tooth (excluding finale restoration) Endodontic therapy, anterior tooth (excluding final restoration) Endodontic therapy, premolar tooth (excluding final restoration) Endodontic therapy, molar tooth (excluding final restoration)	\$0.00 \$0.00 \$0.00 \$5.00 \$0.00 \$0.00 \$0.00 \$0.00 \$14.00 \$105.00
D3110 D3120 D3220 D3221 D3230 D3240 D3310 D3320 D3330 D3331	Endodontic Services  Pulp cap, direct (excluding final restoration)  Pulp cap, indirect (excluding final restoration)  Therapeutic pulpotomy (excluding final restoration)  Pulpal debridement, primary and permanent teeth  Pulpal therapy, anterior, primary tooth (excluding final restoration)  Pulpal therapy, posterior, primary tooth (excluding finale restoration)  Endodontic therapy, anterior tooth (excluding final restoration)  Endodontic therapy, premolar tooth (excluding final restoration)  Endodontic therapy, molar tooth (excluding final restoration)  Treatment of root canal obstruction; non-surgical access	\$0.00 \$0.00 \$0.00 \$5.00 \$0.00 \$0.00 \$34.00 \$80.00 \$105.00 \$110.00
D3110 D3120 D3220 D3221 D3230 D3240 D3310 D3320 D3330 D3331 D3332	Endodontic Services  Pulp cap, direct (excluding final restoration)  Pulp cap, indirect (excluding final restoration)  Therapeutic pulpotomy (excluding final restoration)  Pulpal debridement, primary and permanent teeth  Pulpal therapy, anterior, primary tooth (excluding final restoration)  Pulpal therapy, posterior, primary tooth (excluding finale restoration)  Endodontic therapy, anterior tooth (excluding final restoration)  Endodontic therapy, premolar tooth (excluding final restoration)  Endodontic therapy, molar tooth (excluding final restoration)  Treatment of root canal obstruction; non-surgical access  Incomplete endodontic therapy; inoperable, unrestorable, fractured tooth	\$0.00 \$0.00 \$0.00 \$5.00 \$0.00 \$0.00 \$0.00 \$34.00 \$80.00 \$105.00 \$110.00 \$40.00
D3110 D3120 D3220 D3221 D3230 D3240 D3310 D3320 D3331 D3332 D3331	Endodontic Services  Pulp cap, direct (excluding final restoration)  Pulp cap, indirect (excluding final restoration)  Therapeutic pulpotomy (excluding final restoration)  Pulpal debridement, primary and permanent teeth  Pulpal therapy, anterior, primary tooth (excluding final restoration)  Pulpal therapy, posterior, primary tooth (excluding finale restoration)  Endodontic therapy, anterior tooth (excluding final restoration)  Endodontic therapy, premolar tooth (excluding final restoration)  Endodontic therapy, molar tooth (excluding final restoration)  Treatment of root canal obstruction; non-surgical access  Incomplete endodontic therapy; inoperable, unrestorable, fractured tooth  Internal root repair of perforation defects	\$0.00 \$0.00 \$0.00 \$5.00 \$0.00 \$0.00 \$34.00 \$80.00 \$105.00 \$110.00 \$40.00
D3110 D3120 D3220 D3221 D3230 D3240 D3310 D3320 D3331 D3332 D3331 D3332	Pulp cap, direct (excluding final restoration) Pulp cap, indirect (excluding final restoration) Therapeutic pulpotomy (excluding final restoration) Pulpal debridement, primary and permanent teeth Pulpal therapy, anterior, primary tooth (excluding final restoration) Pulpal therapy, posterior, primary tooth (excluding final restoration) Endodontic therapy, anterior tooth (excluding final restoration) Endodontic therapy, premolar tooth (excluding final restoration) Endodontic therapy, molar tooth (excluding final restoration) Treatment of root canal obstruction; non-surgical access Incomplete endodontic therapy; inoperable, unrestorable, fractured tooth Internal root repair of perforation defects Retreatment of previous root canal therapy, anterior	\$0.00 \$0.00 \$0.00 \$5.00 \$0.00 \$0.00 \$34.00 \$80.00 \$110.00 \$40.00 \$55.00 \$34.00
D3110 D3120 D3220 D3221 D3230 D3240 D3310 D3320 D3331 D3332 D3333 D3346 D3347	Endodontic Services  Pulp cap, direct (excluding final restoration)  Pulp cap, indirect (excluding final restoration)  Therapeutic pulpotomy (excluding final restoration)  Pulpal debridement, primary and permanent teeth  Pulpal therapy, anterior, primary tooth (excluding final restoration)  Pulpal therapy, posterior, primary tooth (excluding final restoration)  Endodontic therapy, anterior tooth (excluding final restoration)  Endodontic therapy, premolar tooth (excluding final restoration)  Endodontic therapy, molar tooth (excluding final restoration)  Treatment of root canal obstruction; non-surgical access  Incomplete endodontic therapy; inoperable, unrestorable, fractured tooth  Internal root repair of perforation defects  Retreatment of previous root canal therapy, anterior  Retreatment of previous root canal therapy, premolar	\$0.00 \$0.00 \$0.00 \$5.00 \$0.00 \$0.00 \$34.00 \$105.00 \$110.00 \$40.00 \$34.00 \$70.00
D3110 D3120 D3220 D3221 D3230 D3240 D3310 D3320 D3331 D3332 D3333 D3346 D3347 D3348	Endodontic Services  Pulp cap, direct (excluding final restoration)  Pulp cap, indirect (excluding final restoration)  Therapeutic pulpotomy (excluding final restoration)  Pulpal debridement, primary and permanent teeth  Pulpal therapy, anterior, primary tooth (excluding final restoration)  Pulpal therapy, posterior, primary tooth (excluding final restoration)  Endodontic therapy, anterior tooth (excluding final restoration)  Endodontic therapy, premolar tooth (excluding final restoration)  Endodontic therapy, molar tooth (excluding final restoration)  Treatment of root canal obstruction; non-surgical access  Incomplete endodontic therapy; inoperable, unrestorable, fractured tooth  Internal root repair of perforation defects  Retreatment of previous root canal therapy, anterior  Retreatment of previous root canal therapy, premolar  Retreatment of previous root canal therapy, molar	\$0.00 \$0.00 \$0.00 \$5.00 \$0.00 \$0.00 \$34.00 \$105.00 \$110.00 \$40.00 \$55.00 \$34.00 \$70.00
D3110 D3120 D3220 D3221 D3230 D3240 D3310 D3320 D3331 D3332 D3333 D3346 D3347 D3348 D3351	Endodontic Services  Pulp cap, direct (excluding final restoration)  Pulp cap, indirect (excluding final restoration)  Therapeutic pulpotomy (excluding final restoration)  Pulpal debridement, primary and permanent teeth  Pulpal therapy, anterior, primary tooth (excluding final restoration)  Pulpal therapy, posterior, primary tooth (excluding finale restoration)  Endodontic therapy, anterior tooth (excluding final restoration)  Endodontic therapy, premolar tooth (excluding final restoration)  Endodontic therapy, molar tooth (excluding final restoration)  Treatment of root canal obstruction; non-surgical access  Incomplete endodontic therapy; inoperable, unrestorable, fractured tooth  Internal root repair of perforation defects  Retreatment of previous root canal therapy, anterior  Retreatment of previous root canal therapy, premolar  Retreatment of previous root canal therapy, molar  Apexification/recalcification, initial visit	\$0.00 \$0.00 \$0.00 \$5.00 \$0.00 \$0.00 \$34.00 \$105.00 \$110.00 \$40.00 \$70.00 \$105.00 \$40.00
D3110 D3120 D3220 D3221 D3230 D3240 D3310 D3320 D3331 D3332 D3331 D3346 D3347 D3348 D3351 D3352	Endodontic Services  Pulp cap, direct (excluding final restoration) Pulp cap, indirect (excluding final restoration) Therapeutic pulpotomy (excluding final restoration) Pulpal debridement, primary and permanent teeth Pulpal therapy, anterior, primary tooth (excluding final restoration) Pulpal therapy, posterior, primary tooth (excluding final restoration) Endodontic therapy, anterior tooth (excluding final restoration) Endodontic therapy, premolar tooth (excluding final restoration) Endodontic therapy, molar tooth (excluding final restoration) Endodontic therapy, molar tooth (excluding final restoration) Treatment of root canal obstruction; non-surgical access Incomplete endodontic therapy; inoperable, unrestorable, fractured tooth Internal root repair of perforation defects Retreatment of previous root canal therapy, anterior Retreatment of previous root canal therapy, premolar Retreatment of previous root canal therapy, molar Apexification/recalcification, initial visit Apexification/recalcification, interim medication replacement	\$0.00 \$0.00 \$0.00 \$5.00 \$0.00 \$0.00 \$34.00 \$105.00 \$110.00 \$40.00 \$70.00 \$40.00 \$40.00 \$40.00
D3110 D3120 D3220 D3221 D3230 D3240 D3310 D3320 D3331 D3332 D3331 D3346 D3347 D3348 D3351 D3352 D3353	Endodontic Services  Pulp cap, direct (excluding final restoration)  Pulp cap, indirect (excluding final restoration)  Therapeutic pulpotomy (excluding final restoration)  Pulpal debridement, primary and permanent teeth  Pulpal therapy, anterior, primary tooth (excluding final restoration)  Pulpal therapy, posterior, primary tooth (excluding final restoration)  Endodontic therapy, anterior tooth (excluding final restoration)  Endodontic therapy, premolar tooth (excluding final restoration)  Endodontic therapy, molar tooth (excluding final restoration)  Treatment of root canal obstruction; non-surgical access  Incomplete endodontic therapy; inoperable, unrestorable, fractured tooth  Internal root repair of perforation defects  Retreatment of previous root canal therapy, anterior  Retreatment of previous root canal therapy, premolar  Retreatment of previous root canal therapy, molar  Apexification/recalcification, initial visit  Apexification/recalcification, interim medication replacement  Apexification/recalcification, final visit	\$0.00 \$0.00 \$0.00 \$5.00 \$0.00 \$0.00 \$34.00 \$105.00 \$110.00 \$40.00 \$70.00 \$105.00 \$40.00 \$40.00 \$40.00
D3110 D3120 D3220 D3221 D3230 D3240 D3310 D3320 D3331 D3332 D3331 D3346 D3347 D3348 D3351 D3352 D3353 D3410	Endodontic Services  Pulp cap, direct (excluding final restoration)  Pulp cap, indirect (excluding final restoration)  Therapeutic pulpotomy (excluding final restoration)  Pulpal debridement, primary and permanent teeth  Pulpal therapy, anterior, primary tooth (excluding final restoration)  Pulpal therapy, posterior, primary tooth (excluding final restoration)  Endodontic therapy, anterior tooth (excluding final restoration)  Endodontic therapy, premolar tooth (excluding final restoration)  Endodontic therapy, molar tooth (excluding final restoration)  Treatment of root canal obstruction; non-surgical access  Incomplete endodontic therapy; inoperable, unrestorable, fractured tooth Internal root repair of perforation defects  Retreatment of previous root canal therapy, anterior  Retreatment of previous root canal therapy, premolar  Retreatment of previous root canal therapy, molar  Apexification/recalcification, initial visit  Apexification/recalcification, final visit  Apicoectomy, anterior	\$0.00 \$0.00 \$0.00 \$5.00 \$0.00 \$5.00 \$0.00 \$34.00 \$105.00 \$110.00 \$40.00 \$70.00 \$105.00 \$40.00 \$40.00 \$40.00 \$40.00 \$55.00
D3110 D3120 D3220 D3221 D3230 D3240 D3310 D3320 D3331 D3332 D3333 D3346 D3347 D3348 D3351 D3352 D3353 D3410 D3421	Endodontic Services  Pulp cap, direct (excluding final restoration)  Pulp cap, indirect (excluding final restoration)  Therapeutic pulpotomy (excluding final restoration)  Pulpal debridement, primary and permanent teeth  Pulpal therapy, anterior, primary tooth (excluding final restoration)  Pulpal therapy, posterior, primary tooth (excluding final restoration)  Pulpal therapy, posterior, primary tooth (excluding final restoration)  Endodontic therapy, anterior tooth (excluding final restoration)  Endodontic therapy, premolar tooth (excluding final restoration)  Endodontic therapy, molar tooth (excluding final restoration)  Treatment of root canal obstruction; non-surgical access  Incomplete endodontic therapy; inoperable, unrestorable, fractured tooth  Internal root repair of perforation defects  Retreatment of previous root canal therapy, anterior  Retreatment of previous root canal therapy, premolar  Retreatment of previous root canal therapy, molar  Apexification/recalcification, initial visit  Apexification/recalcification, interim medication replacement  Apexification/recalcification, final visit  Apicoectomy, anterior  Apicoectomy, premolar (first root)	\$0.00 \$0.00 \$0.00 \$5.00 \$0.00 \$5.00 \$0.00 \$34.00 \$105.00 \$110.00 \$40.00 \$70.00 \$105.00 \$40.00 \$40.00 \$40.00 \$55.00
D3110 D3120 D3220 D3221 D3230 D3240 D3310 D3320 D3331 D3332 D3331 D3332 D3346 D3347 D3348 D3351 D3352 D3353 D3410 D3421 D3425	Endodontic Services  Pulp cap, direct (excluding final restoration)  Pulp cap, indirect (excluding final restoration)  Pulp cap, indirect (excluding final restoration)  Therapeutic pulpotomy (excluding final restoration)  Pulpal debridement, primary and permanent teeth  Pulpal therapy, anterior, primary tooth (excluding final restoration)  Pulpal therapy, posterior, primary tooth (excluding final restoration)  Endodontic therapy, anterior tooth (excluding final restoration)  Endodontic therapy, premolar tooth (excluding final restoration)  Endodontic therapy, molar tooth (excluding final restoration)  Treatment of root canal obstruction; non-surgical access  Incomplete endodontic therapy, inoperable, unrestorable, fractured tooth Internal root repair of perforation defects  Retreatment of previous root canal therapy, anterior  Retreatment of previous root canal therapy, premolar  Retreatment of previous root canal therapy, molar  Apexification/recalcification, initial visit  Apexification/recalcification, interim medication replacement  Apexification/recalcification, final visit  Apicoectomy, anterior  Apicoectomy, premolar (first root)  Apicoectomy, molar (first root)	\$0.00 \$0.00 \$0.00 \$5.00 \$0.00 \$5.00 \$0.00 \$34.00 \$105.00 \$110.00 \$40.00 \$40.00 \$40.00 \$40.00 \$40.00 \$55.00 \$40.00 \$55.00 \$55.00
D3110 D3120 D3220 D3221 D3230 D3240 D3310 D3320 D3331 D3332 D3333 D3346 D3347 D3348 D3351 D3352 D3353 D3410 D3421 D3425 D3426	Endodontic Services Pulp cap, direct (excluding final restoration) Pulp cap, indirect (excluding final restoration) Therapeutic pulpotomy (excluding final restoration) Pulpal debridement, primary and permanent teeth Pulpal therapy, anterior, primary tooth (excluding final restoration) Pulpal therapy, posterior, primary tooth (excluding final restoration) Endodontic therapy, anterior tooth (excluding final restoration) Endodontic therapy, molar tooth (excluding final restoration) Endodontic therapy, molar tooth (excluding final restoration) Treatment of root canal obstruction; non-surgical access Incomplete endodontic therapy; inoperable, unrestorable, fractured tooth Internal root repair of perforation defects Retreatment of previous root canal therapy, anterior Retreatment of previous root canal therapy, premolar Retreatment of previous root canal therapy, molar Apexification/recalcification, initial visit Apexification/recalcification, interim medication replacement Apexification/recalcification, final visit Apicoectomy, anterior Apicoectomy, premolar (first root) Apicoectomy, molar (first root) Apicoectomy, (each additional root)	\$0.00 \$0.00 \$0.00 \$5.00 \$5.00 \$0.00 \$0.00 \$34.00 \$105.00 \$110.00 \$40.00 \$40.00 \$40.00 \$40.00 \$40.00 \$55.00 \$105.00 \$105.00 \$105.00 \$105.00 \$105.00 \$105.00 \$105.00 \$105.00
D3110 D3120 D3220 D3221 D3230 D3240 D3310 D3320 D3331 D3332 D3333 D3346 D3347 D3348 D3351 D3352 D3353 D3410 D3421 D3425 D3430	Endodontic Services  Pulp cap, direct (excluding final restoration)  Pulp cap, indirect (excluding final restoration)  Therapeutic pulpotomy (excluding final restoration)  Pulpal debridement, primary and permanent teeth  Pulpal therapy, anterior, primary tooth (excluding final restoration)  Pulpal therapy, posterior, primary tooth (excluding final restoration)  Endodontic therapy, anterior tooth (excluding final restoration)  Endodontic therapy, premolar tooth (excluding final restoration)  Endodontic therapy, molar tooth (excluding final restoration)  Treatment of root canal obstruction; non-surgical access  Incomplete endodontic therapy; inoperable, unrestorable, fractured tooth  Internal root repair of perforation defects  Retreatment of previous root canal therapy, anterior  Retreatment of previous root canal therapy, molar  Apexification/recalcification, initial visit  Apexification/recalcification, interim medication replacement  Apexification/recalcification, final visit  Apicoectomy, anterior  Apicoectomy, molar (first root)  Apicoectomy, geach additional root)  Retrograde filling, per root	\$0.00 \$0.00 \$0.00 \$5.00 \$5.00 \$0.00 \$34.00 \$105.00 \$110.00 \$40.00 \$55.00 \$105.00 \$40.00 \$40.00 \$40.00 \$55.00 \$105.00 \$
D3110 D3120 D3220 D3221 D3230 D3240 D3310 D3320 D3331 D3332 D3331 D3332 D3346 D3347 D3348 D3351 D3352 D3353 D3410 D3421 D3425 D3426 D3430 D3450	Endodontic Services Pulp cap, direct (excluding final restoration) Pulp cap, indirect (excluding final restoration) Therapeutic pulpotomy (excluding final restoration) Pulpal debridement, primary and permanent teeth Pulpal therapy, anterior, primary tooth (excluding final restoration) Pulpal therapy, posterior, primary tooth (excluding final restoration) Endodontic therapy, anterior tooth (excluding final restoration) Endodontic therapy, anterior tooth (excluding final restoration) Endodontic therapy, molar tooth (excluding final restoration) Endodontic therapy, molar tooth (excluding final restoration) Treatment of root canal obstruction; non-surgical access Incomplete endodontic therapy; inoperable, unrestorable, fractured tooth Internal root repair of perforation defects Retreatment of previous root canal therapy, anterior Retreatment of previous root canal therapy, premolar Retreatment of previous root canal therapy, molar Apexification/recalcification, initial visit Apexification/recalcification, interim medication replacement Apexification/recalcification, interim medication replacement Apicoectomy, premolar (first root) Apicoectomy, premolar (first root) Apicoectomy, molar (first root) Retregrade filling, per root Root amputation, per root	\$0.00 \$0.00 \$0.00 \$5.00 \$5.00 \$0.00 \$34.00 \$105.00 \$110.00 \$40.00 \$55.00 \$140.00 \$40.00 \$55.00 \$155.00 \$105.00 \$105.00 \$105.00 \$105.00 \$105.00 \$105.00 \$105.00 \$105.00 \$105.00 \$105.00 \$105.00 \$105.00 \$105.00 \$105.00 \$105.00 \$105.00 \$105.00 \$105.00 \$105.00
D3110 D3120 D3220 D3221 D3230 D3240 D3310 D3320 D3331 D3332 D3331 D3332 D3346 D3347 D3348 D3351 D3352 D3353 D3410 D3421 D3425 D3426 D3430 D3450 D3910	Endodontic Services  Pulp cap, direct (excluding final restoration)  Pulp cap, indirect (excluding final restoration)  Therapeutic pulpotomy (excluding final restoration)  Pulpal debridement, primary and permanent teeth  Pulpal therapy, anterior, primary tooth (excluding final restoration)  Pulpal therapy, posterior, primary tooth (excluding final restoration)  Endodontic therapy, anterior tooth (excluding final restoration)  Endodontic therapy, molar tooth (excluding final restoration)  Endodontic therapy, molar tooth (excluding final restoration)  Treatment of root canal obstruction; non-surgical access Incomplete endodontic therapy; inoperable, unrestorable, fractured tooth Internal root repair of perforation defects  Retreatment of previous root canal therapy, anterior  Retreatment of previous root canal therapy, premolar  Retreatment of previous root canal therapy, molar  Apexification/recalcification, initial visit  Apexification/recalcification, interim medication replacement  Apexification/recalcification, interim medication replacement  Apicoectomy, premolar (first root)  Apicoectomy, premolar (first root)  Apicoectomy, premolar (first root)  Retrograde filling, per root  Root amputation, per root  Surgical procedure for isolation of tooth with rubber dam	\$0.00 \$0.00 \$0.00 \$5.00 \$0.00 \$0.00 \$0.00 \$34.00 \$105.00 \$110.00 \$40.00 \$40.00 \$40.00 \$40.00 \$55.00 \$40.00 \$55.00 \$18.00 \$55.00 \$18.00 \$55.00 \$18.00
D3110 D3120 D3220 D3221 D3230 D3240 D3310 D3320 D3331 D3332 D3333 D3346 D3347 D3348 D3351 D3352 D3353 D3410 D3421 D3425 D3426 D3430 D3450 D3920	Endodortic Services  Pulp cap, direct (excluding final restoration)  Pulp cap, indirect (excluding final restoration)  Pulpa (pap, indirect (excluding final restoration)  Pulpal debridement, primary and permanent teeth  Pulpal therapy, anterior, primary tooth (excluding final restoration)  Pulpal therapy, posterior, primary tooth (excluding final restoration)  Endodontic therapy, posterior, primary tooth (excluding final restoration)  Endodontic therapy, molar tooth (excluding final restoration)  Endodontic therapy, molar tooth (excluding final restoration)  Endodontic therapy, molar tooth (excluding final restoration)  Individual restoration)  Treatment of root canal obstruction; non-surgical access  Incomplete endodontic therapy; inoperable, unrestorable, fractured tooth  Internal root repair of perforation defects  Retreatment of previous root canal therapy, anterior  Retreatment of previous root canal therapy, premolar  Retreatment of previous root canal therapy, molar  Apexification/recalcification, initial visit  Apexification/recalcification, interim medication replacement  Apexification/recalcification, final visit  Apicoectomy, premolar (first root)  Apicoectomy, molar (first root)  Apicoectomy, molar (first root)  Apicoectomy, (each additional root)  Retrograde filling, per root  Root amputation, per root  Surgical procedure for isolation of tooth with rubber dam  Hemisection, not including root canal therapy	\$0.00 \$0.00 \$0.00 \$5.00 \$0.00 \$0.00 \$0.00 \$34.00 \$105.00 \$110.00 \$40.00 \$55.00 \$105.00 \$40.00 \$55.00 \$105.00 \$105.00 \$105.00 \$105.00 \$105.00 \$105.00 \$105.00 \$105.00 \$105.00 \$105.00 \$105.00 \$105.00 \$105.00 \$105.00 \$105.00 \$105.00 \$105.00
D3110 D3120 D3220 D3221 D3230 D3240 D3310 D3320 D3331 D3332 D3331 D3332 D3346 D3347 D3348 D3351 D3352 D3353 D3410 D3421 D3425 D3426 D3430 D3450 D3910	Endodontic Services  Pulp cap, direct (excluding final restoration)  Pulp cap, indirect (excluding final restoration)  Pulp cap, indirect (excluding final restoration)  Pulpal debridement, primary and permanent teeth  Pulpal therapy, anterior, primary tooth (excluding final restoration)  Pulpal therapy, posterior, primary tooth (excluding final restoration)  Endodontic therapy, anterior tooth (excluding final restoration)  Endodontic therapy, molar tooth (excluding final restoration)  Endodontic therapy, molar tooth (excluding final restoration)  Treatment of root canal obstruction; non-surgical access  Incomplete endodontic therapy; inoperable, unrestorable, fractured tooth  Internal root repair of perforation defects  Retreatment of previous root canal therapy, anterior  Retreatment of previous root canal therapy, premolar  Retreatment of previous root canal therapy, molar  Apexification/recalcification, initial visit  Apexification/recalcification, interim medication replacement  Apexification/recalcification, interim medication replacement  Apexification/recalcification, final visit  Apicoectomy, anterior  Apicoectomy, premolar (first root)  Apicoectomy, premolar (first root)  Retrograde filling, per root  Root amputation, per root  Surgical procedure for isolation of tooth with rubber dam  Hemisection, not including root canal therapy  Canal preparation and fitting of preformed dowel or post	\$0.00 \$0.00 \$0.00 \$5.00 \$0.00 \$0.00 \$0.00 \$34.00 \$105.00 \$110.00 \$40.00 \$55.00 \$105.00 \$40.00 \$40.00 \$55.00 \$105.00 \$105.00 \$105.00 \$105.00 \$105.00 \$105.00 \$105.00 \$105.00 \$105.00 \$105.00 \$105.00 \$105.00 \$105.00 \$105.00
D3110 D3120 D3220 D3221 D3230 D3240 D3310 D3320 D3331 D3332 D3331 D3346 D3347 D3348 D3351 D3352 D3353 D3410 D3421 D3425 D3426 D3430 D3450 D3910 D3920 D3950	Endodontic Services  Pulp cap, direct (excluding final restoration)  Pulp cap, indirect (excluding final restoration)  Therapeutic pulpotomy (excluding final restoration)  Pulpal debridement, primary and permanent teeth  Pulpal therapy, anterior, primary tooth (excluding final restoration)  Pulpal therapy, posterior, primary tooth (excluding final restoration)  Endodontic therapy, anterior tooth (excluding final restoration)  Endodontic therapy, premolar tooth (excluding final restoration)  Endodontic therapy, molar tooth (excluding final restoration)  Treatment of root canal obstruction; non-surgical access  Incomplete endodontic therapy; inoperable, unrestorable, fractured tooth  Internal root repair of perforation defects  Retreatment of previous root canal therapy, anterior  Retreatment of previous root canal therapy, molar  Apexification/recalcification, initial visit  Apexification/recalcification, initial visit  Apexification/recalcification, final visit  Apexification/recalcification, inital visit  Apicoectomy, anterior  Apicoectomy, memolar (first root)  Apicoectomy, memolar (first root)  Apicoectomy, (each additional root)  Retrograde filling, per root  Surgical procedure for isolation of tooth with rubber dam  Hemisection, not including root canal therapy  Canal preparation and fitting of preformed dowel or post  Periodontal Services	\$0.00 \$0.00 \$0.00 \$5.00 \$0.00 \$5.00 \$0.00 \$34.00 \$105.00 \$110.00 \$40.00 \$40.00 \$40.00 \$40.00 \$40.00 \$55.00 \$18.00 \$55.00 \$55.00 \$55.00 \$55.00 \$55.00 \$55.00 \$55.00 \$55.00 \$55.00 \$55.00
D3110 D3120 D3220 D3221 D3230 D3240 D3310 D3320 D3331 D3332 D3333 D3346 D3347 D3348 D3351 D3352 D3353 D3410 D3421 D3425 D3426 D3430 D3920	Endodontic Services  Pulp cap, direct (excluding final restoration)  Pulp cap, indirect (excluding final restoration)  Pulp cap, indirect (excluding final restoration)  Pulpal debridement, primary and permanent teeth  Pulpal therapy, anterior, primary tooth (excluding final restoration)  Pulpal therapy, posterior, primary tooth (excluding final restoration)  Endodontic therapy, anterior tooth (excluding final restoration)  Endodontic therapy, molar tooth (excluding final restoration)  Endodontic therapy, molar tooth (excluding final restoration)  Treatment of root canal obstruction; non-surgical access  Incomplete endodontic therapy; inoperable, unrestorable, fractured tooth  Internal root repair of perforation defects  Retreatment of previous root canal therapy, anterior  Retreatment of previous root canal therapy, premolar  Retreatment of previous root canal therapy, molar  Apexification/recalcification, initial visit  Apexification/recalcification, interim medication replacement  Apexification/recalcification, interim medication replacement  Apexification/recalcification, final visit  Apicoectomy, anterior  Apicoectomy, premolar (first root)  Apicoectomy, premolar (first root)  Retrograde filling, per root  Root amputation, per root  Surgical procedure for isolation of tooth with rubber dam  Hemisection, not including root canal therapy  Canal preparation and fitting of preformed dowel or post	\$0.00 \$0.00 \$0.00 \$5.00 \$0.00 \$5.00 \$0.00 \$34.00 \$105.00 \$110.00 \$40.00 \$55.00 \$140.00 \$40.00 \$55.00 \$105.00 \$



Periodontal Services (continued)	LIBERTY DENTAL PLAN ®		
Periodonal Services Continued) D4210 Gragovectomy or guidenthosis, restorable procedure, per toath D4210 Gragovectomy or guidenthosis, restorable per quadrant D4210 Gragovector this procedure, or oct three teeth per quadrant D4210 Gragovector or guidenthosis	CDT	Description	Member
DA219   Gingle rectomy or ginglooplasty, restorative procedure, per tooth   \$85.00   DA240   Gingloof flap procedure, one to three teeth per quadrant   \$85.00   DA241   Gingloof flap procedure, one to three teeth per quadrant   \$85.00   DA2420   Acquired postionned flap   \$55.00   DA2420   Clinical crown lengthening, hard tissue   \$151.00   DA260   Clinical crown lengthening, hard tissue   \$157.00   DA260   Osseous surgery, one to more teeth per quadrant   \$175.00   DA260   Osseous surgery, one to more teeth per quadrant   \$75.00   DA261   Osseous surgery, one to more teeth per quadrant   \$75.00   DA262   Some replacement graft, retained natural tooth, first site, quadrant   \$75.00   DA263   Some replacement graft, retained natural tooth, such additional steet   \$80.00   DA263   Autogenous connective issue graft procedure, instituted   \$150.00   DA264   Autogenous connective issue graft procedure, instituted   \$150.00   DA265   Autogenous connective issue graft procedure, each additional tooth   \$150.00   DA267   Free soft issue graft procedure, each additional tooth, per site   \$151.00   DA268   Autogenous connective issue graft procedure, each additional tooth, per site   \$151.00   DA269   Provisional splinting, extracoronal   \$45.00   DA260   Provisional splinting, extracoronal   \$45.00   DA260   Provisional splinting, extracoronal   \$45.00   DA261   Provisional splinting, extracoronal   \$45.00   DA262   Provisional splinting, extracoronal   \$45.00   DA263   Provisional splinting, extracoronal   \$45.00   DA264   Provisional splinting, extracoronal   \$45.00   DA265   Provisional splinting, extracoronal   \$45.00   DA266   Provisional splinting, extracoronal   \$45.00   DA267   Provisional splinting, extracoronal   \$45.00   DA268   Provisional splinting, extracoronal   \$45.00   DA269   Provisional splinting, extracoronal   \$45.00   DA260   Provisio	Code		Co-payment
DAZAD   Ginghan flap procedure, not or more teeth per quadrant   \$85.00   DAZAD   Apically positioned flap   \$55.00   DAZAD   Apically positioned flap   \$55.00   DAZAD   Apically positioned flap   \$55.00   DAZAD   Concess surgery, not for these teeth per quadrant   \$175.00   DAZAD   Concess surgery, not for these teeth per quadrant   \$175.00   DAZAD   Concess surgery, not for these teeth per quadrant   \$175.00   DAZAD   Governous surgery, not for these teeth per quadrant   \$75.00   DAZAD   Rome replacement graft, retained natural tooth, first stee, quadrant   \$75.00   DAZAD   Pedicle soft tissue graft procedure, send distinct steeth per quadrant   \$175.00   DAZAD   Pedicle soft tissue graft procedure, first tooth   \$185.00   DAZAD   Pedicle soft tissue graft procedure, first tooth   \$185.00   DAZAD   Pedicle soft tissue graft procedure, single footh   \$185.00   DAZAD   Pedicle soft tissue graft procedure, single footh   \$185.00   DAZAD   Pedicle soft tissue graft procedure, single footh   \$185.00   DAZAD   Pedicle soft tissue graft procedure, seach additional tooth, per site   \$185.00   DAZAD   Pedicle soft tissue graft procedure, each additional tooth, per site   \$185.00   DAZAD   Pedicle soft tissue graft procedure, each additional tooth, per site   \$185.00   DAZAD   Pedicle soft tissue graft procedure, each additional tooth, per site   \$185.00   DAZAD   Provisional splinting, extracroonal   \$185.00   D			-
D4245 Apoliny positioned flag			
De4269 Clinical cover lengthening, hard tissue  \$55.00 De4260 Dickens surgery, four or more teeth per quadrant \$517.00 De4260 Seens surgery, four or three teeth per quadrant \$517.00 De4260 Seens surgery, four or three teeth per quadrant \$517.00 De4260 Seens surgery, four or three teeth per quadrant \$575.00 De4260 Seen replacement graft, retained natural tooth, first sites, quadrant \$49.00.00 De4260 Seen replacement graft, retained natural tooth, first sites, quadrant \$49.00.00 De4260 Seen replacement graft, retained natural tooth, sech additional site \$49.00.00 De4276 Autogenous connected uses graft procedure, single tooth \$59.00 De4277 Autogenous connected uses graft procedure, single tooth \$49.00 De4277 Seen surgerous connected uses graft procedure, single tooth \$49.00 De4278 For soft issue graft, first tooth \$49.00 De4278 For soft issue graft, surger tooth \$49.00 De4278 For soft issue graft, surger soft soft soft soft soft soft soft soft			
DAZAGO Clinical crown lengthering, hard tissue  1510.00  DAZAGO Clinical surgery, from ownse teeth per quadrant  1517.00  DAZAGO Clinical surgery, come to three teeth per quadrant  1517.00  DAZAGO Clinical Surgery, come to three teeth per quadrant  1517.00  DAZAGO Clinical Surgery, come to three teeth per quadrant  1517.00  DAZAGO Clinical Surgery, come to three teeth per quadrant  1517.00  DAZAGO Clinical Surgery, come to three teeth per quadrant  1517.00  DAZAGO Clinical Surgery, come to three teeth per quadrant  1518.00  DAZAGO Clinical Surgery, come to three teeth per quadrant  1518.00  DAZAGO Clinical Surgery, come to three teeth per quadrant  1518.00  DAZAGO Clinical Surgery, come to three teeth per quadrant  1518.00  DAZAGO Clinical Surgery, come to three teeth per quadrant  1518.00  DAZAGO Clinical Surgery, come to three teeth per quadrant  1518.00  DAZAGO Clinical Surgery, come to three teeth per quadrant  1518.00  DAZAGO Clinical Surgery, come to three teeth per quadrant  1518.00  DAZAGO Provisional splinting, intracoronal  1518.00  DAZAGO Provisional splinting dargood polinting, sour or more teeth per quadrant  1518.			
DAZEGO Coseous surgeny, four or more teeth per quadrant (175.00) DAZEGO Sossous surgeny, four for more teeth per quadrant (175.00) DAZEGO Sossous surgeny, not broke teeth per quadrant (175.00) DAZEGO Sossous surgeny, not broke teeth per quadrant (175.00) DAZEGO Sossous surgeny, not broke teeth per quadrant (175.00) DAZEGO Sossous surgeny, not broke teeth per quadrant (175.00) DAZEGO Pedicile soft tissue graft procedure (175.00) DAZEGO Pedicile soft tissue graft procedure (175.00) DAZEGO Sossous surgeny surgeny surgent tooth (175.00) DAZEGO Sossous surgeny surgeny surgeny surgent tooth (175.00) DAZEGO Sossous surgeny su			
DA261   Osseous surgery, one to three teeth per quadrant	-		-
DAZES Sone replacement graft, retained natural tooth, first site, quadrant 575.00 Pd264 Born replacement graft, retained natural tooth, each additional site 54.00.00 Pedicile soft fissue graft procedure 515.00 Dd279 Pedicile soft fissue graft procedure 515.00 Dd279 An Autogenous connective tissue graft procedure, first tooth 515.00 Dd279 An Autogenous connective tissue graft first tooth 515.00 Dd279 November of the site of			
14420   Bone replacement graft, retained natural rooth, each additional size			<del> </del>
D4279   Pedide soft itsuse graft procedure   \$135.00			
Autogenous connective tissue graft procedure, first tooth   \$80.00			
Detail   D			1
D4277 Free soft itssue graft, first tooth D4278 Free soft itssue graft, first tooth D4278 Free soft itssue graft, first tooth D4288 Free soft itssue graft, each additional tooth D4288 Free soft itssue graft, first tooth D4289 Free soft itssue graft, first tooth D4280 Non-autogenous connective itssue graft procedure, each additional tooth, per site S455.00 D4285 Non-autogenous connective itssue graft procedure, each additional tooth, per site S455.00 D4286 Provisional splinting, untracoronal S455.00 D4287 Provisional splinting, untracoronal S455.00 D4288 Automatic S455.00 D4289 Provisional splinting, extracoronal S455.00 D4289 Provisional splinting, extracoronal S455.00 D4281 Periodonal scaling and root planing, four or more teeth per quadrant S455.00 D4384 Periodonal scaling and root planing, four or more teeth per quadrant S455.00 D4386 Scaling in presence of moderate or severe inflammation, full mouth after evaluation S550.00 D4389 Provisional splinting, expression severe inflammation, full mouth after evaluation S550.00 D4391 Deconomical scaling and root planing note to three teeth per quadrant S455.00 D4392 Provisional splinting, expression severe inflammation, full mouth after evaluation S550.00 D4393 Provisional splinting provisional severe inflammation, full mouth after evaluation S550.00 D4390 Periodonal scaling and root planing four or severe inflammation, full mouth after evaluation S550.00 D4390 Provisional splinting provisional severe inflammation, full mouth after evaluation S550.00 D4390 Provisional splinting from the severe inflammation, full mouth after evaluation S550.00 D4391 Deconomical severe inflammation, full mouth after evaluation S550.00 D4392 Deconomical severe inflammation, full mouth after evaluation S550.00 D4393 Deconomical severe inflammation, full mouth after evaluation S550.00 D4393 Deconomical severe inflammation, full mouth after evaluation S550.00 D4394 Deconomical severe inflammation, full mouth after evaluation S550.00 D4394 Deconomical severe inflammation, full mouth after			
DA277 Free soft tissue graft, first tooth DA278 Autogenous connective tissue graft procedure, each additional tooth, per site DA283 Autogenous connective tissue graft procedure, each additional tooth, per site S155.00 DA283 Non-sutogenous connective tissue graft procedure, each additional tooth, per site S155.00 DA292 Provisional splinting, intracoronal S250.00 DA293 Provisional splinting, intracoronal S250.00 DA293 Provisional splinting, extracoronal S250.00 DA293 Provisional splinting, extracoronal S250.00 DA293 Provisional splinting, extracoronal S250.00 DA293 Periodonal scaling and root planing por appointment/ per day are allowable.  No more than two (2) quadrants of periodonal scaling and root planing per appointment/ per day are allowable.  DA341 Periodonal scaling and root planing, one to three teeth per quadrant S15.00 DA342 Periodonal scaling and root planing, one to three teeth per quadrant S15.00 DA343 Periodonal scaling and root planing, one to three teeth per quadrant S15.00 DA343 Localized delivery of moderate or severe inflammation, of ull mouth after evaluation S250.00 DA345 Localized delivery of moderate or severe inflammation, of ull mouth after evaluation S250.00 DA351 Localized delivery of antimicrobial agenty for tooth S250.00 DA351 Localized delivery of antimicrobial agenty for tooth S250.00 DA351 Localized delivery of antimicrobial agenty for tooth S250.00 DA351 Localized delivery of antimicrobial agenty for the treating dentist or staff) S250.00 DA351 Localized delivery of antimicrobial agenty for the staff process of the staff proce			
DA228 A group constructive tissue graft, each additional tooth, per site 9.135.00 DA289 Non-autogenous connective tissue graft procedure, each additional tooth, per site 9.135.00 DA230 Provisional splinting, intracronal 9.455.00 DA231 Provisional splinting, extracoronal 9.455.00 DA231 Periodontal scaling and root planing, flour or more teeth per quadrant 9.55.00 DA231 Periodontal scaling and root planing, flour or more teeth per quadrant 9.55.00 DA232 Periodontal scaling and root planing, flour or more teeth per quadrant 9.55.00 DA233 Full intended provision of the splinting, flour or more teeth per quadrant 9.55.00 DA233 Full intended provision of the splinting of the splintin	D4277	* '	
D4255 Non-autogenous connective tissue graft procedure, each additional tooth, per site	D4278		\$135.00
D4320 Provisional splinting, intracoronal 545.00 D4321 Provisional splinting, extracoronal 545.00 D4321 Provisional splinting, extracoronal 545.00 D4341 Periodontal scaling and root planing per appointment/ per day are allowable.  We have than two (2) quadrants of periodontal scaling and root planing per appointment/ per day are allowable.  D4341 Periodontal scaling and root planing, one to three teeth per quadrant 515.00 D4342 Periodontal scaling and root planing, one to three teeth per quadrant 515.00 D43435 [cull mouth debridement to enable comprehensive evaluation and diagnosis, subsequent visit 515.00 D4355 [cull mouth debridement to enable comprehensive evaluation and diagnosis, subsequent visit 515.00 D4361 [cull-deblever] of antimicrobial agent/per tooth 515.00 D43910 Periodontal maintenance 515.00 D4910 Periodontal maintenance 515.00 D4910 Periodontal maintenance 515.00 D4910 Periodontal maintenance 515.00 D4910 [cull-deblever] of antimicrobial agent/per tooth 715.00 D4911 [cull-deblever] of antimicrobial agent/per tooth 715.00 D4911 [cull-deblever] of antimicrobial agent/per tooth 715.00 D	D4283	Autogenous connective tissue graft procedure, each additional tooth, per site	\$135.00
D4321   Provisional splinting, extracoronal   S45,00	D4285	Non-autogenous connective tissue graft procedure, each additional tooth, per site	\$135.00
No more than two (2) quadrants of periodontal scaling and root planing per appointment/ per day are allowable.    Periodonal scaling and root planing, four or more teeth per quadrant   \$15.00	D4320	Provisional splinting, intracoronal	\$45.00
Ne more than two (2) quadrants of periodontal scaling and root planing, for not planing per appointment/ per day are allowable.  D4341 Periodontal scaling and root planing, four or more teeth per quadrant \$15.00   D4346 Scaling in presence of moderate or severe inflammation, full mouth after evaluation \$0.00   D4355 Eulin which the presence of moderate or severe inflammation, full mouth after evaluation \$1.50   D4381 Localized delivery of antimicrobial agent/per tooth \$1.50   D4383 Localized delivery of antimicrobial agent/per tooth \$1.50   D4391 Periodontal maintenance \$1.00   D4910 Periodontal maintenance \$1.00   D4920 Unscheduled dressing change (other than treating dentist or staff) \$5.00    **Removable Prosthodontic Services**  **Periodontal maintenance**  **D5110 Complete denture, maxillary \$85.00   D51210 Complete denture, maxillary \$85.00   D5130 Immediate denture, maxillary \$110.00   D5140 Immediate denture, maxillary \$110.00   D5140 Immediate denture, maxillary \$110.00   D5141 Maxillary partial denture, resin base \$90.00   D5212 Maxillary partial denture, resin base \$90.00   D5212 Immediate maxillary partial denture, resin base \$90.00   D5212 Immediate maxillary partial denture, cast metal, resin base \$90.00   D5222 Immediate maxillary partial denture, cast metal framework, resin denture base \$90.00   D5222 Immediate maxillary partial denture, cast metal framework, resin denture base \$90.00   D5222 Immediate maxillary partial denture, cast metal framework, resin denture base \$90.00   D5223 Immediate maxillary partial denture, cast metal framework, resin denture base \$90.00   D5224 Immediate maxillary partial denture, cast metal framework, resin denture base \$90.00   D5225 Maxillary partial denture, cast metal framework, resin denture base \$90.00   D5226 Maxillary partial denture, cast metal framework, resin denture base \$90.00   D5227 Maxillary partial denture, desire base \$90.00   D5228 Removable unitateral partial denture, cast metal framework, resin denture base \$90.00   D5229 Maxillary partial den	D4321	Provisional splinting, extracoronal	\$45.00
D4341 Periodontal scaling and root planing, four or more teeth per quadrant  D4342 Periodontal scaling and root planing, four or more teeth per quadrant  S15.00  D4355 Full mouth debridement to enable comprehensive evaluation and diagnosis, subsequent visit  S15.00  D4355 Full mouth debridement to enable comprehensive evaluation and diagnosis, subsequent visit  S15.00  D4910 Periodontal maintenance  S10.00  D4920 Unscheduled dressing change (other than treating dentist or staff)  Removable Prosthodontic Services  S50.00  Removable Prosthodontic Services  D5110 Complete denture, maxillary  S85.00  D5120 Complete denture, maxillary  S85.00  D5130 Immediate denture, maxillary  S110.00  D5121 Maxillary partial denture, resin base  S211 Maxillary partial denture, resin base  S221 Mandibular partial denture, cast metal, resin base  S221 Mandibular partial denture, cast metal, resin base  S222 Immediate maxillary partial denture, cast metal framework, resin denture base  S222 Immediate maxillary partial denture, cast metal framework, resin denture base  S222 Immediate maxillary partial denture, cast metal framework, resin denture base  S222 Immediate maxillary partial denture, cast metal framework, resin denture base  S222 Immediate maxillary partial denture, cast metal framework, resin denture base  S222 Immediate maxillary partial denture, cast metal framework, resin denture base  S222 Immediate maxillary partial denture, cast metal framework, resin denture base  S223 Immediate maxillary partial denture, cast metal framework, resin denture base  S224 Immediate maxillary partial denture, cast metal framework, resin denture base  S225 Maxillary partial denture, cast metal framework, resin denture base  S226 Removable unilateral partial denture, one piece cast metal (including clasps and teeth), maxillary  S222 Amount of the denture one piece cast metal (including clasps and teeth), maxillary  S222 Amount of the denture one piece cast metal (including clasps and teeth), maxillary  S222 Amount of the denture one piece c	GUIDELINE:		
D4342 Periodontal scaling and root planing, one to three teeth per quadrant  Scaling in presence of moderate or severe inflammation, full mouth after evaluation  S0.00  D4385 Full mouth debridement to enable comprehensive evaluation and diagnosis, subsequent visit  S15.00  D4381 Localized delivery of antimicrobial agent/per tooth  S15.00  D4910 Periodontal maintenance  S15.00  D4920 Unschieduled dressing change (other than treating dentist or staff)  S5.00  Removable Prosthodontic Services  D5110 Complete denture, maxillary  S85.00  D5120 Complete denture, maxillary  S85.00  D5130 Immediate denture, maxillary  S110.00  D5140 Immediate denture, maxillary  S110.00  D5140 Immediate denture, expain base  S90.00  D5211 Maxillary partial denture, resin base  S90.00  D5212 Mandibular partial denture, resin base  S90.00  D5214 Immediate maxillary partial denture, resin base  S90.00  D5221 Immediate maxillary partial denture, resin base  S90.00  D5222 Immediate maxillary partial denture, resin base  S90.00  D5223 Immediate maxillary partial denture, resin base  S90.00  D5224 Immediate maxillary partial denture, cast metal framework, resin denture base  S90.00  D5225 Maxillary partial denture, desin base  S90.00  D5226 Maxillary partial denture, desin base  S90.00  D5227 Maxillary partial denture, desin base  S90.00  D5228 Removable unilateral partial denture, experience as metal (including clasps and teeth), maxillary  S95.00  D5288 Removable unilateral partial denture, one piece cast metal (including clasps and teeth), maxillary  S90.00  D5210 Adjust complete denture, maxillary  S90.00  D5211 Repair broken complete denture one piece cast metal (including clasps and teeth), maxillary  S90.00  D5212 Repair under			
D4346 Scaling in presence of moderate or severe inflammation, full mouth after evaluation D4355 Full mouth debridement to enable comprehensive evaluation and diagnosis, subsequent visit S15.00 D4910 Periodontal maintenance S10.00 D4920 Unscheduled dressing change (other than treating dentist or staff) S50.00 Removable Prosthodontic Services  D5110 Complete denture, maxillary S85.00 D5130 Immediate denture, maxillary S85.00 S1310 Immediate denture, maxillary S110.00 D5110 Maxillary partial denture, resin base S5211 Maxillary partial denture, resin base S5211 Maxillary partial denture, cast metal, resin base S5212 Immediate maxillary partial denture, resin base S5212 Immediate maxillary partial denture, resin base S5212 Mandibular partial denture, cast metal, resin base S5212 Immediate maxillary partial denture, resin base S5213 Immediate maxillary partial denture, resin base S5214 Immediate maxillary partial denture, resin base S5215 Maxillary partial denture, resin base S5216 Immediate maxillary partial denture, resin base S5216 Immediate maxillary partial denture, resin base S5216 Maxillary partial denture, resin base S5217 S5218 Maxillary partial denture, resin base S5218 Maxillary partial denture partial denture partial denture partial			· ·
D4355 Full mouth debridement to enable comprehensive evaluation and diagnosis, subsequent visit  D4361 Localized delivery of antimicrobial agent/per tooth  D4910 Periodontal maintenance  S10.00  D4920 Unscheduled dressing change (other than treating dentist or staff)  S5.00  Removable Prosthodontic Services  D5110 Complete denture, maxillary  S85.00  D5120 Complete denture, maxillary  S85.00  D5130 Immediate denture, maxillary  S110.00  D5140 Immediate denture, maxillary  S110.00  D5140 Immediate denture, maxillary  S110.00  D5211 Maxillary partial denture, resin base  S90.00  D5212 Maxillary partial denture, cast metal, resin base  S90.00  D5213 Maxillary partial denture, resin base  S90.00  D5214 Immediate maxillary partial denture, resin base  S90.00  D5221 Immediate maxillary partial denture, resin base  S90.00  D5222 Immediate maxillary partial denture, resin base  S90.00  D5223 Immediate maxillary partial denture, cast metal framework, resin denture base  S90.00  D5224 Immediate maxillary partial denture, cast metal framework, resin denture base  S90.00  D5225 Maxillary partial denture, cast metal framework, resin denture base  S90.00  D5226 Maxillary partial denture, cast metal framework, resin denture base  S90.00  D5226 Maxillary partial denture, cast metal framework, resin denture base  S90.00  D5227 Maxillary partial denture, cast metal framework, resin denture base  S90.00  D5228 Removable unilateral partial denture, one piece cast metal (including clasps and teeth), maxillary  S75.00  D528A Removable unilateral partial denture - one piece cast metal (including clasps and teeth), maxillary  S75.00  D528A Removable unilateral partial denture - one piece cast metal (including clasps and teeth), maxillary  S90.00  D521 Adjust partial denture, maxillary  S90.00  D522 Adjust partial denture, maxillary  S90.00  D522 Adjust partial denture, maxillary  S90.00  D522 Repair ensing or broken teeth, complete denture  S90.00  D522 Repair ensing or broken teeth, complete denture  S90.00  D522 Repair resin partial		· · · · · · · · · · · · · · · · · · ·	
D4381   Localized delivery of antimicrobial agent/per tooth   \$15.00		,	
D4910 Periodontal maintenance \$10.00 D4920 Unscheduled dressing change (other than treating dentist or staff) \$5.00 Removable Prosthodontic Services  D5110 Complete denture, maxillary \$85.00 D5120 Complete denture, maxillary \$85.00 D5130 Inmediate denture, maxillary \$110.00 D5140 Immediate denture, maxillary \$110.00 D5141 Maxillary partial denture, resin base \$90.00 D5211 Maxillary partial denture, resin base \$90.00 D5212 Mandibular partial denture, resin base \$90.00 D5213 Maxillary partial denture, cast metal, resin base \$90.00 D5214 Immediate maxillary partial denture, resin base \$90.00 D5215 Immediate maxillary partial denture, resin base \$90.00 D5216 Immediate maxillary partial denture, resin base \$90.00 D5217 Immediate maxillary partial denture, resin base \$90.00 D5218 Immediate maxillary partial denture, resin base \$90.00 D5220 Immediate maxillary partial denture, resin base \$90.00 D5221 Immediate maxillary partial denture, cast metal framework, resin denture base \$90.00 D5222 Immediate mandibular partial denture, cast metal framework, resin denture base \$90.00 D5225 Maxillary partial denture, cast metal framework, resin denture base \$100.00 D5226 Maxillary partial denture, resin base \$100.00 D5227 Maxillary partial denture, resin base \$100.00 D5228 Removable unilateral partial denture one piece cast metal (including clasps and teeth), maxillary \$75.00 D5288 Removable unilateral partial denture one piece cast metal (including clasps and teeth), maxillary \$75.00 D5286 Removable unilateral partial denture, one piece flexible base, per quadrant \$75.00 D5280 Adjust partial denture, maxillary \$0.00 D5410 Adjust complete denture, maxillary \$0.00 D5411 Adjust complete denture, maxillary \$0.00 D5412 Adjust partial denture, maxillary \$0.00 D5412 Adjust partial denture, maxillary \$0.00 D5512 Repair broken complete denture base, maxillary \$0.00 D5512 Repair broken complete denture base, maxillary \$0.00 D5512 Repair partial fernamework, maxillary \$0.00 D5512 Repair cast partial fernamework, maxillary \$0.00 D5612 Repa		· · · ·	
D4920   Unscheduled dressing change (other than treating dentist or staff)   \$5.00   Removable Prosthodontic Services   \$85.00			
D5110   Complete denture, maxillary   \$85.00			
D5110   Complete denture, maxillary   S85.00   D5120   Complete denture, mandibular   S85.00   D5130   Complete denture, mandibular   S85.00   S85.00   D5140   Immediate denture, maxillary   S110.00   D5140   Immediate denture, mandibular   S110.00   D5141   Maxillary partial denture, resin base   S90.00   D5211   Maxillary partial denture, resin base   S90.00   D5212   Maxillary partial denture, cast metal, resin base   S90.00   D5213   Maxillary partial denture, cast metal, resin base   S100.00   D5214   Mandibular partial denture, cast metal, resin base   S100.00   D5224   Mandibular partial denture, cast metal, resin base   S90.00   D5221   Immediate mandibular partial denture, resin base   S90.00   D5222   Immediate mandibular partial denture, resin base   S90.00   D5222   Immediate mandibular partial denture, cast metal framework, resin denture base   S100.00   D5224   Maxillary partial denture, cast metal framework, resin denture base   S100.00   D5225   Maxillary partial denture, cast metal framework, resin denture base   S100.00   D5226   Maxillary partial denture, dexible base   S300.00   D5226   Maxillary partial denture, dexible base   S300.00   D5288   Removable unilateral partial denture — one piece cast metal (including clasps and teeth), maxillary   S75.00   D5284   Removable unilateral partial denture, one piece faxible base, per quadrant   S75.00   D5286   Removable unilateral partial denture, one piece resin, per quadrant   S75.00   D5284   Removable unilateral partial denture, one piece resin, per quadrant   S75.00   D5281   Adjust complete denture, maxillary   S0.00   D5281   Adjust partial denture, mandibular   S0.00   D5281   Repair broken complete denture base, maxillary   S0.00   D5281   Repair broken complete denture base, maxillary   S0.00   D5281   Repair broken complete denture base, maxillary   S0.00   D5282   Repair broken complete denture base, maxillary   S0.00   D5282   Repair cast partial fenture base, maxillary   S0.00   D5621   Repair resin partial denture base, maxillary	D4920		\$5.00
D5120 Complete denture, mandibular D5130 Immediate denture, mandibular D5140 Immediate denture, mandibular D51410 Immediate denture, mandibular D5111 Maxillary partial denture, resin base D5212 Mandibular 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, cast metal, resin base D5216 Mandibular partial denture, cast metal, resin base D5217 Immediate maxillary partial denture, cast metal, resin base D5218 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 mandibular partial denture, cast metal framework, resin denture base D5223 Maxillary partial denture, flexible base D5224 Mandibular partial denture, flexible base D5225 Maxillary partial denture, flexible base D5226 Mandibular partial denture, flexible base D5227 Maxillary partial denture, flexible base D5280 Mandibular partial denture, one piece cast metal (including clasps and teeth), maxillary D5288 Removable unilateral partial denture, one piece est metal (including clasps and teeth), mandibular D5288 Removable unilateral partial denture, one piece resin, per quadrant D5280 Maxillary D5281 Adjust complete denture, maxillary D5401 Adjust complete denture, maxillary D5402 Adjust partial denture, maxillary D5403 Adjust partial denture, maxillary D5404 Adjust complete denture, maxillary D5405 Repair ensing or broken teeth, complete denture D5511 Repair broken complete denture base, maxillary D5512 Repair broken complete denture base, maxillary D5513 Repair resin partial denture base, maxillary D5514 Repair resin partial denture base, maxillary D5515 Repair resin partial denture base, maxillary D5516 Repair ersin partial denture base, maxillary D5617 Repair resin partial denture clasping materials – per tooth	DE110		¢9F.00
D5130   Immediate denture, maxillary   S110.00   D5140   Immediate denture, mandibular   S110.00   D5211   Maxillary partial denture, resin base   S90.00   D5212   Mandibular partial denture, resin base   S90.00   D5213   Maxillary partial denture, cast metal, resin base   S100.00   D5214   Mandibular partial denture, cast metal, resin base   S100.00   D5215   Immediate maxillary partial denture, cast metal, resin base   S100.00   D5216   Immediate maxillary partial denture, resin base   S100.00   D5217   Immediate maxillary partial denture, resin base   S90.00   D5221   Immediate maxillary partial denture, resin base   S90.00   D5222   Immediate maxillary partial denture, resin base   S90.00   D5222   Immediate maxillary partial denture, resin base   S100.00   D5224   Immediate mandibular partial denture, resin denture base   S100.00   D5225   Maxillary partial denture, fexible base   S300.00   D5226   Maxillary partial denture, fexible base   S300.00   D5227   Maxillary partial denture, fexible base   S300.00   D5280   Removable unilateral partial denture – one piece cast metal (including clasps and teeth), maxillary   S75.00   D5281   Removable unilateral partial denture, one piece fexible base, per quadrant   S75.00   D5286   Removable unilateral partial denture, one piece fexible base, per quadrant   S75.00   D5410   Adjust complete denture, maxillary   S0.00   D5411   Adjust complete denture, mandibular   S0.00   D5412   Adjust partial denture, mandibular   S0.00   D5512   Repair rosin partial denture base, mandibular   S0.00   D5513   Repair rosin partial denture base, mandibular   S0.00   D5514   Repair rosin partial denture base, mandibular   S0.00   D5515   Repair rosin partial denture base, mandibular   S0.00   D5610   Repair rosin partial denture base, mandibular   S0.00   D5611   Repair rosin partial denture base, mandibular   S0.00   D5612   Repair rosin partial denture base, mandibular   S0.00   D5613   Repair rosin partial denture base, mandibular   S0.00   D5614   Repair rosin partial denture			
D5140   Immediate denture, mandibular		·	
D5211Maxillary partial denture, resin base\$90.00D5212Mandibular partial denture, cast metal, resin base\$90.00D5213Maxillary partial denture, cast metal, resin base\$100.00D5214Mandibular partial denture, cast metal, resin base\$100.00D5221Immediate maxillary partial denture, resin base\$90.00D5222Immediate maxillary partial denture, resin base\$90.00D5223Immediate maxillary partial denture, cast metal framework, resin denture base\$100.00D5224Immediate mandibular partial denture, cast metal framework, resin denture base\$100.00D5225Maxillary partial denture, flexible base\$300.00D5226Maxillary partial denture, flexible base\$300.00D5227Removable unilateral partial denture — one piece cast metal (including clasps and teeth), maxillary\$75.00D5283Removable unilateral partial denture, one piece eflexible base, per quadrant\$75.00D5284Removable unilateral partial denture, one piece resin, per quadrant\$75.00D5286Removable unilateral partial denture, one piece resin, per quadrant\$0.00D5410Adjust complete denture, maxillary\$0.00D5411Adjust complete denture, maxillary\$0.00D5422Adjust partial denture, maxillary\$0.00D5421Repair tesin partial denture base, maxillary\$0.00D5521Repair broken complete denture base, maxillary\$0.00D5521Repair crisin partial denture base, maxillary\$0.00D5521Repair cast parti		·	
D5212       Mandibular partial denture, resin base       \$90.00         D5213       Maxillary partial denture, cast metal, resin base       \$100.00         D5214       Mandibular partial denture, cast metal, resin base       \$100.00         D5221       Immediate maxillary partial denture, resin base       \$90.00         D5222       Immediate mandibular partial denture, cast metal framework, resin denture base       \$90.00         D5223       Immediate mandibular partial denture, cast metal framework, resin denture base       \$100.00         D5224       Immediate mandibular partial denture, cast metal framework, resin denture base       \$100.00         D5225       Maxillary partial denture, flexible base       \$300.00         D5226       Mandibular partial denture, flexible base       \$300.00         D5228       Removable unilateral partial denture – one piece cast metal (including clasps and teeth), maxillary       \$75.00         D5281       Removable unilateral partial denture, one piece flexible base, per quadrant       \$75.00         D5284       Removable unilateral partial denture, one piece flexible base, per quadrant       \$75.00         D5286       Removable unilateral partial denture, one piece flexible base, per quadrant       \$75.00         D5410       Adjust complete denture, maxillary       \$0.00         D5421       Adjust partial denture, maxillary		· ·	
D5213Maxillary partial denture, cast metal, resin base\$100.00D5214Mandibular partial denture, cast metal, resin base\$100.00D5221Immediate maxillary partial denture, resin base\$90.00D5222Immediate maxillary partial denture, resin base\$90.00D5223Immediate maxillary partial denture, cast metal framework, resin denture base\$100.00D5224Immediate mandibular partial denture, cast metal framework, resin denture base\$100.00D5225Maxillary partial denture, flexible base\$300.00D5226Mandibular partial denture, flexible base\$300.00D5282Removable unilateral partial denture – one piece cast metal (including clasps and teeth), maxillary\$75.00D5283Removable unilateral partial denture – one piece efexible base, per quadrant\$75.00D5284Removable unilateral partial denture, one piece flexible base, per quadrant\$75.00D5286Removable unilateral partial denture, one piece resin, per quadrant\$75.00D5410Adjust complete denture, maxillary\$0.00D5411Adjust complete denture, maxillary\$0.00D5412Adjust partial denture, maxillary\$0.00D5511Repair broken complete denture base, mandibular\$0.00D5512Repair broken complete denture base, mandibular\$0.00D5513Repair broken complete denture base, maxillary\$0.00D5514Repair resin partial denture base, maxillary\$0.00D5517Repair resin partial denture base, maxillary\$0.00D5618Rep			<u> </u>
D5214Mandibular partial denture, cast metal, resin base\$100.00D5221Immediate maxillary partial denture, resin base\$90.00D5222Immediate maxillary partial denture, cast metal framework, resin denture base\$90.00D5223Immediate maxillary partial denture, cast metal framework, resin denture base\$100.00D5224Immediate mandibular partial denture, cast metal framework, resin denture base\$100.00D5225Maxillary partial denture, flexible base\$300.00D5226Mandibular partial denture, flexible base\$300.00D5228Removable unilateral partial denture – one piece cast metal (including clasps and teeth), maxillary\$75.00D5283Removable unilateral partial denture, one piece cast metal (including clasps and teeth), mandibular\$75.00D5284Removable unilateral partial denture, one piece flexible base, per quadrant\$75.00D5286Removable unilateral partial denture, one piece resin, per quadrant\$75.00D5410Adjust complete denture, maxillary\$0.00D5411Adjust complete denture, maxillary\$0.00D5422Adjust partial denture, mandibular\$0.00D5511Repair porken complete denture base, mandibular\$0.00D5512Repair broken complete denture base, maxillary\$0.00D5511Repair resin partial denture base, maxillary\$0.00D5612Repair resin partial denture base, maxillary\$0.00D5612Repair cast partial framework, maxillary\$0.00D5621Repair cast partial framework, maxillary\$0.0			
D5221   Immediate maxillary partial denture, resin base   \$90.00	D5214		\$100.00
D5222   Immediate mandibular partial denture, resin base   \$90.00			
D5224   Immediate mandibular partial denture, cast metal framework, resin denture base   \$300.00	D5222		\$90.00
D5225Maxillary partial denture, flexible base\$300.00D5226Mandibular partial denture, flexible base\$300.00D5282Removable unilateral partial denture – one piece cast metal (including clasps and teeth), maxillary\$75.00D5283Removable unilateral partial denture – one piece cast metal (including clasps and teeth), mandibular\$75.00D5284Removable unilateral partial denture, one piece flexible base, per quadrant\$75.00D5286Removable unilateral partial denture, one piece resin, per quadrant\$75.00D5410Adjust complete denture, maxillary\$0.00D5411Adjust complete denture, mandibular\$0.00D5421Adjust partial denture, maxillary\$0.00D5422Adjust partial denture, mandibular\$0.00D5511Repair broken complete denture base, maxillary\$0.00D5512Replace missing or broken teeth, complete denture\$0.00D5513Replace missing or broken teeth, complete denture\$0.00D5514Repair resin partial denture base, maxillary\$0.00D5515Repair resin partial denture base, mandibular\$0.00D5611Repair resin partial denture base, maxillary\$0.00D5622Repair cast partial framework, maxillary\$0.00D5623Repair cast partial framework, maxillary\$0.00D5630Repair or replace broken retentive clasping materials – per tooth\$0.00	D5223	Immediate maxillary partial denture, cast metal framework, resin denture base	\$100.00
D5226 Mandibular partial denture, flexible base \$300.00 D5282 Removable unilateral partial denture – one piece cast metal (including clasps and teeth), maxillary \$75.00 D5283 Removable unilateral partial denture – one piece cast metal (including clasps and teeth), mandibular \$75.00 D5284 Removable unilateral partial denture, one piece flexible base, per quadrant \$75.00 D5286 Removable unilateral partial denture, one piece resin, per quadrant \$75.00 D5286 Removable unilateral partial denture, one piece resin, per quadrant \$75.00 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, mandibular \$0.00 D5516 Repair resin partial denture base, mandibular \$0.00 D5517 Repair resin partial denture base, mandibular \$0.00 D5518 Repair resin partial denture base, mandibular \$0.00 D5519 Repair resin partial denture base, mandibular \$0.00 D5510 Repair resin partial denture base, mandibular \$0.00 D5611 Repair resin partial denture base, mandibular \$0.00 D5612 Repair cast partial framework, mandibular \$0.00 D5613 Repair cast partial framework, mandibular \$0.00 D5620 Repair cast partial framework, mandibular \$0.00 D5621 Repair cast partial framework, maxillary \$0.00 D5622 Repair cast partial framework, maxillary \$0.00 D5630 Repair or replace broken retentive clasping materials – per tooth	D5224	Immediate mandibular partial denture, cast metal framework, resin denture base	\$100.00
D5282 Removable unilateral partial denture – one piece cast metal (including clasps and teeth), maxillary  D5283 Removable unilateral partial denture – one piece cast metal (including clasps and teeth), mandibular  D5284 Removable unilateral partial denture, one piece flexible base, per quadrant  D5286 Removable unilateral partial denture, one piece resin, per quadrant  D5286 Removable unilateral partial denture, one piece resin, per quadrant  D5410 Adjust complete denture, maxillary  D5411 Adjust complete denture, mandibular  D5421 Adjust partial denture, maxillary  D5422 Adjust partial denture, mandibular  D5511 Repair broken complete denture base, mandibular  D5512 Repair broken complete denture base, maxillary  D5513 Repair broken complete denture base, maxillary  D5514 Repair resin partial denture base, mandibular  D5515 Repair resin partial denture base, mandibular  D5511 Repair resin partial denture base, mandibular  D5512 Repair resin partial denture base, mandibular  D5513 Repair resin partial denture base, mandibular  D5514 Repair resin partial denture base, mandibular  D5515 Repair resin partial denture base, mandibular  D5516 Repair resin partial framework, mandibular  D5517 Repair cast partial framework, mandibular  D5518 Repair cast partial framework, mandibular  D5619 Repair cast partial framework, mandibular  D5620 Repair cast partial framework, mandibular  D5630 Repair or replace broken retentive clasping materials – per tooth	D5225	Maxillary partial denture, flexible base	\$300.00
D5283 Removable unilateral partial denture – one piece cast metal (including clasps and teeth), mandibular  D5284 Removable unilateral partial denture, one piece flexible base, per quadrant  D5286 Removable unilateral partial denture, one piece resin, per quadrant  D5410 Adjust complete denture, maxillary  D5411 Adjust complete denture, mandibular  D5421 Adjust partial denture, mandibular  D5422 Adjust partial denture, mandibular  D5423 Repair broken complete denture base, mandibular  D5511 Repair broken complete denture base, maxillary  D5512 Repair broken complete denture base, maxillary  D5512 Repair broken complete denture base, maxillary  D5510 Replace missing or broken teeth, complete denture  D5511 Repair resin partial denture base, mandibular  D5512 Repair resin partial denture base, mandibular  D5612 Repair resin partial denture base, mandibular  D5612 Repair resin partial fenture base, mandibular  \$0.00  D5612 Repair cast partial framework, mandibular  \$0.00  D5621 Repair cast partial framework, mandibular  \$0.00  D5622 Repair cast partial framework, maxillary  \$0.00  D5630 Repair or replace broken retentive clasping materials – per tooth  \$0.00	D5226	Mandibular partial denture, flexible base	\$300.00
D5284 Removable unilateral partial denture, one piece flexible base, per quadrant \$75.00  D5286 Removable unilateral partial denture, one piece resin, per quadrant \$75.00  D5410 Adjust complete denture, maxillary \$0.00  D5411 Adjust complete denture, mandibular \$0.00  D5421 Adjust partial denture, maxillary \$0.00  D5422 Adjust partial denture, mandibular \$0.00  D5511 Repair broken complete denture base, mandibular \$0.00  D5512 Repair broken complete denture base, maxillary \$0.00  D5520 Replace missing or broken teeth, complete denture \$0.00  D5611 Repair resin partial denture base, mandibular \$0.00  D5612 Repair resin partial denture base, maxillary \$0.00  D5613 Repair resin partial denture base, maxillary \$0.00  D5620 Repair cast partial framework, mandibular \$0.00  D5621 Repair cast partial framework, mandibular \$0.00  D5622 Repair cast partial framework, maxillary \$0.00  D5630 Repair or replace broken retentive clasping materials – per tooth \$0.00			
D5286 Removable unilateral partial denture, one piece resin, per quadrant \$75.00  D5410 Adjust complete denture, maxillary \$0.00  D5411 Adjust complete denture, mandibular \$0.00  D5421 Adjust partial denture, maxillary \$0.00  D5422 Adjust partial denture, mandibular \$0.00  D5511 Repair broken complete denture base, mandibular \$0.00  D5512 Repair broken complete denture base, maxillary \$0.00  D5510 Replace missing or broken teeth, complete denture \$0.00  D5511 Repair resin partial denture base, mandibular \$0.00  D5520 Replace missing or broken teeth, complete denture \$0.00  D5611 Repair resin partial denture base, mandibular \$0.00  D5612 Repair cast partial denture base, maxillary \$0.00  D5621 Repair cast partial framework, mandibular \$0.00  D5622 Repair cast partial framework, mandibular \$0.00  D5630 Repair or replace broken retentive clasping materials – per tooth \$0.00			<del></del>
D5410 Adjust complete denture, maxillary  D5411 Adjust complete denture, mandibular  D5421 Adjust partial denture, maxillary  D5422 Adjust partial denture, mandibular  D5511 Repair broken complete denture base, mandibular  D5512 Repair broken complete denture base, maxillary  D5520 Replace missing or broken teeth, complete denture  D5611 Repair resin partial denture base, mandibular  D5612 Repair resin partial denture base, maxillary  D5612 Repair cast partial framework, mandibular  D5621 Repair cast partial framework, mandibular  D5630 Repair or replace broken retentive clasping materials – per tooth  \$0.00			
D5411Adjust 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\$0.00D5520Replace missing or broken teeth, complete denture\$0.00D5611Repair resin partial denture base, mandibular\$0.00D5612Repair resin partial denture base, maxillary\$0.00D5621Repair cast partial framework, mandibular\$0.00D5622Repair cast partial framework, maxillary\$0.00D5630Repair or replace broken retentive clasping materials – per tooth\$0.00			
D5421Adjust partial denture, maxillary\$0.00D5422Adjust partial denture, mandibular\$0.00D5511Repair broken complete denture base, mandibular\$0.00D5512Repair broken complete denture base, maxillary\$0.00D5520Replace missing or broken teeth, complete denture\$0.00D5611Repair resin partial denture base, mandibular\$0.00D5612Repair resin partial denture base, maxillary\$0.00D5621Repair cast partial framework, mandibular\$0.00D5622Repair cast partial framework, maxillary\$0.00D5630Repair or replace broken retentive clasping materials – per tooth\$0.00	-		
D5422 Adjust partial denture, mandibular \$0.00 D5511 Repair broken complete denture base, mandibular \$0.00 D5512 Repair broken complete denture base, maxillary \$0.00 D5520 Replace missing or broken teeth, complete denture \$0.00 D5611 Repair resin partial denture base, mandibular \$0.00 D5612 Repair resin partial denture base, maxillary \$0.00 D5621 Repair cast partial framework, mandibular \$0.00 D5622 Repair cast partial framework, maxillary \$0.00 D5630 Repair or replace broken retentive clasping materials – per tooth \$0.00			
D5511 Repair broken complete denture base, mandibular \$0.00 D5512 Repair broken complete denture base, maxillary \$0.00 D5520 Replace missing or broken teeth, complete denture \$0.00 D5611 Repair resin partial denture base, mandibular \$0.00 D5612 Repair resin partial denture base, maxillary \$0.00 D5621 Repair cast partial framework, mandibular \$0.00 D5622 Repair cast partial framework, maxillary \$0.00 D5630 Repair or replace broken retentive clasping materials – per tooth \$0.00			
D5512Repair broken complete denture base, maxillary\$0.00D5520Replace missing or broken teeth, complete denture\$0.00D5611Repair resin partial denture base, mandibular\$0.00D5612Repair resin partial denture base, maxillary\$0.00D5621Repair cast partial framework, mandibular\$0.00D5622Repair cast partial framework, maxillary\$0.00D5630Repair or replace broken retentive clasping materials – per tooth\$0.00			
D5520Replace missing or broken teeth, complete denture\$0.00D5611Repair resin partial denture base, mandibular\$0.00D5612Repair resin partial denture base, maxillary\$0.00D5621Repair cast partial framework, mandibular\$0.00D5622Repair cast partial framework, maxillary\$0.00D5630Repair or replace broken retentive clasping materials – per tooth\$0.00			
D5611Repair resin partial denture base, mandibular\$0.00D5612Repair resin partial denture base, maxillary\$0.00D5621Repair cast partial framework, mandibular\$0.00D5622Repair cast partial framework, maxillary\$0.00D5630Repair or replace broken retentive clasping materials – per tooth\$0.00			
D5612Repair resin partial denture base, maxillary\$0.00D5621Repair cast partial framework, mandibular\$0.00D5622Repair cast partial framework, maxillary\$0.00D5630Repair or replace broken retentive clasping materials – per tooth\$0.00			
D5621Repair cast partial framework, mandibular\$0.00D5622Repair cast partial framework, maxillary\$0.00D5630Repair or replace broken retentive clasping materials – per tooth\$0.00			
D5622Repair cast partial framework, maxillary\$0.00D5630Repair or replace broken retentive clasping materials – per tooth\$0.00			
D5630 Repair or replace broken retentive clasping materials – per tooth \$0.00			
I BOOTO INCOMOCONONCII LUCUII DEI LUCUII	D5640	Replace broken teeth, per tooth	\$0.00



CDT		
	Description	Member
Code	Description	Co-payment
	Removable Prosthodontic Services (continued)	
D5650	Add tooth to existing partial denture	\$5.00
D5660	Add clasp to existing partial denture, per tooth	\$5.00
D5670	Replace all teeth & acrylic on cast metal frame, maxillary	\$25.00
D5671	Replace all teeth & acrylic on cast metal frame, mandibular	\$25.00
D5710	Rebase complete maxillary denture	\$35.00
D5711	Rebase complete mandibular denture	\$35.00
D5720	Rebase maxillary partial denture	\$35.00
D5721	Rebase mandibular partial denture	\$35.00
D5730	Reline complete maxillary denture, chairside	\$16.00
D5731	Reline complete mandibular denture, chairside	\$16.00
D5740	Reline maxillary partial denture, chairside	\$16.00
D5741	Reline mandibular partial denture, chairside	\$16.00
D5750	Reline complete maxillary denture, laboratory	\$28.00
D5751	Reline complete mandibular denture, laboratory	\$28.00
D5760	Reline maxillary partial denture, laboratory	\$28.00
D5761	Reline mandibular partial denture, laboratory	\$28.00
D5810	Interim complete denture, maxillary	\$55.00
D5811	Interim complete denture, mandibular	\$55.00
D5820	Interim partial denture, maxillary	\$18.00
D5821	Interim partial denture, mandibular	\$18.00
D5850	Tissue conditioning, maxillary	\$0.00
D5851	Tissue conditioning, mandibular	\$0.00
01110511115	Implant Services	
GUIDELINE:	Id all services associated with implants are listed at the actual member co-payment amount. No additional fee is allowable for porcelain, noble me	tal high noble
· ·	tanium for implants and procedures associated with implants.	iai, iligii iloble
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/ceramic crown  Abutment supported porcelain fused to high noble crown	\$1,096.00
D6060	Abutment supported porcelain fused to hase metal crown	\$1,035.00
D6061	Abutment supported porcelain fused to base metal crown  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, high nosic	\$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	Implant supported crown, high noble alloys	\$984.00
D6068	Abutment supported retainer, porcelain/ceramic FPD	
	Abutment supported retainer, metal FPD, high noble	<b>I</b> \$1 110 00
D6069		\$1,110.00
D6069 D6070		\$1,096.00
D6070	Abutment supported retainer, porcelain fused to metal FPD, base metal	\$1,096.00 \$1,035.00
D6070 D6071	Abutment supported retainer, porcelain fused to metal FPD, base metal Abutment supported retainer, porcelain fused to metal FPD, noble	\$1,096.00 \$1,035.00 \$1,056.00
D6070 D6071 D6072	Abutment supported retainer, porcelain fused to metal FPD, base metal Abutment supported retainer, porcelain fused to metal FPD, noble Abutment supported retainer, cast metal FPD, high noble	\$1,096.00 \$1,035.00 \$1,056.00 \$1,028.00
D6070 D6071	Abutment supported retainer, porcelain fused to metal FPD, base metal Abutment supported retainer, porcelain fused to metal FPD, noble Abutment supported retainer, cast metal FPD, high noble Abutment supported retainer, cast metal FPD, base metal	\$1,096.00 \$1,035.00 \$1,056.00 \$1,028.00 \$930.00
D6070 D6071 D6072 D6073	Abutment supported retainer, porcelain fused to metal FPD, base metal Abutment supported retainer, porcelain fused to metal FPD, noble Abutment supported retainer, cast metal FPD, high noble	\$1,096.00 \$1,035.00 \$1,056.00 \$1,028.00
D6070 D6071 D6072 D6073 D6074	Abutment supported retainer, porcelain fused to metal FPD, base metal  Abutment supported retainer, porcelain fused to metal FPD, noble  Abutment supported retainer, cast metal FPD, high noble  Abutment supported retainer, cast metal FPD, base metal  Abutment supported retainer, cast metal FPD, noble  Implant supported retainer for ceramic FPD	\$1,096.00 \$1,035.00 \$1,056.00 \$1,028.00 \$930.00 \$1,005.00
D6070 D6071 D6072 D6073 D6074 D6075	Abutment supported retainer, porcelain fused to metal FPD, base metal Abutment supported retainer, porcelain fused to metal FPD, noble Abutment supported retainer, cast metal FPD, high noble Abutment supported retainer, cast metal FPD, base metal Abutment supported retainer, cast metal FPD, noble	\$1,096.00 \$1,035.00 \$1,056.00 \$1,028.00 \$930.00 \$1,005.00 \$1,092.00
D6070 D6071 D6072 D6073 D6074 D6075 D6076	Abutment supported retainer, porcelain fused to metal FPD, base metal  Abutment supported retainer, porcelain fused to metal FPD, noble  Abutment supported retainer, cast metal FPD, high noble  Abutment supported retainer, cast metal FPD, base metal  Abutment supported retainer, cast metal FPD, noble  Implant supported retainer for ceramic FPD  Implant supported retainer for FPD, porcelain fused to high noble alloys	\$1,096.00 \$1,035.00 \$1,056.00 \$1,028.00 \$930.00 \$1,005.00 \$1,092.00 \$1,064.00
D6070 D6071 D6072 D6073 D6074 D6075 D6076 D6077	Abutment supported retainer, porcelain fused to metal FPD, base metal Abutment supported retainer, porcelain fused to metal FPD, noble Abutment supported retainer, cast metal FPD, high noble Abutment supported retainer, cast metal FPD, base metal Abutment supported retainer, cast metal FPD, noble Implant supported retainer for ceramic FPD Implant supported retainer for FPD, porcelain fused to high noble alloys Implant supported retainer for metal FPD, high noble alloys	\$1,096.00 \$1,035.00 \$1,056.00 \$1,028.00 \$930.00 \$1,005.00 \$1,092.00 \$1,064.00 \$984.00
D6070 D6071 D6072 D6073 D6074 D6075 D6076 D6077	Abutment supported retainer, porcelain fused to metal FPD, base metal  Abutment supported retainer, cast metal FPD, high noble  Abutment supported retainer, cast metal FPD, base metal  Abutment supported retainer, cast metal FPD, base metal  Abutment supported retainer, cast metal FPD, noble  Implant supported retainer for ceramic FPD  Implant supported retainer for FPD, porcelain fused to high noble alloys  Implant supported retainer for metal FPD, high noble alloys  Scaling and debridement in the presence of inflammation or mucositis of a single implant  Implant supported crown, porcelain fused to predominantly base alloys	\$1,096.00 \$1,035.00 \$1,056.00 \$1,028.00 \$930.00 \$1,005.00 \$1,092.00 \$1,064.00 \$984.00 \$0.00
D6070 D6071 D6072 D6073 D6074 D6075 D6076 D6077 D6081 D6082	Abutment supported retainer, porcelain fused to metal FPD, base metal Abutment supported retainer, cast metal FPD, high noble Abutment supported retainer, cast metal FPD, base metal Abutment supported retainer, cast metal FPD, base metal Abutment supported retainer, cast metal FPD, noble Implant supported retainer for ceramic FPD Implant supported retainer for FPD, porcelain fused to high noble alloys Implant supported retainer for metal FPD, high noble alloys Scaling and debridement in the presence of inflammation or mucositis of a single implant Implant supported crown, porcelain fused to predominantly base alloys Implant supported crown, porcelain fused to noble alloys	\$1,096.00 \$1,035.00 \$1,056.00 \$1,028.00 \$930.00 \$1,005.00 \$1,092.00 \$1,064.00 \$984.00 \$984.00
D6070 D6071 D6072 D6073 D6074 D6075 D6076 D6077 D6081 D6082 D6083	Abutment supported retainer, porcelain fused to metal FPD, base metal  Abutment supported retainer, cast metal FPD, high noble  Abutment supported retainer, cast metal FPD, base metal  Abutment supported retainer, cast metal FPD, base metal  Abutment supported retainer, cast metal FPD, noble  Implant supported retainer for ceramic FPD  Implant supported retainer for FPD, porcelain fused to high noble alloys  Implant supported retainer for metal FPD, high noble alloys  Scaling and debridement in the presence of inflammation or mucositis of a single implant  Implant supported crown, porcelain fused to predominantly base alloys	\$1,096.00 \$1,035.00 \$1,056.00 \$1,028.00 \$930.00 \$1,005.00 \$1,092.00 \$1,064.00 \$984.00 \$9.00 \$984.00
D6070 D6071 D6072 D6073 D6074 D6075 D6076 D6077 D6081 D6082 D6083 D6084	Abutment supported retainer, porcelain fused to metal FPD, base metal Abutment supported retainer, cast metal FPD, high noble Abutment supported retainer, cast metal FPD, base metal Abutment supported retainer, cast metal FPD, base metal Abutment supported retainer, cast metal FPD, noble Implant supported retainer for ceramic FPD Implant supported retainer for FPD, porcelain fused to high noble alloys Implant supported retainer for metal FPD, high noble alloys Scaling and debridement in the presence of inflammation or mucositis of a single implant Implant supported crown, porcelain fused to predominantly base alloys Implant supported crown, porcelain fused to noble alloys Implant supported crown, porcelain fused to titanium and titanium alloys	\$1,096.00 \$1,035.00 \$1,056.00 \$1,028.00 \$930.00 \$1,005.00 \$1,092.00 \$1,064.00 \$984.00 \$984.00 \$984.00 \$984.00
D6070 D6071 D6072 D6073 D6074 D6075 D6076 D6077 D6081 D6082 D6083 D6084 D6085	Abutment supported retainer, porcelain fused to metal FPD, base metal Abutment supported retainer, cast metal FPD, high noble Abutment supported retainer, cast metal FPD, base metal Abutment supported retainer, cast metal FPD, base metal Abutment supported retainer, cast metal FPD, base metal Abutment supported retainer for ceramic FPD Implant supported retainer for FPD, porcelain fused to high noble alloys Implant supported retainer for metal FPD, high noble alloys Scaling and debridement in the presence of inflammation or mucositis of a single implant Implant supported crown, porcelain fused to predominantly base alloys Implant supported crown, porcelain fused to noble alloys Implant supported crown, porcelain fused to titanium and titanium alloys Provisional implant crown	\$1,096.00 \$1,035.00 \$1,056.00 \$1,028.00 \$930.00 \$1,005.00 \$1,064.00 \$984.00 \$984.00 \$984.00 \$984.00 \$984.00 \$984.00
D6070 D6071 D6072 D6073 D6074 D6075 D6076 D6077 D6081 D6082 D6083 D6084 D6085 D6086	Abutment supported retainer, porcelain fused to metal FPD, base metal Abutment supported retainer, porcelain fused to metal FPD, noble Abutment supported retainer, cast metal FPD, high noble Abutment supported retainer, cast metal FPD, base metal Abutment supported retainer, cast metal FPD, noble Implant supported retainer for ceramic FPD Implant supported retainer for FPD, porcelain fused to high noble alloys Implant supported retainer for metal FPD, high noble alloys Scaling and debridement in the presence of inflammation or mucositis of a single implant Implant supported crown, porcelain fused to predominantly base alloys Implant supported crown, porcelain fused to noble alloys Implant supported crown, porcelain fused to titanium and titanium alloys Provisional implant crown Implant supported crown, predominantly base alloys	\$1,096.00 \$1,035.00 \$1,056.00 \$1,028.00 \$930.00 \$1,005.00 \$1,064.00 \$984.00 \$984.00 \$984.00 \$984.00 \$984.00 \$984.00
D6070 D6071 D6072 D6073 D6074 D6075 D6076 D6077 D6081 D6082 D6083 D6084 D6085 D6086	Abutment supported retainer, porcelain fused to metal FPD, base metal Abutment supported retainer, cast metal FPD, high noble Abutment supported retainer, cast metal FPD, base metal Abutment supported retainer, cast metal FPD, base metal Abutment supported retainer, cast metal FPD, noble Implant supported retainer for ceramic FPD Implant supported retainer for FPD, porcelain fused to high noble alloys Implant supported retainer for metal FPD, high noble alloys Scaling and debridement in the presence of inflammation or mucositis of a single implant Implant supported crown, porcelain fused to predominantly base alloys Implant supported crown, porcelain fused to noble alloys Implant supported crown, porcelain fused to titanium and titanium alloys Provisional implant crown Implant supported crown, predominantly base alloys Implant supported crown, predominantly base alloys Implant supported crown, predominantly base alloys Implant supported crown, noble alloys	\$1,096.00 \$1,035.00 \$1,028.00 \$930.00 \$1,005.00 \$1,0092.00 \$1,064.00 \$984.00 \$984.00 \$984.00 \$984.00 \$984.00 \$984.00 \$984.00
D6070 D6071 D6072 D6073 D6074 D6075 D6076 D6077 D6081 D6082 D6083 D6084 D6085 D6086 D6087 D6088	Abutment supported retainer, porcelain fused to metal FPD, base metal Abutment supported retainer, cast metal FPD, high noble Abutment supported retainer, cast metal FPD, base metal Abutment supported retainer, cast metal FPD, base metal Abutment supported retainer, cast metal FPD, noble Implant supported retainer for ceramic FPD Implant supported retainer for FPD, porcelain fused to high noble alloys Implant supported retainer for metal FPD, high noble alloys Scaling and debridement in the presence of inflammation or mucositis of a single implant Implant supported crown, porcelain fused to predominantly base alloys Implant supported crown, porcelain fused to noble alloys Implant supported crown, porcelain fused to titanium and titanium alloys Provisional implant crown Implant supported crown, predominantly base alloys Implant supported crown, predominantly base alloys Implant supported crown, noble alloys Implant supported crown, noble alloys Implant supported crown, titanium and titanium alloys	\$1,096.00 \$1,035.00 \$1,028.00 \$1,028.00 \$930.00 \$1,005.00 \$1,092.00 \$1,064.00 \$984.00 \$984.00 \$984.00 \$984.00 \$984.00 \$984.00 \$984.00 \$984.00
D6070 D6071 D6072 D6073 D6074 D6075 D6076 D6077 D6081 D6082 D6083 D6084 D6085 D6086 D6087 D6088 D6088	Abutment supported retainer, porcelain fused to metal FPD, base metal Abutment supported retainer, porcelain fused to metal FPD, noble Abutment supported retainer, cast metal FPD, high noble Abutment supported retainer, cast metal FPD, base metal Abutment supported retainer, cast metal FPD, noble Implant supported retainer for ceramic FPD Implant supported retainer for FPD, porcelain fused to high noble alloys Implant supported retainer for metal FPD, high noble alloys Scaling and debridement in the presence of inflammation or mucositis of a single implant Implant supported crown, porcelain fused to predominantly base alloys Implant supported crown, porcelain fused to noble alloys Implant supported crown, porcelain fused to titanium and titanium alloys Provisional implant crown Implant supported crown, predominantly base alloys Implant supported crown, predominantly base alloys Implant supported crown, noble alloys Implant supported crown, noble alloys Implant supported crown, titanium and titanium alloys Re-cement or re-bond implant/abutment supported crown	\$1,096.00 \$1,035.00 \$1,056.00 \$1,028.00 \$930.00 \$1,005.00 \$1,092.00 \$1,064.00 \$984.00 \$984.00 \$984.00 \$984.00 \$984.00 \$984.00 \$984.00 \$984.00 \$984.00 \$984.00 \$984.00



CDT Code	Description	Member Co-payment
	Implant Services (continued)	
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
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
	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.

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D6205	Pontic, indirect resin based composite	\$70.00*
D6210	Pontic, cast high noble metal	\$70.00*
D6211	Pontic, cast predominantly base metal	\$70.00
D6212	Pontic, cast noble metal	\$70.00*
D6214	Pontic, titanium, and titanium alloys	\$70.00*
D6240	Pontic, porcelain fused to high noble metal	\$70.00*
D6241	Pontic, porcelain fused to predominantly base metal	\$70.00*
D6242	Pontic, porcelain fused to noble metal	\$70.00*
D6243	Pontic, porcelain fused to titanium and titanium alloys	\$70.00*
D6245	Pontic, porcelain/ceramic	\$70.00*
D6250	Pontic, resin with high noble metal	\$70.00*
D6251	Pontic, resin with predominantly base metal	\$70.00*
D6252	Pontic, resin with noble metal	\$70.00*
D6253	Provisional pontic	\$70.00
D6545	Retainer, cast metal for resin bonded fixed prosthesis	\$50.00*
D6548	Retainer, porcelain/ceramic, resin bonded fixed prosthesis	\$50.00*
D6549	Resin retainer, for resin bonded fixed prosthesis	\$50.00
D6600	Retainer inlay, porcelain/ceramic, two surfaces	\$85.00*
D6601	Retainer inlay, porcelain/ceramic, three or more surfaces	\$90.00*
D6602	Retainer inlay, cast high noble metal, two surfaces	\$85.00*
D6603	Retainer inlay, cast high noble metal, three or more surfaces	\$90.00*
D6604	Retainer inlay, cast base metal, two surfaces	\$85.00
D6605	Retainer inlay, cast base metal, three or more surfaces	\$90.00
D6606	Retainer inlay, cast noble metal, two surfaces	\$80.00*
D6607	Retainer inlay, cast noble metal, three or more surfaces	\$90.00*
D6624	Retainer inlay, titanium	\$90.00*
D6608	Retainer onlay, porcelain/ceramic, two surfaces	\$95.00*
D6609	Retainer onlay, porcelain/ceramic, three or more surfaces	\$100.00*
D6610	Retainer onlay, cast high noble metal, two surfaces	\$90.00*
D6611	Retainer onlay, cast high noble metal, three or more surfaces	\$95.00*
D6612	Retainer onlay, cast base metal, two surfaces	\$90.00
D6613	Retainer onlay, cast base metal, three or more surfaces	\$95.00
D6614	Retainer onlay, cast noble metal, two surfaces	\$90.00*
D6615	Retainer onlay, cast noble metal three or more surfaces	\$95.00*
D6634	Retainer onlay, titanium	\$95.00*
D6710	Retainer crown, indirect resin based composite	\$50.00*
D6720	Retainer crown, resin with high noble metal	\$10.00*
D6721	Retainer crown, resin with predominantly base metal	\$10.00*
D6722	Retainer crown, resin with noble metal	\$10.00*
D6740	Retainer crown, porcelain/ceramic	\$70.00*



LIBERTY DENTAL PLAN ®		
CDT	Description	Member
Code	Description	Co-payment
	Fixed Prosthodontic Services (continued)	
D6750	Retainer crown, porcelain fused to high noble metal	\$70.00*
D6751	Retainer crown, porcelain fused to predominantly base metal	\$70.00*
D6752	Retainer crown, porcelain fused to noble metal	\$70.00*
D6753	Retainer crown, porcelain fused to titanium and titanium alloys	\$70.00*
D6780	Retainer crown, ¾ cast high noble metal	\$70.00*
D6781	Retainer crown, ¾ cast predominantly base metal	\$70.00
D6782	Retainer crown, ¾ cast noble metal	\$70.00*
D6783	Retainer crown, ¾ porcelain/ceramic	\$70.00*
D6784	Retainer crown ¾, titanium and titanium alloys	\$70.00*
D6790	Retainer crown, full cast high noble metal	\$70.00*
D6791	Retainer crown, full cast predominantly base metal	\$70.00
D6792	Retainer crown, full cast noble metal	\$70.00*
D6793	Provisional retainer crown	\$40.00
D6794	Retainer crown, titanium and titanium alloys	\$70.00*
D6930	Re-cement or re-bond fixed partial denture	\$0.00
D6940	Stress breaker	\$20.00
D6980	Fixed partial denture repair, restorative material failure	\$15.00
D7444	Oral & Maxillofacial Services	60.00
D7111	Extraction, coronal remnants, primary tooth	\$0.00
D7140	Extraction, erupted tooth or exposed root	\$0.00
D7210	Extraction, erupted tooth requiring removal of bone and/or sectioning of tooth	\$0.00
D7220	Removal of impacted tooth, soft tissue	\$18.00
D7230	Removal of impacted tooth, partially bony	\$34.00
D7240 D7241	Removal of impacted tooth, completely bony	\$45.00 \$48.00
	Removal impacted tooth, complete bony, complication	
D7250 D7261	Removal of residual tooth roots (cutting procedure)	\$18.00 \$95.00
D7281 D7270	Primary closure of a sinus perforation  Tooth reimplantation and/or stabilization, accident	\$90.00
D7270	Exposure of an unerupted tooth	\$45.00
D7280	Mobilization of erupted/malpositioned tooth	\$30.00
D7282	Placement, device to facilitate eruption, impaction	\$30.00
D7285	Incisional biopsy of oral tissue, hard (bone, tooth)	\$0.00
D7283	Incisional biopsy of oral tissue, soft	\$0.00
D7280	Exfoliative cytological sample collection	\$0.00
D7287	Brush biopsy, transepithelial sample collection	\$0.00
D7310	Alveoloplasty with extractions, four or more teeth per quadrant	\$34.00
D7310	Alveoloplasty with extractions, one to three teeth per quadrant	\$34.00
D7311	Alveoloplasty, w/o extractions, four or more teeth per quadrant	\$46.00
D7321	Alveoloplasty, w/o extractions, roar or more teeth per quadrant	\$46.00
D7340	Vestibuloplasty, ridge extension (2nd epithelialization)	\$40.00
D7350	Vestibuloplasty, ridge extension  Vestibuloplasty, ridge extension	\$55.00
D7450	Removal, benign odontogenic cyst/tumor, up to 1.25 cm	\$45.00
D7451	Removal, benign odontogenic cyst/tumor, greater than 1.25 cm	\$90.00
D7460	Removal, benign nonodontogenic cyst/tumor, up to 1.25 cm	\$50.00
D7461	Removal, benign nonodontogenic cyst/tumor, greater than 1.25 cm	\$70.00
D7471	Removal of lateral exostosis, maxilla or mandible	\$55.00
D7472	Removal of torus palatinus	\$40.00
D7473	Removal of torus mandibularis	\$40.00
D7485	Reduction of osseous tuberosity	\$25.00
D7510	Incision & drainage of abscess, intraoral soft tissue	\$5.00
D7511	Incision & drainage of abscess, intraoral soft tissue, complicated	\$8.00
D7520	Incision & drainage of abscess, extraoral soft tissue	\$5.00
D7521	Incision & drainage of abscess, extraoral soft tissue, complicated	\$8.00
D7530	Remove foreign body, mucosa, skin, tissue	\$10.00
D7560	Maxillary sinusotomy for removal of tooth fragment or foreign body	\$25.00
D7922	Placement of intra-socket biological dressing to aid in hemostasis or clot, stabilization, per site	\$0.00
D7960	Frenulectomy (frenectomy or frenotomy), separate procedure	\$0.00
D7963	Frenuloplasty	\$0.00
D7970	Excision of hyperplastic tissue, per arch	\$10.00
2.3.0		



CDT Code	Description	Member Co-payment
	Adjunctive General Services	- 1
D9110	Palliative (emergency) treatment, minor procedure	\$5.00
D9120	Fixed partial denture sectioning	\$0.00
D9210	Local anesthesia not in conjunction, operative or surgical procedures	\$0.00
D9211	Regional block anesthesia	\$0.00
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.

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	\$0.00
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	\$20.00
D9450	Case presentation, detailed & extensive treatment	\$0.00
D9630	Drugs or medicaments dispensed in the office for home use	\$8.00
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	\$8.00
D9952	Occlusal adjustment, complete	\$10.00
D9971	Odontoplasty 1-2 teeth; includes removal of enamel projections	\$0.00
D9986	Missed appointment	\$10.00
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
- 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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