



LIBERTY Dental Plan of Nevada, Inc.

NV-200 PLAN SCHEDULE OF BENEFITS

Covered Benefits, Member Co-payments, Limitations & Exclusions

No Annual Deductible

No Annual Dollar Amount Maximum

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

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

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| CDT Code | Description | Member Co-payment |
|--|---|-------------------|
| Preventive Services (continued) | | |
| D1353 | Sealant repair, per tooth | \$0.00 |
| D1510 | Space maintainer, fixed, unilateral | \$0.00 |
| D1515 | Space maintainer, fixed, bilateral | \$0.00 |
| D1520 | Space maintainer, removable, unilateral | \$0.00 |
| D1525 | Space maintainer, removable, bilateral | \$0.00 |
| D1550 | Re-cement or re-bond space maintainer | \$0.00 |
| D1555 | Removal of fixed space maintainer | \$0.00 |
| D1575 | Distal shoe space maintainer, fixed, unilateral | \$0.00 |
| Restorative Services | | |
| D2140 | Amalgam, one surface, primary or permanent | \$0.00 |
| D2150 | Amalgam, two surfaces, primary or permanent | \$0.00 |
| D2160 | Amalgam, three surfaces, primary or permanent | \$0.00 |
| D2161 | Amalgam, four or more surfaces, primary or permanent | \$0.00 |
| D2330 | Resin-based composite, one surface, anterior | \$0.00 |
| D2331 | Resin-based composite, two surfaces, anterior | \$0.00 |
| D2332 | Resin-based composite, three surfaces, anterior | \$0.00 |
| D2335 | Resin-based composite, four or more surfaces, involving incisal angle | \$0.00 |
| D2390 | Resin-based composite crown, anterior | \$0.00 |
| D2391 | Resin-based composite, one surface, posterior | \$35.00 |
| D2392 | Resin-based composite, two surfaces, posterior | \$39.00 |
| D2393 | Resin-based composite, three surfaces, posterior | \$45.00 |
| D2394 | Resin-based composite, four or more surfaces, posterior | \$64.00 |
| <p>*GUIDELINES for Inlays, Onlays, and Single Crowns:</p> <p>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.</p> <p>1. Brand name restorations: (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.</p> <p>2. Benefits for anterior and bicuspid teeth: 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.</p> <p>3. Benefits for molar teeth: 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.</p> <p>4. Base metal is the benefit: If elected, a) noble, b) high noble metal, or c) titanium may be considered an elective upgraded procedure.</p> | | |
| D2510 | Inlay, metallic, one surface | \$25.00 |
| D2520 | Inlay, metallic, two surfaces | \$28.00 |
| D2530 | Inlay, metallic, three or more surfaces | \$30.00 |
| D2542 | Onlay, metallic, two surfaces | \$30.00 |
| D2543 | Onlay, metallic, three surfaces | \$31.00 |
| D2544 | Onlay, metallic, four or more surfaces | \$33.00 |
| D2610 | Inlay, porcelain/ceramic, one surface | \$26.00* |
| D2620 | Inlay, porcelain/ceramic, two surfaces | \$28.00* |
| D2630 | Inlay, porcelain/ceramic, three or more surfaces | \$30.00* |
| D2642 | Onlay, porcelain/ceramic, two surfaces | \$31.00* |
| D2643 | Onlay, porcelain/ceramic, three surfaces | \$33.00* |
| D2644 | Onlay, porcelain/ceramic, four or more surfaces | \$35.00* |
| D2650 | Inlay, resin-based composite, one surface | \$25.00 |
| D2651 | Inlay, resin-based composite, two surfaces | \$26.00 |
| D2652 | Inlay, resin-based composite, three or more surfaces | \$30.00 |
| D2662 | Onlay, resin-based composite, two surfaces | \$30.00 |
| D2663 | Onlay, resin-based composite, three surfaces | \$31.00 |
| D2664 | Onlay, resin-based composite, four or more surfaces | \$33.00 |
| D2710 | Crown, resin-based composite (indirect) | \$35.00 |
| D2712 | Crown, ¾ resin-based composite (indirect) | \$23.00 |
| D2720 | Crown, resin with high noble metal | \$40.00* |
| D2721 | Crown, resin with predominantly base metal | \$40.00 |



| CDT Code | Description | Member Co-payment |
|---|---|-------------------|
| Restorative Services (continued) | | |
| D2722 | Crown, resin with noble metal | \$40.00* |
| D2740 | Crown, porcelain/ceramic | \$95.00* |
| D2750 | Crown, porcelain fused to high noble metal | \$55.00* |
| D2751 | Crown, porcelain fused to predominantly base metal | \$55.00 |
| D2752 | Crown, porcelain fused to noble metal | \$55.00* |
| D2780 | Crown, ¾ cast high noble metal | \$55.00* |
| D2781 | Crown, ¾ cast predominantly base metal | \$55.00 |
| D2782 | Crown, ¾ cast noble metal | \$55.00* |
| D2783 | Crown, ¾ porcelain/ceramic | \$55.00* |
| D2790 | Crown, full cast high noble metal | \$40.00* |
| D2791 | Crown, full cast predominantly base metal | \$40.00 |
| D2792 | Crown, full cast noble metal | \$40.00* |
| D2794 | Crown, titanium | \$55.00* |
| D2799 | Provisional crown | \$15.00 |
| D2910 | Re-cement or re-bond inlay, onlay, veneer, or partial coverage | \$0.00 |
| D2915 | Re-cement or re-bond indirectly fabricated/prefabricated post & core | \$0.00 |
| D2920 | Re-cement or re-bond crown | \$0.00 |
| D2930 | Prefabricated stainless steel crown, primary tooth | \$0.00 |
| D2931 | Prefabricated stainless steel crown, permanent tooth | \$0.00 |
| D2932 | Prefabricated resin crown | \$0.00 |
| 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 | \$0.00 |
| D2951 | Pin retention, per tooth, in addition to restoration | \$0.00 |
| D2952 | Post and core in addition to crown, indirectly fabricated | \$0.00 |
| D2953 | Each additional indirectly fabricated post, same tooth | \$0.00 |
| D2954 | Prefabricated post and core in addition to crown | \$0.00 |
| D2955 | Post removal | \$0.00 |
| D2957 | Each additional prefabricated post, same tooth | \$0.00 |
| D2960 | Labial veneer (resin laminate), chairside | \$200.00 |
| D2961 | Labial veneer (resin laminate), laboratory | \$325.00 |
| D2962 | Labial veneer (porcelain laminate), laboratory | \$500.00 |
| D2971 | Additional procedure to construct new crown, existing partial denture frame | \$5.00 |
| D2980 | Crown repair necessitated by restorative material failure | \$10.00 |
| Endodontic Services | | |
| D3110 | Pulp cap, direct (excluding final restoration) | \$0.00 |
| D3120 | Pulp cap, indirect (excluding final restoration) | \$0.00 |
| D3220 | Therapeutic pulpotomy (excluding final restoration) | \$0.00 |
| D3221 | Pulpal debridement, primary and permanent teeth | \$0.00 |
| D3230 | Pulpal therapy, anterior, primary tooth (excluding final restoration) | \$0.00 |
| D3240 | Pulpal therapy, posterior, primary tooth (excluding final restoration) | \$0.00 |
| D3310 | Endodontic therapy, anterior tooth (excluding final restoration) | \$0.00 |
| D3320 | Endodontic therapy, premolar tooth (excluding final restoration) | \$0.00 |
| D3330 | Endodontic therapy, molar tooth (excluding final restoration) | \$0.00 |
| D3331 | Treatment of root canal obstruction; non-surgical access | \$0.00 |
| D3332 | Incomplete endodontic therapy; inoperable, unrestorable, fractured tooth | \$0.00 |
| D3333 | Internal root repair of perforation defects | \$15.00 |
| D3346 | Retreatment of previous root canal therapy, anterior | \$0.00 |
| D3347 | Retreatment of previous root canal therapy, premolar | \$0.00 |
| D3348 | Retreatment of previous root canal therapy, molar | \$0.00 |
| D3351 | Apexification/recalcification, initial visit | \$15.00 |
| D3352 | Apexification/recalcification, interim medication replacement | \$15.00 |
| D3353 | Apexification/recalcification, final visit | \$15.00 |



| CDT Code | Description | Member Co-payment |
|--|---|-------------------|
| Endodontic Services (continued) | | |
| D3410 | Apicoectomy, anterior | \$0.00 |
| D3421 | Apicoectomy, premolar (first root) | \$0.00 |
| D3425 | Apicoectomy, molar (first root) | \$0.00 |
| D3426 | Apicoectomy, (each additional root) | \$0.00 |
| D3430 | Retrograde filling, per root | \$0.00 |
| D3450 | Root amputation, per root | \$0.00 |
| D3910 | Surgical procedure for isolation of tooth with rubber dam | \$0.00 |
| D3920 | Hemisection, not including root canal therapy | \$5.00 |
| D3950 | Canal preparation and fitting of preformed dowel or post | \$0.00 |
| Periodontal Services | | |
| D4210 | Gingivectomy or gingivoplasty, four or more teeth per quadrant | \$0.00 |
| D4211 | Gingivectomy or gingivoplasty, one to three teeth per quadrant | \$0.00 |
| D4212 | Gingivectomy or gingivoplasty, restorative procedure, per tooth | \$0.00 |
| D4240 | Gingival flap procedure, four or more teeth per quadrant | \$0.00 |
| D4241 | Gingival flap procedure, one to three teeth per quadrant | \$0.00 |
| D4245 | Apically positioned flap | \$20.00 |
| D4249 | Clinical crown lengthening, hard tissue | \$36.00 |
| D4260 | Osseous surgery, four or more teeth per quadrant | \$0.00 |
| D4261 | Osseous surgery, one to three teeth per quadrant | \$0.00 |
| D4263 | Bone replacement graft, retained natural tooth, first site, quadrant | \$25.00 |
| D4264 | Bone replacement graft, retained natural tooth, each additional site | \$15.00 |
| D4270 | Pedicle soft tissue graft procedure | \$45.00 |
| D4273 | Autogenous connective tissue graft procedure, first tooth | \$45.00 |
| D4274 | Mesial/distal wedge procedure, single tooth | \$26.00 |
| D4275 | Non-autogenous connective tissue graft, first tooth | \$45.00 |
| D4277 | Free soft tissue graft, first tooth | \$45.00 |
| D4278 | Free soft tissue graft, each additional tooth | \$45.00 |
| D4283 | Autogenous connective tissue graft procedure, each additional tooth, per site | \$45.00 |
| D4285 | Non-autogenous connective tissue graft procedure, each additional tooth, per site | \$45.00 |
| D4320 | Provisional splinting, intracoronal | \$15.00 |
| D4321 | Provisional splinting, extracoronal | \$15.00 |
| GUIDELINE: | | |
| No more than two (2) quadrants of periodontal scaling and root planing per appointment/ per day are allowable. | | |
| D4341 | Periodontal scaling and root planing, four or more teeth per quadrant | \$0.00 |
| D4342 | Periodontal scaling and root planing, one to three teeth per quadrant | \$0.00 |
| D4346 | Scaling in presence of moderate or severe inflammation, full mouth after evaluation | \$0.00 |
| D4355 | Full mouth debridement to enable comprehensive evaluation and diagnosis, subsequent visit | \$0.00 |
| D4381 | Localized delivery of antimicrobial agent/per tooth | \$5.00 |
| D4910 | Periodontal maintenance | \$0.00 |
| D4920 | Unscheduled dressing change (other than treating dentist or staff) | \$0.00 |
| Removable Prosthodontic Services | | |
| D5110 | Complete denture, maxillary | \$0.00 |
| D5120 | Complete denture, mandibular | \$0.00 |
| D5130 | Immediate denture, maxillary | \$0.00 |
| D5140 | Immediate denture, mandibular | \$0.00 |
| D5211 | Maxillary partial denture, resin base | \$0.00 |
| D5212 | Mandibular partial denture, resin base | \$0.00 |
| D5213 | Maxillary partial denture, cast metal, resin base | \$0.00 |
| D5214 | Mandibular partial denture, cast metal, resin base | \$0.00 |
| D5221 | Immediate maxillary partial denture, resin base | \$0.00 |
| D5222 | Immediate mandibular partial denture, resin base | \$0.00 |
| D5223 | Immediate maxillary partial denture, cast metal framework, resin denture base | \$0.00 |
| D5224 | Immediate mandibular partial denture, cast metal framework, resin denture base | \$0.00 |
| D5225 | Maxillary partial denture, flexible base | \$300.00 |
| D5226 | Mandibular partial denture, flexible base | \$300.00 |



| CDT Code | Description | Member Co-payment |
|--|---|-------------------|
| Removable Prosthodontic Services (continued) | | |
| D5281 | Removable unilateral partial denture, one piece cast metal | \$0.00 |
| 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 |
| D5621 | Repair cast partial framework, mandibular | \$0.00 |
| D5622 | Repair cast partial framework, maxillary | \$0.00 |
| D5630 | Repair or replace broken clasp, per tooth | \$0.00 |
| D5640 | Replace broken teeth, per tooth | \$0.00 |
| D5650 | Add tooth to existing partial denture | \$0.00 |
| D5660 | Add clasp to existing partial denture, per tooth | \$0.00 |
| D5670 | Replace all teeth & acrylic on cast metal frame, maxillary | \$0.00 |
| D5671 | Replace all teeth & acrylic on cast metal frame, mandibular | \$0.00 |
| D5710 | Rebase complete maxillary denture | \$0.00 |
| D5711 | Rebase complete mandibular denture | \$0.00 |
| D5720 | Rebase maxillary partial denture | \$0.00 |
| D5721 | Rebase mandibular partial denture | \$0.00 |
| D5730 | Reline complete maxillary denture, chairside | \$0.00 |
| D5731 | Reline complete mandibular denture, chairside | \$0.00 |
| D5740 | Reline maxillary partial denture, chairside | \$0.00 |
| D5741 | Reline mandibular partial denture, chairside | \$0.00 |
| D5750 | Reline complete maxillary denture, laboratory | \$0.00 |
| D5751 | Reline complete mandibular denture, laboratory | \$0.00 |
| D5760 | Reline maxillary partial denture, laboratory | \$0.00 |
| D5761 | Reline mandibular partial denture, laboratory | \$0.00 |
| D5810 | Interim complete denture, maxillary | \$20.00 |
| D5811 | Interim complete denture, mandibular | \$20.00 |
| D5820 | Interim partial denture, maxillary | \$0.00 |
| D5821 | Interim partial denture, mandibular | \$0.00 |
| D5850 | Tissue conditioning, maxillary | \$0.00 |
| D5851 | Tissue conditioning, mandibular | \$0.00 |
| Implant Services | | |
| GUIDELINE: | | |
| Implants and all services associated with implants are listed at the actual member co-payment amount. No additional fee is allowable for porcelain, noble metal, high noble metal, or titanium for implants and procedures associated with implants. | | |
| D6010 | Surgical placement of implant body, endosteal | \$2,000.00 |
| D6056 | Prefabricated abutment, includes modification and placement | \$210.00 |
| D6058 | Abutment supported porcelain/ceramic crown | \$1,110.00 |
| D6059 | Abutment supported porcelain fused to high noble crown | \$1,096.00 |
| D6060 | Abutment supported porcelain fused to base metal crown | \$1,035.00 |
| D6061 | Abutment supported porcelain fused to noble metal crown | \$1,056.00 |
| D6062 | Abutment supported cast metal crown, high noble | \$1,003.00 |
| D6063 | Abutment supported cast metal crown, base metal | \$861.00 |
| D6064 | Abutment supported cast metal crown, noble metal | \$912.00 |
| D6094 | Abutment supported crown, titanium | \$670.00 |
| D6065 | Implant supported porcelain/ceramic crown | \$1,040.00 |
| D6066 | Implant supported porcelain fused to high noble crown | \$1,013.00 |
| D6067 | Implant supported metal crown | \$984.00 |
| D6068 | Abutment supported retainer, porcelain/ceramic FPD | \$1,110.00 |
| D6069 | Abutment supported retainer, metal FPD, high noble | \$1,096.00 |



| CDT Code | Description | Member Co-payment |
|---|--|-------------------|
| Implant Services (continued) | | |
| D6070 | Abutment supported retainer, porcelain fused to metal FPD, base metal | \$1,035.00 |
| D6071 | Abutment supported retainer, porcelain fused to metal FPD, noble | \$1,056.00 |
| D6072 | Abutment supported retainer, cast metal FPD, high noble | \$1,028.00 |
| D6073 | Abutment supported retainer, cast metal FPD, base metal | \$930.00 |
| D6074 | Abutment supported retainer, cast metal FPD, noble | \$1,005.00 |
| D6194 | Abutment supported retainer crown, FPD, titanium | \$670.00 |
| D6075 | Implant supported retainer for ceramic FPD | \$1,092.00 |
| D6076 | Implant supported retainer for porcelain fused metal FPD | \$1,064.00 |
| D6077 | Implant supported retainer for cast metal FPD | \$984.00 |
| D6081 | Scaling and debridement in the presence of inflammation or mucositis of a single implant | \$0.00 |
| D6085 | Provisional implant crown | \$15.00 |
| D6092 | Re-cement or re-bond implant/abutment supported crown | \$45.00 |
| D6093 | Re-cement or re-bond implant/abutment supported FPD | \$65.00 |
| D6096 | Remove broken implant retaining screw | \$75.00 |
| Fixed Prosthodontic Services | | |
| <p>*GUIDELINES for Pontics, Retainer Crowns, Retainer Inlays, Retainer Onlays:</p> <p>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.</p> <p>1. Brand name restorations: (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.</p> <p>2. Benefits for anterior and bicuspid teeth: 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.</p> <p>3. Benefits for molar teeth: 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.</p> <p>4. Base metal is the benefit: If elected, a) noble, b) high noble metal, or c) titanium may be considered an elective upgraded procedure.</p> | | |
| D6205 | Pontic, indirect resin based composite | \$40.00 |
| D6210 | Pontic, cast high noble metal | \$40.00* |
| D6211 | Pontic, cast predominantly base metal | \$40.00 |
| D6212 | Pontic, cast noble metal | \$40.00* |
| D6214 | Pontic, titanium | \$40.00* |
| D6240 | Pontic, porcelain fused to high noble metal | \$55.00* |
| D6241 | Pontic, porcelain fused to predominantly base metal | \$55.00 |
| D6242 | Pontic, porcelain fused to noble metal | \$55.00* |
| D6245 | Pontic, porcelain/ceramic | \$55.00* |
| D6250 | Pontic, resin with high noble metal | \$55.00* |
| D6251 | Pontic, resin with predominantly base metal | \$40.00 |
| D6252 | Pontic, resin with noble metal | \$40.00* |
| D6253 | Provisional pontic | \$55.00 |
| D6545 | Retainer, cast metal for resin bonded fixed prosthesis | \$17.00 |
| D6548 | Retainer, porcelain/ceramic, resin bonded fixed prosthesis | \$17.00* |
| D6549 | Resin retainer, for resin bonded fixed prosthesis | \$17.00 |
| D6600 | Retainer inlay, porcelain/ceramic, two surfaces | \$28.00* |
| D6601 | Retainer inlay, porcelain/ceramic, three or more surfaces | \$30.00* |
| D6602 | Retainer inlay, cast high noble metal, two surfaces | \$28.00* |
| D6603 | Retainer inlay, cast high noble metal, three or more surfaces | \$30.00* |
| D6604 | Retainer inlay, cast base metal, two surfaces | \$28.00 |
| D6605 | Retainer inlay, cast base metal, three or more surfaces | \$30.00 |
| D6606 | Retainer inlay, cast noble metal, two surfaces | \$28.00* |
| D6607 | Retainer inlay, cast noble metal, three or more surfaces | \$30.00* |
| D6624 | Retainer inlay, titanium | \$30.00* |
| D6608 | Retainer onlay, porcelain/ceramic, two surfaces | \$31.00* |
| D6609 | Retainer onlay, porcelain/ceramic, three or more surfaces | \$33.00* |
| D6610 | Retainer onlay, cast high noble metal, two surfaces | \$71.00* |
| D6611 | Retainer onlay, cast high noble metal, three or more surfaces | \$74.00* |



| CDT Code | Description | Member Co-payment |
|---|--|-------------------|
| Fixed Prosthodontic Services (continued) | | |
| D6612 | Retainer onlay, cast base metal, two surfaces | \$71.00 |
| D6613 | Retainer onlay, cast base metal, three or more surfaces | \$74.00 |
| D6614 | Retainer onlay, cast noble metal, two surfaces | \$30.00* |
| D6615 | Retainer onlay, cast noble metal three or more surfaces | \$31.00* |
| D6634 | Retainer onlay, titanium | \$31.00* |
| D6710 | Retainer crown, indirect resin based composite | \$40.00 |
| D6720 | Retainer crown, resin with high noble metal | \$40.00* |
| D6721 | Retainer crown, resin with predominantly base metal | \$40.00 |
| D6722 | Retainer crown, resin with noble metal | \$40.00* |
| D6740 | Retainer crown, porcelain/ceramic | \$40.00* |
| D6750 | Retainer crown, porcelain fused to high noble metal | \$55.00* |
| D6751 | Retainer crown, porcelain fused to predominantly base metal | \$55.00 |
| D6752 | Retainer crown, porcelain fused to noble metal | \$55.00* |
| D6780 | Retainer crown, ¾ cast high noble metal | \$55.00* |
| D6781 | Retainer crown, ¾ cast predominantly base metal | \$55.00 |
| D6782 | Retainer crown, ¾ cast noble metal | \$70.00* |
| D6783 | Retainer crown, ¾ porcelain/ceramic | \$55.00* |
| D6790 | Retainer crown, full cast high noble metal | \$40.00* |
| D6791 | Retainer crown, full cast predominantly base metal | \$40.00 |
| D6792 | Retainer crown, full cast noble metal | \$40.00* |
| D6793 | Provisional retainer crown | \$15.00 |
| D6794 | Retainer crown, titanium | \$40.00* |
| D6930 | Re-cement or re-bond fixed partial denture | \$0.00 |
| D6940 | Stress breaker | \$0.00 |
| D6980 | Fixed partial denture repair, restorative material failure | \$0.00 |
| Oral & Maxillofacial Services | | |
| 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 | \$0.00 |
| D7230 | Removal of impacted tooth, partially bony | \$0.00 |
| D7240 | Removal of impacted tooth, completely bony | \$0.00 |
| D7241 | Removal impacted tooth, complete bony, complication | \$0.00 |
| D7250 | Removal of residual tooth roots (cutting procedure) | \$0.00 |
| D7261 | Primary closure of a sinus perforation | \$31.00 |
| D7270 | Tooth reimplantation and/or stabilization, accident | \$30.00 |
| D7280 | Exposure of an unerupted tooth | \$15.00 |
| D7282 | Mobilization of erupted/malpositioned tooth | \$10.00 |
| D7283 | Placement, device to facilitate eruption, impaction | \$10.00 |
| D7285 | Incisional biopsy of oral tissue, hard (bone, tooth) | \$0.00 |
| D7286 | Incisional biopsy of oral tissue, soft | \$0.00 |
| D7287 | Exfoliative cytological sample collection | \$0.00 |
| D7288 | Brush biopsy, transepithelial sample collection | \$0.00 |
| D7310 | Alveoloplasty with extractions, four or more teeth per quadrant | \$0.00 |
| D7311 | Alveoloplasty with extractions, one to three teeth per quadrant | \$0.00 |
| D7320 | Alveoloplasty, w/o extractions, four or more teeth per quadrant | \$0.00 |
| D7321 | Alveoloplasty, w/o extractions, one to three teeth per quadrant | \$0.00 |
| D7340 | Vestibuloplasty, ridge extension (2nd epithelialization) | \$13.00 |
| D7350 | Vestibuloplasty, ridge extension | \$18.00 |
| D7450 | Removal, benign odontogenic cyst/tumor, up to 1.25 cm | \$15.00 |
| D7451 | Removal, benign odontogenic cyst/tumor, greater than 1.25 cm | \$30.00 |
| D7460 | Removal, benign nonodontogenic cyst/tumor, up to 1.25 cm | \$16.00 |
| D7461 | Removal, benign nonodontogenic cyst/tumor, greater than 1.25 cm | \$23.00 |
| D7471 | Removal of lateral exostosis, maxilla or mandible | \$18.00 |



| CDT Code | Description | Member Co-payment |
|--|--|-------------------|
| Oral & Maxillofacial Services (continued) | | |
| D7472 | Removal of torus palatinus | \$13.00 |
| D7473 | Removal of torus mandibularis | \$13.00 |
| D7485 | Reduction of osseous tuberosity | \$10.00 |
| D7510 | Incision & drainage of abscess, intraoral soft tissue | \$0.00 |
| D7511 | Incision & drainage of abscess, intraoral soft tissue, complicated | \$0.00 |
| D7520 | Incision & drainage of abscess, extraoral soft tissue | \$0.00 |
| D7521 | Incision & drainage of abscess, extraoral soft tissue, complicated | \$0.00 |
| D7530 | Remove foreign body, mucosa, skin, tissue | \$5.00 |
| D7560 | Maxillary sinusotomy for removal of tooth fragment or foreign body | \$10.00 |
| D7960 | Frenulectomy (frenectomy or frenotomy), separate procedure | \$0.00 |
| D7963 | Frenuloplasty | \$0.00 |
| D7970 | Excision of hyperplastic tissue, per arch | \$0.00 |
| D7971 | Excision of pericoronal gingiva | \$5.00 |
| Adjunctive General Services | | |
| D9110 | Palliative (emergency) treatment, minor procedure | \$0.00 |
| 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 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 | \$35.00 |
| D9239 | Intravenous moderate (conscious) sedation/analgesia, first 15 minute increment | \$125.00** |
| D9243 | Intravenous moderate (conscious) sedation/analgesia, each subsequent 15 minute increment | \$125.00** |
| D9248 | Non-intravenous (conscious) sedation, includes non-IV minimal and moderate sedation | \$100.00 |
| D9310 | Consultation, other than requesting dentist | \$0.00 |
| D9311 | Consultation with a medical health care professional | \$0.00 |
| D9430 | Office visit, observation, regular hours, no other services | \$0.00 |
| D9440 | Office visit, after regularly scheduled hours | \$0.00 |
| D9450 | Case presentation, detailed & extensive treatment | \$0.00 |
| D9630 | Drugs or medicaments dispensed in the office for home use | \$0.00 |
| D9910 | Application of desensitizing medicament | \$0.00 |
| D9911 | Application of desensitizing resin for cervical, root surface, per tooth | \$0.00 |
| D9930 | Treatment of complications, post surgical, unusual, by report | \$0.00 |
| D9940 | Occlusal guard, by report | \$100.00 |
| D9942 | Repair and/or relin of occlusal guard | \$25.00 |
| D9950 | Occlusion analysis, mounted case | \$0.00 |
| D9951 | Occlusal adjustment, limited | \$0.00 |
| D9952 | Occlusal adjustment, complete | \$0.00 |
| D9971 | Odontoplasty 1-2 teeth; includes removal of enamel projections | \$0.00 |
| D9986 | Missed appointment | \$0.00 |
| D9987 | Cancelled appointment | \$0.00 |
| D9991 | Dental case management, addressing appointment compliance barriers | \$0.00 |
| D9992 | Dental case management, care coordination | \$0.00 |
| D9993 | Dental case management, motivational interviewing | \$0.00 |
| D9994 | Dental case management, patient education to improve oral health literacy | \$0.00 |
| | 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 relines 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 Nevada, Inc.

Ortho-275 PLAN SCHEDULE OF BENEFITS

| | |
|-------------------------|--|
| Primary Dentition: | Teeth developed and erupted first in order of time. |
| Transitional Dentition: | The Final phase of the transition from primary to adult teeth, in which the deciduous molars and canines are in the process of shedding and the permanent successors are emerging. |
| Adolescent Dentition: | The dentition that is present after the normal loss of primary teeth and prior to cessation of growth that would affect orthodontic treatment. |
| Adult Dentition: | The dentition that is present after the cessation of growth that would affect orthodontic treatment. |

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

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

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

Orthodontic Exclusions:

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