LIBERTY Dental Plan of California, Inc.
Children's Dental HMO - Select - Valley Health Plan - Platinum 90

Individual Out of Pocket Maximum: $4,500 per 2020 Calendar Year
Family Out of Pocket Maximum: $9,000 per 2020 Calendar Year

✓ Members must be assigned to a LIBERTY Dental Plan contracted dental office to utilize covered benefits. Your dental office will determine a treatment plan or will initiate the specialty referral process with LIBERTY Dental Plan if the recommended covered services are medically necessary and outside the scope of a general dentist.

✓ This Benefit Schedule represents the Children's Dental HMO benefits covered as part of your Health Plan offered through Valley Health Plan. Any Co-payment for covered dental services will accrue towards the Health Plan's Calendar Year Out-of-Pocket Maximum (which is provided above for your reference). To verify your Out-of-Pocket Maximum you can refer to your Health Plan's Evidence of Coverage booklet, visit your health plan's website at www.valleyhealthplan.org or call Member Services at 1.888.421.8444 (toll-free).

✓ Once your Out-of-Pocket costs for all Medical and Dental covered services reach the combined Out-of-Pocket Maximum, you cannot be charged for covered dental services you receive for the remainder of the calendar year. The LIBERTY Dental Plan contracted dental office will be paid for covered services as contracted directly by LIBERTY. Charges for optional and non-covered services are not included in the calculation for the combined out-of-pocket maximum and would remain your financial responsibility. In a plan with two or more members, the first family Member to meet the individual Out-of-Pocket Maximum cannot be charged for covered services for the remainder of the calendar year. The family Out-of-Pocket Maximum is met by combining eligible expenses of two or more covered family Members.

✓ Member Co-payments are payable to the dental office at the time services are rendered.

✓ This Benefit Schedule does not guarantee benefits. All services are subject to eligibility, exclusions and limitations and must be determined to be medically necessary at the time you receive the service. Additional requests, beyond the stated frequency limitations shall be considered for prior authorization when documented medical necessity is provided as required by the Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) benefit.

✓ Dental procedures not listed on this Benefit Schedule may be available at the dental office's usual and customary fees.

CDT Code	Description	Member Copay	Limitation
	Diagnostic Services		
D0120	Periodic oral evaluation	no charge	1 (D0120) every 6 months per provider
D0140	Limited oral evaluation	no charge	1 (D0140) per patient per provider
D0145	Oral evaluation under age 3	no charge	
D0150	Comprehensive oral evaluation	no charge	1 (D0150) per patient per provider for initial evaluation
D0160	Oral evaluation, problem focused	no charge	1 (D0160) per patient per provider
D0170	Re-evaluation, limited, problem focused	no charge	up to 6 of (D0170, D0171)in a 3 month period, no more than 12 in a 12 months
D0171	Re-evaluation, post operative office visit	no charge	
D0180	Comprehensive periodontal evaluation	no charge	only be billed as D0150
D0210	Intraoral, complete series of radiographic images	no charge	1 (D0210) every 36 months per provider
D0220	Intraoral, periapical, first radiographic image	no charge	20 of (D0220, D0230)PA's in a 12 month period by the same provider
D0230	Intraoral, periapical, each add 'l radiographic image	no charge	
D0240	Intraoral, occlusal radiographic image	no charge	2 (D0240) every 6 months per provider
D0250	Extra-oral 2D projection radiographic image, stationary radiation source	no charge	1 (D0250) per date of service
D0251	Extra-oral posterior dental radiographic image	no charge	1 (D0251) per date of service
D0270	Bitewing, single radiographic image	no charge	1 (D0270) per date of service
D0272	Bitewings, two radiographic images	no charge	1 (D0272) every 6 months per provider
D0273	Bitewings, three radiographic images	no charge	downcode to D0270 and D0272
D0274	Bitewings, four radiographic images	no charge	1 (D0274) every 6 months per provider, age 10 and over
D0277	Vertical bitewings, 7 to 8 radiographic images	no charge	downcode to D0274
D0310	Sialography	no charge	
D0320	TMJ arthrogram, including injection	no charge	3 (D0320) per date of service
D0322	Tomographic survey	no charge	2 (D0322) every 12 months per provider
D0330	Panoramic radiographic image	no charge	1 (D0330) every 36 months per provider
D0340	2D cephalometric radiographic image, measurement and analysis	no charge	2 (D0340) every 12 months per provider
D0350	2D oral/facial photographic image, intra-orally/extra-orally	no charge	4 (D0350) per date of service
D0351	3D photographic image	no charge	
D0460	Pulp vitality tests	no charge	
D0470	Diagnostic casts	no charge	1 (D0470) per provider, only a benefit with covered Orthodontic services, for permanent dentition
D0502	Other oral pathology procedures, by report	no charge	
D0601	Caries risk assessment and documentation, low risk	no charge	
D0602	Caries risk assessment and documentation, moderate risk	no charge	
D0603	Caries risk assessment and documentation, high risk	no charge	
D0999	Unspecified diagnostic procedure, by report	no charge	
	Preventive Services		
D1110	Prophylaxis, adult	no charge	1 of (D1110, D1120, D4346) every 6 months. Additional requests, beyond the stated frequency limitations, for prophylaxis procedures (D1110 and D1120) shall be considered for prior authorization when documented medical necessity is provided as required by the Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) benefit.
D1120	Prophylaxis, child	no charge	
D1206	Topical application of fluoride varnish	no charge	1 of (D1206, D1208) every 6 months. Additional requests, beyond the stated frequency limitations, for fluoride procedures (D1206 and D1208) shall be considered for prior authorization when documented medical necessity is provided as required by the Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) benefit.
D1208	Topical application of fluoride, excluding varnish	no charge	
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	1 of (D1351,D1352) every 36 months 1st, 2nd, 3rd molars
D1352	Preventive resin restoration, permanent tooth	no charge	

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CDT Code	Description	Member Copay	Limitation
	Preventive Services (continued)		
D1353	Sealant repair, per tooth	no charge	1 (D1353) every 36 months 1st, 2nd, 3rd molars
D1354	Interim caries arresting medicament application, per tooth	no charge	1 (D1354) per tooth every 6 months, subject to medical necessity review for the first treatment only
D1510	Space maintainer, fixed, unilateral, per quadrant	no charge	1 of (D1510, D1520) per quadrant per patient, under age 18
D1516	Space maintainer, fixed, bilateral, maxillary	no charge	1 of (D1516, D1526) under age 18
D1517	Space maintainer, fixed, bilateral, mandibular	no charge	1 of (D1517, D1527) under age 18
D1520	Space maintainer, removable, unilateral, per quadrant	no charge	1 of (D1510, D1520) per quadrant per patient under age 18
D1526	Space maintainer, removable, bilateral, maxillary	no charge	1 of (D1516, D1526) under age 18
D1527	Space maintainer, removable, bilateral, mandibular	no charge	1 of (D1517, D1527) under age 18
D1551	Re-cement or re-bond bilateral space maintainer, maxillary	no charge	1 of (D1551-D1553) per arch every 12 months under age 18
D1552	Re-cement or re-bond bilateral space maintainer, mandibular	no charge	
D1553	Re-cement or re-bond unilateral space maintainer, mandibular	no charge	
D1556	Removal of fixed unilateral space maintainer, per quadrant	no charge	
D1557	Removal of fixed unilateral space maintainer, maxillary	no charge	
D1558	Removal of fixed unilateral space maintainer, mandibular	no charge	
D1575	Distal shoe space maintainer, fixed, unilateral, per quadrant	no charge	
	Restorative Services		
D2140	Amalgam, one surface, primary or permanent	$25	primary teeth - 1 of (D2140-D2335, D2391-D2394) per surface per tooth every 12 months permanent teeth - 1 of (D2140-D2335, D2391-D2394) per surface per tooth every 36 months
D2150	Amalgam, two surfaces, primary or permanent	$30	
D2160	Amalgam, three surfaces, primary or permanent	$40	
D2161	Amalgam, four or more surfaces, primary or permanent	$45	
D2330	Resin-based composite, one surface, anterior	$30	
D2331	Resin-based composite, two surfaces, anterior	$45	
D2332	Resin-based composite, three surfaces, anterior	$55	
D2335	Resin-based composite, four or more surfaces, involving incisal angle	$60	
D2390	Resin-based composite crown, anterior	$50	primary teeth - 1 (D2390) per tooth every 12 months permanent teeth - 1 (D2390) per tooth every 36 months
D2391	Resin-based composite, one surface, posterior	$30	primary teeth - 1 of (D2140-D2335, D2391-D2394) per surface per tooth every 12 months permanent teeth - 1 of (D2140-D2335, D2391-D2394) per surface per tooth every 36 months
D2392	Resin-based composite, two surfaces, posterior	$40	
D2393	Resin-based composite, three surfaces, posterior	$50	
D2394	Resin-based composite, four or more surfaces, posterior	$70	
D2710	Crown, resin-based composite (indirect)	$140	1 of (D2710-D2791, D6211-D6791) per tooth every 5 year period age 13 and over
D2712	Crown, ¾ resin-based composite (indirect)	$190	
D2721	Crown, resin with predominantly base metal	$300	
D2740	Crown, porcelain/ceramic	$300	
D2751	Crown, porcelain fused to predominantly base metal	$300	
D2781	Crown, ¾ cast predominantly base metal	$300	
D2783	Crown, ¾ porcelain/ceramic	$310	
D2791	Crown, full cast predominantly base metal	$300	
D2910	Re-cement or re-bond inlay, onlay, veneer, or partial coverage	$25	1 (D2910) per tooth every 12 months, per provider
D2915	Re-cement or re-bond indirectly fabricated/prefabricated post & core	$25	
D2920	Re-cement or re-bond crown	$25	after 12 months of initial placement with same provider
D2921	Reattachment of tooth fragment, incisal edge or cusp	$45	
D2929	Prefabricated porcelain/ceramic crown, primary tooth	$95	1 of (D2929, D2930) per tooth every 12 months
D2930	Prefabricated stainless steel crown, primary tooth	$65	
D2931	Prefabricated stainless steel crown, permanent tooth	$75	1 (D2931) per tooth every 36 months
D2932	Prefabricated resin crown	$75	primary - 1 of (D2932, D2933) per tooth every 12 months permanent - 1 of (D2932, D2933) per tooth every 36 months
D2933	Prefabricated stainless steel crown with resin window	$80	
D2940	Protective restoration	$25	1 (D2940) per tooth every 6 months, per provider
D2941	Interim therapeutic restoration, primary dentition	$30	
D2949	Restorative foundation for an indirect restoration	$45	
D2950	Core buildup, including any pins when required	$20	
D2951	Pin retention, per tooth, in addition to restoration	$25	1 (D2951) per tooth
D2952	Post and core in addition to crown, indirectly fabricated	$100	1 (D2952) per tooth
D2953	Each additional indirectly fabricated post, same tooth	$30	
D2954	Prefabricated post and core in addition to crown	$90	1 (D2954) per tooth
D2955	Post removal	$60	
D2957	Each additional prefabricated post, same tooth	$35	
D2971	Additional procedure to construct new crown, existing partial denture frame	$35	
D2980	Crown repair necessitated by restorative material failure	$50	after 12 months of initial crown placement with same provider
D2999	Unspecified restorative procedure, by report	$40	
	Endodontic Services		
D3110	Pulp cap, direct (excluding final restoration)	$20	
D3120	Pulp cap, indirect (excluding final restoration)	$25	
D3220	Therapeutic pulpotomy (excluding final restoration)	$40	1 (D3220) per primary tooth
D3221	Pulpal debridement, primary and permanent teeth	$40	1 (D3221) per tooth
D3222	Partial pulpotomy, apexogenesis, permanent tooth, incomplete root	$60	1 (D3222) per tooth
D3230	Pulpal therapy, anterior, primary tooth (excluding final restoration)	$55	1 of (D3230, D3240) per tooth

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CDT Code	Description	Member Copay	Limitation
	Endodontic Services (continued)		
D3240	Pulpal therapy, posterior, primary tooth (excluding finale restoration)	$55	1 of (D3230, D3240) per tooth
D3310	Endodontic therapy, anterior tooth (excluding final restoration)	$195	1 of (D3310, D3320, D3330) per tooth
D3320	Endodontic therapy, premolar tooth (excluding final restoration)	$235	
D3330	Endodontic therapy, molar tooth (excluding final restoration)	$300	
D3331	Treatment of root canal obstruction; non-surgical access	$50	
D3333	Internal root repair of perforation defects	$80	
D3346	Retreatment of previous root canal therapy, anterior	$240	1 of (D3346-D3348) after 12 months of initial treatment
D3347	Retreatment of previous root canal therapy, premolar	$295	
D3348	Retreatment of previous root canal therapy, molar	$365	
D3351	Apexification/recalcification, initial visit	$85	1 (D3351) per tooth
D3352	Apexification/recalcification, interim medication replacement	$45	1 (D3352) per tooth
D3410	Apicoectomy, anterior	$240	
D3421	Apicoectomy, premolar (first root)	$250	
D3425	Apicoectomy, molar (first root)	$275	
D3426	Apicoectomy, (each additional root)	$110	
D3427	Periradicular surgery without apicoectomy	$160	
D3430	Retrograde filling, per root	$90	
D3910	Surgical procedure for isolation of tooth with rubber dam	$30	
D3999	Unspecified endodontic procedure, by report	$100	
	Periodontal Services		
D4210	Gingivectomy or gingivoplasty, four or more teeth per quadrant	$150	1 of (D4210, D4211, D4260, D4261) per site/quad every 36 months, age 13 and over
D4211	Gingivectomy or gingivoplasty, one to three teeth per quadrant	$50	
D4249	Clinical crown lengthening, hard tissue	$165	
D4260	Osseous surgery, four or more teeth per quadrant	$265	1 of (D4210, D4211, D4260, D4261) per site/quad every 36 months, age 13 and over
D4261	Osseous surgery, one to three teeth per quadrant	$140	
D4265	Biologic materials to aid in soft and osseous tissue regeneration	$80	
GUIDELINE: No more than two (2) quadrants of periodontal scaling and root planing per appointment/ per day are allowable.			
D4341	Periodontal scaling and root planing, four or more teeth per quadrant	$55	1 of (D4341, D4342) per site quad, every 24 months, age 13 and over
D4342	Periodontal scaling and root planing, one to three teeth per quadrant	$30	
D4346	Scaling in presence of moderate or severe inflammation, full mouth after evaluation	$220	1 of (D1110, D1120, D4346) every 6 months
D4355	Full mouth debridement	$40	
D4381	Localized delivery of antimicrobial agent/per tooth	$10	
D4910	Periodontal maintenance	$30	1 (D4910) every 3 months
D4920	Unscheduled dressing change (other than treating dentist or staff)	$15	1 (D4920) per patient per provider, age 13 and over
D4999	Unspecified periodontal procedure, by report	$350	
	Removable Prosthodontic Services		
D5110	Complete denture, maxillary	$300	1 of (D5110-D5120, D5211-D5214, D5863-D5866) per arch every 5 year period. A benefit once in a five year period from a previous complete, immediate or overdenture - complete denture.
D5120	Complete denture, mandibular	$300	
D5130	Immediate denture, maxillary	$300	1 (D5130) per patient. Not a benefit as a temporary denture. Subsequent complete dentures are not a benefit within a five-year period of an immediate denture.
D5140	Immediate denture, mandibular	$300	1 (D5140) per patient. Not a benefit as a temporary denture. Subsequent complete dentures are not a benefit within a five-year period of an immediate denture.
D5211	Maxillary partial denture, resin base	$300	1 of (D5110-D5120, D5211-D5214, D5863-D5866) per arch every 5 year period. A benefit once in a five year period from a previous complete, immediate or overdenture - complete denture.
D5212	Mandibular partial denture, resin base	$300	
D5213	Maxillary partial denture, cast metal, resin base	$335	
D5214	Mandibular partial denture, cast metal, resin base	$335	
D5221	Immediate maxillary partial denture, resin base	$275	1 of (D5221-D5224) per arch per patient. Not a benefit as a temporary denture. Subsequent complete dentures are not a benefit within a five-year period of an immediate denture.
D5222	Immediate mandibular partial denture, resin base	$275	
D5223	Immediate maxillary partial denture, cast metal framework, resin denture base	$330	
D5224	Immediate mandibular partial denture, cast metal framework, resin denture base	$330	
D5410	Adjust complete denture, maxillary	$20	2 of (D5410-D5422) per arch every 12 months, 1 per arch per date of service per provider
D5411	Adjust complete denture, mandibular	$20	
D5421	Adjust partial denture, maxillary	$20	
D5422	Adjust partial denture, mandibular	$20	
D5511	Repair broken complete denture base, mandibular	$40	1 (D5511) per date of service per provider, 2 every 12 months per provider
D5512	Repair broken complete denture base, maxillary	$40	1 (D5512) per date of service per provider, 2 every 12 months per provider
D5520	Replace missing or broken teeth, complete denture	$40	up to 4 (D5520) per arch per date of service per provider, 2 per arch every 12 months per provider
D5611	Repair resin denture base, mandibular	$40	1 (D5611) per date of service per provider, 2 every 12 months per provider
D5612	Repair resin denture base, maxillary	$40	1 (D5612) per date of service per provider, 2 every 12 months per provider

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CDT Code	Description	Member Copay	Limitation
	Removable Prosthodontic Services (continued)		
D5621	Repair cast framework, mandibular	$40	1 (D5621) per date of service per provider, 2 every 12 months per provider
D5622	Repair cast framework, maxillary	$40	1 (D5622) per date of service per provider, 2 every 12 months per provider
D5630	Repair or replace broken clasp, per tooth	$50	3 (D5630) per arch per date of service per provider, 2 per arch every 12 months per provider
D5640	Replace broken teeth, per tooth	$35	4 (D5640) per arch per date of service per provider, 2 per arch every 12 months per provider
D5650	Add tooth to existing partial denture	$35	3 (D5650) per arch per provider per date of service, 1 per tooth
D5660	Add clasp to existing partial denture, per tooth	$60	3 (D5660) per date of service per provider, 2 per arch every 12 months per provider
D5730	Reline complete maxillary denture, chairside	$60	1 of (D5730-D5761) every 12 months. Covered 6 months after initial placement of appliance if extractions were required, 12 months after initial placement of appliance if extractions were not required.
D5731	Reline complete mandibular denture, chairside	$60	
D5740	Reline maxillary partial denture, chairside	$60	
D5741	Reline mandibular partial denture, chairside	$60	
D5750	Reline complete maxillary denture, laboratory	$90	
D5751	Reline complete mandibular denture, laboratory	$90	
D5760	Reline maxillary partial denture, laboratory	$80	
D5761	Reline mandibular partial denture, laboratory	$80	
D5850	Tissue conditioning, maxillary	$30	2 (D5850) every 36 months
D5851	Tissue conditioning, mandibular	$30	2 (D5851) every 36 months
D5862	Precision attachment, by report	$90	
D5863	Overdenture, complete, maxillary	$300	1 of (D5110-D5120, D5211-D5214, D5863-D5866) per arch every 5 year period. A benefit once in a five year period from a previous complete, immediate or overdenture - complete denture.
D5864	Overdenture, partial, maxillary	$300	
D5865	Overdenture, complete, mandibular	$300	
D5866	Overdenture, partial, mandibular	$300	
D5899	Unspecified removable prosthodontic procedure, by report	$350	
	Maxillofacial Prosthetic Services		
D5911	Facial moulage (sectional)	$285	
D5912	Facial moulage (complete)	$350	
D5913	Nasal prosthesis	$350	
D5914	Auricular prosthesis	$350	
D5915	Orbital prosthesis	$350	
D5916	Ocular prosthesis	$350	
D5919	Facial prosthesis	$350	
D5922	Nasal septal prosthesis	$350	
D5923	Ocular prosthesis, interim	$350	
D5924	Cranial prosthesis	$350	
D5925	Facial augmentation implant prosthesis	$200	
D5926	Nasal prosthesis, replacement	$200	
D5927	Auricular prosthesis, replacement	$200	
D5928	Orbital prosthesis, replacement	$200	
D5929	Facial prosthesis, replacement	$200	
D5931	Obturator prosthesis, surgical	$350	
D5932	Obturator prosthesis, definitive	$350	
D5933	Obturator prosthesis, modification	$150	2 (D5933) every 12 months
D5934	Mandibular resection prosthesis with guide flange	$350	
D5935	Mandibular resection prosthesis without guide flange	$350	
D5936	Obturator prosthesis, interim	$350	
D5937	Trismus appliance (not for TMD treatment)	$85	
D5951	Feeding aid	$135	under age 18
D5952	Speech aid prosthesis, pediatric	$350	under age 18
D5953	Speech aid prosthesis, adult	$350	age 18 and over
D5954	Palatal augmentation prosthesis	$135	
D5955	Palatal lift prosthesis, definitive	$350	
D5958	Palatal lift prosthesis, interim	$350	
D5959	Palatal lift prosthesis, modification	$145	2 (D5959) every 12 months
D5960	Speech aid prosthesis, modification	$145	2 (D5960) every 12 months
D5982	Surgical stent	$70	
D5983	Radiation carrier	$55	
D5984	Radiation shield	$85	
D5985	Radiation cone locator	$135	
D5986	Fluoride gel carrier	$35	
D5987	Commissure splint	$85	
D5988	Surgical splint	$95	
D5991	Vesiculobullous disease medicament carrier	$70	
D5999	Unspecified maxillofacial prosthesis, by report	$350	

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	Implant Services		
D6010	Surgical placement of implant body, endosteal	$350	Only a Plan Benefit when exceptional medical conditions are met
D6011	Second stage implant surgery	$350	
D6013	Surgical placement of mini implant	$350	
D6040	Surgical placement: eposteal implant	$350	
D6050	Surgical placement: transosteal implant	$350	
D6052	Semi-precision attachment abutment	$350	
D6055	Connecting bar, implant supported or abutment supported	$350	
D6056	Prefabricated abutment, includes modification and placement	$135	
D6057	Custom fabricated abutment, includes placement	$180	
D6058	Abutment supported porcelain/ceramic crown	$320	
D6059	Abutment supported porcelain fused to high noble crown	$315	
D6060	Abutment supported porcelain fused to base metal crown	$295	
D6061	Abutment supported porcelain fused to noble metal crown	$300	
D6062	Abutment supported cast metal crown, high noble	$315	
D6063	Abutment supported cast metal crown, base metal	$300	
D6064	Abutment supported cast metal crown, noble metal	$315	
D6065	Implant supported porcelain/ceramic crown	$340	
D6066	Implant supported crown, porcelain fused to high noble alloys	$335	
D6067	Implant supported crown, high noble alloys	$340	
D6068	Abutment supported retainer, porcelain/ceramic FPD	$320	
D6069	Abutment supported retainer, metal FPD, high noble	$315	
D6070	Abutment supported retainer, porcelain fused to metal FPD, base metal	$290	
D6071	Abutment supported retainer, porcelain fused to metal FPD, noble	$300	
D6072	Abutment supported retainer, cast metal FPD, high noble	$315	
D6073	Abutment supported retainer, cast metal FPD, base metal	$290	
D6074	Abutment supported retainer, cast metal FPD, noble	$320	
D6075	Implant supported retainer for ceramic FPD	$335	
D6076	Implant supported retainer for porcelain fused metal FPD	$330	
D6077	Implant supported retainer for cast metal FPD	$350	
D6080	Implant maintenance procedures, prosthesis removed/reinserted, including cleansing	$30	
D6081	Scaling and debridement in the presence of inflammation or mucositis of a single implant	$30	
D6085	Provisional implant crown	$300	
D6090	Repair implant supported prosthesis, by report	$65	
D6091	Replacement of semi-precision, precision attachment, implant/abutment supported prosthesis, per attachment	$40	
D6092	Re-cement or re-bond implant/abutment supported crown	$25	
D6093	Re-cement or re-bond implant/abutment supported FPD	$35	
D6094	Abutment supported crown, titanium, and titanium alloys	$295	
D6095	Repair implant abutment, by report	$65	
D6096	Remove broken implant retaining screw	$60	
D6100	Implant removal, by report	$110	
D6110	Implant/abutment supported removable denture, maxillary	$350	
D6111	Implant/abutment supported removable denture, mandibular	$350	
D6112	Implant/abutment supported removable denture, partial, maxillary	$350	
D6113	Implant/abutment supported removable denture, partial, mandibular	$350	
D6114	Implant/abutment supported fixed denture, maxillary	$350	
D6115	Implant/abutment supported fixed denture, mandibular	$350	
D6116	Implant/abutment supported fixed denture for partial, maxillary	$350	
D6117	Implant/abutment supported fixed denture for partial, mandibular	$350	
D6190	Radiographic/surgical implant index, by report	$75	
D6194	Abutment supported retainer crown for FPD titanium, titanium and titanium alloys	$265	
D6199	Unspecified implant procedure, by report	$350	
	Fixed Prosthodontic Services		
D6211	Pontic, cast predominantly base metal	$300	1 of (D2710-D2791, D6211-D6791) per tooth per 5 year period age 13 and over
D6241	Pontic, porcelain fused to predominantly base metal	$300	
D6245	Pontic, porcelain/ceramic	$300	
D6251	Pontic, resin with predominantly base metal	$300	
D6721	Retainer crown, resin with predominantly base metal	$300	
D6740	Retainer crown, porcelain/ceramic	$300	
D6751	Retainer crown, porcelain fused to predominantly base metal	$300	
D6781	Retainer crown, ¾ cast predominantly base metal	$300	
D6783	Retainer crown, ¾ porcelain/ceramic	$300	
D6791	Retainer crown, full cast predominantly base metal	$300	
D6930	Re-cement or re-bond fixed partial denture	$40	
D6980	Fixed partial denture repair, restorative material failure	$95	
D6999	Unspecified fixed prosthodontic procedure, by report	$350	

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CDT Code	Description	Member Copay	Limitation
	Oral & Maxillofacial Services		
GUIDELINE:			
The surgical removal of impacted teeth is a covered benefit only when evidence of pathology exists			
D7111	Extraction, coronal remnants, primary tooth	$40	
D7140	Extraction, erupted tooth or exposed root	$65	
D7210	Extraction, erupted tooth requiring removal of bone and/or sectioning of tooth	$120	
D7220	Removal of impacted tooth, soft tissue	$95	
D7230	Removal of impacted tooth, partially bony	$145	
D7240	Removal of impacted tooth, completely bony	$160	
D7241	Removal impacted tooth, complete bony, complication	$175	
D7250	Removal of residual tooth roots (cutting procedure)	$80	
D7260	Oroantral fistula closure	$280	
D7261	Primary closure of a sinus perforation	$285	
D7270	Tooth reimplantation and/or stabilization, accident	$185	1 (D7270) per arch
D7280	Exposure of an unerupted tooth	$220	
D7283	Placement, device to facilitate eruption, impaction	$85	
D7285	Incisional biopsy of oral tissue, hard (bone, tooth)	$180	1 (D7285) per arch per date of service
D7286	Incisional biopsy of oral tissue, soft	$110	up to 3 (D7286) per date of service
D7290	Surgical repositioning of teeth	$185	1 (D7290) per arch, for active orthodontic treatment only
D7291	Transseptal fiberotomy/supra crestal fiberotomy, by report	$80	1 (D7291) per arch, for active orthodontic treatment only
D7310	Alveoloplasty with extractions, four or more teeth per quadrant	$85	
D7311	Alveoloplasty with extractions, one to three teeth per quadrant	$50	
D7320	Alveoloplasty, w/o extractions, four or more teeth per quadrant	$120	
D7321	Alveoloplasty, w/o extractions, one to three teeth per quadrant	$65	
D7340	Vestibuloplasty, ridge extension (2nd epithelialization)	$350	1 (D7340) per arch every 5 year period
D7350	Vestibuloplasty, ridge extension	$350	1 (D7350) per arch
D7410	Excision of benign lesion, up to 1.25 cm	$75	
D7411	Excision of benign lesion, greater than 1.25 cm	$115	
D7412	Excision of benign lesion, complicated	$175	
D7413	Excision of malignant lesion, up to 1.25 cm	$95	
D7414	Excision of malignant lesion, greater than 1.25 cm	$120	
D7415	Excision of malignant lesion, complicated	$255	
D7440	Excision of malignant tumor, up to 1.25 cm	$105	
D7441	Excision of malignant tumor, greater than 1.25 cm	$185	
D7450	Removal, benign odontogenic cyst/tumor, up to 1.25 cm	$180	
D7451	Removal, benign odontogenic cyst/tumor, greater than 1.25 cm	$330	
D7460	Removal, benign nonodontogenic cyst/tumor, up to 1.25 cm	$155	
D7461	Removal, benign nonodontogenic cyst/tumor, greater than 1.25 cm	$250	
D7465	Destruction of lesion(s) by physical or chemical method, by report	$40	
D7471	Removal of lateral exostosis, maxilla or mandible	$140	1 (D7471) per quadrant
D7472	Removal of torus palatinus	$145	1 (D7472) per lifetime
D7473	Removal of torus mandibularis	$140	1 (D7473) per quadrant
D7485	Reduction of osseous tuberosity	$105	1 (D7485) per quadrant
D7490	Radical resection of maxilla or mandible	$350	
D7510	Incision & drainage of abscess, intraoral soft tissue	$70	1 (D7510) per quadrant, same date of service
D7511	Incision & drainage of abscess, intraoral soft tissue, complicated	$70	1 (D7511) per quadrant, same date of service
D7520	Incision & drainage of abscess, extraoral soft tissue	$70	
D7521	Incision & drainage of abscess, extraoral soft tissue, complicated	$80	
D7530	Remove foreign body, mucosa, skin, tissue	$45	1 (D7530) per date of service
D7540	Removal of reaction producing foreign bodies, musculoskeletal system	$75	1 (D7540) per date of service
D7550	Partial ostectomy/sequestrectomy for removal of non-vital bone	$125	1 (D7550) per quadrant per date of service
D7560	Maxillary sinusotomy for removal of tooth fragment or foreign body	$235	
D7610	Maxilla, open reduction (teeth immobilized, if present)	$140	
D7620	Maxilla, closed reduction (teeth immobilized, if present)	$250	
D7630	Mandible, open reduction (teeth immobilized, if present)	$350	
D7640	Mandible, closed reduction (teeth immobilized, if present)	$350	
D7650	Malar and/or zygomatic arch, open reduction	$350	
D7660	Malar and/or zygomatic arch, closed reduction	$350	
D7670	Alveolus, closed reduction, may include stabilization of teeth	$170	
D7671	Alveolus, open reduction, may include stabilization of teeth	$230	
D7680	Facial bones, complicated reduction with fixation, multiple surgical approaches	$350	
D7710	Maxilla, open reduction	$110	
D7720	Maxilla, closed reduction	$180	
D7730	Mandible, open reduction	$350	
D7740	Mandible, closed reduction	$290	
D7750	Malar and/or zygomatic arch, open reduction	$220	
D7760	Malar and/or zygomatic arch, closed reduction	$350	
D7770	Alveolus, open reduction stabilization of teeth	$135	
D7771	Alveolus, closed reduction stabilization of teeth	$160	

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CDT Code	Description	Member Copay	Limitation
	Oral & Maxillofacial Services (continued)		
D7780	Facial bones, complicated reduction with fixation and multiple approaches	$350	
D7810	Open reduction of dislocation	$350	
D7820	Closed reduction of dislocation	$80	
D7830	Manipulation under anesthesia	$85	
D7840	Condylectomy	$350	
D7850	Surgical discectomy, with/without implant	$350	
D7852	Disc repair	$350	
D7854	Synovectomy	$350	
D7856	Myotomy	$350	
D7858	Joint reconstruction	$350	
D7860	Arthrotomy	$350	
D7865	Arthroplasty	$350	
D7870	Arthrocentesis	$90	
D7871	Non-arthroscopic lysis and lavage	$150	
D7872	Arthroscopy, diagnosis, with or without biopsy	$350	
D7873	Arthroscopy: lavage and lysis of adhesions	$350	
D7874	Arthroscopy: disc repositioning and stabilization	$350	
D7875	Arthroscopy: synovectomy	$350	
D7876	Arthroscopy: discectomy	$350	
D7877	Arthroscopy: debridement	$350	
D7880	Occlusal orthotic device, by report	$120	
D7881	Occlusal orthotic device adjustment	$30	
D7899	Unspecified TMD therapy, by report	$350	
D7910	Suture of recent small wounds up to 5 cm	$35	
D7911	Complicated suture, up to 5 cm	$55	
D7912	Complicated suture, greater than 5 cm	$130	
D7920	Skin graft (identify defect covered, location and type of graft)	$120	
D7940	Osteoplasty, for orthognathic deformities	$160	
D7941	Osteotomy, mandibular rami	$350	
D7943	Osteotomy, mandibular rami with bone graft; includes obtaining the graft	$350	
D7944	Osteotomy, segmented or subapical	$275	
D7945	Osteotomy, body of mandible	$350	
D7946	LeFort I (maxilla, total)	$350	
D7947	LeFort I (maxilla, segmented)	$350	
D7948	LeFort II or LeFort III, without bone graft	$350	
D7949	LeFort II or LeFort III, with bone graft	$350	
D7950	Osseous, osteoperiosteal, cartilage graft, mandible or maxilla, by report	$190	
D7951	Sinus augmentation with bone or bone substitutes via a lateral open approach	$290	
D7952	Sinus augmentation via a vertical approach	$175	
D7955	Repair of maxillofacial soft and/or hard tissue defect	$200	
D7960	Frenulectomy (frenectomy or frenotomy), separate procedure	$120	1 (D7960) per arch per date of service
D7963	Frenuloplasty	$120	1 (D7963) per arch per date of service
D7970	Excision of hyperplastic tissue, per arch	$175	1 (D7970) per arch per date of service
D7971	Excision of pericoronal gingiva	$80	
D7972	Surgical reduction of fibrous tuberosity	$100	1 (D7972) per arch per date of service
D7979	Non – surgical sialolithotomy	$155	
D7980	Surgical sialolithotomy	$155	
D7981	Excision of salivary gland, by report	$120	
D7982	Sialodochoplasty	$215	
D7983	Closure of salivary fistula	$140	
D7990	Emergency tracheotomy	$350	
D7991	Coronoidectomy	$345	
D7995	Synthetic graft, mandible or facial bones, by report	$150	
D7997	Appliance removal (not by dentist who placed appliance), includes removal of archbar	$60	1 (D7997) per arch per date of service
D7999	Unspecified oral surgery procedure, by report	$350	
	Orthodontic Services		
For Pediatric Dental, orthodontic treatment is a benefit of this Dental Plan ONLY when the patient's orthodontic needs meet medically necessary requirements as determined by a verified score of 26 or higher (or other qualify conditions) on Handicapping Labio-Lingual Deviation (HLD) Index analysis. All treatment must be prior authorized by the Plan prior to banding.			
D8080	Comprehensive orthodontic treatment of the adolescent dentition	$1,000 per course of treatment, regardless of plan year, as long as member remains enrolled in the plan	age 13 and over
D8210	Removable appliance therapy		1 (D8210) per patient, age 6 through 12
D8220	Fixed appliance therapy		1 (D8220) per patient, age 6 through 12
D8660	Pre-orthodontic treatment examination to monitor growth and development		1 (D8660) every 3 months for a maximum of 6
D8670	Periodic orthodontic treatment visit		1 (D8670) per calendar quarter
D8680	Orthodontic retention (removal of appliances, construction and placement of retainer(s))		1 (D8680) per arch for each authorized phase of orthodontic treatment
D8681	Removable orthodontic retainer adjustment		
D8696	Repair of orthodontic appliance, maxillary		1 of (D8696, D8697) per arch

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CDT Code	Description	Member Copay	Limitation
	Orthodontic Services		
D8697	Repair of orthodontic appliance, mandibular	$1,000 per course of treatment, regardless of plan year, as long as member remains enrolled in the plan	1 of (D8696, D8697) per arch
D8698	Re-cement or re-bond fixed retainer, maxillary		1 of (D8698, D8699) per arch per provider
D8699	Re-cement or re-bond fixed retainer, mandibular		
D8701	Repair of fixed retainer, includes reattachment, maxillary		
D8702	Repair of fixed retainer, includes reattachment, mandibular		1 of (D8703, D8704) per arch
D8703	Replacement of lost or broken retainer, maxillary		
D8704	Replacement of lost or broken retainer, mandibular		
D8999	Unspecified orthodontic procedure, by report		
	Adjunctive General Services		
D9110	Palliative (emergency) treatment, minor procedure	$30	1 (D9110) per date of service
D9120	Fixed partial denture sectioning	$95	
D9210	Local anesthesia not in conjunction, operative or surgical procedures	$10	1 (D9210) per date of service
D9211	Regional block anesthesia	$20	
D9212	Trigeminal division block anesthesia	$60	
D9215	Local anesthesia in conjunction with operative or surgical procedures	$15	
GUIDELINE: Deep Sedation and IV Conscious Sedation are covered benefits when it is documented local anesthesia is not possible, in such cases as a severe mental or physical handicap, extensive surgical procedures, an uncooperative child, an acute infection at the injection site, or a failure of a local anesthetic to control pain. Services covered when dispensed in a dental office by a practitioner acting within the scope of his/her licensure. Patient apprehension and/or nervousness are not of themselves sufficient justification.			
D9222	Deep sedation/general anesthesia, first 15 minutes	$45	
D9223	Deep sedation/general anesthesia, each subsequent 15 minute increment	$45	
D9230	Inhalation of nitrous oxide/analgesia, anxiolysis	$15	
D9239	Intravenous moderate (conscious) sedation/analgesia, first 15 minutes	$60	
D9243	Intravenous moderate (conscious) sedation/analgesia, each subsequent 15 minute increment	$60	
D9248	Non-intravenous (conscious) sedation, includes non-IV minimal and moderate sedation	$65	
D9310	Consultation, other than requesting dentist	$50	
D9311	Consultation with a medical health care professional	no charge	
D9410	House/extended care facility call	$50	
D9420	Hospital or ambulatory surgical center call	$135	
D9430	Office visit, observation, regular hours, no other services	$20	1 (D9430) per date of service per provider
D9440	Office visit, after regularly scheduled hours	$45	1 (D9440) per date of service per provider
D9610	Therapeutic parenteral drug, single administration	$30	4 (D9610) per date of service
D9612	Therapeutic parenteral drugs, two or more administrations, different meds.	$40	4 (D9612) per date of service
D9910	Application of desensitizing medicament	$20	1 (D9910) per tooth every 12 months, for permanent teeth only
D9930	Treatment of complications, post surgical, unusual, by report	$35	1 (D9930) per date of service per provider
D9950	Occlusion analysis, mounted case	$120	1 (D9950) every 12 months, age 13 and over
D9951	Occlusal adjustment, limited	$45	1 (D9951) per quad every 12 months per provider, age 13 and over
D9952	Occlusal adjustment, complete	$210	1 (D9952) every 12 months, age 13 and over
D9999	Unspecified adjunctive procedure, by report	no charge	

Pediatric Benefits – Children to the age of 19

Payment for services that are Optional or that are not covered under the Policy will not count toward the Out-of-Pocket Maximum, and payment for such services still applies after the annual Out-of-Pocket Maximum is met.

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General Exclusions:

1. Services which, in the opinion of the attending dentist, are not necessary to the member's dental health.
2. Procedures, appliances, or restoration to correct congenital or developmental malformations are not covered benefits unless specifically listed in the Benefits section above.
3. Cosmetic dental care.
4. Experimental procedures or investigational services, including any treatment, therapy, procedure or drug or drug usage, facility or facility usage, equipment or equipment usage, device or device usage, or supply which is not recognized as being in accordance with generally accepted professional standards or for which the safety and efficiency have not been determined for use in the treatment for which the item in service in question is recommended or prescribed.
5. Services that were provided without cost to the Member by State government or an agency thereof, or any municipality, county or other subdivisions.
6. Hospital charges of any kind are not covered by the Dental Plan. Refer to your Health Plan's Evidence of Coverage for benefit information.
7. Major surgery for fractures and dislocations.
8. Loss or theft of dentures or bridgework.
9. Dental expenses incurred in connection with any dental procedures started after termination of coverage or prior to the date the Member became eligible for such services.
10. Any service that is not specifically listed as a covered benefit.
11. Malignancies.
12. Dispensing of drugs not normally supplied in a dental office.
13. Additional treatment costs incurred because a dental procedure is unable to be preformed in the dentists office due to the general health and physical limitations of the patient.
14. Services of a pedodontist/pediatric dentist, except when the Member is unable to be treated by his or her panel provider, or treatment by a pedodontist/pediatric dentist is Medically Necessary, or his or her plan provider is a pedodontist/pediatric dentist.
15. Dental Services that are received in an Emergency Care setting for conditions that are not emergencies if the subscriber reasonable should have known that an Emergency Care situation did not exist.