

# LIBERTY Dental Plan of California, Inc.

## LR-4 PLUS Plan Copayment Schedule

### Summary of Services

ADA Code	Procedure	Co-Pay
<b>Diagnostic services</b>		
D0120.....	Periodic oral evaluation.....	no charge
D0140.....	Limited oral evaluation.....	no charge
D0145.....	Oral Evaluation under age 3.....	no charge
D0150.....	Comprehensive oral evaluation.....	no charge
D0160.....	Oral evaluation, problem focused.....	no charge
D0170.....	Re-evaluation, limited, problem focused.....	no charge
D0180.....	Comprehensive periodontal evaluation.....	no charge
D0210.....	Intraoral, complete series of radiographic images.....	no charge
D0220.....	Intraoral, periapical, first radiographic image.....	no charge
D0230.....	Intraoral, periapical, each add 'l radiographic image.....	no charge
D0240.....	Intraoral, occlusal radiographic image.....	no charge
D0250.....	Extraoral, first radiographic image.....	no charge
D0260.....	Extraoral, each add 'l radiographic image.....	no charge
D0270.....	Bitewing, single radiographic image.....	no charge
D0272.....	Bitewings, 2 radiographic images.....	no charge
D0273.....	Bitewings, 3 radiographic images.....	no charge
D0274.....	Bitewings, 4 radiographic images.....	no charge
D0277.....	Vertical bitewings, 7 to 8 radiographic images.....	no charge
D0330.....	Panoramic radiographic image.....	no charge
D0340.....	Cephalometric image.....	see ortho
D0415.....	Collection of microorganisms for culture.....	\$ 15.00
D0421.....	Genetic test for susceptibility to oral disease.....	no charge
D0425.....	Caries susceptibility tests.....	no charge
D0460.....	Pulp vitality tests.....	no charge
D0470.....	Diagnostic casts.....	no charge
D0472.....	Accession of tissue, gross exam, prep & report.....	\$ 15.00
D0473.....	Accession of tissue, gross/micro. exam, prep, report.....	\$ 15.00
D0474.....	Accession of tissue, gross/micro. exam, report.....	\$ 15.00
<b>Preventive services</b>		
D1110.....	Prophylaxis, adult.....	no charge
	Prophylaxis, adult (3rd or more per 12 months).....	\$ 45.00
D1120.....	Prophylaxis, child.....	no charge
	Prophylaxis, child (3rd or more per 12 months).....	\$ 35.00
D1206.....	Topical application of fluoride varnish.....	no charge
D1208.....	Topical application of fluoride.....	no charge
	up to the 18th birthday (3rd or more per 12 months).....	\$ 10.00
D1310.....	Nutritional counseling for control of dental disease.....	no charge
D1320.....	Tobacco counseling, control/prevention oral disease.....	no charge
D1330.....	Oral hygiene instruction.....	no charge
D1351.....	Sealant, per tooth.....	no charge
D1352.....	Preventive resin restoration, permanent tooth.....	no charge

✓ 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	Co-Pay
<b>Preventive services (continued)</b>		
D1510.....	Space maintainer, fixed, unilateral.....	\$ 15.00
D1515.....	Space maintainer, fixed, bilateral.....	\$ 25.00
D1520.....	Space maintainer, removable, unilateral.....	\$ 20.00
D1525.....	Space maintainer, removable, bilateral.....	\$ 20.00
D1550.....	Recementation of space maintainer.....	no charge
D1555.....	Removal of fixed space maintainer.....	no charge
<b>Restorative services</b>		
D2140.....	Amalgam, 1 surface, primary or permanent.....	no charge
D2150.....	Amalgam, 2 surfaces, primary or permanent.....	no charge
D2160.....	Amalgam, 3 surfaces, primary or permanent.....	no charge
D2161.....	Amalgam, 4 or more surfaces, primary or permanent.....	no charge
D2330.....	Resin-based composite, 1 surface, anterior.....	no charge
D2331.....	Resin-based composite, 2 surfaces, anterior.....	no charge
D2332.....	Resin-based composite, 3 surfaces, anterior.....	no charge
D2335.....	Resin-based composite, 4+ surfaces/incisal angle.....	no charge
D2390.....	Resin-based composite crown, anterior.....	no charge
D2391.....	Resin-based composite, 1 surface, posterior.....	\$ 45.00
D2392.....	Resin-based composite, 2 surfaces, posterior.....	\$ 49.00
D2393.....	Resin-based composite, 3 surfaces, posterior.....	\$ 55.00
D2394.....	Resin-based composite, 4+ surfaces, posterior.....	\$ 74.00

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

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

- 1. 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.....	\$ 75.00
D2520.....	Inlay, metallic, 2 surfaces.....	\$ 85.00
D2530.....	Inlay, metallic, 3 or more surfaces.....	\$ 90.00
D2542.....	Onlay, metallic, 2 surfaces.....	\$ 90.00
D2543.....	Onlay, metallic, 3 surfaces.....	\$ 95.00
D2544.....	Onlay, metallic, 4 or more surfaces.....	\$ 100.00
D2610.....	Inlay, porcelain/ceramic, 1 surface.....	\$ 80.00 *
D2620.....	Inlay, porcelain/ceramic, 2 surfaces.....	\$ 85.00 *
D2630.....	Inlay, porcelain/ceramic, 3 or more surfaces.....	\$ 90.00 *
D2642.....	Onlay, porcelain/ceramic, 2 surfaces.....	\$ 95.00 *
D2643.....	Onlay, porcelain/ceramic, 3 surfaces.....	\$ 100.00 *
D2644.....	Onlay, porcelain/ceramic, 4 or more surfaces.....	\$ 105.00 *
D2650.....	Inlay, resin-based composite, 1 surface.....	\$ 75.00 *
D2651.....	Inlay, resin-based composite, 2 surfaces.....	\$ 80.00 *
D2652.....	Inlay, resin-based composite, 3 or more surfaces.....	\$ 90.00 *
D2662.....	Onlay, resin-based composite, 2 surfaces.....	\$ 90.00 *
D2663.....	Onlay, resin-based composite, 3 surfaces.....	\$ 95.00 *
D2664.....	Onlay, resin-based composite, 4 or more surfaces.....	\$ 100.00 *
D2710.....	Crown, resin-based composite (indirect).....	\$ 25.00 *
D2712.....	Crown, ¾ resin-based composite (indirect).....	\$ 25.00 *
D2720.....	Crown, resin with high noble metal.....	\$ 75.00 *

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ADA Code	Procedure	Co-Pay
<b>Restorative services (continued)</b>		
D2721.....	Crown, resin with predominantly base metal.....	\$ 40.00 *
D2722.....	Crown, resin with noble metal.....	\$ 70.00 *
D2740.....	Crown, porcelain/ceramic substrate.....	\$ 75.00 *
D2750.....	Crown, porcelain fused to high noble metal.....	\$ 80.00 *
D2751.....	Crown, porcelain fused to predominantly base metal.....	\$ 75.00 *
D2752.....	Crown, porcelain fused to noble metal.....	\$ 75.00 *
D2780.....	Crown, ¾ cast high noble metal.....	\$ 75.00 *
D2781.....	Crown, ¾ cast predominantly base metal.....	\$ 75.00
D2782.....	Crown, ¾ cast noble metal.....	\$ 75.00 *
D2783.....	Crown, ¾ porcelain/ceramic.....	\$ 75.00 *
D2790.....	Crown, full cast high noble metal.....	\$ 75.00 *
D2791.....	Crown, full cast predominantly base metal.....	\$ 75.00
D2792.....	Crown, full cast noble metal.....	\$ 75.00 *
D2794.....	Crown, titanium.....	\$ 75.00 *
D2799.....	Provisional crown.....	\$ 40.00
D2910.....	Recement inlay, onlay, partial coverage restoration.....	\$ 5.00
D2915.....	Recement cast or prefabricated post & core.....	\$ 5.00
D2920.....	Recement crown.....	\$ 5.00
D2930.....	Prefabricated stainless steel crown, primary tooth.....	\$ 15.00
D2931.....	Prefabricated stainless steel crown, permanent tooth.....	\$ 15.00
D2932.....	Prefabricated resin crown.....	\$ 10.00
D2933.....	Prefabricated stainless steel crown, resin window.....	\$ 5.00
D2934.....	Prefabricated esthetic coated SS crown, primary.....	\$ 15.00
D2940.....	Protective restoration (temporary).....	\$ 5.00
D2950.....	Core build-up, including any pins.....	\$ 15.00
D2951.....	Pin retention, per tooth, in addition to restoration.....	\$ 5.00
D2952.....	Post & core in addition to crown, indirect fabric.....	\$ 20.00
D2953.....	Each additional indirect fabric. post, same tooth.....	\$ 5.00
D2954.....	Prefabricated post & core in addition to crown.....	\$ 25.00
D2955.....	Post removal.....	\$ 10.00
D2957.....	Each additional prefabricated post, same tooth.....	\$ 6.00
D2960.....	Labial veneer (resin laminate), chairside.....	\$ 200.00
D2961.....	Labial veneer (resin laminate), laboratory.....	\$ 325.00
D2962.....	Labial veneer (porcelain laminate), laboratory.....	\$ 500.00
D2970.....	Temporary crown (fractured tooth).....	\$ 15.00
D2971.....	Add 'l procedure/new crown, existing partial denture.....	\$ 15.00
D2980.....	Crown repair, restorative material failure.....	\$ 15.00
<b>Endodontic services</b>		
D3110.....	Pulp cap – direct (excluding final restoration).....	\$ 5.00
D3120.....	Pulp cap – indirect (excluding final restoration).....	\$ 5.00
D3220.....	Therapeutic pulpotomy (excluding final restoration).....	\$ 45.00
D3221.....	Pulpal debridement, primary & permanent teeth.....	\$ 5.00
D3230.....	Pulpal therapy (resorbable filling), anterior primary.....	\$ 45.00
D3240.....	Pulpal therapy (resorbable filling), posterior, primary.....	\$ 45.00
D3310.....	Anterior (excluding final restoration).....	\$ 45.00
D3320.....	Bicuspid (excluding final restoration).....	\$ 60.00
D3330.....	Molar (excluding final restoration).....	\$ 70.00
D3331.....	Treatment of root canal obstruction; non-surgical .....	\$ 110.00
D3332.....	Incomplete endodontic therapy, inoperable.....	\$ 45.00
D3333.....	Internal root repair of perforation defects.....	\$ 55.00
D3346.....	Retreatment of previous root canal – anterior.....	\$ 45.00

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ADA Code	Procedure	Co-Pay
<b>Endodontic services (continued)</b>		
D3347.....	Retreatment of previous root canal – bicuspid.....	\$ 60.00
D3348.....	Retreatment of previous root canal – molar.....	\$ 70.00
D3351.....	Apexification/recalcification/pulp reg. – initial visit.....	\$ 5.00
D3352.....	Apexification/recalcification/pulp reg. – interim med.....	\$ 40.00
D3353.....	Apexification/recalcification – final visit.....	\$ 40.00
D3410.....	Apicoectomy/periradicular surgery – anterior.....	\$ 55.00
D3421.....	Apicoectomy/periradicular surgery – bicuspid.....	\$ 58.00
D3425.....	Apicoectomy/periradicular surgery – molar.....	\$ 78.00
D3426.....	Apicoectomy/periradicular surgery – ea. add. root.....	\$ 33.00
D3430.....	Retrograde filling – per root.....	\$ 55.00
D3450.....	Root Amputation – per root.....	\$ 55.00
D3910.....	Surgical procedure for isolation with rubber dam.....	\$ 10.00
D3920.....	Hemisection (incl. root removal), not incl. root canal.....	\$ 55.00
D3950.....	Canal prep. & fitting of preformed dowel/post.....	no charge
<b>Periodontal services</b>		
D4210.....	Gingivectomy/gingivoplasty, 4+ teeth per quadrant.....	\$ 20.00
D4211.....	Gingivectomy/gingivoplasty, 1-3 teeth per quadrant.....	\$ 10.00
D4212.....	Gingivectomy/gingivoplasty, restorative procedure, per tooth.....	no charge
D4240.....	Ging. flap procedure, 4+ teeth per quadrant.....	\$ 30.00
D4241.....	Ging. flap procedure, 1-3 teeth per quadrant.....	\$ 20.00
D4245.....	Apically positioned flap.....	\$ 55.00
D4249.....	Clinical crown lengthening, hard tissue .....	\$ 110.00
D4260.....	Osseous surgery, 4+ teeth per quadrant.....	\$ 75.00
D4261.....	Osseous surgery, 1-3 teeth per quadrant.....	\$ 50.00
D4263.....	Bone replacement graft, 1st site in quadrant.....	\$ 35.00
D4264.....	Bone replacement graft, ea. additional site, quad.....	\$ 75.00
D4270.....	Pedicle soft tissue graft procedure.....	\$ 40.00
D4274.....	Distal/proximal wedge procedure.....	\$ 30.00
D4277.....	Free soft tissue graft, first tooth .....	\$ 45.00
D4278.....	Free soft tissue graft, each additional tooth .....	\$ 45.00
D4320.....	Provisional splinting - intracoronal.....	\$ 45.00
D4321.....	Provisional splinting - extracoronal.....	\$ 45.00
<b>GUIDELINE:</b>		
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.....	\$ 15.00
D4342.....	Periodontal scaling & root planing, 1-3 teeth/quad.....	\$ 15.00
D4355.....	Full mouth debridement.....	\$ 15.00
D4381.....	Localized delivery of antimicrobial agent/per tooth.....	\$ 15.00
D4910.....	Periodontal maintenance.....	\$ 10.00
D4920.....	Unscheduled dressing change/non-treating dentist.....	\$ 5.00
<b>Removable prosthodontic services</b>		
D5110.....	Complete denture, maxillary.....	\$ 100.00
D5120.....	Complete denture, mandibular.....	\$ 100.00
D5130.....	Immediate denture, maxillary.....	\$ 100.00
D5140.....	Immediate denture, mandibular.....	\$ 100.00
D5211.....	Maxillary partial denture, resin base.....	\$ 75.00
D5212.....	Mandibular partial denture, resin base.....	\$ 75.00
D5213.....	Maxillary partial denture, cast metal/resin base.....	\$ 125.00
D5214.....	Mandibular partial denture, cast metal/resin base.....	\$ 125.00
D5225.....	Maxillary partial denture, flexible base.....	\$ 75.00
D5226.....	Mandibular partial denture, flexible base.....	\$ 75.00

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ADA Code	Procedure	Co-Pay
<b>Removable prosthodontic services (continued)</b>		
D5281.....	Removable unilateral partial denture, 1 pc. cast .....	\$ 75.00
D5410.....	Adjust complete denture, maxillary.....	no charge
D5411.....	Adjust complete denture, mandibular.....	no charge
D5421.....	Adjust partial denture, maxillary.....	\$ 15.00
D5422.....	Adjust partial denture, mandibular.....	\$ 15.00
D5510.....	Repair broken complete denture base.....	\$ 15.00
D5520.....	Replace missing/broken teeth, complete denture.....	\$ 15.00
D5610.....	Repair resin denture base.....	\$ 15.00
D5620.....	Repair cast framework.....	\$ 15.00
D5630.....	Repair or replace broken clasp.....	\$ 15.00
D5640.....	Replace broken teeth, per tooth.....	\$ 15.00
D5650.....	Add tooth to existing partial denture.....	\$ 15.00
D5660.....	Add clasp to existing partial denture.....	\$ 15.00
D5670.....	Replace all teeth & acrylic/cast metal frame, maxillary.....	\$ 68.00
D5671.....	Replace all teeth & acrylic/cast metal frame, mandibular.....	\$ 68.00
D5710.....	Rebase complete maxillary denture.....	\$ 30.00
D5711.....	Rebase complete mandibular denture.....	\$ 30.00
D5720.....	Rebase maxillary partial denture.....	\$ 30.00
D5721.....	Rebase mandibular partial denture.....	\$ 30.00
D5730.....	Reline complete maxillary denture, chairside.....	\$ 20.00
D5731.....	Reline complete mandibular denture, chairside.....	\$ 20.00
D5740.....	Reline maxillary partial denture, chairside.....	\$ 20.00
D5741.....	Reline mandibular partial denture, chairside.....	\$ 20.00
D5750.....	Reline complete maxillary denture, laboratory.....	\$ 30.00
D5751.....	Reline complete mandibular denture, laboratory.....	\$ 30.00
D5760.....	Reline maxillary partial denture, laboratory.....	\$ 30.00
D5761.....	Reline mandibular partial denture, laboratory.....	\$ 30.00
D5810.....	Interim complete denture, maxillary.....	\$ 55.00
D5811.....	Interim complete denture, mandibular.....	\$ 55.00
D5820.....	Interim partial denture, maxillary.....	\$ 30.00
D5821.....	Interim partial denture, mandibular.....	\$ 30.00
D5850.....	Tissue conditioning, maxillary.....	\$ 5.00
D5851.....	Tissue conditioning, mandibular.....	\$ 5.00

**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
D6056.....	Prefabricated abutment, includes modification and placement.....	\$ 210.00
D6058.....	Abutment supported porcelain/ceramic crown.....	\$ 1110.00
D6059.....	Abutment supported porcelain/high noble crown.....	\$ 1096.00
D6060.....	Abutment supported porcelain/base metal crown.....	\$ 1035.00
D6061.....	Abutment supported porcelain/noble metal crown.....	\$ 1056.00
D6062.....	Abutment supported cast metal crown, high noble.....	\$ 1003.00
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.....	\$ 1040.00
D6066.....	Implant supported porcelain/metal crown.....	\$ 1013.00
D6067.....	Implant supported metal crown.....	\$ 984.00
D6068.....	Abutment supported retainer, porcelain/ceramic FPD.....	\$ 1110.00

ADA Code	Procedure	Co-Pay
<b>Implant services (continued)</b>		
D6069.....	Abutment supported retainer, metal FPD, high noble.....	\$ 1096.00
D6070.....	Abut. support. retainer, porc./metal FPD, base metal.....	\$ 1035.00
D6071.....	Abut. support. retainer, porc./metal FPD, noble.....	\$ 1056.00
D6072.....	Abut. support. retainer, cast metal FPD, high noble.....	\$ 1028.00
D6073.....	Abut. support. retainer, cast metal FPD, base metal.....	\$ 930.00
D6074.....	Abut. support. retainer, cast metal FPD, noble.....	\$ 1005.00
D6194.....	Abut. supported retainer crown, FPD, titanium.....	\$ 670.00
D6075.....	Implant supported retainer for ceramic FPD.....	\$ 1092.00
D6076.....	Implant supported retainer for porc./metal FPD.....	\$ 1064.00
D6077.....	Implant supported retainer for cast metal FPD.....	\$ 984.00
D6092.....	Recement implant/abutment supported crown.....	\$ 45.00
D6093.....	Recement implant/abutment supported FPD.....	\$ 65.00
<b>Fixed prosthodontic services</b>		
<b>*GUIDELINES for Pontics, Abutments, Crowns, Inlays, Onlays:</b>		
<b>The total maximum amount chargeable to the member for elective upgraded procedures</b> (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. <b>Brand name restorations:</b> (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. <b>Benefits for anterior and bicuspid teeth:</b> 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. <b>Benefits for molar teeth:</b> 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. <b>Base metal is the benefit:</b> If elected, a)noble, b)high noble metal, or c) titanium may be considered an elective upgraded procedure.		
D6205.....	Pontic, indirect resin based composite.....	\$ 25.00 *
D6210.....	Pontic, cast high noble metal.....	\$ 75.00 *
D6211.....	Pontic, cast predominantly base metal.....	\$ 65.00
D6212.....	Pontic, cast noble metal.....	\$ 70.00 *
D6214.....	Pontic, titanium.....	\$ 75.00 *
D6240.....	Pontic, porcelain fused to high noble metal.....	\$ 75.00 *
D6241.....	Pontic, porcelain fused to predominantly base metal.....	\$ 70.00 *
D6242.....	Pontic, porcelain fused to noble metal.....	\$ 70.00 *
D6245.....	Pontic, porcelain/ceramic.....	\$ 75.00 *
D6250.....	Pontic, resin with high noble metal.....	\$ 75.00 *
D6251.....	Pontic, resin with predominantly base metal.....	\$ 55.00 *
D6252.....	Pontic, resin with noble metal.....	\$ 60.00 *
D6253.....	Provisional pontic.....	\$ 70.00
D6545.....	Retainer, cast metal for resin bonded fixed prosthesis.....	\$ 35.00 *
D6548.....	Retainer, proc./ceramic, resin bonded fixed prosthesis.....	\$ 35.00 *
D6600.....	Inlay, porcelain/ceramic, 2 surfaces.....	\$ 85.00 *
D6601.....	Inlay, porcelain/ceramic, 3 or more surfaces.....	\$ 90.00 *
D6602.....	Inlay, cast high noble metal, 2 surfaces.....	\$ 85.00 *
D6603.....	Inlay, cast high noble metal, 3 or more surfaces.....	\$ 90.00 *
D6604.....	Inlay, cast base metal, 2 surfaces.....	\$ 85.00
D6605.....	Inlay, cast base metal, 3 or more surfaces.....	\$ 90.00
D6606.....	Inlay, cast noble metal, 2 surfaces.....	\$ 80.00 *
D6607.....	Inlay, cast noble metal, 3 or more surfaces.....	\$ 90.00 *
D6624.....	Inlay, titanium.....	\$ 90.00 *
D6608.....	Onlay, porcelain/ceramic, 2 surfaces.....	\$ 95.00 *
D6609.....	Onlay, porcelain/ceramic, 3 or more surfaces.....	\$ 100.00 *
D6610.....	Onlay, cast high noble metal, 2 surfaces.....	\$ 90.00 *
D6611.....	Onlay, cast high noble metal, 3 or more surfaces.....	\$ 95.00 *

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ADA Code	Procedure	Co-Pay
<b>Fixed prosthodontic services (continued)</b>		
D6612.....	Onlay, cast base metal, 2 surfaces.....	\$ 90.00
D6613.....	Onlay, cast base metal, 3 or more surfaces.....	\$ 95.00
D6614.....	Onlay, cast noble metal, 2 surfaces.....	\$ 90.00 *
D6615.....	Onlay, cast noble metal 3 or more surfaces.....	\$ 95.00 *
D6634.....	Onlay, titanium.....	\$ 95.00 *
D6710.....	Crown, indirect resin based composite.....	\$ 25.00 *
D6720.....	Crown, resin with high noble metal.....	\$ 70.00 *
D6721.....	Crown, resin with predominantly base metal.....	\$ 50.00 *
D6722.....	Crown, resin with noble metal.....	\$ 60.00 *
D6740.....	Crown, porcelain/ceramic.....	\$ 75.00 *
D6750.....	Crown, porcelain fused to high noble metal.....	\$ 75.00 *
D6751.....	Crown, porcelain fused to predominantly base metal.....	\$ 75.00 *
D6752.....	Crown, porcelain fused to noble metal.....	\$ 75.00 *
D6780.....	Crown, ¾ cast high noble metal.....	\$ 70.00 *
D6781.....	Crown, ¾ cast predominantly base metal.....	\$ 75.00
D6782.....	Crown, ¾ cast noble metal.....	\$ 75.00 *
D6783.....	Crown, ¾ porcelain/ceramic.....	\$ 75.00 *
D6790.....	Crown, full cast high noble metal.....	\$ 75.00 *
D6791.....	Crown, full cast predominantly base metal.....	\$ 75.00
D6792.....	Crown, full cast noble metal.....	\$ 70.00 *
D6793.....	Provisional retainer crown.....	\$ 40.00
D6794.....	Crown, titanium.....	\$ 75.00 *
D6930.....	Recement fixed partial denture.....	\$ 5.00
D6940.....	Stress breaker.....	\$ 20.00
D6980.....	Fixed partial denture repair, restorative material failure.....	\$ 15.00
<b>Oral and maxillofacial services</b>		
D7111.....	Extraction, coronal remnants, deciduous tooth.....	no charge
D7140.....	Extraction, erupted tooth or exposed root.....	no charge
D7210.....	Surgical removal of erupted tooth.....	\$ 15.00
D7220.....	Removal of impacted tooth, soft tissue.....	\$ 20.00
D7230.....	Removal of impacted tooth, partially bony.....	\$ 30.00
D7240.....	Removal of impacted tooth, completely bony.....	\$ 35.00
D7241.....	Removal impacted tooth, complete bony, complication.....	\$ 35.00
D7250.....	Surgical removal residual tooth roots, cutting proc.....	\$ 15.00
D7261.....	Primary closure of a sinus perforation.....	\$ 95.00
D7270.....	Tooth reimplantation/stabilization, accident.....	\$ 90.00
D7280.....	Surgical access of an unerupted tooth.....	\$ 45.00
D7282.....	Mobilization of erupted/malpositioned tooth.....	\$ 30.00
D7283.....	Placement, device to facilitate eruption, impaction.....	\$ 30.00
D7285.....	Biopsy of oral tissue, hard (bone, tooth).....	\$ 30.00
D7286.....	Biopsy of oral tissue, soft.....	\$ 30.00
D7287.....	Exfoliative cytological sample collection.....	\$ 15.00
D7288.....	Brush biopsy, transepithelial sample collection.....	\$ 15.00
D7310.....	Alveoloplasty with extractions, 4+ teeth, quadrant.....	\$ 15.00
D7311.....	Alveoloplasty with extractions, 1-3 teeth, quadrant.....	\$ 10.00
D7320.....	Alveoloplasty, w/o extractions, 4+ teeth, quadrant.....	\$ 20.00
D7321.....	Alveoloplasty, w/o extractions, 1-3 teeth, quadrant.....	\$ 13.00
D7340.....	Vestibuloplasty, ridge extension (2nd epithelialization).....	\$ 20.00
D7350.....	Vestibuloplasty, ridge extension.....	\$ 20.00
D7450.....	Removal, benign odontogenic cyst/tumor, up to 1.25.....	\$ 45.00
D7451.....	Removal, benign odontogenic cyst/tumor, over 1.25.....	\$ 90.00

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ADA Code	Procedure	Co-Pay
<b>Oral and maxillofacial services (continued)</b>		
D7460.....	Removal, benign nonodontogenic cyst/tumor, to 1.25.....	\$ 50.00
D7461.....	Removal, benign nonodontogenic cyst/tumor, 1.25+.....	\$ 70.00
D7471.....	Removal of lateral exostosis, maxilla or mandible.....	\$ 55.00
D7472.....	Removal of torus palatinus.....	\$ 40.00
D7473.....	Removal of torus mandibularis.....	\$ 40.00
D7485.....	Surgical reduction of osseous tuberosity.....	\$ 25.00
D7510.....	Incision & drainage of abscess, intraoral soft tissue.....	\$ 10.00
D7511.....	Incision/drainage, abscess, intraoral soft, complicated.....	\$ 10.00
D7520.....	Incision & drainage, abscess, extraoral soft tissue.....	\$ 10.00
D7521.....	Incision/drainage, abscess, extraoral soft, complicate.....	\$ 10.00
D7530.....	Remove foreign body, mucosa, skin, tissue.....	\$ 5.00
D7560.....	Maxillary sinusotomy, remove th. frag./foreign body.....	\$ 25.00
D7960.....	Frenulectomy (frenectomy or frenotomy), separate procedure.....	\$ 35.00
D7963.....	Frenuloplasty.....	\$ 35.00
D7970.....	Excision of hyperplastic tissue, per arch.....	\$ 10.00
D7971.....	Excision of pericoronal gingival.....	\$ 20.00
<b>Adjunctive general services</b>		
D9110.....	Palliative (emergency) treatment, minor procedure.....	\$ 5.00
D9120.....	Fixed partial denture sectioning.....	\$ 10.00
D9210.....	Local anesthesia not with operative/surgical procedure.....	no charge
D9211.....	Regional block anesthesia.....	no charge
D9212.....	Trigeminal division block anesthesia.....	no charge
D9215.....	Local anesthesia with operative/surgical procedure.....	no charge
<b>**GUIDELINE:</b>		
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 **
D9221.....	Deep sedation/general anesthesia, each add. 15 min.....	\$ 125.00 **
D9230.....	Inhalation of nitrous oxide/analgesia, anxiolysis.....	no charge
D9241.....	Intravenous conscious sedation/analgesia, 1st 30 min.....	no charge **
D9242.....	IV conscious sedation/analgesia, each add. 15 min.....	no charge **
D9248.....	Non-intravenous conscious sedation.....	no charge
D9310.....	Consultation, other than requesting dentist.....	\$ 15.00
D9430.....	Office visit, observation, regular hrs., no other serv.....	no charge
D9440.....	Office visit, after regularly scheduled hours.....	\$ 5.00
D9450.....	Case presentation, detailed & extensive treatment .....	no charge
D9630.....	Other drugs and/or medicaments, by report.....	\$ 8.00
D9910.....	Application of desensitizing medicament.....	no charge
D9911.....	Application of desensitizing resin, per tooth.....	no charge
D9930.....	Treatment of complications, post surgical, unusual.....	no charge
D9940.....	Occlusal guard, by report.....	\$ 25.00
D9942.....	Repair and/or relin of occlusal guard.....	\$ 15.00
D9950.....	Occlusion analysis, mounted case.....	no charge
D9951.....	Occlusal adjustment, limited.....	\$ 5.00
D9952.....	Occlusal adjustment, complete.....	\$ 15.00
D9971.....	Odontoplasty 1-2 teeth.....	\$ 5.00
	Broken appointment, less than 24 hour notice.....	\$ 20.00
	Office visit, per visit.....	no charge

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## **Limitations:**

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1. Prophylaxis are covered once every six consecutive months. Additional prophylaxis are available at the listed member co-payment amount;
2. Full Mouth X-rays are limited to once every 36 consecutive months;
3. Fluoride Treatments are covered once every 6 consecutive months. Additional fluoride treatments, up to the 18th birth date, are available at the listed member co-payment amount;
4. Sealants are covered only on the first and second permanent molars and up to the 14th birth date;
5. Crowns, Jackets, Inlays and Onlays are benefits on the same tooth only once every five years, and consistent with professionally recognized standards of dental practice;
6. Replacement of existing Full and Partial Dentures are covered once per arch every 5 years, except when they cannot be made functional through relines or repairs;
7. Denture Relines are covered twice per year, and only when consistent with professionally recognized standards of dental practice;
8. Any routine dental services performed by a Primary Care Dentist or Specialist in an inpatient/outpatient hospital setting, under certain circumstances, will be considered for coverage.

## **Exclusions:**

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1. Any procedure not specifically listed as a Covered Benefit.
2. Replacement of lost or stolen prosthetics or appliances including crowns, bridges, partial dentures, full dentures, and orthodontic appliances.
3. Any treatment requested, or appliances made, which are either not necessary for maintaining or improving dental health, or are for cosmetic purposes unless otherwise covered as a benefit;
4. Procedures considered experimental, treatment involving implants or pharmacological regimens other than listed as Covered Benefit (See "Independent Medical Review" in the Group Evidence of Coverage and Disclosure Form);
5. Oral surgery requiring the setting of bone fractures or bone dislocations;
6. Hospitalization;
7. Out-patient services;
8. Ambulance services;
9. Durable Medical Equipment;
10. Mental Health services;
11. Chemical Dependency services;
12. Home Health services;
13. General anesthesia, analgesia, intravenous/intramuscular sedation or the services of an anesthesiologist other than listed as Covered Benefit;
14. Treatment started before the member was eligible, or after the member was no longer eligible;
15. Procedures, appliances, or restorations to correct congenital, developmental or medically induced dental disorder, including but not limited to: myofunctional(e.g. speech therapy), myoskeletal, or temporomandibular joint dysfunctions (e.g. adjustments/corrections to the facial bones) unless otherwise covered as an orthodontic benefit;
16. Procedures which are determined not to be dentally necessary consistent with professionally recognized standards of dental practice;
17. Treatment of malignancies, cysts, or neoplasms;
18. Orthodontic treatment started prior to member's effective date of coverage;
19. Appliances needed to increase vertical dimension or restore occlusion;
20. Any services performed outside of your assigned dental office, unless expressly authorized by Liberty Dental Plan, or unless as outlined and covered in "Emergency Dental Care" section.