

LIBERTY Dental Plan of California, Inc.

CA-800 Plan Benefit Schedule

Summary of Services

✓ 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 are available at the dental office's usual and customary fee.



ADA Code	Procedure	Member Co-payment	
		General	Specialist
Diagnostic services			
D0120.....	Periodic oral evaluation.....	\$ 8.00 ....	.....NPB
D0140.....	Limited oral evaluation.....	no charge	\$ 50.00
D0145.....	Oral Evaluation under age 3.....	\$ 8.00	\$ 50.00
D0150.....	Comprehensive oral evaluation.....	\$ 8.00	\$ 50.00
D0160.....	Oral evaluation, problem focused.....	\$ 8.00	\$ 50.00
D0170.....	Re-evaluation, limited, problem focused.....	\$ 8.00	\$ 50.00
D0180.....	Comprehensive periodontal evaluation.....	\$ 8.00	\$ 50.00
D0210.....	Intraoral, complete series of radiographic images.....	no charge	\$ 85.00
D0220.....	Intraoral, periapical, first radiographic image.....	no charge	\$ 21.00
D0230.....	Intraoral, periapical, each add 'l radiographic image.....	no charge	\$ 12.00
D0240.....	Intraoral, occlusal radiographic image.....	no charge	\$ 21.00
D0250.....	Extraoral, first radiographic image.....	no charge	\$ 31.00
D0260.....	Extraoral, each add 'l radiographic image.....	no charge	\$ 20.00
D0270.....	Bitewing, single radiographic image.....	no charge	\$ 20.00
D0272.....	Bitewings, 2 radiographic images.....	no charge	\$ 31.00
D0273.....	Bitewings, 3 radiographic images.....	no charge	\$ 35.00
D0274.....	Bitewings, 4 radiographic images.....	no charge	\$ 45.00
D0277.....	Vertical bitewings, 7 to 8 radiographic images.....	\$ 5.00	\$ 45.00
D0330.....	Panoramic radiographic image.....	no charge ....	.....NPB
D0340.....	Cephalometric image.....	see ortho	see ortho
D0460.....	Pulp vitality tests.....	\$ 8.00 ....	.....NPB
D0470.....	Diagnostic casts.....	\$ 8.00 ....	.....NPB
Preventive services			
D1110.....	Prophylaxis, adult.....	no charge	\$ 55.00
D1110.....	Prophylaxis, adult (3rd or more per 12 months).....	\$ 54.00	\$ 65.00
D1120.....	Prophylaxis, child.....	no charge	\$ 55.00
D1120.....	Prophylaxis, child (3rd or more per 12 months).....	\$ 44.00	\$ 60.00
D1206.....	Topical application of fluoride varnish.....	\$ 20.00	\$ 38.00
D1208.....	Topical application of fluoride.....	no charge	\$ 25.00
D1208.....	up to the 18th birthday (3rd or more per 12 months).....	\$ 18.00	\$ 25.00
D1310.....	Nutritional counseling for control of dental disease.....	no charge	no charge
D1320.....	Tobacco counseling, control/prevention oral disease.....	no charge	no charge
D1330.....	Oral hygiene instruction.....	no charge	no charge
D1351.....	Sealant, per tooth.....	\$ 15.00	\$ 37.00
D1352.....	Preventive resin restoration, permanent tooth.....	\$ 15.00	\$ 37.00
D1510.....	Space maintainer, fixed, unilateral.....	\$ 100.00	\$ 215.00
D1515.....	Space maintainer, fixed, bilateral.....	\$ 100.00	\$ 258.00
D1520.....	Space maintainer, removable, unilateral.....	\$ 100.00	\$ 210.00
D1525.....	Space maintainer, removable, bilateral.....	\$ 100.00	\$ 210.00
D1550.....	Recementation of space maintainer.....	\$ 10.00	\$ 22.00
D1555.....	Removal of fixed space maintainer.....	\$ 20.00	\$ 60.00

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ADA Code	Procedure	Member Co-Payment	
		General	Specialist
Restorative services			
D2140.....	Amalgam, 1 surface, primary or permanent.....	\$ 25.00	..... \$ 71.00
D2150.....	Amalgam, 2 surfaces, primary or permanent.....	\$ 32.00	..... \$ 105.00
D2160.....	Amalgam, 3 surfaces, primary or permanent.....	\$ 42.00	..... \$ 126.00
D2161.....	Amalgam, 4 or more surfaces, primary or permanent.....	\$ 53.00	..... \$ 141.00
D2330.....	Resin-based composite, 1 surface, anterior.....	\$ 38.00	..... \$ 84.00
D2331.....	Resin-based composite, 2 surfaces, anterior.....	\$ 48.00	..... \$ 94.00
D2332.....	Resin-based composite, 3 surfaces, anterior.....	\$ 58.00	..... \$ 105.00
D2335.....	Resin-based composite, 4+ surfaces/incisal angle.....	\$ 68.00	..... \$ 115.00
D2390.....	Resin-based composite crown, anterior.....	\$ 75.00	..... \$ 152.00
D2391.....	Resin-based composite, 1 surface, posterior.....	\$ 45.00	..... \$ 71.00
D2392.....	Resin-based composite, 2 surfaces, posterior.....	\$ 50.00	..... \$ 105.00
D2393.....	Resin-based composite, 3 surfaces, posterior.....	\$ 55.00	..... \$ 126.00
D2394.....	Resin-based composite, 4+ surfaces, posterior.....	\$ 65.00	..... \$ 135.00

***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. 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.
- 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.
- 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.
- 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, 1 surface.....	\$ 180.00	.....	NPB
D2520.....	Inlay, metallic, 2 surfaces.....	\$ 180.00	.....	NPB
D2530.....	Inlay, metallic, 3 or more surfaces.....	\$ 180.00	.....	NPB
D2542.....	Onlay, metallic, 2 surfaces.....	\$ 185.00	.....	NPB
D2543.....	Onlay, metallic, 3 surfaces.....	\$ 205.00	.....	NPB
D2544.....	Onlay, metallic, 4 or more surfaces.....	\$ 205.00	.....	NPB
D2720.....	Crown, resin with high noble metal.....	\$ 280.00 *	.....	NPB
D2721.....	Crown, resin with predominantly base metal.....	\$ 280.00	.....	NPB
D2722.....	Crown, resin with noble metal.....	\$ 280.00 *	.....	NPB
D2740.....	Crown, porcelain/ceramic substrate.....	\$ 280.00 *	.....	NPB
D2750.....	Crown, porcelain fused to high noble metal.....	\$ 280.00 *	.....	NPB
D2751.....	Crown, porcelain fused to predominantly base metal.....	\$ 280.00	.....	NPB
D2752.....	Crown, porcelain fused to noble metal.....	\$ 280.00 *	.....	NPB
D2780.....	Crown, ¾ cast high noble metal.....	\$ 240.00 *	.....	NPB
D2781.....	Crown, ¾ cast predominantly base metal.....	\$ 240.00	.....	NPB
D2782.....	Crown, ¾ cast noble metal.....	\$ 240.00 *	.....	NPB
D2790.....	Crown, full cast high noble metal.....	\$ 235.00 *	.....	NPB
D2791.....	Crown, full cast predominantly base metal.....	\$ 235.00	.....	NPB
D2792.....	Crown, full cast noble metal.....	\$ 235.00 *	.....	NPB
D2794.....	Crown, titanium.....	\$ 235.00 *	.....	NPB
D2910.....	Recent inlay, onlay, partial coverage restoration.....	\$ 18.00	.....	NPB
D2915.....	Recent cast or prefabricated post & core.....	\$ 15.00	.....	NPB
D2920.....	Recent crown.....	\$ 18.00	..... \$	45.00
D2930.....	Prefabricated stainless steel crown, primary tooth.....	\$ 50.00	..... \$	126.00
D2931.....	Prefabricated stainless steel crown, permanent tooth.....	\$ 50.00	..... \$	178.00
D2932.....	Prefabricated resin crown.....	\$ 42.00	..... \$	136.00
D2940.....	Protective restoration (temporary).....	\$ 99.00	..... \$	99.00
D2950.....	Core build-up, including any pins.....	\$ 99.00	.....	NPB
D2951.....	Pin retention, per tooth, in addition to restoration.....	\$ 30.00	NPB
D2952.....	Post & core in addition to crown, indirect fabric.....	\$ 90.00	NPB

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ADA Code	Procedure	Member Co-Payment	
		General	Specialist
Restorative services (continued)			
D2953.....	Each additional indirect fabric. post, same tooth.....	\$ 45.00	..... NPB
D2954.....	Prefabricated post & core in addition to crown.....	\$ 90.00	..... NPB
D2955.....	Post removal.....	\$ 25.00	..... NPB
D2957.....	Each additional prefabricated post, same tooth.....	\$ 45.00	..... NPB
Endodontic services			
D3110.....	Pulp cap – direct (excluding final restoration).....	\$ 20.00	..... \$ 50.00
D3120.....	Pulp cap – indirect (excluding final restoration).....	\$ 20.00	..... \$ 45.00
D3220.....	Therapeutic pulpotomy (excluding final restoration).....	\$ 40.00	..... \$ 80.00
D3230.....	Pulpal therapy (resorbable filling), anterior primary.....	\$ 35.00	..... \$ 95.00
D3240.....	Pulpal therapy (resorbable filling), posterior, primary.....	\$ 40.00	..... \$ 95.00
D3310.....	Anterior (excluding final restoration).....	\$ 150.00	..... \$ 385.00
D3320.....	Bicuspid (excluding final restoration).....	\$ 190.00	..... \$ 470.00
D3330.....	Molar (excluding final restoration).....	\$ 245.00	..... \$ 580.00
D3346.....	Retreatment of previous root canal – anterior.....	\$ 170.00	..... \$ 385.00
D3347.....	Retreatment of previous root canal – bicuspid.....	\$ 220.00	..... \$ 470.00
D3348.....	Retreatment of previous root canal – molar.....	\$ 255.00	..... \$ 580.00
D3351.....	Apexification/recalcification/pulp reg. – initial visit.....	\$ 85.00	..... \$ 125.00
D3352.....	Apexification/recalcification/pulp reg. – interim med.....	\$ 85.00	..... \$ 125.00
D3353.....	Apexification/recalcification – final visit.....	\$ 85.00	..... \$ 310.00
D3410.....	Apicoectomy/periradicular surgery – anterior.....	\$ 475.00	..... \$ 545.00
D3421.....	Apicoectomy/periradicular surgery – bicuspid.....	\$ 475.00	..... \$ 565.00
D3425.....	Apicoectomy/periradicular surgery – molar.....	\$ 475.00	..... \$ 485.00
D3426.....	Apicoectomy/periradicular surgery – each add 'l root.....	\$ 475.00	..... \$ 485.00
D3430.....	Retrograde filling – per root.....	\$ 100.00	..... \$ 170.00
D3450.....	Root Amputation – per root.....	\$ 100.00	..... \$ 350.00
D3920.....	Hemisection (incl. root removal), not incl. root canal.....	\$ 150.00	..... \$ 395.00
Periodontal services			
D4210.....	Gingivectomy/gingivoplasty, 4+ teeth per quadrant.....	\$ 220.00	..... \$ 685.00
D4211.....	Gingivectomy/gingivoplasty, 1-3 teeth per quadrant.....	\$ 20.00	..... \$ 320.00
D4212.....	Gingivectomy/gingivoplasty, restorative procedure, per tooth.....	no charge	..... no charge
D4240.....	Gingival flap procedure, 4+ teeth per quadrant.....	\$ 300.00	..... \$ 475.00
D4241.....	Gingival flap procedure, 1-3 teeth per quadrant.....	\$ 300.00	..... \$ 315.00
D4260.....	Osseous surgery, 4+ teeth per quadrant.....	\$ 650.00	..... \$ 675.00
D4261.....	Osseous surgery, 1-3 teeth per quadrant.....	\$ 650.00	..... \$ 675.00
GUIDELINE:			
No more than two (2) quadrants of periodontal scaling and root planing per appointment/ per day are allowable.			
D4341.....	Periodontal scaling & root planing, 4+ teeth/quad.....	\$ 60.00	..... \$ 210.00
D4342.....	Periodontal scaling & root planing, 1-3 teeth/quad.....	\$ 60.00	..... \$ 140.00
D4355.....	Full mouth debridement.....	\$ 50.00	..... NPB
D4910.....	Periodontal maintenance.....	\$ 50.00	..... \$ 85.00
D4920.....	Unscheduled dressing change/non-treating dentist.....	..... NPB	..... \$ 35.00
Removable prosthodontic services			
D5110.....	Complete denture, maxillary.....	\$ 385.00	..... NPB
D5120.....	Complete denture, mandibular.....	\$ 385.00	..... NPB
D5130.....	Immediate denture, maxillary.....	\$ 385.00	..... NPB
D5140.....	Immediate denture, mandibular.....	\$ 385.00	..... NPB
D5211.....	Maxillary partial denture, resin base.....	\$ 385.00	..... NPB
D5212.....	Mandibular partial denture, resin base.....	\$ 385.00	..... NPB
D5213.....	Maxillary partial denture, cast metal/resin base.....	\$ 385.00	..... NPB
D5214.....	Mandibular partial denture, cast metal/resin base.....	\$ 385.00	..... NPB
D5225.....	Maxillary partial denture, flexible base.....	\$ 425.00	..... NPB
D5226.....	Mandibular partial denture, flexible base.....	\$ 425.00	..... NPB
D5281.....	Removable unilateral partial denture, 1 pc. cast.....	\$ 395.00	..... NPB

ADA Code	Procedure	Member Co-Payment	
		General	Specialist
Removable prosthodontic services (continued)			
D5410.....	Adjust complete denture, maxillary.....	\$ 22.00	..... NPB
D5411.....	Adjust complete denture, mandibular.....	\$ 22.00	..... NPB
D5421.....	Adjust partial denture, maxillary.....	\$ 22.00	..... NPB
D5422.....	Adjust partial denture, mandibular.....	\$ 22.00	..... NPB
D5510.....	Repair broken complete denture base.....	\$ 30.00	..... NPB
D5520.....	Replace missing/broken teeth, complete denture.....	\$ 35.00	..... NPB
D5610.....	Repair resin denture base.....	\$ 35.00	..... NPB
D5620.....	Repair cast framework.....	\$ 35.00	..... NPB
D5630.....	Repair or replace broken clasp.....	\$ 25.00	..... NPB
D5640.....	Replace broken teeth, per tooth.....	\$ 25.00	..... NPB
D5650.....	Add tooth to existing partial denture.....	\$ 30.00	..... NPB
D5660.....	Add clasp to existing partial denture.....	\$ 30.00	..... NPB
D5710.....	Rebase complete maxillary denture.....	\$ 75.00	..... NPB
D5711.....	Rebase complete mandibular denture.....	\$ 75.00	..... NPB
D5720.....	Rebase maxillary partial denture.....	\$ 75.00	..... NPB
D5721.....	Rebase mandibular partial denture.....	\$ 75.00	..... NPB
D5730.....	Reline complete maxillary denture, chairside.....	\$ 60.00	..... NPB
D5731.....	Reline complete mandibular denture, chairside.....	\$ 60.00	..... NPB
D5740.....	Reline maxillary partial denture, chairside.....	\$ 60.00	..... NPB
D5741.....	Reline mandibular partial denture, chairside.....	\$ 60.00	..... NPB
D5750.....	Reline complete maxillary denture, laboratory.....	\$ 90.00	..... NPB
D5751.....	Reline complete mandibular denture, laboratory.....	\$ 90.00	..... NPB
D5760.....	Reline maxillary partial denture, laboratory.....	\$ 90.00	..... NPB
D5761.....	Reline mandibular partial denture, laboratory.....	\$ 90.00	..... NPB
D5820.....	Interim partial denture, maxillary.....	\$ 90.00	..... NPB
D5821.....	Interim partial denture, mandibular.....	\$ 90.00	..... NPB
D5850.....	Tissue conditioning, maxillary.....	\$ 55.00	..... NPB
D5851.....	Tissue conditioning, mandibular.....	\$ 55.00	..... NPB
D5860.....	Overdenture, complete, by report.....	\$ 850.00	..... NPB
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.....	\$ 2000.00	..... \$ 2300.00
D6056.....	Prefabricated abutment, includes modification and placement.....	\$ 210.00	..... \$ 241.00
D6058.....	Abutment supported porcelain/ceramic crown.....	\$ 1110.00	..... \$ 1276.00
D6059.....	Abutment supported porcelain/high noble crown.....	\$ 1096.00	..... \$ 1259.00
D6060.....	Abutment supported porcelain/base metal crown.....	\$ 1035.00	..... \$ 1190.00
D6061.....	Abutment supported porcelain/noble metal crown.....	\$ 1056.00	..... \$ 1214.00
D6062.....	Abutment supported cast metal crown, high noble.....	\$ 1003.00	..... \$ 1153.00
D6063.....	Abutment supported cast metal crown, base metal.....	\$ 861.00	..... \$ 990.00
D6064.....	Abutment supported cast metal crown, noble metal.....	\$ 912.00	..... \$ 1048.00
D6094.....	Abutment supported crown, titanium.....	\$ 670.00	..... \$ 770.00
D6065.....	Implant supported porcelain/ceramic crown.....	\$ 1040.00	..... \$ 1196.00
D6066.....	Implant supported porcelain/metal crown.....	\$ 1013.00	..... \$ 1165.00
D6067.....	Implant supported metal crown.....	\$ 984.00	..... \$ 1131.00
D6068.....	Abutment supported retainer, porcelain/ceramic FPD.....	\$ 1110.00	..... \$ 1276.00
D6069.....	Abutment supported retainer, metal FPD, high noble.....	\$ 1096.00	..... \$ 1260.00
D6070.....	Abutment supported retainer, porc./metal FPD, base metal.....	\$ 1035.00	..... \$ 1190.00
D6071.....	Abutment supported retainer, porc./metal FPD, noble.....	\$ 1056.00	..... \$ 1214.00
D6072.....	Abutment supported retainer, cast metal FPD, high noble.....	\$ 1028.00 \$ 1182.00

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ADA Code	Procedure	Member Co-Payment	
		General	Specialist
Implant services (continued)			
D6073.....	Abutment supported retainer, cast metal FPD, base metal.....	\$ 930.00	..... \$ 1069.00
D6074.....	Abutment supported retainer, cast metal FPD, noble.....	\$ 1005.00	..... \$ 1155.00
D6194.....	Abutment supported retainer crown, FPD, titanium.....	\$ 670.00	..... \$ 770.00
D6075.....	Implant supported retainer for ceramic FPD.....	\$ 1092.00	..... \$ 1255.00
D6076.....	Implant supported retainer for porc./metal FPD.....	\$ 1064.00	..... \$ 1223.00
D6077.....	Implant supported retainer for cast metal FPD.....	\$ 984.00	..... \$ 1131.00
D6092.....	Recement implant/abutment supported crown.....	\$ 45.00	..... \$ 52.00
D6093.....	Recement implant/abutment supported FPD.....	\$ 65.00	..... \$ 75.00

Fixed prosthodontic services

***GUIDELINES for Pontics, Abutments, Crowns, Inlays, 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. 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.
- 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.
- 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.
- 4. Base metal is the benefit:** If elected, a)noble, b)high noble metal, or c) titanium may be considered an elective upgraded procedure.

D6210.....	Pontic, cast high noble metal.....	\$ 220.00 *	..... NPB
D6211.....	Pontic, cast predominantly base metal.....	\$ 220.00	..... NPB
D6212.....	Pontic, cast noble metal.....	\$ 220.00 *	..... NPB
D6214.....	Pontic, titanium.....	\$ 220.00 *	..... NPB
D6240.....	Pontic, porcelain fused to high noble metal.....	\$ 220.00 *	..... NPB
D6241.....	Pontic, porcelain fused to predominantly base metal.....	\$ 280.00	..... NPB
D6242.....	Pontic, porcelain fused to noble metal.....	\$ 280.00 *	..... NPB
D6250.....	Pontic, resin with high noble metal.....	\$ 280.00 *	..... NPB
D6251.....	Pontic, resin with predominantly base metal.....	\$ 280.00	..... NPB
D6252.....	Pontic, resin with noble metal.....	\$ 280.00 *	..... NPB
D6545.....	Retainer, cast metal for resin bonded fixed prosthesis.....	\$ 180.00	..... NPB
D6720.....	Crown, resin with high noble metal.....	\$ 280.00 *	..... NPB
D6721.....	Crown, resin with predominantly base metal.....	\$ 280.00	..... NPB
D6722.....	Crown, resin with noble metal.....	\$ 280.00 *	..... NPB
D6750.....	Crown, porcelain fused to high noble metal.....	\$ 280.00 *	..... NPB
D6751.....	Crown, porcelain fused to predominantly base metal.....	\$ 280.00	..... NPB
D6752.....	Crown, porcelain fused to noble metal.....	\$ 280.00 *	..... NPB
D6780.....	Crown, ¾ cast high noble metal.....	\$ 235.00 *	..... NPB
D6781.....	Crown, ¾ cast predominantly base metal.....	\$ 235.00	..... NPB
D6782.....	Crown, ¾ cast noble metal.....	\$ 235.00 *	..... NPB
D6790.....	Crown, full cast high noble metal.....	\$ 280.00 *	..... NPB
D6791.....	Crown, full cast predominantly base metal.....	\$ 280.00	..... NPB
D6792.....	Crown, full cast noble metal.....	\$ 280.00 *	..... NPB
D6794.....	Crown, titanium.....	\$ 280.00 *	..... NPB
D6930.....	Recement fixed partial denture.....	\$ 35.00	..... NPB

Oral and maxillofacial services

D7111.....	Extraction, coronal remnants, deciduous tooth.....	\$ 25.00	..... \$ 75.00
D7140.....	Extraction, erupted tooth or exposed root.....	\$ 28.00	..... \$ 95.00
D7210.....	Surgical removal of erupted tooth.....	\$ 48.00	..... \$ 145.00
D7220.....	Removal of impacted tooth, soft tissue.....	\$ 68.00	..... \$ 165.00
D7230.....	Removal of impacted tooth, partially bony.....	\$ 100.00	..... \$ 220.00
D7240.....	Removal of impacted tooth, completely bony.....	\$ 130.00 \$ 260.00
D7241.....	Removal impacted tooth, complete bony, complication.....	\$ 140.00 \$ 290.00

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ADA Code	Procedure	Member Co-Payment	
		General	Specialist
Oral and maxillofacial services (continued)			
D7250.....	Surgical removal residual tooth roots, cutting procedure.....	\$ 70.00	..... \$ 95.00
D7285.....	Biopsy of oral tissue, hard (bone, tooth).....	\$ 20.00	..... \$ 195.00
D7286.....	Biopsy of oral tissue, soft.....	\$ 20.00	..... \$ 195.00
D7310.....	Alveoloplasty with extractions, 4+ teeth, quadrant.....	\$ 35.00	..... \$ 130.00
D7311.....	Alveoloplasty with extractions, 1-3 teeth, quadrant.....	\$ 35.00	..... \$ 130.00
D7320.....	Alveoloplasty, w/o extractions, 4+ teeth, quadrant.....	\$ 40.00	..... \$ 160.00
D7321.....	Alveoloplasty, w/o extractions, 1-3 teeth, quadrant.....	\$ 40.00	..... \$ 160.00
D7340.....	Vestibuloplasty, ridge extension (2nd epithelialization).....	\$ 230.00	..... \$ 1260.00
D7350.....	Vestibuloplasty, ridge extension.....	\$ 330.00	..... \$ 2625.00
D7510.....	Incision & drainage of abscess, intraoral soft tissue.....	\$ 30.00	..... \$ 110.00
D7520.....	Incision & drainage of abscess, extraoral soft tissue.....	\$ 30.00	..... \$ 265.00
D7960.....	Frenulectomy (frenectomy or frenotomy), separate procedure.....	\$ 20.00	..... \$ 325.00
D7970.....	Excision of hyperplastic tissue, per arch.....	\$ 70.00	..... \$ 350.00
D7971.....	Excision of pericoronal gingival.....	\$ 40.00	..... \$ 200.00
Adjunctive general services			
D9110.....	Palliative (emergency) treatment, minor procedure.....	\$ 15.00	..... \$ 80.00
D9210.....	Local anesthesia not with operative/surgical procedure.....	no charge	..... no charge
D9211.....	Regional block anesthesia.....	no charge	..... no charge
D9212.....	Trigeminal division block anesthesia.....	no charge	..... no charge
D9215.....	Local anesthesia with operative/surgical procedure.....	no charge	..... no charge
D9230.....	Inhalation of nitrous oxide/analgesia, anxiolysis.....	\$ 45.00	..... \$ 45.00
D9310.....	Consultation, other than requesting dentist.....	\$ 50.00	..... \$ 65.00
D9430.....	Office visit, observation, regular hrs., no other services.....	no charge	..... \$ 40.00
D9440.....	Office visit, after regularly scheduled hours.....	\$ 20.00	..... \$ 125.00
D9450.....	Case presentation, detailed & extensive treatment	no charge	..... no charge
D9630.....	Other drugs and/or medicaments, by report.....	\$ 20.00	..... \$ 35.00
D9951.....	Occlusal adjustment, limited.....	\$ 20.00	..... \$ 75.00
D9952.....	Occlusal adjustment, complete.....	\$ 20.00	..... \$ 210.00
	Broken appointment, less than 24 hour notice.....	\$ 10.00	..... \$ 25.00
	Office visit, per visit.....	\$ 8.00	..... \$ 10.00

Limitations:

1. Prophylaxis procedures are covered once every 6 consecutive months.
2. Complete series of x-rays (full mouth x-rays) or panoramic films are covered once every 36 consecutive months.
3. Fluoride treatments are covered once every 6 consecutive months.
4. Sealants 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 root planing per quadrant/site is covered once every 24 consecutive months.
6. Replacement of crowns, labial veneers or fixed partial dentures (bridgework), per unit, are limited to once every 5 year period.
7. 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.
8. Denture relines are covered twice every 12 consecutive months.
9. 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.
10. 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.
11. Procedures that appear to have a poor prognosis as determined by a licensed LIBERTY dentist consultant are not covered.
12. 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.
13. 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 #6 above, are covered at the specified member co-payment amount only, as documented in this Schedule of Benefits.
14. 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 #6 above; there is only one missing permanent tooth in a full arch and the bridge would have opposing teeth in the opposite arch.
15. Surgical periodontal services are limited to once every 36 month period.
16. Full mouth debridement is limited to once in a 24 month period.
17. 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.
CA Ortho-800 PLAN
Principal Benefits and Coverage

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

ADA Code	Description	Co-Pay
Orthodontic Diagnostic Records		
D0340	Cephalometric Image	\$ 100.00
D0470	Diagnostic casts	\$ 75.00
D9310	Consultation	no charge
Limited Orthodontic Treatment		
D8010	Limited orthodontic treatment of primary dentition	\$ 1100.00
D8020	Limited orthodontic treatment of the transitional dentition	\$ 1100.00
D8030	Limited orthodontic treatment of the adolescent dentition	\$ 1100.00
D8040	Limited orthodontic treatment of the adult dentition	\$ 1150.00
Interceptive Orthodontic Treatment		
D8050	Interceptive orthodontic treatment of the primary dentition	\$ 500.00
D8060	Interceptive orthodontic treatment of the transitional dentition	\$ 550.00
Comprehensive Orthodontic Treatment (24 months of Usual and Customary Orthodontic Treatment)		
D8070	Comprehensive orthodontic treatment of the transitional dentition	\$ 2200.00
D8080	Comprehensive orthodontic treatment of the adolescent dentition	\$ 2200.00
D8090	Comprehensive orthodontic treatment of the adult dentition	\$ 2300.00
Minor Treatment to Control Harmful Habits		
D8210	Removable appliance therapy	\$ 350.00
D8220	Fixed appliance therapy	\$ 350.00
Other Orthodontic Services		
D8660	Pre-orthodontic treatment visit	no charge
D8670	Periodic orthodontic visits (as part of the contract)	no charge
D8680	Orthodontic retention (removal of appliance, construction and placement of retainer(s))	\$ 300.00
	Broken appointment (less than 24 hour notice)	\$ 20.00

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