



# LIBERTY Dental Plan of California, Inc.

## CA80 PLAN SCHEDULE OF BENEFITS

### Covered Benefits, Member Co-payments, Limitations & Exclusions

**No Annual Deductible**

**No Annual Dollar Amount Maximum**

- ✓ *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 as covered benefits are available at the dental office's usual and customary fee.*

| CDT Code                   | Description   | Member Co-payment |            |
|----------------------------|---|-------------------|------------|
|                            |   | General           | Specialist |
| <b>Diagnostic Services</b> |   |                   |            |
| D0120                      | Periodic oral evaluation  | \$8.00            | NPB        |
| D0140                      | Limited oral evaluation   | \$0.00            | \$50.00    |
| D0145                      | Oral evaluation under age 3   | \$8.00            | \$50.00    |
| D0150                      | Comprehensive oral evaluation   | \$8.00            | \$50.00    |
| D0160                      | Oral evaluation, problem focused  | \$8.00            | \$50.00    |
| D0170                      | Re-evaluation, limited, problem focused   | \$8.00            | \$50.00    |
| D0171                      | Re-evaluation, post operative office visit  | \$0.00            | \$50.00    |
| D0180                      | Comprehensive periodontal evaluation  | \$8.00            | \$50.00    |
| D0210                      | Intraoral, complete series of radiographic images   | \$0.00            | \$85.00    |
| D0220                      | Intraoral, periapical, first radiographic image   | \$0.00            | \$21.00    |
| D0230                      | Intraoral, periapical, each add 'l radiographic image   | \$0.00            | \$12.00    |
| D0240                      | Intraoral, occlusal radiographic image  | \$0.00            | \$21.00    |
| D0250                      | Extra-oral 2D projection radiographic image, stationary radiation source  | \$0.00            | \$31.00    |
| D0251                      | Extra-oral posterior dental radiographic image  | \$0.00            | \$20.00    |
| D0270                      | Bitewing, single radiographic image   | \$0.00            | \$20.00    |
| D0272                      | Bitewings, two radiographic images  | \$0.00            | \$31.00    |
| D0273                      | Bitewings, three radiographic images  | \$0.00            | \$35.00    |
| D0274                      | Bitewings, four radiographic images   | \$0.00            | \$45.00    |
| D0277                      | Vertical bitewings, 7 to 8 radiographic images  | \$5.00            | \$45.00    |
| D0330                      | Panoramic radiographic image  | \$0.00            | NPB        |
| D0460                      | Pulp vitality tests   | \$8.00            | NPB        |
| D0470                      | Diagnostic casts  | \$8.00            | NPB        |
| D0701                      | Panoramic radiographic image, image capture only  | \$0.00            | NPB        |
| D0705                      | Extra-oral posterior dental radiographic image, image capture only  | \$0.00            | \$20.00    |
| D0706                      | Intraoral, occlusal radiographic image, image capture only  | \$0.00            | \$21.00    |
| D0707                      | Intraoral, periapical radiographic image, image capture only  | \$0.00            | \$12.00    |
| D0708                      | Intraoral, bitewing radiographic image, image capture only  | \$0.00            | \$20.00    |
| D0709                      | Intraoral, complete series of radiographic images, image capture only   | \$0.00            | \$85.00    |
| <b>Preventive Services</b> |   |                   |            |
| D1110                      | Prophylaxis, adult  | \$0.00            | \$55.00    |
|                            | Prophylaxis, adult (additional prophylaxis)   | \$54.00           | \$65.00    |
| D1120                      | Prophylaxis, child  | \$0.00            | \$55.00    |
|                            | Prophylaxis, child (additional prophylaxis)   | \$44.00           | \$60.00    |
| D1206                      | Topical application of fluoride varnish   | \$20.00           | \$38.00    |
| D1208                      | Topical application of fluoride, excluding varnish up to the 18th birthday (additional fluoride)                              | \$0.00            | \$25.00    |
|                            |   | \$18.00           | \$25.00    |
| D1310                      | Nutritional counseling for control of dental disease  | \$0.00            | \$0.00     |
| D1320                      | Tobacco counseling, control/prevention oral disease   | \$0.00            | \$0.00     |
| D1321                      | Counseling for the control and prevention of adverse oral, behavioral, health effects associated with high-risk substance use | \$0.00            | \$0.00     |
| D1330                      | Oral hygiene instruction  | \$0.00            | \$0.00     |
| D1351                      | Sealant, per tooth  | \$15.00           | \$37.00    |
| D1352                      | Preventive resin restoration, permanent tooth   | \$15.00           | \$37.00    |
| D1353                      | Sealant repair, per tooth   | \$0.00            | \$0.00     |
| D1510                      | Space maintainer, fixed, unilateral, per quadrant   | \$100.00          | \$215.00   |
| D1516                      | Space maintainer, fixed, bilateral, maxillary   | \$100.00          | \$258.00   |
| D1517                      | Space maintainer, fixed, bilateral, mandibular  | \$100.00          | \$258.00   |
| D1520                      | Space maintainer, removable, unilateral, per quadrant   | \$100.00          | \$210.00   |
| D1526                      | Space maintainer, removable, bilateral, maxillary   | \$100.00          | \$210.00   |
| D1527                      | Space maintainer, removable, bilateral, mandibular  | \$100.00          | \$210.00   |
| D1551                      | Re-cement or re-bond bilateral space maintainer, maxillary  | \$10.00           | \$20.00    |
| D1552                      | Re-cement or re-bond bilateral space maintainer, mandibular   | \$10.00           | \$20.00    |
| D1553                      | Re-cement or re-bond unilateral space maintainer, per quadrant  | \$10.00           | \$20.00    |
| D1556                      | Removal of fixed unilateral space maintainer, per quadrant  | \$20.00           | \$60.00    |
| D1557                      | Removal of fixed bilateral space maintainer, maxillary  | \$20.00           | \$60.00    |



| CDT Code   | Description   | Member Co-payment |            |
|--|---|-------------------|------------|
|  |   | General           | Specialist |
|  | <b>Preventive Services (continued)</b>                                |                   |            |
| D1558  | Removal of fixed bilateral space maintainer, mandibular               | \$20.00           | \$60.00    |
| D1575  | Distal shoe space maintainer, fixed, per quadrant                     | \$100.00          | \$215.00   |
|  | <b>Restorative Services</b>   |                   |            |
| D2140  | Amalgam, one surface, primary or permanent                            | \$25.00           | \$71.00    |
| D2150  | Amalgam, two surfaces, primary or permanent                           | \$32.00           | \$105.00   |
| D2160  | Amalgam, three surfaces, primary or permanent                         | \$42.00           | \$126.00   |
| D2161  | Amalgam, four or more surfaces, primary or permanent                  | \$53.00           | \$141.00   |
| D2330  | Resin-based composite, one surface, anterior                          | \$38.00           | \$84.00    |
| D2331  | Resin-based composite, two surfaces, anterior                         | \$48.00           | \$94.00    |
| D2332  | Resin-based composite, three surfaces, anterior                       | \$58.00           | \$105.00   |
| D2335  | Resin-based composite, four or more surfaces, involving incisal angle | \$68.00           | \$115.00   |
| D2390  | Resin-based composite crown, anterior                                 | \$75.00           | \$152.00   |
| D2391  | Resin-based composite, one surface, posterior                         | \$45.00           | \$71.00    |
| D2392  | Resin-based composite, two surfaces, posterior                        | \$50.00           | \$105.00   |
| D2393  | Resin-based composite, three surfaces, posterior                      | \$55.00           | \$126.00   |
| D2394  | Resin-based composite, four or more surfaces, posterior               | \$65.00           | \$135.00   |
| <p><b>*GUIDELINES for Inlays, Onlays, and Single Crowns:</b><br/> <b>The total maximum amount chargeable to the member for elective upgraded procedures</b> (explained below) is \$250.00 per tooth. Providers are required to explain covered benefits as well as any elective differences in materials and fees prior to providing an elective upgraded procedure.</p> <p><b>1. Brand name restorations:</b> (e.g. Sunrise, Captek, Vitadure-N, Hi-Ceram, Optec, HSP, In-Ceram, Empress, Cerec, AllCeram, Procera, Lava, etc.) may be considered elective upgraded procedures if their related CDT procedure codes are not listed as covered benefits.</p> <p><b>2. Benefits for anterior and bicuspid teeth:</b> Resin, porcelain and any resin to base metal or porcelain to base metal crowns are covered benefits for anterior and bicuspid teeth. Adding a porcelain margin may be considered an elective upgraded procedure.</p> <p><b>3. Benefits for molar teeth:</b> Cast base metal restorations are covered benefits for molar teeth. Resin-based composite and porcelain to metal crowns may be considered elective upgraded procedures. Adding a porcelain margin may be considered an elective upgraded procedure.</p> <p><b>4. Base metal is the benefit:</b> If elected, a) noble, b) high noble metal, or c) titanium may be considered an elective upgraded procedure.</p> |   |                   |            |
| D2510  | Inlay, metallic, one surface  | \$180.00          | NPB        |
| D2520  | Inlay, metallic, two surfaces   | \$180.00          | NPB        |
| D2530  | Inlay, metallic, three or more surfaces                               | \$180.00          | NPB        |
| D2542  | Onlay, metallic, two surfaces   | \$185.00          | NPB        |
| D2543  | Onlay, metallic, three surfaces                                       | \$205.00          | NPB        |
| D2544  | Onlay, metallic, four or more surfaces                                | \$205.00          | NPB        |
| D2720  | Crown, resin with high noble metal                                    | \$280.00*         | NPB        |
| D2721  | Crown, resin with predominantly base metal                            | \$280.00*         | NPB        |
| D2722  | Crown, resin with noble metal   | \$280.00*         | NPB        |
| D2740  | Crown, porcelain/ceramic  | \$280.00*         | NPB        |
| D2750  | Crown, porcelain fused to high noble metal                            | \$280.00*         | NPB        |
| D2751  | Crown, porcelain fused to predominantly base metal                    | \$280.00*         | NPB        |
| D2752  | Crown, porcelain fused to noble metal                                 | \$280.00*         | NPB        |
| D2753  | Crown, porcelain fused to titanium and titanium alloys                | \$280.00*         | NPB        |
| D2780  | Crown, ¾ cast high noble metal  | \$240.00*         | NPB        |
| D2781  | Crown, ¾ cast predominantly base metal                                | \$240.00          | NPB        |
| D2782  | Crown, ¾ cast noble metal   | \$240.00*         | NPB        |
| D2790  | Crown, full cast high noble metal                                     | \$235.00*         | NPB        |
| D2791  | Crown, full cast predominantly base metal                             | \$235.00          | NPB        |
| D2792  | Crown, full cast noble metal  | \$235.00*         | NPB        |
| D2794  | Crown, titanium and titanium alloys                                   | \$235.00*         | NPB        |
| D2910  | Re-cement or re-bond inlay, onlay, veneer, or partial coverage        | \$18.00           | NPB        |
| D2915  | Re-cement or re-bond indirectly fabricated/prefabricated post & core  | \$15.00           | NPB        |
| D2920  | Re-cement or re-bond crown  | \$18.00           | \$45.00    |
| D2928  | Prefabricated porcelain/ceramic crown, permanent tooth                | \$50.00           | \$126.00   |
| 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   | \$42.00           | \$136.00   |
| D2940  | Protective restoration  | \$99.00           | \$99.00    |
| D2950  | Core buildup, including any pins when required                        | \$99.00           | NPB        |
| D2951  | Pin retention, per tooth, in addition to restoration                  | \$30.00           | NPB        |
| D2952  | Post and core in addition to crown, indirectly fabricated             | \$90.00           | NPB        |
| D2953  | Each additional indirectly fabricated post, same tooth                | \$45.00           | NPB        |
| D2954  | Prefabricated post and core in addition to crown                      | \$90.00           | NPB        |
| D2955  | Post removal  | \$25.00           | NPB        |
| D2957  | Each additional prefabricated post, same tooth                        | \$45.00           | NPB        |



| CDT Code   | Description   | Member Co-payment |            |
|--|---|-------------------|------------|
|  |   | General           | Specialist |
| <b>Endodontic Services</b>   |   |                   |            |
| D3110  | Pulp cap, direct (excluding final restoration)  | \$20.00           | \$50.00    |
| D3120  | Pulp cap, indirect (excluding final restoration)  | \$20.00           | \$45.00    |
| D3220  | Therapeutic pulpotomy (excluding final restoration)                                       | \$40.00           | \$80.00    |
| D3230  | Pulpal therapy, anterior, primary tooth (excluding final restoration)                     | \$35.00           | \$95.00    |
| D3240  | Pulpal therapy, posterior, primary tooth (excluding final restoration)                    | \$40.00           | \$95.00    |
| D3310  | Endodontic therapy, anterior tooth (excluding final restoration)                          | \$150.00          | \$385.00   |
| D3320  | Endodontic therapy, premolar tooth (excluding final restoration)                          | \$190.00          | \$470.00   |
| D3330  | Endodontic therapy, molar tooth (excluding final restoration)                             | \$245.00          | \$580.00   |
| D3346  | Retreatment of previous root canal therapy, anterior                                      | \$170.00          | \$385.00   |
| D3347  | Retreatment of previous root canal therapy, premolar                                      | \$220.00          | \$470.00   |
| D3348  | Retreatment of previous root canal therapy, molar   | \$255.00          | \$580.00   |
| D3351  | Apexification/recalcification, initial visit  | \$85.00           | \$125.00   |
| D3352  | Apexification/recalcification, interim medication replacement                             | \$85.00           | \$125.00   |
| D3353  | Apexification/recalcification, final visit  | \$85.00           | \$310.00   |
| D3410  | Apicoectomy, anterior   | \$475.00          | \$545.00   |
| D3421  | Apicoectomy, premolar (first root)  | \$475.00          | \$565.00   |
| D3425  | Apicoectomy, molar (first root)   | \$475.00          | \$485.00   |
| D3426  | Apicoectomy, (each additional root)   | \$475.00          | \$485.00   |
| D3430  | Retrograde filling, per root  | \$100.00          | \$170.00   |
| D3450  | Root amputation, per root   | \$100.00          | \$350.00   |
| D3920  | Hemisection, not including root canal therapy   | \$150.00          | \$395.00   |
| <b>Periodontal Services</b>  |   |                   |            |
| D4210  | Gingivectomy or gingivoplasty, four or more teeth per quadrant                            | \$220.00          | \$685.00   |
| D4211  | Gingivectomy or gingivoplasty, one to three teeth per quadrant                            | \$20.00           | \$320.00   |
| D4212  | Gingivectomy or gingivoplasty, restorative procedure, per tooth                           | \$0.00            | \$0.00     |
| D4240  | Gingival flap procedure, four or more teeth per quadrant                                  | \$300.00          | \$475.00   |
| D4241  | Gingival flap procedure, one to three teeth per quadrant                                  | \$300.00          | \$315.00   |
| D4260  | Osseous surgery, four or more teeth per quadrant  | \$650.00          | \$675.00   |
| D4261  | Osseous surgery, one to three teeth per quadrant  | \$650.00          | \$675.00   |
| <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                     | \$60.00           | \$210.00   |
| D4342  | Periodontal scaling and root planing, one to three teeth per quadrant                     | \$60.00           | \$140.00   |
| D4346  | Scaling in presence of moderate or severe inflammation, full mouth after evaluation       | \$0.00            | \$55.00    |
| D4355  | Full mouth debridement to enable comprehensive evaluation and diagnosis, subsequent visit | \$50.00           | NPB        |
| D4910  | Periodontal maintenance   | \$50.00           | \$85.00    |
| D4920  | Unscheduled dressing change (other than treating dentist or staff)                        | NPB               | \$35.00    |
| <b>Removable Prosthodontic Services</b>  |   |                   |            |
| D5110  | Complete denture, maxillary   | \$385.00          | NPB        |
| D5120  | Complete denture, mandibular  | \$385.00          | NPB        |
| D5130  | Immediate denture, maxillary  | \$385.00          | NPB        |
| D5140  | Immediate denture, mandibular   | \$385.00          | NPB        |
| D5211  | Maxillary partial denture, resin base   | \$385.00          | NPB        |
| D5212  | Mandibular partial denture, resin base  | \$385.00          | NPB        |
| D5213  | Maxillary partial denture, cast metal, resin base   | \$385.00          | NPB        |
| D5214  | Mandibular partial denture, cast metal, resin base  | \$385.00          | NPB        |
| D5221  | Immediate maxillary partial denture, resin base   | \$385.00          | NPB        |
| D5222  | Immediate mandibular partial denture, resin base  | \$385.00          | NPB        |
| D5223  | Immediate maxillary partial denture, cast metal framework, resin denture base             | \$385.00          | NPB        |
| D5224  | Immediate mandibular partial denture, cast metal framework, resin denture base            | \$385.00          | NPB        |
| D5225  | Maxillary partial denture, flexible base  | \$425.00          | NPB        |
| D5226  | Mandibular partial denture, flexible base   | \$425.00          | NPB        |
| D5282  | Removable unilateral partial denture, one piece cast metal, maxillary                     | \$395.00          | NPB        |
| D5283  | Removable unilateral partial denture, one piece cast metal, mandibular                    | \$395.00          | NPB        |
| D5284  | Removable unilateral partial denture, one piece flexible base, per quadrant               | \$395.00          | NPB        |
| D5286  | Removable unilateral partial denture, one piece resin, per quadrant                       | \$395.00          | NPB        |
| D5410  | Adjust complete denture, maxillary  | \$22.00           | NPB        |
| D5411  | Adjust complete denture, mandibular   | \$22.00           | NPB        |
| D5421  | Adjust partial denture, maxillary   | \$22.00           | NPB        |
| D5422  | Adjust partial denture, mandibular  | \$22.00           | NPB        |
| D5511  | Repair broken complete denture base, mandibular   | \$30.00           | NPB        |
| D5512  | Repair broken complete denture base, maxillary  | \$30.00           | NPB        |
| D5520  | Replace missing or broken teeth, complete denture   | \$35.00           | NPB        |
| D5611  | Repair resin partial denture base, mandibular   | \$35.00           | NPB        |
| D5612  | Repair resin partial denture base, maxillary  | \$35.00           | NPB        |



| CDT Code   | Description  | Member Co-payment |            |
|--|--|-------------------|------------|
|  |  | General           | Specialist |
| <b>Removable Prosthodontic Services (continued)</b>  |  |                   |            |
| D5621  | Repair cast partial framework, mandibular  | \$35.00           | NPB        |
| D5622  | Repair cast partial framework, maxillary   | \$35.00           | NPB        |
| D5630  | Repair or replace broken retentive clasping materials, per tooth                         | \$25.00           | NPB        |
| D5640  | Replace broken teeth, per tooth  | \$25.00           | NPB        |
| D5650  | Add tooth to existing partial denture  | \$30.00           | NPB        |
| D5660  | Add clasp to existing partial denture, per tooth   | \$30.00           | NPB        |
| D5710  | Rebase complete maxillary denture  | \$75.00           | NPB        |
| D5711  | Rebase complete mandibular denture   | \$75.00           | NPB        |
| D5720  | Rebase maxillary partial denture   | \$75.00           | NPB        |
| D5721  | Rebase mandibular partial denture  | \$75.00           | 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  | \$90.00           | NPB        |
| D5751  | Reline complete mandibular denture, laboratory   | \$90.00           | NPB        |
| D5760  | Reline maxillary partial denture, laboratory   | \$90.00           | NPB        |
| D5761  | Reline mandibular partial denture, laboratory  | \$90.00           | NPB        |
| D5820  | Interim partial denture, maxillary   | \$90.00           | NPB        |
| D5821  | Interim partial denture, mandibular  | \$90.00           | NPB        |
| D5850  | Tissue conditioning, maxillary   | \$55.00           | NPB        |
| D5851  | Tissue conditioning, mandibular  | \$55.00           | NPB        |
| D5863  | Overdenture, complete, maxillary   | \$850.00          | NPB        |
| D5865  | Overdenture, complete, mandibular  | \$850.00          | NPB        |
| <b>Implant Services</b>  |  |                   |            |
| <b>GUIDELINE:</b>  |  |                   |            |
| 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  | \$2,000.00        | \$2,300.00 |
| D6056  | Prefabricated abutment, includes modification and placement                              | \$210.00          | \$241.00   |
| D6058  | Abutment supported porcelain/ceramic crown   | \$1,110.00        | \$1,276.00 |
| D6059  | Abutment supported porcelain fused to high noble crown                                   | \$1,096.00        | \$1,259.00 |
| D6060  | Abutment supported porcelain fused to base metal crown                                   | \$1,035.00        | \$1,190.00 |
| D6061  | Abutment supported porcelain fused to noble metal crown                                  | \$1,056.00        | \$1,214.00 |
| D6062  | Abutment supported cast metal crown, high noble  | \$1,003.00        | \$1,153.00 |
| D6063  | Abutment supported cast metal crown, base metal  | \$861.00          | \$990.00   |
| D6064  | Abutment supported cast metal crown, noble metal   | \$912.00          | \$1,048.00 |
| D6065  | Implant supported porcelain/ceramic crown  | \$1,040.00        | \$1,196.00 |
| D6066  | Implant supported crown, porcelain fused to high noble alloys                            | \$1,013.00        | \$1,165.00 |
| D6067  | Implant supported crown, high noble alloys   | \$984.00          | \$1,131.00 |
| D6068  | Abutment supported retainer, porcelain/ceramic FPD                                       | \$1,110.00        | \$1,276.00 |
| D6069  | Abutment supported retainer, metal FPD, high noble                                       | \$1,096.00        | \$1,260.00 |
| D6070  | Abutment supported retainer, porcelain fused to metal FPD, base metal                    | \$1,035.00        | \$1,190.00 |
| D6071  | Abutment supported retainer, porcelain fused to metal FPD, noble                         | \$1,056.00        | \$1,214.00 |
| D6072  | Abutment supported retainer, cast metal FPD, high noble                                  | \$1,028.00        | \$1,182.00 |
| D6073  | Abutment supported retainer, cast metal FPD, base metal                                  | \$930.00          | \$1,069.00 |
| D6074  | Abutment supported retainer, cast metal FPD, noble                                       | \$1,005.00        | \$1,155.00 |
| D6075  | Implant supported retainer for ceramic FPD   | \$1,092.00        | \$1,255.00 |
| D6076  | Implant supported retainer for FPD, porcelain fused to high noble alloys                 | \$1,064.00        | \$1,223.00 |
| D6077  | Implant supported retainer for metal FPD, high noble alloys                              | \$984.00          | \$1,131.00 |
| D6081  | Scaling and debridement in the presence of inflammation or mucositis of a single implant | \$0.00            | \$55.00    |
| D6082  | Implant supported crown, porcelain fused to predominantly base alloys                    | \$984.00          | \$1,131.00 |
| D6083  | Implant supported crown, porcelain fused to noble alloys                                 | \$984.00          | \$1,131.00 |
| D6084  | Implant supported crown, porcelain fused to titanium and titanium alloys                 | \$984.00          | \$1,131.00 |
| D6086  | Implant supported crown, predominantly base alloys                                       | \$984.00          | \$1,131.00 |
| D6087  | Implant supported crown, noble alloys  | \$984.00          | \$1,131.00 |
| D6088  | Implant supported crown, titanium and titanium alloys                                    | \$984.00          | \$1,131.00 |
| D6092  | Re-cement or re-bond implant/abutment supported crown                                    | \$45.00           | \$52.00    |
| D6093  | Re-cement or re-bond implant/abutment supported FPD                                      | \$65.00           | \$75.00    |
| D6094  | Abutment supported crown, titanium, and titanium alloys                                  | \$670.00          | \$770.00   |
| D6096  | Remove broken implant retaining screw  | \$0.00            | \$0.00     |
| D6097  | Abutment supported crown, porcelain fused to titanium and titanium alloys                | \$984.00          | \$1,131.00 |
| D6098  | Implant supported retainer, porcelain fused to predominantly base alloys                 | \$984.00          | \$1,131.00 |
| D6099  | Implant supported retainer for FPD, porcelain fused to noble alloys                      | \$984.00          | \$1,131.00 |





| CDT Code  | Description  | Member Co-payment |            |
|---|--|-------------------|------------|
|   |  | General           | Specialist |
| <b>Implant Services (continued)</b>   |  |                   |            |
| D6120   | Implant supported retainer, porcelain fused to titanium and titanium alloys      | \$984.00          | \$1,131.00 |
| D6121   | Implant supported retainer for metal FPD, predominantly base alloys              | \$984.00          | \$1,131.00 |
| D6122   | Implant supported retainer for metal FPD, noble alloys                           | \$984.00          | \$1,131.00 |
| D6123   | Implant supported retainer for metal FPD, titanium and titanium alloys           | \$984.00          | \$1,131.00 |
| D6194   | Abutment supported retainer crown for FPD titanium, titanium and titanium alloys | \$670.00          | \$770.00   |
| D6195   | Abutment supported retainer, porcelain fused to titanium and titanium alloys     | \$984.00          | \$1,131.00 |
| <b>Fixed Prosthodontic Services</b>   |  |                   |            |
| <p><b>*GUIDELINES for Pontics, Retainer Crowns, Retainer Inlays, Retainer Onlays:</b><br/> <b>The total maximum amount chargeable to the member for elective upgraded procedures</b> (explained below) is \$250.00 per tooth. Providers are required to explain covered benefits as well as any elective differences in materials and fees prior to providing an elective upgraded procedure.</p> <p><b>1. Brand name restorations:</b> (e.g. Sunrise, Captek, Vitadure-N, Hi-Ceram, Optec, HSP, In-Ceram, Empress, Cerec, AllCeram, Procera, Lava, etc.) may be considered elective upgraded procedures if their related CDT procedure codes are not listed as covered benefits.</p> <p><b>2. Benefits for anterior and bicuspid teeth:</b> Resin, porcelain and any resin to base metal or porcelain to base metal crowns are covered benefits for anterior and bicuspid teeth. Adding a porcelain margin may be considered an elective upgraded procedure.</p> <p><b>3. Benefits for molar teeth:</b> Cast base metal restorations are covered benefits for molar teeth. Resin-based composite and porcelain to metal crowns may be considered elective upgraded procedures. Adding a porcelain margin may be considered an elective upgraded procedure.</p> <p><b>4. Base metal is the benefit:</b> If elected, a)noble, b)high noble metal, or c) titanium may be considered an elective upgraded procedure.</p> |  |                   |            |
| D6210   | Pontic, cast high noble metal  | \$220.00*         | NPB        |
| D6211   | Pontic, cast predominantly base metal  | \$220.00          | NPB        |
| D6212   | Pontic, cast noble metal   | \$220.00*         | NPB        |
| D6214   | Pontic, titanium, and titanium alloys  | \$220.00*         | NPB        |
| D6240   | Pontic, porcelain fused to high noble metal                                      | \$220.00*         | NPB        |
| D6241   | Pontic, porcelain fused to predominantly base metal                              | \$280.00*         | NPB        |
| D6242   | Pontic, porcelain fused to noble metal   | \$280.00*         | NPB        |
| D6243   | Pontic, porcelain fused to titanium and titanium alloys                          | \$220.00*         | NPB        |
| D6250   | Pontic, resin with high noble metal  | \$280.00*         | NPB        |
| D6251   | Pontic, resin with predominantly base metal                                      | \$280.00*         | NPB        |
| D6252   | Pontic, resin with noble metal   | \$280.00*         | NPB        |
| D6545   | Retainer, cast metal for resin bonded fixed prosthesis                           | \$180.00*         | NPB        |
| D6720   | Retainer crown, resin with high noble metal                                      | \$280.00*         | NPB        |
| D6721   | Retainer crown, resin with predominantly base metal                              | \$280.00*         | NPB        |
| D6722   | Retainer crown, resin with noble metal   | \$280.00*         | NPB        |
| D6750   | Retainer crown, porcelain fused to high noble metal                              | \$280.00*         | NPB        |
| D6751   | Retainer crown, porcelain fused to predominantly base metal                      | \$280.00*         | NPB        |
| D6752   | Retainer crown, porcelain fused to noble metal                                   | \$280.00*         | NPB        |
| D6753   | Retainer crown, porcelain fused to titanium and titanium alloys                  | \$280.00*         | NPB        |
| D6780   | Retainer crown, ¾ cast high noble metal  | \$235.00*         | NPB        |
| D6781   | Retainer crown, ¾ cast predominantly base metal                                  | \$235.00          | NPB        |
| D6782   | Retainer crown, ¾ cast noble metal   | \$235.00*         | NPB        |
| D6784   | Retainer crown, ¾ titanium and titanium alloys                                   | \$235.00*         | NPB        |
| D6790   | Retainer crown, full cast high noble metal                                       | \$280.00*         | NPB        |
| D6791   | Retainer crown, full cast predominantly base metal                               | \$280.00          | NPB        |
| D6792   | Retainer crown, full cast noble metal  | \$280.00*         | NPB        |
| D6794   | Retainer crown, titanium and titanium alloys                                     | \$280.00*         | NPB        |
| D6930   | Re-cement or re-bond fixed partial denture                                       | \$35.00           | NPB        |
| <b>Oral &amp; Maxillofacial Services</b>  |  |                   |            |
| D7111   | Extraction, coronal remnants, primary tooth                                      | \$25.00           | \$75.00    |
| D7140   | Extraction, erupted tooth or exposed root  | \$28.00           | \$95.00    |
| D7210   | Extraction, erupted tooth requiring removal of bone and/or sectioning of tooth   | \$48.00           | \$145.00   |
| D7220   | Removal of impacted tooth, soft tissue   | \$68.00           | \$165.00   |
| D7230   | Removal of impacted tooth, partially bony  | \$100.00          | \$220.00   |
| D7240   | Removal of impacted tooth, completely bony                                       | \$130.00          | \$260.00   |
| D7241   | Removal impacted tooth, complete bony, complication                              | \$140.00          | \$290.00   |
| D7250   | Removal of residual tooth roots (cutting procedure)                              | \$70.00           | \$95.00    |
| D7285   | Incisional biopsy of oral tissue, hard (bone, tooth)                             | \$20.00           | \$195.00   |
| D7286   | Incisional biopsy of oral tissue, soft   | \$20.00           | \$195.00   |
| D7310   | Alveoloplasty with extractions, four or more teeth per quadrant                  | \$35.00           | \$130.00   |
| D7311   | Alveoloplasty with extractions, one to three teeth per quadrant                  | \$35.00           | \$130.00   |
| D7320   | Alveoloplasty, w/o extractions, four or more teeth per quadrant                  | \$40.00           | \$160.00   |
| D7321   | Alveoloplasty, w/o extractions, one to three teeth per quadrant                  | \$40.00           | \$160.00   |
| D7340   | Vestibuloplasty, ridge extension (2nd epithelialization)                         | \$230.00          | \$1,260.00 |
| D7350   | Vestibuloplasty, ridge extension   | \$330.00          | \$2,625.00 |
| D7510   | Incision & drainage of abscess, intraoral soft tissue                            | \$30.00           | \$110.00   |
| D7520   | Incision & drainage of abscess, extraoral soft tissue                            | \$30.00           | \$265.00   |



| CDT Code   | Description   | Member Co-payment |            |
|--|---|-------------------|------------|
|  |   | General           | Specialist |
| <b>Oral &amp; Maxillofacial Services (continued)</b> |   |                   |            |
| D7922  | Placement of intra-socket biological dressing to aid in hemostasis or clot, stabilization, per site | \$0.00            | \$0.00     |
| D7961  | Buccal / labial frenectomy (frenulectomy)   | \$20.00           | \$325.00   |
| D7962  | Lingual frenectomy (frenulectomy)   | \$20.00           | \$325.00   |
| D7970  | Excision of hyperplastic tissue, per arch   | \$70.00           | \$350.00   |
| D7971  | Excision of pericoronal gingiva   | \$40.00           | \$200.00   |
| D7993  | Surgical placement of craniofacial implant, extra oral  | \$2,000.00        | \$2,300.00 |
| D7994  | Surgical placement: zygomatic implant   | \$2,000.00        | \$2,300.00 |
| <b>Adjunctive General Services</b>                   |   |                   |            |
| D9110  | Palliative (emergency) treatment, minor procedure   | \$15.00           | \$80.00    |
| D9210  | Local anesthesia not in conjunction, operative or surgical procedures                               | \$0.00            | \$0.00     |
| D9211  | Regional block anesthesia   | \$0.00            | \$0.00     |
| D9212  | Trigeminal division block anesthesia  | \$0.00            | \$0.00     |
| D9215  | Local anesthesia in conjunction with operative or surgical procedures                               | \$0.00            | \$0.00     |
| D9230  | Inhalation of nitrous oxide/analgesia, anxiolysis   | \$45.00           | \$45.00    |
| D9310  | Consultation, other than requesting dentist   | \$50.00           | \$65.00    |
| D9311  | Consultation with a medical health care professional  | \$50.00           | \$65.00    |
| D9430  | Office visit, observation, regular hours, no other services   | \$0.00            | \$40.00    |
| D9440  | Office visit, after regularly scheduled hours   | \$20.00           | \$125.00   |
| D9450  | Case presentation, detailed & extensive treatment   | \$0.00            | \$0.00     |
| D9630  | Drugs or medicaments dispensed in the office for home use   | \$20.00           | \$35.00    |
| D9951  | Occlusal adjustment, limited  | \$20.00           | \$75.00    |
| D9952  | Occlusal adjustment, complete   | \$20.00           | \$210.00   |
| D9986  | Missed appointment  | \$10.00           | \$25.00    |
| D9987  | Cancelled appointment   | \$0.00            | \$0.00     |
| D9991  | Dental case management, addressing appointment compliance barriers                                  | \$0.00            | \$0.00     |
| D9992  | Dental case management, care coordination   | \$0.00            | \$0.00     |
| D9993  | Dental case management, motivational interviewing   | \$0.00            | \$0.00     |
| D9994  | Dental case management, patient education to improve oral health literacy                           | \$0.00            | \$0.00     |
| D9997  | Dental case management, patients with special health care needs                                     | \$0.00            | \$0.00     |
|  | Office visit, per visit   | \$8.00            | \$10.00    |

## **Limitations:**

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1. Prophylaxis procedures or scaling in presence of inflammation is covered once every 6 consecutive months. Additional prophylaxis are available at the listed member co-payment amount.
2. Complete series of radiographic images is covered 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. Scaling and debridement of a single implant is covered once every 12 consecutive months.
6. 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.
7. 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.
8. Denture Relines are covered twice per year, and only when consistent with professionally recognized standards of dental practice.
9. Any routine dental services performed by a Primary Care Dentist or Specialist in an inpatient/outpatient hospital setting, under certain circumstances, will be considered for coverage.

## **Exclusions:**

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1. Any procedure not specifically listed as a Covered Benefit.
2. Replacement of lost or stolen prosthetics or appliances including crowns, bridges, partial dentures, full dentures, and orthodontic appliances
3. Any treatment requested, or appliances made, which are either not necessary for maintaining or improving dental health, or are for cosmetic purposes unless otherwise covered as a benefit.
4. Procedures considered experimental, treatment involving implants or pharmacological regimens other than listed as Covered Benefit (See "Independent Medical Review" in the Group Evidence of Coverage and Disclosure Form).
5. Oral surgery requiring the setting of bone fractures or bone dislocations.
6. Hospitalization
7. Out-patient services
8. Ambulance services
9. Durable Medical Equipment
10. Mental Health services
11. Chemical Dependency services
12. Home Health services
13. General anesthesia, analgesia, intravenous/intramuscular sedation or the services of an anesthesiologist other than listed as Covered
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.

## CA80 ORTHO PLAN SCHEDULE OF BENEFITS

- 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**

| CDT Code | Description  | Member Co-payment |
|----------|--|-------------------|
| D0340    | 2D cephalometric radiographic image, measurement and analysis                            | \$100.00          |
| D0470    | Diagnostic casts   | \$75.00           |
| D0702    | 2-D cephalometric radiographic image, image capture only                                 | \$100.00          |
| D9310    | Consultation, other than requesting dentist  | \$0.00            |
| D8010    | Limited orthodontic treatment of the primary dentition                                   | \$1,100.00        |
| D8020    | Limited orthodontic treatment of the transitional dentition                              | \$1,100.00        |
| D8030    | Limited orthodontic treatment of the adolescent dentition                                | \$1,100.00        |
| D8040    | Limited orthodontic treatment of the adult dentition                                     | \$1,150.00        |
| D8050    | Interceptive orthodontic treatment of the primary dentition                              | \$500.00          |
| D8060    | Interceptive orthodontic treatment of the transitional dentition                         | \$550.00          |
| D8070    | Comprehensive orthodontic treatment of the transitional dentition                        | \$2,200.00        |
| D8080    | Comprehensive orthodontic treatment of the adolescent dentition                          | \$2,200.00        |
| D8090    | Comprehensive orthodontic treatment of the adult dentition                               | \$2,300.00        |
| D8210    | Removable appliance therapy  | \$350.00          |
| D8220    | Fixed appliance therapy  | \$350.00          |
| D8660    | Pre-orthodontic treatment examination to monitor growth and development                  | \$0.00            |
| D8670    | Periodic orthodontic treatment visit   | \$0.00            |
| D8680    | Orthodontic retention (removal of appliances, construction and placement of retainer(s)) | \$300.00          |
| D9986    | Missed appointment   | \$20.00           |
| D9987    | Cancelled appointment  | \$0.00            |

### **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