LIBERTY Dental Plan of Nevada, Inc.

Patriot NV-900 Plan Copayment Schedule

Member Co-pay (DHMO Tier) applies when a LIBERTY Dental Plan Contracted DHMO Dentist provides the services.
Plan Pays (Out-of-Network Tier) applies when an Out-of-Network Dentist provides the services.

- ✓ Provider office pre-assignment is not required. When a LIBERTY Dental Plan Contracted DHMO Dentist provides service, your 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.

Summary of Services

ADA Code	Procedure	Co-Pay	Plan Pays
Diagnostic services			
D0120	Periodic oral evaluation	no charge	$ 25.00
D0140	Limited oral evaluation	no charge	$ 41.00
D0145	Oral Evaluation under age 3	no charge	$ 41.00
D0150	Comprehensive oral evaluation	no charge	$ 40.00
D0160	Oral evaluation, problem focused	no charge	$ 25.00
D0170	Re-evaluation, limited, problem focused	no charge	$ 30.00
D0180	Comprehensive periodontal evaluation	no charge	$ 40.00
D0210	Intraoral, complete series of radiographic images	no charge	$ 70.00
D0220	Intraoral, periapical, first radiographic image	no charge	$ 14.00
D0230	Intraoral, periapical, each add 'l radiographic image	no charge	$ 10.00
D0240	Intraoral, occlusal radiographic image	no charge	$ 17.00
D0250	Extraoral, first radiographic image	no charge	$ 28.00
D0260	Extraoral, each add 'l radiographic image	no charge	$ 27.00
D0270	Bitewing, single radiographic image	no charge	$ 14.00
D0272	Bitewings, 2 radiographic images	no charge	$ 18.00
D0273	Bitewings, 3 radiographic images	no charge	$ 21.00
D0274	Bitewings, 4 radiographic images	no charge	$ 28.00
D0277	Vertical bitewings, 7 to 8 radiographic images	no charge	$ 35.00
D0330	Panoramic radiographic image	no charge	$ 50.00
D0340	Cephalometric image	see ortho	$ .00
D0415	Collection of microorganisms for culture	no charge	$ 8.00
D0425	Caries susceptibility tests	no charge	$ 4.00
D0460	Pulp vitality tests	no charge	$ 15.00
D0470	Diagnostic casts	no charge	$ 28.00
D0472	Accession of tissue, gross exam, prep & report	$ 30.00	$ 28.00
D0473	Accession of tissue, gross/micro. exam, prep, report	$ 30.00	$ 28.00
D0474	Accession of tissue, gross/micro. exam, report	$ 30.00	$ 28.00
Preventive services			
D1110	Prophylaxis, adult	no charge	$ 53.00
	Prophylaxis, adult (3rd or more per 12 months)	no charge	$ .00
D1120	Prophylaxis, child	no charge	$ 35.00
	Prophylaxis, child (3rd or more per 12 months)	no charge	$ .00
D1206	Topical application of fluoride varnish	no charge	$ 20.00
D1208	Topical application of fluoride	no charge	$ 19.00
	up to the 18th birthday (3rd or more per 12 months)	no charge	$ .00
D1310	Nutritional counseling for control of dental disease	no charge	$ .00
D1320	Tobacco counseling, control/prevention oral disease	no charge	$ .00
D1330	Oral hygiene instruction	no charge	$ .00
D1351	Sealant, per tooth	$ 5.00	$ 11.00
D1352	Preventive resin restoration, permanent tooth	$ 5.00	$ 11.00
D1510	Space maintainer, fixed, unilateral	$ 30.00	$ 63.00
D1515	Space maintainer, fixed, bilateral	$ 35.00	$ 87.00
D1520	Space maintainer, removable, unilateral	$ 40.00	$ 75.00

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ADA Code	Procedure	Co-Pay	Plan Pays
Preventive services (continued)			
D1525	Space maintainer, removable, bilateral	$ 40.00	$ 117.00
D1550	Recementation of space maintainer	$ 10.00	$ 10.00
D1555	Removal of fixed space maintainer	$ 25.00	$ 20.00
Restorative services			
D2140	Amalgam, 1 surface, primary or permanent	$ 10.00	$ 41.00
D2150	Amalgam, 2 surfaces, primary or permanent	$ 15.00	$ 50.00
D2160	Amalgam, 3 surfaces, primary or permanent	$ 20.00	$ 59.00
D2161	Amalgam, 4 or more surfaces, primary or permanent	$ 25.00	$ 71.00
D2330	Resin-based composite, 1 surface, anterior	$ 15.00	$ 45.00
D2331	Resin-based composite, 2 surfaces, anterior	$ 22.00	$ 55.00
D2332	Resin-based composite, 3 surfaces, anterior	$ 24.00	$ 61.00
D2335	Resin-based composite, 4+ surfaces/incisal angle	$ 30.00	$ 68.00
D2390	Resin-based composite crown, anterior	$ 35.00	$ .00
D2391	Resin-based composite, 1 surface, posterior	$ 35.00	$ 20.00
D2392	Resin-based composite, 2 surfaces, posterior	$ 40.00	$ 35.00
D2393	Resin-based composite, 3 surfaces, posterior	$ 55.00	$ 35.00
D2394	Resin-based composite, 4+ surfaces, posterior	$ 70.00	$ 35.00

***GUIDELINE for Inlays, Onlays, Single Crowns:**

The total maximum amount chargeable to the member for elective upgraded procedures 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 material, if elected member may be charged up to the maximum per tooth charge of $250.00 if codes are not listed as covered benefits.

2. Noble or high noble Metal: are considered elective upgraded material, if elected the member may be charged up to the maximum per tooth charge of $250.00.

D2510	Inlay, metallic, 1 surface	$ 195.00	$ 28.00
D2520	Inlay, metallic, 2 surfaces	$ 210.00	$ 43.00
D2530	Inlay, metallic, 3 or more surfaces	$ 220.00	$ 72.00
D2542	Onlay, metallic, 2 surfaces	$ 210.00	$ 53.00
D2543	Onlay, metallic, 3 surfaces	$ 220.00	$ 55.00
D2544	Onlay, metallic, 4 or more surfaces	$ 240.00	$ 57.00
D2610	Inlay, porcelain/ceramic, 1 surface	$ 195.00 *	$ 75.00
D2620	Inlay, porcelain/ceramic, 2 surfaces	$ 210.00 *	$ 85.00
D2630	Inlay, porcelain/ceramic, 3 or more surfaces	$ 220.00 *	$ 100.00
D2642	Onlay, porcelain/ceramic, 2 surfaces	$ 195.00 *	$ 92.00
D2643	Onlay, porcelain/ceramic, 3 surfaces	$ 210.00 *	$ 100.00
D2644	Onlay, porcelain/ceramic, 4 or more surfaces	$ 220.00 *	$ 109.00
D2650	Inlay, resin-based composite, 1 surface	$ 195.00	$ 109.00
D2651	Inlay, resin-based composite, 2 surfaces	$ 210.00	$ 119.00
D2652	Inlay, resin-based composite, 3 or more surfaces	$ 220.00	$ 134.00
D2662	Onlay, resin-based composite, 2 surfaces	$ 195.00	$ 109.00
D2663	Onlay, resin-based composite, 3 surfaces	$ 210.00	$ 119.00
D2664	Onlay, resin-based composite, 4 or more surfaces	$ 220.00	$ 134.00
D2710	Crown, resin-based composite (indirect)	$ 120.00	$ 135.00
D2712	Crown, ¾ resin-based composite (indirect)	$ 120.00	$ 175.00
D2720	Crown, resin with high noble metal	$ 120.00 *	$ 285.00
D2721	Crown, resin with predominantly base metal	$ 120.00	$ 231.00
D2722	Crown, resin with noble metal	$ 120.00 *	$ 259.00
D2740	Crown, porcelain/ceramic substrate	$ 220.00 *	$ 207.00
D2750	Crown, porcelain fused to high noble metal	$ 220.00 *	$ 232.00
D2751	Crown, porcelain fused to predominantly base metal	$ 220.00	$ 208.00

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ADA Code	Procedure	Co-Pay	Plan Pays
Restorative services (continued)			
D2752	Crown, porcelain fused to noble metal	$ 220.00 *	$ 216.00
D2780	Crown, ¾ cast high noble metal	$ 220.00 *	$ 218.00
D2781	Crown, ¾ cast predominantly base metal	$ 220.00	$ 198.00
D2782	Crown, ¾ cast noble metal	$ 220.00 *	$ 190.00
D2783	Crown, ¾ porcelain/ceramic	$ 220.00 *	$ 208.00
D2790	Crown, full cast high noble metal	$ 220.00 *	$ 201.00
D2791	Crown, full cast predominantly base metal	$ 220.00	$ 184.00
D2792	Crown, full cast noble metal	$ 220.00 *	$ 190.00
D2794	Crown, titanium	$ 220.00 *	$ 210.00
D2799	Provisional crown	$ 120.00	$ 30.00
D2910	Recement inlay, onlay, partial coverage restoration	$ 20.00	$ 6.00
D2915	Recement cast or prefabricated post & core	$ 20.00	$ 6.00
D2920	Recement crown	$ 15.00	$ 12.00
D2930	Prefabricated stainless steel crown, primary tooth	$ 35.00	$ 37.00
D2931	Prefabricated stainless steel crown, permanent tooth	$ 50.00	$ 40.00
D2932	Prefabricated resin crown	$ 40.00	$ 40.00
D2933	Prefabricated stainless steel crown, resin window	$ 35.00	$ 45.00
D2934	Prefabricated esthetic coated SS crown, primary	$ 35.00	$ 45.00
D2940	Protective restoration (temporary)	$ 25.00	$ 5.00
D2950	Core build-up, including any pins	$ 50.00	$ 28.00
D2951	Pin retention, per tooth, in addition to restoration	$ 15.00	$ 1.00
D2952	Post & core in addition to crown, indirect fabric	$ 95.00	$ 40.00
D2953	Each additional indirect fabric. post, same tooth	$ 95.00	$ 20.00
D2954	Prefabricated post & core in addition to crown	$ 40.00	$ 50.00
D2955	Post removal	$ 20.00	$ 70.00
D2957	Each additional prefabricated post, same tooth	$ 30.00	$ 10.00
D2960	Labial veneer (resin laminate), chairside	$ 200.00	$ 110.00
D2961	Labial veneer (resin laminate), laboratory	$ 350.00	$ 200.00
D2962	Labial veneer (porcelain laminate), laboratory	$ 350.00	$ 250.00
D2970	Temporary crown (fractured tooth)	$ 50.00	$ 10.00
D2971	Add 'l procedure/new crown, existing partial denture	$ 15.00	$ 30.00
D2980	Crown repair, restorative material failure	$ 30.00	$ 45.00
Endodontic services			
D3110	Pulp cap – direct (excluding final restoration)	$ 15.00	$ 6.00
D3120	Pulp cap – indirect (excluding final restoration)	$ 12.00	$ 5.00
D3220	Therapeutic pulpotomy (excluding final restoration)	$ 25.00	$ 23.00
D3221	Pulpal debridement, primary & permanent teeth	$ 10.00	$ 25.00
D3230	Pulpal therapy (resorbable filling), anterior primary	$ 25.00	$ 31.00
D3240	Pulpal therapy (resorbable filling), posterior, primary	$ 25.00	$ 35.00
D3310	Anterior (excluding final restoration)	$ 110.00	$ 195.00
D3320	Bicuspid (excluding final restoration)	$ 155.00	$ 204.00
D3330	Molar (excluding final restoration)	$ 210.00	$ 295.00
D3331	Treatment of root canal obstruction; non-surgical	$ 195.00	$ 50.00
D3332	Incomplete endodontic therapy, inoperable	$ 70.00	$ 126.00
D3333	Internal root repair of perforation defects	$ 100.00	$ 96.00
D3346	Retreatment of previous root canal – anterior	$ 165.00	$ 140.00
D3347	Retreatment of previous root canal – bicuspid	$ 195.00	$ 164.00
D3348	Retreatment of previous root canal – molar	$ 270.00	$ 235.00
D3351	Apexification/recalcification/pulp reg. – initial visit	$ 65.00	$ 15.00
D3352	Apexification/recalcification/pulp reg. – interim med	$ 65.00	$ 55.00
D3353	Apexification/recalcification – final visit	$ 65.00	$ 40.00
D3410	Apicoectomy/periradicular surgery – anterior	$ 115.00	$ 25.00

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ADA Code	Procedure	Co-Pay	Plan Pays
Endodontic services (continued)			
D3421	Apicoectomy/periradicular surgery – bicuspid	$ 160.00	$ 70.00
D3425	Apicoectomy/periradicular surgery – molar	$ 250.00	$ 94.00
D3426	Apicoectomy/periradicular surgery – each add 'l root	$ 120.00	$ 17.00
D3430	Retrograde filling – per root	$ 130.00	$ 78.00
D3450	Root Amputation – per root	$ 75.00	$ 84.00
D3910	Surgical procedure for isolation with rubber dam	$ 20.00	$ .00
D3920	Hemisection (incl. root removal), not incl. root canal	$ 35.00	$ 89.00
D3950	Canal prep. & fitting of preformed dowel/post	$ 15.00	$ 30.00
Periodontal services			
D4210	Gingivectomy/gingivoplasty, 4+ teeth per quadrant	$ 90.00	$ 25.00
D4211	Gingivectomy/gingivoplasty, 1-3 teeth per quadrant	$ 40.00	$ 15.00
D4212	Gingivectomy/gingivoplasty, restorative procedure, per tooth	no charge	$ .00
D4240	Gingival flap procedure, 4+ teeth per quadrant	$ 40.00	$ 125.00
D4241	Gingival flap procedure, 1-3 teeth per quadrant	$ 30.00	$ 70.00
D4260	Osseous surgery, 4+ teeth per quadrant	$ 225.00	$ 125.00
D4261	Osseous surgery, 1-3 teeth per quadrant	$ 170.00	$ 40.00
D4263	Bone replacement graft, 1st site in quadrant	$ 50.00	$ 185.00
D4264	Bone replacement graft, each add 'l site, quadrant	$ 25.00	$ 160.00
D4270	Pedicle soft tissue graft procedure	$ 160.00	$ 84.00
D4274	Distal/proximal wedge procedure	$ 95.00	$ 15.00
D4277	Free soft tissue graft, first tooth	$ 160.00	$ 90.00
D4278	Free soft tissue graft, each additional tooth	$ 160.00	$ 90.00
D4320	Provisional splinting - intracoronal	$ 50.00	$ 40.00
D4321	Provisional splinting - extracoronal	$ 50.00	$ 40.00
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	$ 50.00	$ 38.00
D4342	Periodontal scaling & root planing, 1-3 teeth/quad	$ 40.00	$ 19.00
D4355	Full mouth debridement	$ 30.00	$ 5.00
D4381	Localized delivery of antimicrobial agent/per tooth	$ 25.00	$ 10.00
D4910	Periodontal maintenance	$ 25.00	$ 17.00
D4920	Unscheduled dressing change/non-treating dentist	$ 5.00	$ 10.00
D4999	Unspecified periodontal procedure, by report	$ 60.00	$ .00
Removable prosthodontic services			
D5110	Complete denture, maxillary	$ 320.00	$ 181.00
D5120	Complete denture, mandibular	$ 320.00	$ 181.00
D5130	Immediate denture, maxillary	$ 320.00	$ 211.00
D5140	Immediate denture, mandibular	$ 320.00	$ 211.00
D5211	Maxillary partial denture, resin base	$ 185.00	$ 158.00
D5212	Mandibular partial denture, resin base	$ 185.00	$ 158.00
D5213	Maxillary partial denture, cast metal/resin base	$ 275.00	$ 194.00
D5214	Mandibular partial denture, cast metal/resin base	$ 275.00	$ 194.00
D5225	Maxillary partial denture, flexible base	$ 180.00	$ 274.00
D5226	Mandibular partial denture, flexible base	$ 180.00	$ 274.00
D5281	Removable unilateral partial denture, 1 pc. cast	$ 210.00	$ 125.00
D5410	Adjust complete denture, maxillary	$ 15.00	$ 20.00
D5411	Adjust complete denture, mandibular	$ 10.00	$ 20.00
D5421	Adjust partial denture, maxillary	$ 30.00	$ 15.00
D5422	Adjust partial denture, mandibular	$ 30.00	$ 15.00
D5510	Repair broken complete denture base	$ 35.00	$ 20.00
D5520	Replace missing/broken teeth, complete denture	$ 30.00	$ 11.00
D5610	Repair resin denture base	$ 30.00	$ 24.00

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ADA Code	Procedure	Co-Pay	Plan Pays
Removable prosthodontic services (continued)			
D5620	Repair cast framework	$ 25.00	$ 33.00
D5630	Repair or replace broken clasp	$ 30.00	$ 40.00
D5640	Replace broken teeth, per tooth	$ 35.00	$ 11.00
D5650	Add tooth to existing partial denture	$ 30.00	$ 26.00
D5660	Add clasp to existing partial denture	$ 50.00	$ 17.00
D5670	Replace all teeth & acrylic/cast metal frame, maxillary	$ 160.00	$ 22.00
D5671	Replace all teeth & acrylic/cast metal frame, mandibular	$ 160.00	$ 22.00
D5710	Rebase complete maxillary denture	$ 120.00	$ 64.00
D5711	Rebase complete mandibular denture	$ 120.00	$ 64.00
D5720	Rebase maxillary partial denture	$ 95.00	$ 78.00
D5721	Rebase mandibular partial denture	$ 95.00	$ 78.00
D5730	Reline complete maxillary denture, chairside	$ 70.00	$ 34.00
D5731	Reline complete mandibular denture, chairside	$ 70.00	$ 34.00
D5740	Reline maxillary partial denture, chairside	$ 70.00	$ 25.00
D5741	Reline mandibular partial denture, chairside	$ 70.00	$ 25.00
D5750	Reline complete maxillary denture, laboratory	$ 90.00	$ 48.00
D5751	Reline complete mandibular denture, laboratory	$ 90.00	$ 48.00
D5760	Reline maxillary partial denture, laboratory	$ 75.00	$ 61.00
D5761	Reline mandibular partial denture, laboratory	$ 75.00	$ 61.00
D5810	Interim complete denture, maxillary	$ 100.00	$ 89.00
D5811	Interim complete denture, mandibular	$ 100.00	$ 89.00
D5820	Interim partial denture, maxillary	$ 80.00	$ 36.00
D5821	Interim partial denture, mandibular	$ 80.00	$ 36.00
D5850	Tissue conditioning, maxillary	$ 25.00	$ 18.00
D5851	Tissue conditioning, mandibular	$ 25.00	$ 18.00
D5860	Overdenture, complete, by report	$ 425.00	$ .00
D5861	Overdenture, partial, by report	$ 425.00	$ .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	$ 2000.00	$ 534.00
D6056	Prefabricated abutment, includes modification and placement	$ 210.00	$ 157.00
D6058	Abutment supported porcelain/ceramic crown	$ 1110.00	$ 511.00
D6059	Abutment supported porcelain/high noble crown	$ 1096.00	$ 504.00
D6060	Abutment supported porcelain/base metal crown	$ 1035.00	$ 476.00
D6061	Abutment supported porcelain/noble metal crown	$ 1056.00	$ 486.00
D6062	Abutment supported cast metal crown, high noble	$ 1003.00	$ 484.00
D6063	Abutment supported cast metal crown, base metal	$ 861.00	$ 416.00
D6064	Abutment supported cast metal crown, noble metal	$ 912.00	$ 440.00
D6094	Abutment supported crown, titanium	$ 670.00	$ 400.00
D6065	Implant supported porcelain/ceramic crown	$ 1040.00	$ 502.00
D6066	Implant supported porcelain/metal crown	$ 1013.00	$ 489.00
D6067	Implant supported metal crown	$ 984.00	$ 475.00
D6068	Abutment supported retainer, porcelain/ceramic FPD	$ 1110.00	$ 511.00
D6069	Abutment supported retainer, metal FPD, high noble	$ 1096.00	$ 504.00
D6070	Abutment supported retainer, porc./metal FPD, base metal	$ 1035.00	$ 476.00
D6071	Abutment supported retainer, porc./metal FPD, noble	$ 1056.00	$ 486.00
D6072	Abutment supported retainer, cast metal FPD, high noble	$ 1028.00	$ 496.00
D6073	Abutment supported retainer, cast metal FPD, base metal	$ 930.00	$ 449.00
D6074	Abutment supported retainer, cast metal FPD, noble	$ 1005.00	$ 484.00
D6194	Abutment supported retainer crown, FPD, titanium	$ 670.00	$ 412.00

ADA Code	Procedure	Co-Pay	Plan Pays
Implant services (continued)			
D6075	Implant supported retainer for ceramic FPD	$ 1092.00	$ 502.00
D6076	Implant supported retainer for porc./metal FPD	$ 1064.00	$ 489.00
D6077	Implant supported retainer for cast metal FPD	$ 984.00	$ 475.00
D6092	Recement implant/abutment supported crown	$ 45.00	$ 39.00
D6093	Recement implant/abutment supported FPD	$ 65.00	$ 61.00
Fixed prosthodontic services			
	***GUIDELINE for Pontics, Abutments, Crowns, Inlays, and Onlays:**		
	The total maximum amount chargeable to the member for elective upgraded procedures 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 material, if elected member may be charged up to the maximum per tooth charge of $250.00 if codes are not listed as covered benefits.		
	2. Noble or high noble Metal: are considered elective upgraded material, if elected the member may be charged up to the maximum per tooth charge of $250.00.		
D6205	Pontic, indirect resin based composite	$ 120.00	$ 67.00
D6210	Pontic, cast high noble metal	$ 190.00 *	$ 206.00
D6211	Pontic, cast predominantly base metal	$ 190.00	$ 180.00
D6212	Pontic, cast noble metal	$ 190.00 *	$ 187.00
D6214	Pontic, titanium	$ 190.00 *	$ 175.00
D6240	Pontic, porcelain fused to high noble metal	$ 190.00 *	$ 202.00
D6241	Pontic, porcelain fused to predominantly base metal	$ 190.00	$ 180.00
D6242	Pontic, porcelain fused to noble metal	$ 190.00 *	$ 195.00
D6245	Pontic, porcelain/ceramic	$ 190.00 *	$ 26.00
D6250	Pontic, resin with high noble metal	$ 190.00 *	$ 230.00
D6251	Pontic, resin with predominantly base metal	$ 190.00	$ 206.00
D6252	Pontic, resin with noble metal	$ 190.00 *	$ 215.00
D6253	Provisional pontic	$ 85.00	$ 30.00
D6545	Retainer, cast metal for resin bonded fixed prosthesis	$ 120.00	$ 96.00
D6548	Retainer, porcelain/ceramic, resin bonded fixed prosthesis	$ 120.00 *	$ 121.00
D6600	Inlay, porcelain/ceramic, 2 surfaces	$ 210.00 *	$ 21.00
D6601	Inlay, porcelain/ceramic, 3 or more surfaces	$ 220.00 *	$ 31.00
D6602	Inlay, cast high noble metal, 2 surfaces	$ 210.00 *	$ 21.00
D6603	Inlay, cast high noble metal, 3 or more surfaces	$ 220.00 *	$ 31.00
D6604	Inlay, cast base metal, 2 surfaces	$ 210.00	$ 21.00
D6605	Inlay, cast base metal, 3 or more surfaces	$ 220.00	$ 31.00
D6606	Inlay, cast noble metal, 2 surfaces	$ 210.00 *	$ 21.00
D6607	Inlay, cast noble metal, 3 or more surfaces	$ 220.00 *	$ 31.00
D6624	Inlay, titanium	$ 220.00 *	$ 21.00
D6608	Onlay, porcelain/ceramic, 2 surfaces	$ 210.00 *	$ 21.00
D6609	Onlay, porcelain/ceramic, 3 or more surfaces	$ 220.00 *	$ 31.00
D6610	Onlay, cast high noble metal, 2 surfaces	$ 210.00 *	$ 21.00
D6611	Onlay, cast high noble metal, 3 or more surfaces	$ 220.00 *	$ 31.00
D6612	Onlay, cast base metal, 2 surfaces	$ 210.00	$ 21.00
D6613	Onlay, cast base metal, 3 or more surfaces	$ 220.00	$ 31.00
D6614	Onlay, cast noble metal, 2 surfaces	$ 210.00 *	$ 21.00
D6615	Onlay, cast noble metal 3 or more surfaces	$ 220.00 *	$ 31.00
D6634	Onlay, titanium	$ 220.00 *	$ 21.00
D6710	Crown, indirect resin based composite	$ 120.00	$ 165.00
D6720	Crown, resin with high noble metal	$ 120.00 *	$ 322.00
D6721	Crown, resin with predominantly base metal	$ 120.00	$ 304.00
D6722	Crown, resin with noble metal	$ 120.00 *	$ 310.00

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ADA Code	Procedure	Co-Pay	Plan Pays
Fixed prosthodontic services (continued)			
D6740	Crown, porcelain/ceramic	$ 220.00 *	$ 239.00
D6750	Crown, porcelain fused to high noble metal	$ 220.00 *	$ 195.00
D6751	Crown, porcelain fused to predominantly base metal	$ 220.00	$ 174.00
D6752	Crown, porcelain fused to noble metal	$ 220.00 *	$ 181.00
D6780	Crown, ¾ cast high noble metal	$ 220.00 *	$ 210.00
D6781	Crown, ¾ cast predominantly base metal	$ 220.00	$ 186.00
D6782	Crown, ¾ cast noble metal	$ 220.00 *	$ 200.00
D6783	Crown, ¾ porcelain/ceramic	$ 220.00 *	$ 219.00
D6790	Crown, full cast high noble metal	$ 220.00 *	$ 217.00
D6791	Crown, full cast predominantly base metal	$ 220.00	$ 200.00
D6792	Crown, full cast noble metal	$ 220.00 *	$ 212.00
D6793	Provisional retainer crown	$ 55.00	$ 30.00
D6794	Crown, titanium	$ 220.00 *	$ 232.00
D6920	Connector bar	$ 200.00	$ 200.00
D6930	Recement fixed partial denture	$ 25.00	$ 16.00
D6940	Stress breaker	$ 25.00	$ 68.00
D6980	Fixed partial denture repair, restorative material failure	$ 30.00	$ 16.00
D6999	Unspecified prosthodontic procedure, by report	no charge	$ .00
Oral and maxillofacial services			
D7111	Extraction, coronal remnants, deciduous tooth	$ 15.00	$ 16.00
D7140	Extraction, erupted tooth or exposed root	$ 25.00	$ 16.00
D7210	Surgical removal of erupted tooth	$ 40.00	$ 31.00
D7220	Removal of impacted tooth, soft tissue	$ 50.00	$ 39.00
D7230	Removal of impacted tooth, partially bony	$ 60.00	$ 65.00
D7240	Removal of impacted tooth, completely bony	$ 75.00	$ 80.00
D7241	Removal impacted tooth, complete bony, complication	$ 115.00	$ 100.00
D7250	Surgical removal residual tooth roots, cutting procedure	$ 40.00	$ 29.00
D7261	Primary closure of a sinus perforation	$ 65.00	$ 14.00
D7270	Tooth reimplantation/stabilization, accident	$ 100.00	$ 69.00
D7280	Surgical access of an unerupted tooth	$ 50.00	$ 50.00
D7282	Mobilization of erupted/malpositioned tooth	$ 50.00	$ 50.00
D7283	Placement, device to facilitate eruption, impaction	$ 50.00	$ 50.00
D7285	Biopsy of oral tissue, hard (bone, tooth)	$ 75.00	$ 20.00
D7286	Biopsy of oral tissue, soft	$ 75.00	$ 20.00
D7287	Exfoliative cytological sample collection	no charge	$ 6.00
D7288	Brush biopsy, tranepithelial sample collection	no charge	$ 5.00
D7310	Alveoloplasty with extractions, 4+ teeth, quadrant	$ 35.00	$ 33.00
D7311	Alveoloplasty with extractions, 1-3 teeth, quadrant	$ 25.00	$ 16.00
D7320	Alveoloplasty, w/o extractions, 4+ teeth, quadrant	$ 35.00	$ 48.00
D7321	Alveoloplasty, w/o extractions, 1-3 teeth, quadrant	$ 25.00	$ 25.00
D7340	Vestibuloplasty, ridge extension (2nd epithelialization)	$ 110.00	$ 65.00
D7350	Vestibuloplasty, ridge extension	$ 185.00	$ 65.00
D7450	Removal, benign odontogenic cyst/tumor, up to 1.25	$ 80.00	$ 165.00
D7451	Removal, benign odontogenic cyst/tumor, over 1.25	$ 85.00	$ 170.00
D7460	Removal, benign nonodontogenic cyst/tumor, to 1.25	$ 80.00	$ 165.00
D7461	Removal, benign nonodontogenic cyst/tumor, 1.25+	$ 85.00	$ 170.00
D7471	Removal of lateral exostosis, maxilla or mandible	$ 50.00	$ 200.00
D7472	Removal of torus palatinus	$ 50.00	$ 200.00
D7473	Removal of torus mandibularis	$ 50.00	$ 200.00
D7485	Surgical reduction of osseous tuberosity	$ 50.00	$ 200.00
D7510	Incision & drainage of abscess, intraoral soft tissue	$ 25.00	$ 40.00
D7511	Incision/drainage, abscess, intraoral soft, complicated	$ 25.00	$ 40.00

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ADA Code	Procedure	Co-Pay	Plan Pays
D7520	Incision & drainage, abscess, extraoral soft tissue	$ 25.00	$ 130.00
Oral and maxillofacial services (continued)			
D7521	Incision/drainage, abscess, extraoral soft, complicate	$ 25.00	$ 135.00
D7530	Remove foreign body, mucosa, skin, tissue	$ 35.00	$ 40.00
D7560	Maxillary sinusotomy, remove tooth frag./foreign body	$ 35.00	$ 40.00
D7960	Frenulectomy (frenectomy or frenotomy), separate procedure	$ 35.00	$ 10.00
D7963	Frenuloplasty	$ 35.00	$ 10.00
D7970	Excision of hyperplastic tissue, per arch	$ 25.00	$ 20.00
D7971	Excision of pericoronal gingival	$ 25.00	$ 20.00
Adjunctive general services			
D9110	Palliative (emergency) treatment, minor procedure	$ 10.00	$ 24.00
D9120	Fixed partial denture sectioning	$ 5.00	$ 10.00
D9210	Local anesthesia not with operative/surgical procedure	no charge	$ 5.00
D9211	Regional block anesthesia	no charge	$ 5.00
D9212	Trigeminal division block anesthesia	no charge	$ 5.00
D9215	Local anesthesia with operative/surgical procedure	no charge	$ .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.			
D9220	Deep sedation/general anesthesia, 1st 30 minutes	$ 225.00 **	$ .00
D9221	Deep sedation/general anesthesia, each add 'l 15 minutes	$ 125.00 **	$ .00
D9230	Inhalation of nitrous oxide/analgesia, anxiolysis	no charge	$ .00
D9241	Intravenous conscious sedation/analgesia, 1st 30 minutes	$ 225.00 **	$ .00
D9242	IV conscious sedation/analgesia, each add 'l 15 minutes	$ 125.00 **	$ .00
D9248	Non-intravenous conscious sedation	$ 100.00	$ .00
D9310	Consultation, other than requesting dentist	no charge	$ .00
D9430	Office visit, observation, regular hrs., no other services	no charge	$ .00
D9440	Office visit, after regularly scheduled hours	$ 25.00	$ .00
D9450	Case presentation, detailed & extensive treatment	no charge	$ .00
D9630	Other drugs and/or medicaments, by report	$ 10.00	$ 10.00
D9910	Application of desensitizing medicament	$ 5.00	$ 5.00
D9911	Application of desensitizing resin, per tooth	$ 5.00	$ 10.00
D9930	Treatment of complications, post surgical, unusual	no charge	$ 60.00
D9940	Occlusal guard, by report	$ 25.00	$ 35.00
D9941	Fabrication of athletic mouthguard	no charge	$ .00
D9942	Repair and/or reline of occlusal guard	$ 25.00	$ 35.00
D9950	Occlusion analysis, mounted case	$ 25.00	$ .00
D9951	Occlusal adjustment, limited	$ 20.00	$ 38.00
D9952	Occlusal adjustment, complete	$ 65.00	$ 54.00
D9971	Odontoplasty 1-2 teeth	$ 10.00	$ 20.00
	Broken appointment, less than 24 hour notice	$ 25.00	$ .00
	Office visit, per visit	no charge	$ .00

Annual Deductible: DHMO (Member Co-Pay) Tier = $0

Out-of-Network (Plan Pays) Tier = $50

Annual Maximum: DHMO (Member Co-Pay) Tier = Unlimited

Out-of-Network (Plan Pays) Tier = $1000

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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 reline 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 a contracted LIBERTY dental office, unless expressly authorized by LIBERTY, 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.

