



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
Diagnostic Services			
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
Preventive Services			
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
	Preventive Services (continued)		
D1558	Removal of fixed bilateral space maintainer, mandibular	\$20.00	\$60.00
D1575	Distal shoe space maintainer, fixed, per quadrant	\$100.00	\$215.00
	Restorative Services		
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>*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.</p> <ol style="list-style-type: none"> 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. 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. 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. 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, 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
Endodontic Services			
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
Periodontal Services			
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
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	\$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
Removable Prosthodontic Services			
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
Removable Prosthodontic Services (continued)			
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
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	\$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
Implant Services (continued)			
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
Fixed Prosthodontic Services			
<p>*GUIDELINES for Pontics, Retainer Crowns, Retainer Inlays, Retainer 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.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>4. Base metal is the benefit: 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
Oral & Maxillofacial Services			
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
Oral & Maxillofacial Services (continued)			
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
Adjunctive General Services			
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:

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:

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