

# LIBERTY Dental Plan of Nevada, Inc.

## VENETIAN NV-215 Plan Copayment 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	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
D0171.....	Re-evaluation, post operative office visit.....	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 'I' radiographic image.....	no charge
D0240.....	Intraoral, occlusal radiographic image.....	no charge
D0250.....	Extra-oral 2D projection radiographic image, stationary .....	no charge
D0251.....	Extra-oral posterior dental radiographic image.....	no charge
D0270.....	Bitewing, single radiographic image.....	no charge
D0272.....	Bitewings, two radiographic images.....	no charge
D0273.....	Bitewings, three radiographic images.....	no charge
D0274.....	Bitewings, four radiographic images.....	no charge
D0277.....	Vertical bitewings, 7 to 8 radiographic images.....	no charge
D0330.....	Panoramic radiographic image.....	no charge
D0340.....	2D cephalometric radiographic image.....	see ortho
D0415.....	Collection of microorganisms for culture.....	\$ 15.00
D0425.....	Caries susceptibility tests.....	\$ 8.00
D0460.....	Pulp vitality tests.....	no charge
D0470.....	Diagnostic casts.....	no charge
D0472.....	Accession of tissue, gross exam, prep & report.....	no charge
D0473.....	Accession of tissue, gross/micro. exam, prep, report.....	no charge
D0474.....	Accession of tissue, gross/micro. exam, report.....	no charge
<b>Preventive services</b>		
D1110.....	Prophylaxis, adult.....	no charge
	Prophylaxis, adult (additional prophylaxis).....	\$ 45.00
D1120.....	Prophylaxis, child.....	no charge
	Prophylaxis, child (additional prophylaxis).....	\$ 35.00
D1206.....	Topical application of fluoride varnish.....	no charge
D1208.....	Topical application of fluoride, excluding varnish.....	no charge
	up to the 18th birthday (additional fluoride).....	\$ 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.....	\$ 5.00
D1352.....	Preventive resin restoration, permanent tooth.....	\$ 5.00
D1353.....	Sealant repair, per tooth.....	no charge

ADA Code	Procedure	Co-Pay
<b>Preventive services (continued)</b>		
D1510.....	Space maintainer, fixed, unilateral.....	no charge
D1515.....	Space maintainer, fixed, bilateral.....	no charge
D1520.....	Space maintainer, removable, unilateral.....	no charge
D1525.....	Space maintainer, removable, bilateral.....	no charge
D1550.....	Re-cement or re-bond space maintainer.....	no charge
D1555.....	Removal of fixed space maintainer.....	no charge
<b>Restorative services</b>		
D2140.....	Amalgam, one surface, primary or permanent.....	no charge
D2150.....	Amalgam, two surfaces, primary or permanent.....	no charge
D2160.....	Amalgam, three surfaces, primary or permanent.....	no charge
D2161.....	Amalgam, four or more surfaces, primary or permanent.....	no charge
D2330.....	Resin-based composite, one surface, anterior.....	no charge
D2331.....	Resin-based composite, two surfaces, anterior.....	no charge
D2332.....	Resin-based composite, three surfaces, anterior.....	no charge
D2335.....	Resin-based composite, four or more surfaces, involving incisal angle.....	no charge
D2390.....	Resin-based composite crown, anterior.....	no charge
D2391.....	Resin-based composite, one surface, posterior.....	\$ 45.00
D2392.....	Resin-based composite, two surfaces, posterior.....	\$ 49.00
D2393.....	Resin-based composite, three surfaces, posterior.....	\$ 55.00
D2394.....	Resin-based composite, four or more surfaces, posterior.....	\$ 74.00
<b>*GUIDELINE for Inlays, Onlays, Single Crowns:</b>		
<b>The total maximum amount chargeable to the member for elective upgraded procedures is \$250.00 per tooth.</b> Providers are required to explain covered benefits as well as any elective differences in materials and fees prior to providing an elective upgraded procedure.		
<b>1. Brand name restorations:</b> (e.g. Sunrise, Captek, Vitadur-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.		
<b>2. Noble or high noble Metal:</b> 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, one surface.....	\$ 25.00
D2520.....	Inlay, metallic, two surfaces.....	\$ 28.00
D2530.....	Inlay, metallic, three or more surfaces.....	\$ 30.00
D2542.....	Onlay, metallic, two surfaces.....	\$ 30.00
D2543.....	Onlay, metallic, three surfaces.....	\$ 31.00
D2544.....	Onlay, metallic, four or more surfaces.....	\$ 33.00
D2610.....	Inlay, porcelain/ceramic, one surface.....	\$ 26.00 *
D2620.....	Inlay, porcelain/ceramic, two surfaces.....	\$ 28.00 *
D2630.....	Inlay, porcelain/ceramic, three or more surfaces.....	\$ 30.00 *
D2642.....	Onlay, porcelain/ceramic, two surfaces.....	\$ 31.00 *
D2643.....	Onlay, porcelain/ceramic, three surfaces.....	\$ 33.00 *
D2644.....	Onlay, porcelain/ceramic, four or more surfaces.....	\$ 35.00 *
D2650.....	Inlay, resin-based composite, one surface.....	\$ 25.00
D2651.....	Inlay, resin-based composite, two surfaces.....	\$ 26.00
D2652.....	Inlay, resin-based composite, three or more surfaces.....	\$ 30.00
D2662.....	Onlay, resin-based composite, two surfaces.....	\$ 30.00
D2663.....	Onlay, resin-based composite, three surfaces.....	\$ 31.00
D2664.....	Onlay, resin-based composite, four or more surfaces.....	\$ 33.00
D2710.....	Crown, resin-based composite (indirect).....	\$ 35.00
D2712.....	Crown, ¾ resin-based composite (indirect).....	\$ 23.00
D2720.....	Crown, resin with high noble metal.....	\$ 40.00 *
D2721.....	Crown, resin with predominantly base metal.....	\$ 40.00
D2722.....	Crown, resin with noble metal.....	\$ 40.00 *
D2740.....	Crown, porcelain/ceramic substrate.....	\$ 95.00 *
D2750.....	Crown, porcelain fused to high noble metal.....	\$ 55.00 *

ADA Code	Procedure	Co-Pay
<b>Restorative services (continued)</b>		
D2751.....	Crown, porcelain fused to predominantly base metal.....	\$ 62.00
D2752.....	Crown, porcelain fused to noble metal.....	\$ 70.00 *
D2780.....	Crown, ¾ cast high noble metal.....	\$ 70.00 *
D2781.....	Crown, ¾ cast predominantly base metal.....	\$ 62.00
D2782.....	Crown, ¾ cast noble metal.....	\$ 70.00 *
D2783.....	Crown, ¾ porcelain/ceramic.....	\$ 70.00 *
D2790.....	Crown, full cast high noble metal.....	\$ 70.00 *
D2791.....	Crown, full cast predominantly base metal.....	\$ 62.00
D2792.....	Crown, full cast noble metal.....	\$ 70.00 *
D2794.....	Crown, titanium.....	\$ 70.00 *
D2799.....	Provisional crown.....	\$ 40.00
D2910.....	Re-cement or re-bond inlay, onlay, veneer, or partial coverage.....	no charge
D2915.....	Re-cement or re-bond indirectly fabricated/prefabricated post & core.....	no charge
D2920.....	Re-cement or re-bond crown.....	no charge
D2930.....	Prefabricated stainless steel crown, primary tooth.....	no charge
D2931.....	Prefabricated stainless steel crown, permanent tooth.....	no charge
D2932.....	Prefabricated resin crown.....	\$ 5.00
D2933.....	Prefabricated stainless steel crown with resin window.....	\$ 5.00
D2934.....	Prefabricated esthetic coated stainless steel crown, primary tooth.....	\$ 5.00
D2940.....	Protective restoration.....	no charge
D2950.....	Core buildup, including any pins when required .....	\$ 10.00
D2951.....	Pin retention, per tooth, in addition to restoration.....	\$ 10.00
D2952.....	Post and core in addition to crown, indirectly fabricated.....	\$ 10.00
D2953.....	Each additional indirectly fabricated post, same tooth.....	\$ 5.00
D2954.....	Prefabricated post and core in addition to crown.....	\$ 10.00
D2955.....	Post removal.....	\$ 10.00
D2957.....	Each additional prefabricated post, same tooth.....	\$ 5.00
D2960.....	Labial veneer (resin laminate), chairside.....	\$ 200.00
D2961.....	Labial veneer (resin laminate), laboratory.....	\$ 325.00
D2962.....	Labial veneer (porcelain laminate), laboratory.....	\$ 500.00
D2971.....	Additional procedure to construct new crown, existing partial denture frame.....	\$ 15.00
D2980.....	Crown repair necessitated by restorative material failure.....	\$ 15.00
<b>Endodontic services</b>		
D3110.....	Pulp cap, direct (excluding final restoration).....	no charge
D3120.....	Pulp cap, indirect (excluding final restoration).....	no charge
D3220.....	Therapeutic pulpotomy (excluding final restoration).....	no charge
D3221.....	Pulpal debridement, primary and permanent teeth.....	no charge
D3230.....	Pulpal therapy, anterior, primary tooth (excluding final restoration).....	no charge
D3240.....	Pulpal therapy, posterior, primary tooth (excluding final restoration).....	no charge
D3310.....	Endodontic therapy, anterior tooth (excluding final restoration).....	\$ 30.00
D3320.....	Endodontic therapy, bicuspid tooth (excluding final restoration).....	\$ 60.00
D3330.....	Endodontic therapy, molar (excluding final restoration).....	\$ 90.00
D3331.....	Treatment of root canal obstruction; non-surgical access.....	\$ 55.00
D3332.....	Incomplete endodontic therapy; inoperable, unrestorable, fractured tooth.....	\$ 20.00
D3333.....	Internal root repair of perforation defects.....	\$ 28.00
D3346.....	Retreatment of previous root canal therapy, anterior.....	\$ 30.00
D3347.....	Retreatment of previous root canal therapy, bicuspid.....	\$ 60.00
D3348.....	Retreatment of previous root canal therapy, molar.....	\$ 90.00
D3351.....	Apexification/recalcification, initial visit.....	\$ 25.00
D3352.....	Apexification/recalcification, interim medication replacement.....	\$ 25.00
D3353.....	Apexification/recalcification, final visit.....	\$ 25.00
D3410.....	Apicoectomy, anterior.....	\$ 55.00
D3421.....	Apicoectomy, bicuspid (first root).....	\$ 55.00
D3425.....	Apicoectomy, molar (first root).....	\$ 55.00

ADA Code	Procedure	Co-Pay
<b>Endodontic services (continued)</b>		
D3426.....	Apicoectomy, (each additional root).....	\$ 18.00
D3430.....	Retrograde filling, per root.....	\$ 55.00
D3450.....	Root amputation, per root.....	\$ 55.00
D3910.....	Surgical procedure for isolation of tooth with rubber dam.....	\$ 5.00
D3920.....	Hemisection, not including root canal therapy.....	\$ 10.00
D3950.....	Canal preparation and fitting of preformed dowel or post.....	no charge
<b>Periodontal services</b>		
D4210.....	Gingivectomy or gingivoplasty, four or more teeth per quadrant.....	\$ 30.00
D4211.....	Gingivectomy or gingivoplasty, one to three teeth per quadrant.....	\$ 5.00
D4212.....	Gingivectomy or gingivoplasty, restorative procedure, per tooth.....	no charge
D4240.....	Gingival flap procedure, four or more teeth per quadrant.....	\$ 70.00
D4241.....	Gingival flap procedure, one to three teeth per quadrant.....	\$ 70.00
D4245.....	Apically positioned flap.....	\$ 28.00
D4249.....	Clinical crown lengthening, hard tissue.....	\$ 110.00
D4260.....	Osseous surgery, four or more teeth per quadrant.....	\$ 175.00
D4261.....	Osseous surgery, one to teeth per quadrant.....	\$ 175.00
D4263.....	Bone replacement graft, first site in quadrant.....	\$ 75.00
D4264.....	Bone replacement graft, each additional site, quadrant.....	\$ 40.00
D4270.....	Pedicle soft tissue graft procedure.....	\$ 135.00
D4273.....	Autogenous connective tissue graft procedure, first tooth.....	\$ 135.00
D4274.....	Distal or proximal wedge procedure.....	\$ 80.00
D4275.....	Non-autogenous connective tissue graft, first tooth.....	\$ 135.00
D4277.....	Free soft tissue graft, first tooth .....	\$ 135.00
D4278.....	Free soft tissue graft, each additional tooth .....	\$ 135.00
D4283.....	Autogenous connective tissue graft procedure, each additional tooth, per site.....	\$ 135.00
D4285.....	Non-autogenous connective tissue graft procedure, each add'l tooth, per site.....	\$ 135.00
D4320.....	Provisional splinting, intracoronar.....	\$ 45.00
D4321.....	Provisional splinting, extracoronar.....	\$ 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 and root planing, four or more teeth per quadrant.....	\$ 10.00
D4342.....	Periodontal scaling and root planing, one to three teeth per quadrant.....	\$ 10.00
D4355.....	Full mouth debridement.....	\$ 10.00
D4381.....	Localized delivery of antimicrobial agent/per tooth.....	\$ 10.00
D4910.....	Periodontal maintenance.....	\$ 10.00
D4920.....	Unscheduled dressing change (other than treating dentist or staff).....	\$ 5.00
<b>Removable prosthodontic services</b>		
D5110.....	Complete denture, maxillary.....	\$ 70.00
D5120.....	Complete denture, mandibular.....	\$ 70.00
D5130.....	Immediate denture, maxillary.....	\$ 90.00
D5140.....	Immediate denture, mandibular.....	\$ 90.00
D5211.....	Maxillary partial denture, resin base.....	\$ 75.00
D5212.....	Mandibular partial denture, resin base.....	\$ 75.00
D5213.....	Maxillary partial denture, cast metal, resin base.....	\$ 85.00
D5214.....	Mandibular partial denture, cast metal, resin base.....	\$ 85.00
D5221.....	Immediate maxillary partial denture, resin base.....	\$ 75.00
D5222.....	Immediate mandibular partial denture, resin base.....	\$ 75.00
D5223.....	Immediate maxillary partial denture, cast metal framework, resin denture base.....	\$ 85.00
D5224.....	Immediate mandibular partial denture, cast metal frame, resin denture base.....	\$ 85.00
D5225.....	Maxillary partial denture, flexible base.....	\$ 250.00
D5226.....	Mandibular partial denture, flexible base.....	\$ 250.00
D5281.....	Removable unilateral partial denture, one piece cast metal.....	\$ 75.00
D5410.....	Adjust complete denture, maxillary.....	no charge
D5411.....	Adjust complete denture, mandibular.....	no charge
D5421.....	Adjust partial denture, maxillary.....	no charge

ADA Code	Procedure	Co-Pay
<b>Removable prosthodontic services (continued)</b>		
D5422.....	Adjust partial denture, mandibular.....	no charge
D5510.....	Repair broken complete denture base.....	no charge
D5520.....	Replace missing or broken teeth, complete denture.....	no charge
D5610.....	Repair resin denture base.....	no charge
D5620.....	Repair cast framework.....	no charge
D5630.....	Repair or replace broken clasp, per tooth.....	\$ 27.00
D5640.....	Replace broken teeth, per tooth.....	\$ 20.00
D5650.....	Add tooth to existing partial denture.....	\$ 20.00
D5660.....	Add clasp to existing partial denture, per tooth.....	\$ 27.00
D5670.....	Replace all teeth & acrylic on cast metal frame, maxillary .....	\$ 15.00
D5671.....	Replace all teeth & acrylic on cast metal frame, mandibular.....	\$ 15.00
D5710.....	Rebase complete maxillary denture.....	\$ 50.00
D5711.....	Rebase complete mandibular denture.....	\$ 50.00
D5720.....	Rebase maxillary partial denture.....	\$ 50.00
D5721.....	Rebase mandibular partial denture.....	\$ 50.00
D5730.....	Reline complete maxillary denture, chairside.....	no charge
D5731.....	Reline complete mandibular denture, chairside.....	no charge
D5740.....	Reline maxillary partial denture, chairside.....	no charge
D5741.....	Reline mandibular partial denture, chairside.....	no charge
D5750.....	Reline complete maxillary denture, laboratory.....	\$ 15.00
D5751.....	Reline complete mandibular denture, laboratory.....	\$ 15.00
D5760.....	Reline maxillary partial denture, laboratory.....	\$ 15.00
D5761.....	Reline mandibular partial denture, laboratory.....	\$ 15.00
D5810.....	Interim complete denture, maxillary.....	\$ 28.00
D5811.....	Interim complete denture, mandibular.....	\$ 28.00
D5820.....	Interim partial denture, maxillary.....	no charge
D5821.....	Interim partial denture, mandibular.....	no charge
D5850.....	Tissue conditioning, maxillary.....	no charge
D5851.....	Tissue conditioning, mandibular.....	no charge

## 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 fused to high noble crown.....	\$ 1096.00
D6060.....	Abutment supported porcelain fused to base metal crown.....	\$ 1035.00
D6061.....	Abutment supported porcelain fused to 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 fused to high noble crown.....	\$ 1013.00
D6067.....	Implant supported metal crown.....	\$ 984.00
D6068.....	Abutment supported retainer, porcelain/ceramic FPD.....	\$ 1110.00
D6069.....	Abutment supported retainer, metal FPD, high noble.....	\$ 1096.00
D6070.....	Abutment supported retainer, porcelain fused to metal FPD, base metal.....	\$ 1035.00
D6071.....	Abutment supported retainer, porcelain fused to metal FPD, noble.....	\$ 1056.00
D6072.....	Abutment supported retainer, cast metal FPD, high noble.....	\$ 1028.00
D6073.....	Abutment supported retainer, cast metal FPD, base metal.....	\$ 930.00
D6074.....	Abutment supported retainer, cast metal FPD, noble.....	\$ 1005.00
D6194.....	Abutment supported retainer crown, FPD, titanium.....	\$ 670.00

ADA Code	Procedure	Co-Pay
<b>Implant services (continued)</b>		
D6075.....	Implant supported retainer for ceramic FPD.....	\$ 1092.00
D6076.....	Implant supported retainer for porcelain fused metal FPD.....	\$ 1064.00
D6077.....	Implant supported retainer for cast metal FPD.....	\$ 984.00
D6092.....	Re-cement or re-bond implant/abutment supported crown.....	\$ 45.00
D6093.....	Re-cement or re-bond implant/abutment supported FPD.....	\$ 65.00

#### 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, Vitadur-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.....	\$ 70.00
D6210.....	Pontic, cast high noble metal.....	\$ 70.00 *
D6211.....	Pontic, cast predominantly base metal.....	\$ 55.00
D6212.....	Pontic, cast noble metal.....	\$ 70.00 *
D6214.....	Pontic, titanium.....	\$ 70.00 *
D6240.....	Pontic, porcelain fused to high noble metal.....	\$ 70.00 *
D6241.....	Pontic, porcelain fused to predominantly base metal.....	\$ 55.00
D6242.....	Pontic, porcelain fused to noble metal.....	\$ 70.00 *
D6245.....	Pontic, porcelain/ceramic.....	\$ 70.00 *
D6250.....	Pontic, resin with high noble metal.....	\$ 70.00 *
D6251.....	Pontic, resin with predominantly base metal.....	\$ 55.00
D6252.....	Pontic, resin with noble metal.....	\$ 70.00 *
D6253.....	Provisional pontic.....	\$ 70.00
D6545.....	Retainer, cast metal for resin bonded fixed prosthesis.....	\$ 50.00
D6548.....	Retainer, porcelain/ceramic, resin bonded fixed prosthesis.....	\$ 50.00 *
D6549.....	Resin retainer, for resin bonded fixed prosthesis.....	\$ 50.00
D6600.....	Retainer inlay, porcelain/ceramic, two surfaces.....	\$ 74.00 *
D6601.....	Retainer inlay, porcelain/ceramic, three or more surfaces.....	\$ 78.00 *
D6602.....	Retainer inlay, cast high noble metal, two surfaces.....	\$ 74.00 *
D6603.....	Retainer inlay, cast high noble metal, three or more surfaces.....	\$ 78.00 *
D6604.....	Retainer inlay, cast base metal, two surfaces.....	\$ 74.00
D6605.....	Retainer inlay, cast base metal, three or more surfaces.....	\$ 78.00
D6606.....	Retainer inlay, cast noble metal, two surfaces.....	\$ 74.00 *
D6607.....	Retainer inlay, cast noble metal, three or more surfaces.....	\$ 78.00 *
D6624.....	Retainer inlay, titanium.....	\$ 78.00 *
D6608.....	Retainer onlay, porcelain/ceramic, two surfaces.....	\$ 78.00 *
D6609.....	Retainer onlay, porcelain/ceramic, three or more surfaces.....	\$ 78.00 *
D6610.....	Retainer onlay, cast high noble metal, two surfaces.....	\$ 71.00 *
D6611.....	Retainer onlay, cast high noble metal, three or more surfaces.....	\$ 74.00 *
D6612.....	Retainer onlay, cast base metal, two surfaces.....	\$ 71.00
D6613.....	Retainer onlay, cast base metal, three or more surfaces.....	\$ 74.00
D6614.....	Retainer onlay, cast noble metal, two surfaces.....	\$ 71.00 *
D6615.....	Retainer onlay, cast noble metal three or more surfaces.....	\$ 74.00 *
D6634.....	Retainer onlay, titanium.....	\$ 74.00 *
D6710.....	Retainer crown, indirect resin based composite.....	\$ 50.00
D6720.....	Retainer crown, resin with high noble metal.....	\$ 10.00 *
D6721.....	Retainer crown, resin with predominantly base metal.....	\$ 10.00
D6722.....	Retainer crown, resin with noble metal.....	\$ 10.00 *
D6740.....	Retainer crown, porcelain/ceramic.....	\$ 70.00 *

ADA Code	Procedure	Co-Pay
<b>Fixed prosthodontic services (continued)</b>		
D6750.....	Retainer crown, porcelain fused to high noble metal.....	\$ 95.00 *
D6751.....	Retainer crown, porcelain fused to predominantly base metal.....	\$ 62.00
D6752.....	Retainer crown, porcelain fused to noble metal.....	\$ 70.00 *
D6780.....	Retainer crown, ¾ cast high noble metal.....	\$ 70.00 *
D6781.....	Retainer crown, ¾ cast predominantly base metal.....	\$ 62.00
D6782.....	Retainer crown, ¾ cast noble metal.....	\$ 70.00 *
D6783.....	Retainer crown, ¾ porcelain/ceramic.....	\$ 70.00 *
D6790.....	Retainer crown, full cast high noble metal.....	\$ 70.00 *
D6791.....	Retainer crown, full cast predominantly base metal.....	\$ 62.00
D6792.....	Retainer crown, full cast noble metal.....	\$ 70.00 *
D6793.....	Provisional retainer crown.....	\$ 40.00
D6794.....	Retainer crown, titanium.....	\$ 70.00 *
D6930.....	Re-cement or re-bond fixed partial denture.....	no charge
D6940.....	Stress breaker.....	no charge
D6980.....	Fixed partial denture repair, restorative material failure.....	no charge
<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.....	no charge
D7220.....	Removal of impacted tooth, soft tissue.....	\$ 15.00
D7230.....	Removal of impacted tooth, partially bony.....	\$ 25.00
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 procedure.....	no charge
D7261.....	Primary closure of a sinus perforation.....	\$ 65.00
D7270.....	Tooth reimplantation and/or stabilization, accident.....	\$ 60.00
D7280.....	Surgical access of an unerupted tooth.....	\$ 23.00
D7282.....	Mobilization of erupted/malpositioned tooth.....	\$ 15.00
D7283.....	Placement, device to facilitate eruption, impaction.....	\$ 15.00
D7285.....	Incisional biopsy of oral tissue, hard (bone, tooth).....	no charge
D7286.....	Incisional biopsy of oral tissue, soft.....	no charge
D7287.....	Exfoliative cytological sample collection.....	no charge
D7288.....	Brush biopsy, transepithelial sample collection.....	no charge
D7310.....	Alveoloplasty with extractions, four or more teeth per quadrant.....	\$ 22.00
D7311.....	Alveoloplasty with extractions, one to three teeth per quadrant.....	\$ 22.00
D7320.....	Alveoloplasty, w/o extractions, four or more teeth per quadrant.....	\$ 30.00
D7321.....	Alveoloplasty, w/o extractions, one to three teeth per quadrant.....	\$ 30.00
D7340.....	Vestibuloplasty, ridge extension (2nd epithelialization).....	\$ 20.00
D7350.....	Vestibuloplasty, ridge extension.....	\$ 28.00
D7450.....	Removal, benign odontogenic cyst/tumor, up to 1.25 cm.....	\$ 30.00
D7451.....	Removal, benign odontogenic cyst/tumor, greater than 1.25 cm.....	\$ 65.00
D7460.....	Removal, benign nonodontogenic cyst/tumor, up to 1.25 cm.....	\$ 35.00
D7461.....	Removal, benign nonodontogenic cyst/tumor, greater than 1.25 cm.....	\$ 45.00
D7471.....	Removal of lateral exostosis, maxilla or mandible.....	\$ 32.00
D7472.....	Removal of torus palatinus.....	\$ 28.00
D7473.....	Removal of torus mandibularis.....	\$ 28.00
D7485.....	Surgical reduction of osseous tuberosity.....	\$ 20.00
D7510.....	Incision & drainage of abscess, intraoral soft tissue.....	no charge
D7511.....	Incision & drainage of abscess, intraoral soft tissue, complicated.....	\$ 5.00
D7520.....	Incision & drainage of abscess, extraoral soft tissue.....	no charge
D7521.....	Incision & drainage of abscess, extraoral soft tissue, complicated.....	\$ 5.00
D7530.....	Remove foreign body, mucosa, skin, tissue.....	\$ 5.00
D7560.....	Maxillary sinusotomy for removal of tooth fragment or foreign body.....	\$ 15.00
D7960.....	Frenulectomy (frenectomy or frenotomy), separate procedure.....	no charge

ADA Code	Procedure	Co-Pay
<b>Oral and maxillofacial services (continued)</b>		
D7963.....	Frenuloplasty.....	no charge
D7970.....	Excision of hyperplastic tissue, per arch.....	no charge
D7971.....	Excision of pericoronal gingiva.....	\$ 10.00
<b>Adjunctive general services</b>		
D9110.....	Palliative (emergency) treatment, minor procedure.....	no charge
D9120.....	Fixed partial denture sectioning.....	no charge
D9210.....	Local anesthesia not in conjunction, operative or surgical procedures.....	no charge
D9211.....	Regional block anesthesia.....	no charge
D9212.....	Trigeminal division block anesthesia.....	no charge
D9215.....	Local anesthesia in conjunction with operative or surgical procedures.....	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.		
D9219.....	Evaluation for deep sedation or general anesthesia.....	no charge
D9223.....	Deep sedation/general anesthesia, each 15 minute increment.....	\$ 125.00 **
D9230.....	Inhalation of nitrous oxide/analgesia, anxiolysis.....	\$ 25.00
D9243.....	Intravenous moderate (conscious) sedation/analgesia, each 15 minute increment.....	\$ 125.00 **
D9248.....	Non-intravenous (conscious) sedation, non-IV minimal, moderate sedation.....	\$ 100.00
D9310.....	Consultation, other than requesting dentist.....	no charge
D9430.....	Office visit, observation, regular hours, no other services.....	no charge
D9440.....	Office visit, after regularly scheduled hours.....	no charge
D9450.....	Case presentation, detailed & extensive treatment .....	no charge
D9630.....	Other drugs and/or medicaments, by report.....	no charge
D9910.....	Application of desensitizing medicament.....	no charge
D9911.....	Application of desensitizing resin for cervical, root surface, per tooth.....	no charge
D9930.....	Treatment of complications, post surgical, unusual, by report.....	no charge
D9940.....	Occlusal guard, by report.....	\$ 100.00
D9942.....	Repair and/or reline of occlusal guard.....	\$ 25.00
D9950.....	Occlusion analysis, mounted case.....	no charge
D9951.....	Occlusal adjustment, limited.....	no charge
D9952.....	Occlusal adjustment, complete.....	no charge
D9971.....	Odontoplasty 1-2 teeth; includes removal of enamel projections.....	no charge
D9986.....	Missed appointment.....	no charge
D9987.....	Cancelled appointment.....	no charge
	Office visit, per visit.....	no charge



## Limitations:

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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:

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1. Any procedure not specifically listed as a Covered Benefit.
2. Replacement of lost or stolen prosthetics or appliances including partial dentures, full dentures, and orthodontic appliances.
3. General anesthesia, analgesia, intravenous/intramuscular sedation or the services of an anesthesiologist other than those situations described in the Schedule of Benefits (\*\*).
4. Treatment started prior to coverage or after termination of coverage.
5. Procedures, appliances, or restorations to treat temporomandibular joint dysfunctions (e.g. adjustments/corrections to the facial bones), congenital or developmental situations (including supernumerary teeth) or medically induced dental disorders, including but not limited to: myofunctional treatment (e.g. speech therapy), or myoskeletal dysfunctions, unless otherwise covered as an orthodontic benefit.
6. Services for cosmetic purposes or for conditions that are a result of hereditary developmental defects, such as cleft palate, upper and lower jaw malformations, congenitally missing teeth and teeth that are discolored or lacking enamel.
7. Procedures which are determined not to be dentally necessary consistent with professionally recognized standards of dental practice.
8. Procedures performed on natural teeth solely to increase vertical dimension or restore occlusion.
9. Any service performed outside of your assigned dental office, unless expressly authorized by LIBERTY Dental Plan, or unless as outlined and covered in the "Emergency Dental Care" section of the Evidence of Coverage.
10. The removal of asymptomatic, unerupted third molars (or other teeth) that appear to have an unimpeded pathway to eruption and no active pathology.
11. Procedures or appliances that are provided by a dentist who specializes in prosthodontic services.
12. Services for restoring tooth structure lost from wear (abrasion, erosion, attrition or abfraction), for rebuilding occlusion or maintaining chewing surfaces or teeth that are out of alignment or for stabilizing teeth. Examples of such treatment are equilibration and periodontal splinting.
13. Any routine dental services performed by a dentist or dental specialist in an inpatient/outpatient hospital setting.
14. Consultations for non-covered services.

## LIBERTY Dental Plan of Nevada, Inc.

### ORTHO-200 ORTHODONTIC RIDER

#### 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
<b>Orthodontic Diagnostic Records</b>		
D0340	2D cephalometric radiographic image, measurement and analysis	\$ 125.00
D0470	Diagnostic casts	\$ 75.00
D9310	Consultation, other than requesting dentist	no charge
<b>Interceptive Orthodontic Treatment</b>		
D8050	Interceptive orthodontic treatment of the primary dentition	\$ 750.00
D8060	Interceptive orthodontic treatment of the transitional dentition	\$ 750.00
<b>Comprehensive Orthodontic Treatment (24 months of Usual and Customary Orthodontic Treatment)</b>		
D8070	Comprehensive orthodontic treatment of the transitional dentition	\$ 1000.00
D8080	Comprehensive orthodontic treatment of the adolescent dentition	\$ 1000.00
D8090	Comprehensive orthodontic treatment of the adult dentition	\$ 1000.00
<b>Other Orthodontic Services</b>		
D8660	Pre-orthodontic treatment examination to monitor growth and development	no charge
D8670	Periodic orthodontic treatment visit	no charge
D8680	Orthodontic retention (removal of appliances, construction and placement of retainer(s))	\$ 325.00
D8692	Replacement of lost or broken retainer	\$ 80.00
D8693	Re-cement or re-bond fixed retainer	\$ 35.00
D9986	Missed appointment	no charge
D9987	Cancelled appointment	no charge

#### 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.