

LIBERTY Dental Plan of California, Inc.

CA-50 Plan Benefit Schedule

Summary of Services

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

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

✓ This Schedule does not guarantee benefits. All services are subject to eligibility and dental necessity at the time of service.

✓ Dental procedures not listed are available at the dental office's usual and customary fee.



ADA Code	Procedure	Member Co-payment	
		General	Specialist
Diagnostic services			
D0120.....	Periodic oral evaluation.....	no charge	.....NPB
D0140.....	Limited oral evaluation.....	no charge	.... \$ 50.00
D0145.....	Oral Evaluation under age 3.....	no charge	.... \$ 50.00
D0150.....	Comprehensive oral evaluation.....	no charge	.... \$ 50.00
D0160.....	Oral evaluation, problem focused.....	no charge	.... \$ 50.00
D0170.....	Re-evaluation, limited, problem focused.....	no charge	.... \$ 50.00
D0180.....	Comprehensive periodontal evaluation.....	no charge	.... \$ 50.00
D0210.....	Intraoral, complete series of radiographic images.....	no charge	.... \$ 85.00
D0220.....	Intraoral, periapical, first radiographic image.....	no charge	.... \$ 21.00
D0230.....	Intraoral, periapical, each add 'l radiographic image.....	no charge	.... \$ 12.00
D0240.....	Intraoral, occlusal radiographic image.....	no charge	.... \$ 21.00
D0250.....	Extraoral, first radiographic image.....	no charge	.... \$ 31.00
D0260.....	Extraoral, each add 'l radiographic image.....	no charge	.... \$ 20.00
D0270.....	Bitewing, single radiographic image.....	no charge	.... \$ 20.00
D0272.....	Bitewings, 2 radiographic images.....	no charge	.... \$ 31.00
D0273.....	Bitewings, 3 radiographic images.....	no charge	.... \$ 35.00
D0274.....	Bitewings, 4 radiographic images.....	no charge	.... \$ 45.00
D0277.....	Vertical bitewings, 7 to 8 radiographic images.....	no charge	.... \$ 45.00
D0330.....	Panoramic radiographic image.....	no charge	.....NPB
D0340.....	Cephalometric image.....	see ortho	.... see ortho
D0415.....	Collection of microorganisms for culture.....	\$ 25.00	.....NPB
D0425.....	Caries susceptibility tests.....	\$ 15.00	.....NPB
D0460.....	Pulp vitality tests.....	no charge	.....NPB
D0470.....	Diagnostic casts.....	no charge	.....NPB
D0472.....	Accession of tissue, gross exam, prep & report.....	\$ 40.00	.....NPB
D0473.....	Accession of tissue, gross/micro. exam, prep, report.....	\$ 40.00	.....NPB
D0474.....	Accession of tissue, gross/micro. exam, report.....	\$ 40.00	.....NPB
Preventive services			
D1110.....	Prophylaxis, adult.....	\$ 9.00	.... \$ 55.00
	Prophylaxis, adult (3rd or more per 12 months).....	\$ 54.00	.... \$ 65.00
D1120.....	Prophylaxis, child.....	\$ 9.00	.... \$ 55.00
	Prophylaxis, child (3rd or more per 12 months).....	\$ 44.00	.... \$ 60.00
D1206.....	Topical application of fluoride varnish.....	\$ 9.00	.... \$ 38.00
D1208.....	Topical application of fluoride.....	\$ 9.00	.... \$ 25.00
	up to the 18th birthday (3rd or more per 12 months).....	\$ 18.00	.... \$ 25.00
D1310.....	Nutritional counseling for control of dental disease.....	no charge	.... no charge
D1320.....	Tobacco counseling, control/prevention oral disease.....	no charge	.... no charge
D1330.....	Oral hygiene instruction.....	no charge	.... no charge
D1351.....	Sealant, per tooth.....	\$ 10.00	.... \$ 37.00
D1352.....	Preventive resin restoration, permanent tooth.....	\$ 10.00	.... \$ 37.00
D1510.....	Space maintainer, fixed, unilateral.....	\$ 50.00	.... \$ 215.00
D1515.....	Space maintainer, fixed, bilateral.....	\$ 50.00	.... \$ 258.00
D1520.....	Space maintainer, removable, unilateral.....	\$ 50.00	.... \$ 210.00

ADA Code	Procedure	Member Co-Payment	
		General	Specialist
Preventive services (continued)			
D1525.....	Space maintainer, removable, bilateral.....	\$ 50.00	... \$ 210.00
D1550.....	Recementation of space maintainer.....	no charge	... \$ 22.00
D1555.....	Removal of fixed space maintainer.....	\$ 15.00	... \$ 60.00
Restorative services			
D2140.....	Amalgam, 1 surface, primary or permanent.....	\$ 11.00	... \$ 71.00
D2150.....	Amalgam, 2 surfaces, primary or permanent.....	\$ 13.00	... \$ 105.00
D2160.....	Amalgam, 3 surfaces, primary or permanent.....	\$ 15.00	... \$ 126.00
D2161.....	Amalgam, 4 or more surfaces, primary or permanent.....	\$ 17.00	... \$ 141.00
D2330.....	Resin-based composite, 1 surface, anterior.....	\$ 15.00	... \$ 84.00
D2331.....	Resin-based composite, 2 surfaces, anterior.....	\$ 18.00	... \$ 94.00
D2332.....	Resin-based composite, 3 surfaces, anterior.....	\$ 23.00	... \$ 105.00
D2335.....	Resin-based composite, 4+ surfaces/incisal angle.....	\$ 25.00	... \$ 115.00
D2390.....	Resin-based composite crown, anterior.....	\$ 30.00	... \$ 152.00
D2391.....	Resin-based composite, 1 surface, posterior.....	\$ 50.00	... \$ 71.00
D2392.....	Resin-based composite, 2 surfaces, posterior.....	\$ 70.00	... \$ 105.00
D2393.....	Resin-based composite, 3 surfaces, posterior.....	\$ 120.00	... \$ 126.00
D2394.....	Resin-based composite, 4+ surfaces, posterior.....	\$ 135.00	... \$ 135.00
*GUIDELINES for Inlays, Onlays, and Single Crowns:			
The total maximum amount chargeable to the member for elective upgraded procedures (explained below) is \$250.00 per tooth. Providers are required to explain covered benefits as well as any elective differences in materials and fees prior to providing an elective upgraded procedure.			
1. Brand name restorations: (e.g. Sunrise, Captek, Vitadure-N, Hi-Ceram, Optec, HSP, In-Ceram, Empress, Cerec, AllCeram, Procera, Lava, etc.) may be considered elective upgraded procedures if their related CDT procedure codes are not listed as covered benefits.			
2. Benefits for anterior and bicuspid teeth: Resin, porcelain and any resin to base metal or porcelain to base metal crowns are covered benefits for anterior and bicuspid teeth. Adding a porcelain margin may be considered an elective upgraded procedure.			
3. Benefits for molar teeth: Cast base metal restorations are covered benefits for molar teeth. Resin-based composite and porcelain to metal crowns may be considered elective upgraded procedures. Adding a porcelain margin may be considered an elective upgraded procedure.			
4. Base metal is the benefit: If elected, a)noble, b)high noble metal, or c) titanium may be considered an elective upgraded procedure.			
D2510.....	Inlay, metallic, 1 surface.....	\$ 170.00	... NPB
D2520.....	Inlay, metallic, 2 surfaces.....	\$ 170.00	... NPB
D2530.....	Inlay, metallic, 3 or more surfaces.....	\$ 170.00	... NPB
D2542.....	Onlay, metallic, 2 surfaces.....	\$ 175.00	... NPB
D2543.....	Onlay, metallic, 3 surfaces.....	\$ 195.00	... NPB
D2544.....	Onlay, metallic, 4 or more surfaces.....	\$ 195.00	... NPB
D2610.....	Inlay, porcelain/ceramic, 1 surface.....	\$ 170.00 *	... NPB
D2620.....	Inlay, porcelain/ceramic, 2 surfaces.....	\$ 170.00 *	... NPB
D2630.....	Inlay, porcelain/ceramic, 3 or more surfaces.....	\$ 170.00 *	... NPB
D2642.....	Onlay, porcelain/ceramic, 2 surfaces.....	\$ 195.00 *	... NPB
D2643.....	Onlay, porcelain/ceramic, 3 surfaces.....	\$ 195.00 *	... NPB
D2644.....	Onlay, porcelain/ceramic, 4 or more surfaces.....	\$ 195.00 *	... NPB
D2650.....	Inlay, resin-based composite, 1 surface.....	\$ 170.00	... NPB
D2651.....	Inlay, resin-based composite, 2 surfaces.....	\$ 170.00	... NPB
D2652.....	Inlay, resin-based composite, 3 or more surfaces.....	\$ 195.00	... NPB
D2662.....	Onlay, resin-based composite, 2 surfaces.....	\$ 195.00	... NPB
D2663.....	Onlay, resin-based composite, 3 surfaces.....	\$ 195.00	... NPB
D2664.....	Onlay, resin-based composite, 4 or more surfaces.....	\$ 195.00	... NPB
D2710.....	Crown, resin-based composite (indirect).....	\$ 195.00	... NPB
D2712.....	Crown, ¾ resin-based composite (indirect).....	\$ 195.00	... NPB
D2720.....	Crown, resin with high noble metal.....	\$ 195.00 *	... NPB
D2721.....	Crown, resin with predominantly base metal.....	\$ 195.00	... NPB
D2722.....	Crown, resin with noble metal.....	\$ 195.00 *	... NPB
D2740.....	Crown, porcelain/ceramic substrate.....	\$ 225.00 *	... NPB
D2750.....	Crown, porcelain fused to high noble metal.....	\$ 195.00 *	... NPB
D2751.....	Crown, porcelain fused to predominantly base metal.....	\$ 195.00	... NPB

ADA Code	Procedure	Member Co-Payment	
		General	Specialist
Restorative services (continued)			
D2752.....	Crown, porcelain fused to noble metal.....	\$ 195.00 *	NPB
D2780.....	Crown, ¾ cast high noble metal.....	\$ 195.00 *	NPB
D2781.....	Crown, ¾ cast predominantly base metal.....	\$ 195.00	NPB
D2782.....	Crown, ¾ cast noble metal.....	\$ 195.00 *	NPB
D2783.....	Crown, ¾ porcelain/ceramic.....	\$ 195.00 *	NPB
D2790.....	Crown, full cast high noble metal.....	\$ 195.00 *	NPB
D2791.....	Crown, full cast predominantly base metal.....	\$ 195.00	NPB
D2792.....	Crown, full cast noble metal.....	\$ 195.00 *	NPB
D2794.....	Crown, titanium.....	\$ 195.00 *	NPB
D2799.....	Provisional crown.....	\$ 140.00	NPB
D2910.....	Recement inlay, onlay, partial coverage restoration.....	no charge	NPB
D2915.....	Recement cast or prefabricated post & core.....	\$ 10.00	NPB
D2920.....	Recement crown.....	no charge	\$ 45.00
D2930.....	Prefabricated stainless steel crown, primary tooth.....	\$ 50.00	\$ 126.00
D2931.....	Prefabricated stainless steel crown, permanent tooth.....	\$ 50.00	\$ 178.00
D2932.....	Prefabricated resin crown.....	\$ 25.00	\$ 136.00
D2933.....	Prefabricated stainless steel crown, resin window.....	\$ 25.00	NPB
D2934.....	Prefabricated esthetic coated SS crown, primary.....	\$ 25.00	NPB
D2940.....	Protective restoration (temporary).....	no charge	\$ 99.00
D2950.....	Core build-up, including any pins.....	\$ 50.00	NPB
D2951.....	Pin retention, per tooth, in addition to restoration.....	\$ 15.00	NPB
D2952.....	Post & core in addition to crown, indirect fabric.....	\$ 50.00	NPB
D2953.....	Each additional indirect fabric. post, same tooth.....	\$ 40.00	NPB
D2954.....	Prefabricated post & core in addition to crown.....	\$ 45.00	NPB
D2955.....	Post removal.....	\$ 10.00	NPB
D2957.....	Each additional prefabricated post, same tooth.....	\$ 20.00	NPB
D2960.....	Labial veneer (resin laminate), chairside.....	\$ 200.00	NPB
D2961.....	Labial veneer (resin laminate), laboratory.....	\$ 325.00	NPB
D2962.....	Labial veneer (porcelain laminate), laboratory.....	\$ 500.00	NPB
D2970.....	Temporary crown (fractured tooth).....	\$ 80.00	NPB
D2971.....	Add 'I procedure/new crown, existing partial denture.....	\$ 45.00	NPB
D2980.....	Crown repair, restorative material failure.....	\$ 45.00	NPB
Endodontic services			
D3110.....	Pulp cap – direct (excluding final restoration).....	\$ 5.00	\$ 50.00
D3120.....	Pulp cap – indirect (excluding final restoration).....	\$ 5.00	\$ 45.00
D3220.....	Therapeutic pulpotomy (excluding final restoration).....	\$ 20.00	\$ 80.00
D3221.....	Pulpal debridement, primary & permanent teeth.....	\$ 10.00	NPB
D3230.....	Pulpal therapy (resorbable filling), anterior primary.....	\$ 40.00	\$ 95.00
D3240.....	Pulpal therapy (resorbable filling), posterior, primary.....	\$ 40.00	\$ 95.00
D3310.....	Anterior (excluding final restoration).....	\$ 110.00	\$ 385.00
D3320.....	Bicuspid (excluding final restoration).....	\$ 120.00	\$ 470.00
D3330.....	Molar (excluding final restoration).....	\$ 265.00	\$ 580.00
D3331.....	Treatment of root canal obstruction; non-surgical.....	\$ 225.00	NPB
D3332.....	Incomplete endodontic therapy, inoperable.....	\$ 130.00	NPB
D3333.....	Internal root repair of perforation defects.....	\$ 225.00	NPB
D3346.....	Retreatment of previous root canal – anterior.....	\$ 110.00	\$ 385.00
D3347.....	Retreatment of previous root canal – bicuspid.....	\$ 130.00	\$ 470.00
D3348.....	Retreatment of previous root canal – molar.....	\$ 275.00	\$ 580.00
D3351.....	Apexification/recalcification/pulp reg. – initial visit.....	\$ 65.00	\$ 125.00
D3352.....	Apexification/recalcification/pulp reg. – interim med.....	\$ 65.00	\$ 125.00
D3353.....	Apexification/recalcification – final visit.....	\$ 65.00	\$ 310.00
D3410.....	Apicoectomy/periradicular surgery – anterior.....	\$ 150.00	\$ 545.00
D3421.....	Apicoectomy/periradicular surgery – bicuspid.....	\$ 150.00	\$ 565.00
D3425.....	Apicoectomy/periradicular surgery – molar.....	\$ 150.00	\$ 485.00

ADA Code	Procedure	Member Co-Payment	
		General	Specialist
Endodontic services (continued)			
D3426.....	Apicoectomy/periradicular surgery – each add 'l root.....	\$ 100.00	... \$ 485.00
D3430.....	Retrograde filling – per root.....	\$ 30.00	... \$ 170.00
D3450.....	Root Amputation – per root.....	\$ 95.00	... \$ 350.00
D3910.....	Surgical procedure for isolation with rubber dam.....	\$ 20.00	... NPB
D3920.....	Hemisection (incl. root removal), not incl. root canal.....	\$ 90.00	... NPB
D3950.....	Canal prep. & fitting of preformed dowel/post.....	no charge	... \$ 124.00
Periodontal services			
D4210.....	Gingivectomy/gingivoplasty, 4+ teeth per quadrant.....	\$ 125.00	... \$ 685.00
D4211.....	Gingivectomy/gingivoplasty, 1-3 teeth per quadrant.....	\$ 16.00	... \$ 320.00
D4212.....	Gingivectomy/gingivoplasty, restorative procedure, per tooth.....	no charge	... no charge
D4240.....	Gingival flap procedure, 4+ teeth per quadrant.....	\$ 250.00	... \$ 475.00
D4241.....	Gingival flap procedure, 1-3 teeth per quadrant.....	\$ 250.00	... \$ 315.00
D4245.....	Apically positioned flap.....	\$ 260.00	... NPB
D4249.....	Clinical crown lengthening, hard tissue.....	\$ 352.00	... NPB
D4260.....	Osseous surgery, 4+ teeth per quadrant.....	\$ 250.00	... \$ 675.00
D4261.....	Osseous surgery, 1-3 teeth per quadrant.....	\$ 250.00	... \$ 675.00
D4263.....	Bone replacement graft, 1st site in quadrant.....	\$ 242.00	... NPB
D4264.....	Bone replacement graft, each add 'l site, quadrant.....	\$ 132.00	... NPB
D4270.....	Pedicle soft tissue graft procedure.....	\$ 425.00	... NPB
D4274.....	Distal/proximal wedge procedure.....	\$ 240.00	... NPB
D4277.....	Free soft tissue graft, first tooth.....	\$ 425.00	... NPB
D4278.....	Free soft tissue graft, each additional tooth.....	\$ 425.00	... NPB
D4320.....	Provisional splinting - intracoronal.....	\$ 148.00	... NPB
D4321.....	Provisional splinting - extracoronal.....	\$ 148.00	... NPB
GUIDELINE:			
No more than two (2) quadrants of periodontal scaling and root planing per appointment/ per day are allowable.			
D4341.....	Periodontal scaling & root planing, 4+ teeth/quad.....	\$ 50.00	... \$ 210.00
D4342.....	Periodontal scaling & root planing, 1-3 teeth/quad.....	\$ 50.00	... \$ 140.00
D4355.....	Full mouth debridement.....	\$ 40.00	... NPB
D4381.....	Localized delivery of antimicrobial agent/per tooth.....	\$ 40.00	... NPB
D4910.....	Periodontal maintenance.....	\$ 40.00	... \$ 85.00
D4920.....	Unscheduled dressing change/non-treating dentist.....	\$ 20.00	... \$ 35.00
Removable prosthodontic services			
D5110.....	Complete denture, maxillary.....	\$ 250.00	... NPB
D5120.....	Complete denture, mandibular.....	\$ 250.00	... NPB
D5130.....	Immediate denture, maxillary.....	\$ 250.00	... NPB
D5140.....	Immediate denture, mandibular.....	\$ 250.00	... NPB
D5211.....	Maxillary partial denture, resin base.....	\$ 375.00	... NPB
D5212.....	Mandibular partial denture, resin base.....	\$ 375.00	... NPB
D5213.....	Maxillary partial denture, cast metal/resin base.....	\$ 400.00	... NPB
D5214.....	Mandibular partial denture, cast metal/resin base.....	\$ 400.00	... NPB
D5225.....	Maxillary partial denture, flexible base.....	\$ 400.00	... NPB
D5226.....	Mandibular partial denture, flexible base.....	\$ 400.00	... NPB
D5281.....	Removable unilateral partial denture, 1 pc. cast.....	\$ 250.00	... NPB
D5410.....	Adjust complete denture, maxillary.....	\$ 10.00	... NPB
D5411.....	Adjust complete denture, mandibular.....	\$ 10.00	... NPB
D5421.....	Adjust partial denture, maxillary.....	\$ 10.00	... NPB
D5422.....	Adjust partial denture, mandibular.....	\$ 10.00	... NPB
D5510.....	Repair broken complete denture base.....	\$ 45.00	... NPB
D5520.....	Replace missing/broken teeth, complete denture.....	\$ 20.00	... NPB
D5610.....	Repair resin denture base.....	\$ 45.00	... NPB
D5620.....	Repair cast framework.....	\$ 45.00	... NPB
D5630.....	Repair or replace broken clasp.....	\$ 45.00	... NPB
D5640.....	Replace broken teeth, per tooth.....	\$ 45.00	... NPB

ADA Code	Procedure	Member Co-Payment	
		General	Specialist
Removable prosthodontic services (continued)			
D5650.....	Add tooth to existing partial denture.....	\$ 30.00	NPB
D5660.....	Add clasp to existing partial denture.....	\$ 45.00	NPB
D5670.....	Replace all teeth & acrylic/cast metal frame, maxillary.....	\$ 88.00	NPB
D5671.....	Replace all teeth & acrylic/cast metal frame, mandibular.....	\$ 88.00	NPB
D5710.....	Rebase complete maxillary denture.....	\$ 70.00	NPB
D5711.....	Rebase complete mandibular denture.....	\$ 70.00	NPB
D5720.....	Rebase maxillary partial denture.....	\$ 70.00	NPB
D5721.....	Rebase mandibular partial denture.....	\$ 70.00	NPB
D5730.....	Reline complete maxillary denture, chairside.....	\$ 60.00	NPB
D5731.....	Reline complete mandibular denture, chairside.....	\$ 60.00	NPB
D5740.....	Reline maxillary partial denture, chairside.....	\$ 60.00	NPB
D5741.....	Reline mandibular partial denture, chairside.....	\$ 60.00	NPB
D5750.....	Reline complete maxillary denture, laboratory.....	\$ 75.00	NPB
D5751.....	Reline complete mandibular denture, laboratory.....	\$ 75.00	NPB
D5760.....	Reline maxillary partial denture, laboratory.....	\$ 75.00	NPB
D5761.....	Reline mandibular partial denture, laboratory.....	\$ 75.00	NPB
D5810.....	Interim complete denture, maxillary.....	\$ 178.00	NPB
D5811.....	Interim complete denture, mandibular.....	\$ 178.00	NPB
D5820.....	Interim partial denture, maxillary.....	\$ 90.00	NPB
D5821.....	Interim partial denture, mandibular.....	\$ 90.00	NPB
D5850.....	Tissue conditioning, maxillary.....	\$ 30.00	NPB
D5851.....	Tissue conditioning, mandibular.....	\$ 30.00	NPB

Implant services

GUIDELINE:

Implants and all services associated with implants are listed at the actual member co-payment amount. No additional fee is allowable for porcelain, noble metal, high noble metal, or titanium for implants and procedures associated with implants.

D6010.....	Surgical placement of implant body, endosteal.....	\$ 2000.00	\$ 2300.00
D6056.....	Prefabricated abutment, includes modification and placement.....	\$ 210.00	\$ 241.00
D6058.....	Abutment supported porcelain/ceramic crown.....	\$ 1110.00	\$ 1276.00
D6059.....	Abutment supported porcelain/high noble crown.....	\$ 1096.00	\$ 1259.00
D6060.....	Abutment supported porcelain/base metal crown.....	\$ 1035.00	\$ 1190.00
D6061.....	Abutment supported porcelain/noble metal crown.....	\$ 1056.00	\$ 1214.00
D6062.....	Abutment supported cast metal crown, high noble.....	\$ 1003.00	\$ 1153.00
D6063.....	Abutment supported cast metal crown, base metal.....	\$ 861.00	\$ 990.00
D6064.....	Abutment supported cast metal crown, noble metal.....	\$ 912.00	\$ 1048.00
D6094.....	Abutment supported crown, titanium.....	\$ 670.00	\$ 770.00
D6065.....	Implant supported porcelain/ceramic crown.....	\$ 1040.00	\$ 1196.00
D6066.....	Implant supported porcelain/metal crown.....	\$ 1013.00	\$ 1165.00
D6067.....	Implant supported metal crown.....	\$ 984.00	\$ 1131.00
D6068.....	Abutment supported retainer, porcelain/ceramic FPD.....	\$ 1110.00	\$ 1276.00
D6069.....	Abutment supported retainer, metal FPD, high noble.....	\$ 1096.00	\$ 1260.00
D6070.....	Abutment supported retainer, porc./metal FPD, base metal.....	\$ 1035.00	\$ 1190.00
D6071.....	Abutment supported retainer, porc./metal FPD, noble.....	\$ 1056.00	\$ 1214.00
D6072.....	Abutment supported retainer, cast metal FPD, high noble.....	\$ 1028.00	\$ 1182.00
D6073.....	Abutment supported retainer, cast metal FPD, base metal.....	\$ 930.00	\$ 1069.00
D6074.....	Abutment supported retainer, cast metal FPD, noble.....	\$ 1005.00	\$ 1155.00
D6194.....	Abutment supported retainer crown, FPD, titanium.....	\$ 670.00	\$ 770.00
D6075.....	Implant supported retainer for ceramic FPD.....	\$ 1092.00	\$ 1255.00
D6076.....	Implant supported retainer for porc./metal FPD.....	\$ 1064.00	\$ 1223.00
D6077.....	Implant supported retainer for cast metal FPD.....	\$ 984.00	\$ 1131.00

ADA Code	Procedure	Member Co-Payment	
		General	Specialist
Implant services (continued)			
D6092.....	Recement implant/abutment supported crown.....	\$ 45.00	... \$ 52.00
D6093.....	Recement implant/abutment supported FPD.....	\$ 65.00	... \$ 75.00

Fixed prosthodontic services

***GUIDELINES for Pontics, Abutments, Crowns, Inlays, Onlays:**

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

- 1. Brand name restorations:** (e.g. Sunrise, Captek, Vitadure-N, Hi-Ceram, Optec, HSP, In-Ceram, Empress, Cerec, AllCeram, Procera, Lava, etc.) may be considered elective upgraded procedures if their related CDT procedure codes are not listed as covered benefits.
- 2. Benefits for anterior and bicuspid teeth:** Resin, porcelain and any resin to base metal or porcelain to base metal crowns are covered benefits for anterior and bicuspid teeth. Adding a porcelain margin may be considered an elective upgraded procedure.
- 3. Benefits for molar teeth:** Cast base metal restorations are covered benefits for molar teeth. Resin-based composite and porcelain to metal crowns may be considered elective upgraded procedures. Adding a porcelain margin may be considered an elective upgraded procedure.
- 4. Base metal is the benefit:** If elected, a)noble, b)high noble metal, or c) titanium may be considered an elective upgraded procedure.

D6205.....	Pontic, indirect resin based composite.....	\$ 195.00	... NPB
D6210.....	Pontic, cast high noble metal.....	\$ 195.00 *	... NPB
D6211.....	Pontic, cast predominantly base metal.....	\$ 195.00	... NPB
D6212.....	Pontic, cast noble metal.....	\$ 195.00 *	... NPB
D6214.....	Pontic, titanium.....	\$ 195.00 *	... NPB
D6240.....	Pontic, porcelain fused to high noble metal.....	\$ 195.00 *	... NPB
D6241.....	Pontic, porcelain fused to predominantly base metal.....	\$ 195.00	... NPB
D6242.....	Pontic, porcelain fused to noble metal.....	\$ 195.00 *	... NPB
D6245.....	Pontic, porcelain/ceramic.....	\$ 195.00 *	... NPB
D6250.....	Pontic, resin with high noble metal.....	\$ 195.00 *	... NPB
D6251.....	Pontic, resin with predominantly base metal.....	\$ 195.00	... NPB
D6252.....	Pontic, resin with noble metal.....	\$ 195.00 *	... NPB
D6253.....	Provisional pontic.....	\$ 150.00	... NPB
D6545.....	Retainer, cast metal for resin bonded fixed prosthesis.....	\$ 160.00	... NPB
D6548.....	Retainer, porcelain/ceramic, resin bonded fixed prosthesis.....	\$ 160.00 *	... NPB
D6600.....	Inlay, porcelain/ceramic, 2 surfaces.....	\$ 275.00 *	... NPB
D6601.....	Inlay, porcelain/ceramic, 3 or more surfaces.....	\$ 280.00 *	... NPB
D6602.....	Inlay, cast high noble metal, 2 surfaces.....	\$ 275.00 *	... NPB
D6603.....	Inlay, cast high noble metal, 3 or more surfaces.....	\$ 280.00 *	... NPB
D6604.....	Inlay, cast base metal, 2 surfaces.....	\$ 275.00	... NPB
D6605.....	Inlay, cast base metal, 3 or more surfaces.....	\$ 280.00	... NPB
D6606.....	Inlay, cast noble metal, 2 surfaces.....	\$ 275.00 *	... NPB
D6607.....	Inlay, cast noble metal, 3 or more surfaces.....	\$ 280.00 *	... NPB
D6624.....	Inlay, titanium.....	\$ 280.00 *	... NPB
D6608.....	Onlay, porcelain/ceramic, 2 surfaces.....	\$ 285.00 *	... NPB
D6609.....	Onlay, porcelain/ceramic, 3 or more surfaces.....	\$ 290.00 *	... NPB
D6610.....	Onlay, cast high noble metal, 2 surfaces.....	\$ 285.00 *	... NPB
D6611.....	Onlay, cast high noble metal, 3 or more surfaces.....	\$ 290.00 *	... NPB
D6612.....	Onlay, cast base metal, 2 surfaces.....	\$ 285.00	... NPB
D6613.....	Onlay, cast base metal, 3 or more surfaces.....	\$ 290.00	... NPB
D6614.....	Onlay, cast noble metal, 2 surfaces.....	\$ 285.00 *	... NPB
D6615.....	Onlay, cast noble metal 3 or more surfaces.....	\$ 290.00 *	... NPB
D6634.....	Onlay, titanium.....	\$ 290.00 *	... NPB
D6710.....	Crown, indirect resin based composite.....	\$ 195.00	... NPB
D6720.....	Crown, resin with high noble metal.....	\$ 195.00 *	... NPB
D6721.....	Crown, resin with predominantly base metal.....	\$ 195.00	... NPB
D6722.....	Crown, resin with noble metal.....	\$ 195.00 *	... NPB
D6740.....	Crown, porcelain/ceramic.....	\$ 195.00 *	... NPB
D6750.....	Crown, porcelain fused to high noble metal.....	\$ 195.00 *	... NPB
D6751.....	Crown, porcelain fused to predominantly base metal.....	\$ 195.00	... NPB

ADA Code	Procedure	Member Co-Payment	
		General	Specialist
Fixed prosthodontic services (continued)			
D6752.....	Crown, porcelain fused to noble metal.....	\$ 195.00 *	NPB
D6780.....	Crown, ¾ cast high noble metal.....	\$ 195.00 *	NPB
D6781.....	Crown, ¾ cast predominantly base metal.....	\$ 195.00	NPB
D6782.....	Crown, ¾ cast noble metal.....	\$ 195.00 *	NPB
D6783.....	Crown, ¾ porcelain/ceramic.....	\$ 195.00 *	NPB
D6790.....	Crown, full cast high noble metal.....	\$ 195.00 *	NPB
D6791.....	Crown, full cast predominantly base metal.....	\$ 195.00	NPB
D6792.....	Crown, full cast noble metal.....	\$ 195.00 *	NPB
D6793.....	Provisional retainer crown.....	\$ 125.00	NPB
D6794.....	Crown, titanium.....	\$ 195.00 *	NPB
D6930.....	Recement fixed partial denture.....	\$ 25.00	NPB
D6940.....	Stress breaker.....	\$ 165.00	NPB
D6980.....	Fixed partial denture repair, restorative material failure.....	\$ 45.00	NPB
Oral and maxillofacial services			
D7111.....	Extraction, coronal remnants, deciduous tooth.....	\$ 10.00	\$ 75.00
D7140.....	Extraction, erupted tooth or exposed root.....	\$ 15.00	\$ 95.00
D7210.....	Surgical removal of erupted tooth.....	\$ 25.00	\$ 145.00
D7220.....	Removal of impacted tooth, soft tissue.....	\$ 45.00	\$ 165.00
D7230.....	Removal of impacted tooth, partially bony.....	\$ 55.00	\$ 220.00
D7240.....	Removal of impacted tooth, completely bony.....	\$ 80.00	\$ 260.00
D7241.....	Removal impacted tooth, complete bony, complication.....	\$ 130.00	\$ 290.00
D7250.....	Surgical removal residual tooth roots, cutting procedure.....	\$ 35.00	\$ 95.00
D7261.....	Primary closure of a sinus perforation.....	\$ 310.00	NPB
D7270.....	Tooth reimplantation/stabilization, accident.....	\$ 285.00	NPB
D7280.....	Surgical access of an unerupted tooth.....	\$ 140.00	NPB
D7282.....	Mobilization of erupted/malpositioned tooth.....	\$ 80.00	NPB
D7283.....	Placement, device to facilitate eruption, impaction.....	\$ 80.00	NPB
D7285.....	Biopsy of oral tissue, hard (bone, tooth).....	\$ 60.00	\$ 195.00
D7286.....	Biopsy of oral tissue, soft.....	\$ 45.00	\$ 195.00
D7287.....	Exfoliative cytological sample collection.....	\$ 8.00	NPB
D7288.....	Brush biopsy, transepithelial sample collection.....	\$ 8.00	NPB
D7310.....	Alveoloplasty with extractions, 4+ teeth, quadrant.....	\$ 30.00	\$ 130.00
D7311.....	Alveoloplasty with extractions, 1-3 teeth, quadrant.....	\$ 30.00	\$ 130.00
D7320.....	Alveoloplasty, w/o extractions, 4+ teeth, quadrant.....	\$ 40.00	\$ 160.00
D7321.....	Alveoloplasty, w/o extractions, 1-3 teeth, quadrant.....	\$ 40.00	\$ 160.00
D7340.....	Vestibuloplasty, ridge extension (2nd epithelialization).....	\$ 135.00	\$ 1260.00
D7350.....	Vestibuloplasty, ridge extension.....	\$ 195.00	\$ 2625.00
D7450.....	Removal, benign odontogenic cyst/tumor, up to 1.25.....	\$ 140.00	NPB
D7451.....	Removal, benign odontogenic cyst/tumor, over 1.25.....	\$ 290.00	NPB
D7460.....	Removal, benign nonodontogenic cyst/tumor, to 1.25.....	\$ 165.00	NPB
D7461.....	Removal, benign nonodontogenic cyst/tumor, 1.25+.....	\$ 220.00	NPB
D7471.....	Removal of lateral exostosis, maxilla or mandible.....	\$ 175.00	NPB
D7472.....	Removal of torus palatinus.....	\$ 130.00	NPB
D7473.....	Removal of torus mandibularis.....	\$ 130.00	NPB
D7485.....	Surgical reduction of osseous tuberosity.....	\$ 90.00	NPB
D7510.....	Incision & drainage of abscess, intraoral soft tissue.....	\$ 18.00	\$ 110.00
D7511.....	Incision/drainage, abscess, intraoral soft, complicated.....	\$ 28.00	NPB
D7520.....	Incision & drainage, abscess, extraoral soft tissue.....	\$ 18.00	\$ 265.00
D7521.....	Incision/drainage, abscess, extraoral soft, complicate.....	\$ 28.00	NPB
D7530.....	Remove foreign body, mucosa, skin, tissue.....	\$ 35.00	NPB
D7560.....	Maxillary sinusotomy, remove tooth frag./foreign body.....	\$ 88.00	NPB
D7960.....	Frenulectomy (frenectomy or frenotomy), separate procedure.....	\$ 60.00	\$ 325.00
D7963.....	Frenuloplasty.....	\$ 60.00	NPB

ADA Code	Procedure	Member Co-Payment	
		General	Specialist
Oral and maxillofacial services (continued)			
D7970.....	Excision of hyperplastic tissue, per arch.....	\$ 40.00	... \$ 350.00
D7971.....	Excision of pericoronal gingival.....	\$ 40.00	... \$ 200.00
Adjunctive general services			
D9110.....	Palliative (emergency) treatment, minor procedure.....	\$ 10.00	... \$ 80.00
D9120.....	Fixed partial denture sectioning.....	\$ 12.00	... NPB
D9210.....	Local anesthesia not with operative/surgical procedure.....	no charge	... no charge
D9211.....	Regional block anesthesia.....	no charge	... no charge
D9212.....	Trigeminal division block anesthesia.....	no charge	... no charge
D9215.....	Local anesthesia with operative/surgical procedure.....	no charge	... no charge
**GUIDELINE:			
Deep sedation/general anesthesia is a covered benefit only when in conjunction with covered oral surgery and pedodontic procedures when dispensed in a dental office by a practitioner acting within the scope of his/her licensure; and when warranted by documented conditions that local anesthetic and contraindicated. General anesthesia, as used for dental pain control, means the elimination of all sensations accompanied by a state of unconsciousness. Patient apprehension and/or nervousness are not of themselves sufficient justification for deep sedation/general anesthesia or intravenous conscious sedation/analgesia.			
D9220.....	Deep sedation/general anesthesia, 1st 30 minutes.....	\$ 225.00 **	... \$ 225.00 **
D9221.....	Deep sedation/general anesthesia, each add 'l 15 minutes.....	\$ 125.00 **	... \$ 125.00 **
D9230.....	Inhalation of nitrous oxide/analgesia, anxiolysis.....	\$ 40.00	... \$ 40.00
D9241.....	Intravenous conscious sedation/analgesia, 1st 30 minutes.....	\$ 225.00 **	... \$ 225.00 **
D9242.....	IV conscious sedation/analgesia, each add 'l 15 minutes.....	\$ 125.00 **	... \$ 125.00 **
D9248.....	Non-intravenous conscious sedation.....	\$ 100.00	... \$ 100.00
D9310.....	Consultation, other than requesting dentist.....	\$ 50.00	... \$ 65.00
D9430.....	Office visit, observation, regular hrs., no other services.....	no charge	... \$ 40.00
D9440.....	Office visit, after regularly scheduled hours.....	\$ 20.00	... \$ 125.00
D9450.....	Case presentation, detailed & extensive treatment	no charge	... no charge
D9630.....	Other drugs and/or medicaments, by report.....	\$ 15.00	... \$ 35.00
D9910.....	Application of desensitizing medicament.....	\$ 15.00	... NPB
D9911.....	Application of desensitizing resin, per tooth.....	\$ 15.00	... NPB
D9930.....	Treatment of complications, post surgical, unusual.....	\$ 15.00	... NPB
D9940.....	Occlusal guard, by report.....	\$ 175.00	... NPB
D9942.....	Repair and/or reline of occlusal guard.....	\$ 40.00	... NPB
D9950.....	Occlusion analysis, mounted case.....	no charge	... NPB
D9951.....	Occlusal adjustment, limited.....	no charge	... \$ 75.00
D9952.....	Occlusal adjustment, complete.....	\$ 20.00	... \$ 210.00
D9971.....	Odontoplasty 1-2 teeth.....	\$ 10.00	... NPB
	Broken appointment, less than 24 hour notice.....	\$ 25.00	... \$ 25.00
	Office visit, per visit.....	\$ 6.00	... \$ 10.00

Limitations:

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:

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
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.

LIBERTY Dental Plan of California, Inc.

CA-50 PLAN ORTHODONTIC COVERAGE

Principal Benefits and Coverage

Primary Dentition:	Teeth developed and erupted first in order of time
Transitional Dentition:	The final phase of the transition from primary to adult teeth, in which the deciduous molars and canines are in the process of shedding and the permanent successors are emerging.
Adolescent Dentition:	The dentition that is present after the normal loss of primary teeth and prior to cessation of growth that would affect orthodontic treatment.
Adult Dentition:	The dentition that is present after the cessation of growth that would affect orthodontic treatment.
	Treatment must be provided by a LIBERTY Dental Plan contracted orthodontic provider.
	Any procedure not listed is available at the provider's usual and customary fee

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

Orthodontic Exclusions

- 1 Lost, stolen or broken appliances
- 2 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)
- 3 Temporomandibular joint syndrome (TMJ) surgical orthodontics
- 4 Myofunctional therapy
- 5 Treatment of cleft palate
- 6 Treatment of micrognathia
- 7 Treatment of macroglossia