



LIBERTY Dental Plan of California, Inc.

LDP4/LR-4 COPAYMENT SCHEDULE

CODE	DESCRIPTION	MEMBER CO-PAYMENT	CODE	DESCRIPTION	MEMBER CO-PAYMENT
DIAGNOSTIC SERVICES					
Clinical Oral Evaluations					
D0120	Periodic oral evaluation	0	D0484	Consultation on slides prepared elsewhere	NPB
D0140	Limited oral evaluation	0	D0485	Consultation, including preparation of slides from biopsy	NPB
D0145	Oral evaluation under age 3	0	D0502	Other oral pathology procedures, by report	NPB
D0150	Comprehensive oral evaluation	0	PREVENTIVE SERVICES		
D0160	Oral evaluation, problem focused	0	Dental Prophylaxis		
D0170	Re-evaluation, limited, problem focused	0	D1110	Prophylaxis, adult	0
D0180	Comprehensive periodontal evaluation	0	D1110	Prophylaxis, adult (third or more per 12 month period)	45
			D1120	Prophylaxis, child	0
			D1120	Prophylaxis, child (third or more per 12 month period)	35
Radiographs/Diagnostic Imaging			Topical Fluoride Treatment (Office Procedure)		
D0210	Intraoral, complete series (incl. bitewings)	0	D1203	Topical application of fluoride, child	0
D0220	Intraoral, periapical first film	0	D1203	Topical application of fluoride, child (3 rd + in 12 mo.)	10
D0230	Intraoral, periapical each additional film	0	D1204	Topical application of fluoride, adult	0
D0240	Intraoral, occlusal film	0	D1206	Topical fluoride varnish	0
D0250	Extraoral, first film	0	Other Preventive Services		
D0260	Extraoral, each additional film	0	D1310	Nutritional counseling for control of dental disease	0
D0270	Bitewings, single film	0	D1320	Tobacco counseling for control/prevention of oral disease	0
D0272	Bitewings, 2 films	0	D1330	Oral hygiene instruction	0
D0273	Bitewings, 3 films	0	D1351	Sealant, per tooth	5
D0274	Bitewings, 4 films	0	Space Maintenance (Passive Appliances)		
D0277	Vertical bitewings, 7 to 8 films	0	D1510	Space maintainer, fixed, unilateral	15
D0290	Posterior-anterior or lateral skull & facial bone survey	NPB	D1515	Space maintainer, fixed, bilateral	15
D0310	Sialography	NPB	D1520	Space maintainer, removable, unilateral	15
D0320	TMJ arthrogram, including injection	NPB	D1525	Space maintainer, removable, bilateral	15
D0321	Other TMJ films, by report	NPB	D1550	Recementation of space maintainer	0
D0322	Tomographic survey	NPB	D1555	Removal of fixed space maintainer	0
D0330	Panoramic film	0	RESTORATIVE		
D0340	Cephalometric film	See Ortho	Amalgam Restorations (Including Polishing)		
D0350	Oral/facial photographic images	NPB	D2140	Amalgam, 1 surface, primary or permanent	0
D0360	Cone beam ct, craniofacial data capture	NPB	D2150	Amalgam, 2 surfaces, primary or permanent	0
D0362	Cone beam, 2-dimensional image reconstruction	NPB	D2160	Amalgam, 3 surfaces, primary or permanent	0
D0363	Cone beam, 3-dimensional image reconstruction	NPB	D2161	Amalgam, 4 or more surfaces, primary or permanent	0
Tests and Examinations			Resin-based Composite Restorations – Direct		
D0415	Collection of microorganisms for culture	15	D2330	Resin-based composite, 1 surface, anterior	0
D0416	Viral culture	NPB	D2331	Resin-based composite, 2 surfaces, anterior	0
D0421	Genetic test for susceptibility to oral disease	NPB	D2332	Resin-based composite, 3 surfaces, anterior	0
D0425	Caries susceptibility tests	8	D2335	Resin-based composite, 4 or more surfaces/incisal angle	0
D0431	Adj. pre-diagnostic test, mucosal abnormalities	NPB	D2390	Resin-based composite crown, anterior	0
D0460	Pulp vitality tests	0	D2391	Resin-based composite, 1 surface, posterior	45 **
D0470	Diagnostic casts	0	D2392	Resin-based composite, 2 surfaces, posterior	49 **
			D2393	Resin-based composite, 3 surfaces, posterior	55 **
			D2394	Resin-based composite, 4 or more surfaces, posterior	74 **
Oral Pathology Laboratory			Gold Foil Restorations		
D0472	Accession of tissue, gross exam, prep & written report	15	D2410	Gold foil, 1 surface	NPB
D0473	Accession of tissue, gross & micro. exam, prep, & report	15	D2420	Gold foil, 2 surfaces	NPB
D0474	Accession of tissue, gross & micro. exam, provide report	15	D2430	Gold foil, 3 surfaces	NPB
D0480	Accession of exfoliative cytologic smears	NPB	Inlay/Onlay Restorations		
D0486	Accession of brush biopsy sample	NPB	D2510	Inlay, metallic, 1 surface	75 *
D0475	Decalcification procedure	NPB	D2520	Inlay, metallic, 2 surfaces	85 *
D0476	Special stains for microorganisms	NPB	D2530	Inlay, metallic, 3 or more surfaces	90 *
D0477	Special stains, not for microorganisms	NPB	D2542	Onlay, metallic, 2 surfaces	90 *
D0478	Immunohistochemical stains	NPB	D2543	Onlay, metallic, 3 surfaces	95 *
D0479	Tissue in-situ hybridization	NPB	D2544	Onlay, metallic, 4 or more surfaces	100 *
D0481	Electron microscopy, diagnostic	NPB	D2610	Inlay, porcelain/ceramic, 1 surface	80
D0482	Direct immunofluorescence	NPB			
D0483	Indirect Immunofluorescence	NPB			

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D2620	Inlay, porcelain/ceramic, 2 surfaces	85	D3221	Pulpal debridement, primary & permanent teeth	5
D2630	Inlay, porcelain/ceramic, 3 or more surfaces	90	Endodontic Therapy on Primary Teeth		
D2642	Onlay, porcelain/ceramic, 2 surfaces	95	D3230	Pulpal therapy (resorbable filling), anterior tooth	0
D2643	Onlay, porcelain/ceramic, 3 surfaces	100	D3240	Pulpal therapy (resorbable filling), posterior tooth	0
D2644	Onlay, porcelain/ceramic, 4 or more surfaces	105	Endodontic Therapy		
D2650	Inlay, resin-based composite, 1 surface	75	D3310	Root canal, anterior (excluding final restoration)	34
D2651	Inlay, resin-based composite, 2 surfaces	80	D3320	Root canal, bicuspid (excluding final restoration)	80
D2652	Inlay, resin-based composite, 3 or more surfaces	90	D3330	Root canal, molar (excluding final restoration)	105
D2662	Onlay, resin-based composite, 2 surfaces	90	D3331	Treatment of root canal obstruction, non-surgical access	110
D2663	Onlay, resin-based composite, 3 surfaces	95	D3332	Incomplete endodontic therapy; inoperable, unrestorable	40
D2664	Onlay, resin-based composite, 4 or more surfaces	100	D3333	Internal root repair of perforation defects	55
Crowns – Single Restorations Only			Endodontic Retreatment		
D2710	Crown, resin-based composite (indirect)	70	D3346	Retreatment of previous root canal therapy, anterior	34
D2712	Crown, ¾ resin-based composite (indirect)	70	D3347	Retreatment of previous root canal therapy, bicuspid	70
D2720	Crown, resin with high noble metal	70 *	D3348	Retreatment of previous root canal therapy, molar	105
D2721	Crown, resin with predominantly base metal	70	Apexification/Recalcification Procedures		
D2722	Crown, resin with noble metal	70 *	D3351	Apexification/recalcification, initial visit	40
D2740	Crown, porcelain/ceramic substrate	70	D3352	Apexification/recalcification, interim med. replacement	40
D2750	Crown, porcelain fused to high noble metal	70 *	D3353	Apexification/recalcification, final visit, includes root canal	40
D2751	Crown, porcelain fused to predominantly base metal	70	Apicoectomy/Periradicular Services		
D2752	Crown, porcelain fused to noble metal	70 *	D3410	Apicoectomy/periradicular surgery, anterior	55
D2780	Crown, ¾ cast high noble metal	70 *	D3421	Apicoectomy/periradicular surgery, bicuspid, first root	55
D2781	Crown, ¾ cast predominantly base metal	70	D3425	Apicoectomy/periradicular surgery, molar, first root	55
D2782	Crown, ¾ cast noble metal	70 *	D3426	Apicoectomy/periradicular surgery, each additional root	18
D2783	Crown, ¾ porcelain/ceramic	70	D3430	Retrograde filling, per root	55
D2790	Crown, full cast high noble metal	70 *	D3450	Root amputation, per root	55
D2791	Crown, full cast predominantly base metal	70	D3460	Endodontic endosseous implant	NPB
D2792	Crown, full cast noble metal	70 *	D3470	Intentional reimplantation (including necessary splinting)	NPB
D2794	Crown, titanium	70 *	Other Endodontic Procedures		
D2799	Provisional crown	40	D3910	Surgical procedure for isolation of tooth with rubber dam	10
Other Restorative Services			D3920	Hemisection (incl. root removal), not including root canal	20
D2910	Recement inlay, onlay, or partial coverage restoration	0	D3950	Canal preparation & fitting of preformed dowel or post	0
D2915	Recement cast or prefabricated post & core	0	PERIODONTICS		
D2920	Recement crown	0	Surgical Services (Including Usual Postoperative Care)		
D2930	Prefabricated stainless steel crown, primary tooth	0	D4210	Gingivectomy/gingivoplasty, 4+ teeth per quadrant	40
D2931	Prefabricated stainless steel crown, permanent tooth	0	D4211	Gingivectomy/gingivoplasty, 1-3 teeth per quadrant	10
D2932	Prefabricated resin crown	5	D4230	Anatomical crown exposure, 4 + teeth per quadrant	NPB
D2933	Prefabricated stainless steel crown with resin window	5	D4231	Anatomical crown exposure, 1-3 teeth per quadrant	NPB
D2934	Prefabricated esthetic coated stainless steel crown, primary	5	D4240	Gingival flap proc., w/ root planing, 4+ teeth/quad.	85
D2940	Sedative filling	0	D4241	Gingival flap proc., w/ root planning, 1-3 teeth/quad.	85
D2950	Core buildup, including any pins	10	D4245	Apically positioned flap	55
D2951	Pin retention, per tooth, in addition to restoration	10	D4249	Clinical crown lengthening, hard tissue	110
D2952	Post & core in addition to crown, indirectly fabricated	10 *	D4260	Osseous surgery, 4+ teeth per quadrant	175
D2953	Each additional indirectly fabricated post, same tooth	5 *	D4261	Osseous surgery, 1-3 teeth per quadrant	175
D2954	Prefabricated post & core in addition to crown	10	D4263	Bone replacement graft, 1 st site in quadrant	75
D2955	Post removal (not in conjunction with endodontic therapy)	10	D4264	Bone replacement graft, each additional site in quadrant	40
D2957	Each additional prefabricated post, same tooth	5	D4265	Biologic materials to aid in tissue regeneration	NPB
D2960	Labial veneer (resin laminate), chairside	200	D4266	Guided tissue regeneration, resorbable barrier, per site	NPB
D2961	Labial veneer (resin laminate), laboratory	325	D4267	Guided tissue regeneration, non-resorbable barrier	NPB
D2962	Labial veneer (porcelain laminate), laboratory	500	D4268	Surgical revision procedure, per tooth	NPB
D2970	Temporary crown	25	D4270	Pedicle soft tissue graft procedure	135
D2971	Add'l procedures to construct new crown/existing partial	15	D4271	Free soft tissue graft procedure (including donor site)	135
D2975	Coping	NPB	D4273	Subepithelial connective tissue graft procedure, per tooth	NPB
D2980	Crown repair, by report	15	D4274	Distal or proximal wedge procedure	80
ENDODONTICS			D4275	Soft tissue allograft	NPB
Pulp Capping			D4276	Combined connective tissue & double pedicle graft	NPB
D3110	Pulp cap, direct (excluding final restoration)	0	Non-Surgical Periodontal Services		
D3120	Pulp cap, indirect (excluding final restoration)	0	D4320	Provisional splinting, intracoronal	45
Pulpotomy			D4321	Provisional splinting, extracoronal	45
D3220	Therapeutic pulpotomy (excluding final restoration)	0	D4341	Periodontal scaling & root planning, 4+ teeth/quad.	15

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D4342	Periodontal scaling & root planning 1-3 teeth/quad.	15	D5860	Overdenture, complete, by report	NPB
D4355	Full mouth debridement	15	D5861	Overdenture, partial, by report	NPB
D4381	Localized delivery of antimicrobial agents/per tooth	15	D5862	Precision attachment, by report	NPB
Other Periodontal Services			D5867	Replacement of replaceable part of precision attachment	NPB
D4910	Periodontal maintenance	10	IMPLANT SERVICES		
D4920	Unscheduled dressing change/non-treating dentist	5	Surgical Services		
PROSTHODONTICS — REMOVABLE			D6010	Surgical placement of implant body, endosteal implant	2,000
Complete Denture (Including Routine Post-Delivery Care)			Implant Supported Prosthetics — Supporting Structures		
D5110	Complete denture, maxillary	85	D6056	Prefabricated abutment, includes placement	210
D5120	Complete denture, mandibular	85	Implant Supported Prosthetics — Single Crowns, Abutment Supported		
D5130	Immediate denture, maxillary	110	D6058	Abutment supported porcelain/ceramic crown	1,110
D5140	Immediate denture, mandibular	110	D6059	Abutment supported porcelain/high noble metal crown	1,096
Partial Dentures (Including Routine Post-Delivery Care)			D6060	Abutment supported porcelain/base metal crown	1,035
D5211	Maxillary partial denture, resin base	90	D6061	Abutment supported porcelain/noble metal crown	1,056
D5212	Mandibular partial denture, resin base	90	D6062	Abutment supported cast metal crown, high noble	1,003
D5213	Maxillary partial denture, cast metal framework/resin base	100	D6063	Abutment supported cast metal crown, base metal	861
D5214	Mandibular partial denture, cast metal framework/resin	100	D6064	Abutment supported cast metal crown, noble metal	912
D5225	Maxillary partial denture, flexible base	300	D6094	Abutment supported crown, titanium	670
D5226	Mandibular partial denture, flexible base	300	Implant Supported Prosthetics — Single Crowns, Implant Supported		
D5281	Removable unilateral partial denture, 1 piece cast metal	75	D6065	Implant supported porcelain/ceramic crown	1,040
Adjustments to Dentures			D6066	Implant supported porcelain/metal crown	1,013
D5410	Adjust complete denture, maxillary	0	D6067	Implant supported metal crown	984
D5411	Adjust complete denture, mandibular	0	Implant Supported Prosthetics — Fixed Partial Denture, Abutment Supported		
D5421	Adjust partial denture, maxillary	0	D6068	Abutment supported retainer for porcelain/ceramic FPD	1,110
D5422	Adjust partial denture, mandibular	0	D6069	Abut. supported retainer porc./metal FPD, high noble	1,096
Repairs to Complete Dentures			D6070	Abut. supported retainer porc./metal FPD, base metal	1,035
D5510	Repair broken complete denture base	0	D6071	Abut. supported retainer porc./metal FPD, noble metal	1,056
D5520	Replace missing or broken teeth, complete denture	0	D6072	Abut. supported retainer cast metal FPD, high noble	1,028
Repairs to Partial Dentures			D6073	Abut. supported retainer cast metal FPD, base metal	930
D5610	Repair resin denture base	0	D6074	Abut. supported retainer cast metal FPD, noble metal	1,005
D5620	Repair cast framework	0	D6194	Abut. supported retainer crown FPD, titanium	670
D5630	Repair or replace broken clasp	0	Implant Supported Prosthetics — Fixed Partial Denture, Implant Supported		
D5640	Replace broken teeth, per tooth	0	D6075	Implant supported retainer for ceramic FPD	1,092
D5650	Add tooth to existing partial denture	5	D6076	Implant supported retainer for porcelain/metal FPD	1,064
D5660	Add clasp to existing partial denture	5	D6077	Implant supported retainer for cast metal FPD	984
D5670	Replace teeth & acrylic on cast metal frame, maxillary	25	Other Implant Services		
D5671	Replace teeth & acrylic on cast metal frame, mandibular	25	D6092	Recement implant/abutment supported crown	45
Denture Rebase Procedures			D6093	Recement implant/abutment supported FPD	65
D5710	Rebase complete maxillary denture	35	PROSTHODONTICS - FIXED		
D5711	Rebase complete mandibular denture	35	Fixed Partial Denture Pontics		
D5720	Rebase maxillary partial denture	35	D6205	Pontic, indirect resin based composite	70
D5721	Rebase mandibular partial denture	35	D6210	Pontic, cast high noble metal	70 *
Denture Reline Procedures			D6211	Pontic, cast predominantly base metal	70
D5730	Reline complete maxillary denture, chairside	16	D6212	Pontic, cast noble metal	70 *
D5731	Reline complete mandibular denture, chairside	16	D6214	Pontic, titanium	70 *
D5740	Reline maxillary partial denture, chairside	16	D6240	Pontic, porcelain fused to high noble metal	70 *
D5741	Reline mandibular partial denture, chairside	16	D6241	Pontic, porcelain fused to predominantly base metal	70
D5750	Reline complete maxillary denture, laboratory	28	D6242	Pontic, porcelain fused to noble metal	70 *
D5751	Reline complete mandibular denture, laboratory	28	D6245	Pontic, porcelain/ceramic	70
D5760	Reline maxillary partial denture, laboratory	28	D6250	Pontic, resin with high noble metal	70 *
D5761	Reline mandibular partial denture, laboratory	28	D6251	Pontic, resin with predominantly base metal	70
Interim Prosthesis			D6252	Pontic, resin with noble metal	70 *
D5810	Interim complete denture, maxillary	55	D6253	Provisional pontic	70
D5811	Interim complete denture, mandibular	55	Fixed Partial Denture Retainers — Inlays/Onlays		
D5820	Interim partial denture, maxillary	18	D6545	Retainer, cast metal for resin bonded fixed prosthesis	50 *
D5821	Interim partial denture, mandibular	18	D6548	Retainer, porcelain/ceramic for resin bonded fixed prosth.	50
Other Removable Prosthetic Services			D6600	Inlay, porcelain/ceramic, 2 surfaces	85
D5850	Tissue conditioning, maxillary	0	D6601	Inlay, porcelain/ceramic, 3 or more surfaces	90
D5851	Tissue conditioning, mandibular	0			

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D6602	Inlay, cast high noble metal, 2 surfaces	85 *	Other Surgical Procedures		
D6603	Inlay, cast high noble metal, 3 or more surfaces	90 *	D7270	Tooth reimplantation/stabilization, accident	90
D6604	Inlay, cast predominantly base metal, 2 surfaces	85	D7272	Tooth transplantation	NPB
D6605	Inlay, cast predominantly base metal, 3 or more surfaces	90	D7280	Surgical access of an unerupted tooth	45
D6606	Inlay, cast noble metal, 2 surfaces	80 *	D7282	Mobilization of erupted/malpositioned tooth, aid eruption	30
D6607	Inlay, cast noble metal, 3 or more surfaces	90 *	D7283	Placement of device to facilitate eruption impacted tooth	30
D6624	Inlay, titanium	90 *	D7285	Biopsy of oral tissue, hard (bone or tooth)	0
D6608	Onlay, porcelain/ceramic, 2 surfaces	95	D7286	Biopsy of oral tissue, soft	0
D6609	Onlay, porcelain/ceramic, 3 or more surfaces	100	D7287	Exfoliative cytological sample collection	0
D6610	Onlay, cast high noble metal, 2 surfaces	90 *	D7288	Brush biopsy, transepithelial sample collection	0
D6611	Onlay, cast high noble metal, 3 or more surfaces	95 *	D7290	Surgical repositioning of teeth	NPB
D6612	Onlay, cast predominantly base metal, 2 surfaces	90	D7291	Transseptal fiberotomy/supra crestal fiberotomy	NPB
D6613	Onlay, cast predominantly base metal, 3 or more surfaces	95	D7292	Surgical placement, temp. anchorage device, screw/plate	NPB
D6614	Onlay, cast noble metal, 2 surfaces	90 *	D7393	Surgical placement, temporary anchorage device/flap	NPB
D6615	Onlay, cast noble metal, 3 or more surfaces	95 *	D7294	Surgical placement, temp. anchorage device, no flap	NPB
D6634	Onlay, titanium	95 *	Alveoplasty — Surgical Preparation of Ridge for Dentures		
Fixed Partial Denture Retainers — Crowns			D7310	Alveoplasty with extractions, 4+ teeth per quadrant	34
D6710	Crown, indirect resin based composite	50	D7311	Alveoplasty with extractions, 1-3 teeth per quadrant	34
D6720	Crown, resin with high noble metal	10 *	D7320	Alveoplasty without extractions, 4+ teeth per quadrant	46
D6721	Crown, resin with predominantly base metal	10	D7321	Alveoplasty without extractions, 1-3 teeth per quadrant	46
D6722	Crown, resin with noble metal	10 *	D7340	Vestibuloplasty, ridge extension, 2 nd epithelialization	40
D6740	Crown, porcelain/ceramic	70	D7350	Vestibuloplasty, ridge extension	55
D6750	Crown, porcelain fused to high noble metal	70 *	Surgical Excision of Soft Tissue Lesions		
D6751	Crown, porcelain fused to predominantly base metal	70	D7410	Excision of benign lesion up to 1.25 cm	NPB
D6752	Crown, porcelain fused to noble metal	70 *	D7411	Excision of benign lesion greater than 1.25 cm	NPB
D6780	Crown, ¾ cast high noble metal	70 *	D7412	Excision of benign lesion, complicated	NPB
D6781	Crown, ¾ cast predominantly base metal	70	D7413	Excision of malignant lesion up to 1.25 cm	NPB
D6782	Crown, ¾ cast noble metal	70 *	D7414	Excision of malignant lesion greater than 1.25 cm	NPB
D6783	Crown, ¾ porcelain/ceramic	70	D7415	Excision of malignant lesion, complicated	NPB
D6790	Crown, full cast high noble metal	70 *	D7465	Destruction of lesion(s) by physical/chemical method	NPB
D6791	Crown, full cast predominantly base metal	70	Surgical Excision of Intra-Osseous Lesions		
D6792	Crown, full cast noble metal	70 *	D7440	Excision of malignant tumor, up to 1.25 cm	NPB
D6793	Provisional retainer crown	40	D7441	Excision of malignant tumor, greater than 1.25 cm	NPB
D6794	Crown, titanium	70 *	D7450	Removal of benign odontogenic cyst/tumor, to 1.25 cm	45
Other Fixed Partial Denture Services			D7451	Removal of benign odontogenic cyst/tumor, > 1.25 cm	90
D6920	Connector bar	NPB	D7460	Removal of benign nonodontogenic cyst/tumor < 1.25	50
D6930	Recement fixed partial denture	0	D7461	Removal of benign nonodontogenic cyst/tumor > 1.25	70
D6940	Stress breaker	20	Excision of Bone Tissue		
D6950	Precision attachment	NPB	D7471	Removal of lateral exostosis, maxilla or mandible	55
D6970	Post & core in addition to FPD retainer, indirect	20 *	D7472	Removal of torus palatinus	40
D6972	Prefabricated post & core in add to FPD retainer	10	D7473	Removal of torus mandibularis	40
D6973	Core build up for retainer, including any pins	0	D7485	Surgical reduction of osseous tuberosity	25
D6975	Coping	NPB	D7490	Radical resection of maxilla or mandible	NPB
D6976	Each additional indirectly fabricated post, same tooth	0 *	Surgical Incision		
D6977	Each additional prefabricated post, same tooth	0	D7510	Incision & drainage of abscess, intraoral soft tissue	5
D6980	Fixed partial denture repair, by report	15	D7511	Incision/drainage abscess, intraoral soft, complicated	8
ORAL AND MAXILLOFACIAL SURGERY			D7520	Incision & drainage of abscess, extraoral soft tissue	5
Extractions (Includes Local Anesthesia, Suturing & Routine Postoperative Care)			D7521	Incision/drainage abscess, extraoral soft, complicated	8
D7111	Extraction, coronal remnants, deciduous tooth	0	D7530	Removal of foreign body	10
D7140	Extraction, erupted tooth or exposed root	0	D7540	Removal or reaction producing foreign bodies	NPB
Surgical Extractions (Includes Local Anesthesia, Suturing & Routine Postoperative Care)			D7550	Partial ostectomy/sequestrectomy, non-vital bone	NPB
D7210	Surgical removal of erupted tooth	0	D7560	Maxillary sinusotomy, remove tooth/foreign body	25
D7220	Removal of impacted tooth, soft tissue	18	Other Repair Procedures		
D7230	Removal of impacted tooth, partially bony	34	D7960	Frenulectomy (frenectomy/frenotomy), separate procedure	0
D7240	Removal of impacted tooth, completely bony	45	D7963	Frenuloplasty	0
D7241	Removal of impacted tooth, completely bony, complication	48	D7970	Excision of hyperplastic tissue, per arch	10
D7250	Surgical removal of residual tooth roots, cutting proc.	18	D7971	Excision of pericoronal gingival	20
Other Surgical Procedures			D7980	Sialolithotomy	NPB
D7260	Oroantral fistula closure	NPB	D7981	Excision of salivary gland, by report	NPB
D7261	Primary closure of a sinus perforation	95	D7982	Sialodochoplasty	NPB

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D7983	Closure of salivary fistula	NPB	Drugs		
ADJUNCTIVE GENERAL SERVICES			D9610	Therapeutic parenteral drug, single administration	NPB
Unclassified Treatment			D9612	Therapeutic parenteral drugs, 2 + administrations	NPB
D9110	Palliative (emergency) treatment, minor procedure	5	D9630	Other drugs and/or medicaments, by report	8
D9120	Fixed partial denture sectioning	0	Miscellaneous Services		
Anesthesia			D9910	Application of desensitizing medicament	0
D9210	Local anesthesia not with operative or surgical procedures	0	D9911	Application of desensitizing resin, per tooth	0
D9211	Regional block anesthesia	0	D9920	Behavior management, by report	NPB
D9212	Trigeminal division block anesthesia	0	D9930	Treatment of complications, post surgical, unusual	0
D9215	Local anesthesia	0	D9940	Occlusal guard, by report	100
D9220	Deep sedation/general anesthesia, 1 st 30 minutes	225 ***	D9941	Fabrication of athletic mouthguard	NPB
D9221	Deep sedation/general anesthesia, each additional 15 min.	125 ***	D9942	Repair and/or reline of occlusal guard	25
D9230	Analgesia, anxiety, nitrous oxide, 1 st 15 minutes	0	D9950	Occlusion analysis, mounted case	0
D9230	Analgesia, anxiety, nitrous oxide, each add'l 15 min.	0	D9951	Occlusal adjustment, limited	8
D9241	Intravenous conscious sedation/analgesia, 1 st 30 minutes	225 ***	D9952	Occlusal adjustment, complete	10
D9242	Intravenous conscious sedation/analgesia, add'l 15 min.	125 ***	D9970	Enamel microabrasion	NPB
D9248	Non-intravenous conscious sedation	100	D9971	Odontoplasty, 1-2 teeth	0
Professional Consultation			D9972	External bleaching, per arch	NPB
D9310	Consultation, other than requesting dentist	0	D9973	External bleaching, per tooth	NPB
Professional Visits			D9974	Internal bleaching, per tooth	NPB
D9410	House/extended care facility call	NPB	D9999	Broken appointment, less than 24 hours notice	10
D9420	Hospital call	NPB	D9999	Office visit, per visit	0
D9430	Office visit, observation, regular hours, no other services	0	ORTHODONTICS		
D9440	Office visit, after regularly scheduled hours	20	If orthodontics are covered under your plan, you will find the benefits listed on the following page.		
D9450	Case presentation, detailed & extensive treatment planning	0			

NPB = Not a plan benefit.

* Base metal is the benefit. Noble metal, high noble metal, titanium alloy and titanium, if used, will be charged to the member at the additional lab cost of the noble metal, high noble metal, titanium alloy or titanium. Exception: Implants and all services associated with implants are listed at the actual member co-payment amount. No additional fee is allowable for noble metal, high noble metal, titanium alloy or titanium for implants and procedures associated with implants.

Resin, porcelain and any resin to metal or porcelain to metal crowns and pontics are a benefit on anterior (teeth numbers 6-11, 22-27), first bicuspid (teeth numbers 5, 12, 21, and 28) and second bicuspid (teeth numbers 4, 13, 20, and 29) teeth only. The member will be charged the additional lab cost to add resin or porcelain to all molar (teeth numbers 1-3, 14-19, 30-32) crowns and pontics. Exception: Implants and all services associated with implants are listed at the actual member co-payment amount. No additional fee is allowable for resin or porcelain for procedures associated with implants.

The maximum amount chargeable to the member to upgrade to resin or porcelain on molar teeth (teeth number 1-3, 14-19, 30-32) and/or upgrade to noble metal, high noble metal, titanium alloy or titanium is \$250.00

** Amalgam fillings are benefits on molar and bicuspid teeth (teeth numbers 1-5, 12-21, 28-32). If the member upgrades to a resin-based composite filling, they will pay the additional co-payment listed for these procedures (D2391-D2394).

*** 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 is 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.

LIBERTY Dental Plan will arrange for you to receive services from a Contracted Dental Specialist if the necessary treatment is outside the scope of General Dentistry. Your General Dentist will initiate the referral process with LIBERTY Dental Plan. The proper referral process must be utilized for specialty services to be covered under your plan. X-rays for diagnostic purposes are benefits in the General Dentist's office only.

LIBERTY Dental Plan of California, Inc.
P.O. Box 26110
Santa Ana, CA 92799-6110

Member Services
(888) 703-6999
Monday – Friday

www.libertydentalplan.com

NPB = Not a plan benefit

LIBERTY Dental Plan of California, Inc.
ORTHODONTIC RIDER O-750
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	Member Co-Payment
Orthodontic Diagnostic Records		
D0340	Cephalometric x-ray and tracings for orthodontic purposes	100
D0470	Diagnostic casts for orthodontic purposes	75
D9310	Initial consultation for orthodontic purposes	0
Limited Orthodontic Treatment		
D8010	Limited orthodontic treatment of the primary dentition	725
D8020	Limited orthodontic treatment of the transitional dentition	725
D8030	Limited orthodontic treatment of the adolescent dentition	725
D8040	Limited orthodontic treatment of the adult dentition	725
Interceptive Orthodontic Treatment		
D8050	Interceptive orthodontic treatment of the primary dentition	500
D8060	Interceptive orthodontic treatment of the transitional dentition	500
Comprehensive Orthodontic Treatment (24 Months of Usual and Customary Orthodontic Treatment)		
D8070	Comprehensive orthodontic treatment of the transitional dentition	1,550
D8080	Comprehensive orthodontic treatment of the adolescent dentition	1,550
D8090	Comprehensive orthodontic treatment of the adult dentition	1,695
Minor Treatment to Control Harmful Habits		
D8210	Removable appliance therapy	350
D8220	Fixed appliance therapy	350
Other Orthodontic Services		
D8660	Pre-orthodontic treatment visit	0
D8670	Periodic orthodontic visits (as part of contract)	0
D8680	Orthodontic retention (removal of appliances, construction and placement of retainer(s))	250
D8690	Orthodontic treatment (alternative billing to a contract fee)	NPB
D8691	Repair of orthodontic appliance	NPB
D8692	Replacement of lost or broken retainer	NPB
D8693	Rebonding or recementing; and/or repair, as required, of fixed retainers	NPB

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

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" on page 7 of 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 practice
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

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