



# LIBERTY Dental Plan of Nevada, Inc.

## Patriot NV-2 Plan COPAYMENT SCHEDULE

Member Co-pay (DHMO Tier) applies when a LIBERTY Dental Plan Contracted DHMO Dentist provides the services.  
 Plan Pays (Out-of-Network Tier) applies when an Out-of-Network Dentist provides the services.

CODE	DESCRIPTION	MEMBER CO-PAY	PLAN PAYS	CODE	DESCRIPTION	MEMBER CO-PAY	PLAN PAYS
<b>DIAGNOSTIC SERVICES</b>							
<b>Clinical Oral Evaluations</b>							
D0120	Periodic oral evaluation	\$0	\$25	D0484	Consultation on slides prepared elsewhere	NPB	NPB
D0140	Limited oral evaluation	\$0	\$41	D0485	Consultation, including preparation of slides from biopsy	NPB	NPB
D0145	Oral evaluation under age 3	\$0	\$41	D0502	Other oral pathology procedures, by report	NPB	NPB
D0150	Comprehensive oral evaluation	\$0	\$40	<b>PREVENTIVE SERVICES</b>			
D0160	Oral evaluation, problem focused	\$0	\$25	<b>Dental Prophylaxis</b>			
D0170	Re-evaluation, limited, problem focused	\$0	\$30	D1110	Prophylaxis, adult	\$0	\$53
D0180	Comprehensive periodontal evaluation	\$0	\$40	D1110	Prophylaxis, adult (third or more per 12 month period)	\$45	NPB
<b>Radiographs/Diagnostic Imaging</b>				D1120	Prophylaxis, child	\$0	\$35
D0210	Intraoral, complete series (incl. bitewings)	\$0	\$70	D1120	Prophylaxis, child (third or more per 12 month period)	\$35	NPB
D0220	Intraoral, periapical first film	\$0	\$14	<b>Topical Fluoride Treatment (Office Procedure)</b>			
D0230	Intraoral, periapical each additional film	\$0	\$10	D1203	Topical application of fluoride, child	\$0	\$18
D0240	Intraoral, occlusal film	\$0	\$17	D1203	Topical application of fluoride, child (3 <sup>rd</sup> + in 12 mo.)	\$10	NPB
D0250	Extraoral, first film	\$0	\$28	D1204	Topical application of fluoride, adult	\$0	\$19
D0260	Extraoral, each additional film	\$0	\$27	D1206	Topical fluoride varnish	\$0	\$20
D0270	Bitewings, single film	\$0	\$14	<b>Other Preventive Services</b>			
D0272	Bitewings, 2 films	\$0	\$18	D1310	Nutritional counseling for control of dental disease	\$0	\$0
D0273	Bitewings, 3 films	\$0	\$21	D1320	Tobacco counseling for control/prevention of oral disease	\$0	\$0
D0274	Bitewings, 4 films	\$0	\$28	D1330	Oral hygiene instruction	\$0	\$0
D0277	Vertical bitewings, 7 to 8 films	\$0	\$35	D1351	Sealant, per tooth	\$8	\$8
D0290	Posterior-anterior or lateral skull & facial bone survey	NPB	NPB	<b>Space Maintenance (Passive Appliances)</b>			
D0310	Sialography	NPB	NPB	D1510	Space maintainer, fixed, unilateral	\$0	\$93
D0320	TMJ arthrograph, including injection	NPB	NPB	D1515	Space maintainer, fixed, bilateral	\$0	\$122
D0321	Other TMJ films, by report	NPB	NPB	D1520	Space maintainer, removable, unilateral	\$0	\$115
D0322	Tomographic survey	NPB	NPB	D1525	Space maintainer, removable, bilateral	\$0	\$157
D0330	Panoramic film	\$0	\$50	D1550	Recementation of space maintainer	\$0	\$20
D0340	Cephalometric film	Ortho	Ortho	D1555	Removal of fixed space maintainer	\$0	\$20
D0350	Oral/facial photographic images	NPB	NPB	<b>RESTORATIVE</b>			
D0360	Cone beam ct, craniofacial data capture	NPB	NPB	<b>Amalgam Restorations (Including Polishing)</b>			
D0362	Cone beam, 2-dimensional image reconstruction	NPB	NPB	D2140	Amalgam, 1 surface, primary or permanent	\$0	\$51
D0363	Cone beam, 3-dimensional image reconstruction	NPB	NPB	D2150	Amalgam, 2 surfaces, primary or permanent	\$0	\$65
<b>Tests and Examinations</b>				D2160	Amalgam, 3 surfaces, primary or permanent	\$0	\$79
D0415	Collection of microorganisms for culture	\$0	\$28	D2161	Amalgam, 4 or more surfaces, primary or permanent	\$0	\$96
D0416	Viral culture	NPB	NPB	<b>Resin-based Composite Restorations — Direct</b>			
D0421	Genetic test for susceptibility to oral disease	NPB	NPB	D2330	Resin-based composite, 1 surface, anterior	\$0	\$60
D0425	Caries susceptibility tests	\$0	\$20	D2331	Resin-based composite, 2 surfaces, anterior	\$0	\$77
D0431	Adj. pre-diagnostic test, mucosal abnormalities	NPB	NPB	D2332	Resin-based composite, 3 surfaces, anterior	\$0	\$85
D0460	Pulp vitality tests	\$0	\$15	D2335	Resin-based composite, 4 or more surfaces/incisal angle	\$0	\$98
D0470	Diagnostic casts	\$35	\$28	D2390	Resin-based composite crown, anterior	\$0	\$0
<b>Oral Pathology Laboratory</b>				D2391	Resin-based composite, 1 surface, posterior	\$35	\$20
D0472	Accession of tissue, gross exam, prep & written report	\$0	\$30	D2392	Resin-based composite, 2 surfaces, posterior	\$39	\$36
D0473	Accession of tissue, gross & micro. exam, prep, & report	\$0	\$61	D2393	Resin-based composite, 3 surfaces, posterior	\$45	\$45
D0474	Accession of tissue, gross & micro. exam, provide report	\$0	\$73	D2394	Resin-based composite, 4 or more surfaces, posterior	\$64	\$41
D0480	Accession of exfoliative cytologic smears	NPB	NPB	<b>Gold Foil Restorations</b>			
D0486	Accession of brush biopsy sample	NPB	NPB	D2410	Gold foil, 1 surface	NPB	NPB
D0475	Decalcification procedure	NPB	NPB	D2420	Gold foil, 2 surfaces	NPB	NPB
D0476	Special stains for microorganisms	NPB	NPB	D2430	Gold foil, 3 surfaces	NPB	NPB
D0477	Special stains, not for microorganisms	NPB	NPB	<b>Inlay/Onlay Restorations</b>			
D0478	Immunohistochemical stains	NPB	NPB	D2510	Inlay, metallic, 1 surface	\$25 *	\$198
D0479	Tissue in-situ hybridization	NPB	NPB	D2520	Inlay, metallic, 2 surfaces	\$28 *	\$225
D0481	Electron microscopy, diagnostic	NPB	NPB	D2530	Inlay, metallic, 3 or more surfaces	\$30 *	\$262
D0482	Direct immunofluorescence	NPB	NPB	D2542	Onlay, metallic, 2 surfaces	\$30 *	\$233
D0483	Indirect Immunofluorescence	NPB	NPB	D2543	Onlay, metallic, 3 surfaces	\$31 *	\$246
				D2544	Onlay, metallic, 4 or more surfaces	\$33 *	\$262
				D2610	Inlay, porcelain/ceramic, 1 surface	\$26	\$211

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D2620	Inlay, porcelain/ceramic, 2 surfaces	\$28	\$222	D3221	Pulpal debridement, primary & permanent teeth	\$0	\$35
D2630	Inlay, porcelain/ceramic, 3 or more surfaces	\$30	\$237	<b>Endodontic Therapy on Primary Teeth</b>			
D2642	Onlay, porcelain/ceramic, 2 surfaces	\$31	\$256	D3230	Pulpal therapy (resorbable filling), anterior tooth	\$0	\$56
D2643	Onlay, porcelain/ceramic, 3 surfaces	\$33	\$277	D3240	Pulpal therapy (resorbable filling), posterior tooth	\$0	\$60
D2644	Onlay, porcelain/ceramic, 4 or more surfaces	\$35	\$294	<b>Endodontic Therapy</b>			
D2650	Inlay, resin-based composite, 1 surface	\$25	\$131	D3310	Root canal, anterior (excluding final restoration)	\$0	\$305
D2651	Inlay, resin-based composite, 2 surfaces	\$26	\$159	D3320	Root canal, bicuspid (excluding final restoration)	\$0	\$359
D2652	Inlay, resin-based composite, 3 or more surfaces	\$30	\$165	D3330	Root canal, molar (excluding final restoration)	\$0	\$505
D2662	Onlay, resin-based composite, 2 surfaces	\$30	\$139	D3331	Treatment of root canal obstruction, non-surgical access	\$0	\$70
D2663	Onlay, resin-based composite, 3 surfaces	\$31	\$168	D3332	Incomplete endodontic therapy; inoperable, unrestorable	\$0	\$196
D2664	Onlay, resin-based composite, 4 or more surfaces	\$33	\$180	D3333	Internal root repair of perforation defects	\$15	\$47
<b>Crowns — Single Restorations Only</b>				<b>Endodontic Retreatment</b>			
D2710	Crown, resin-based composite (indirect)	\$35	\$220	D3346	Retreatment of previous root canal therapy, anterior	\$0	\$305
D2712	Crown, ¾ resin-based composite (indirect)	\$23	\$272	D3347	Retreatment of previous root canal therapy, bicuspid	\$0	\$359
D2720	Crown, resin with high noble metal	\$40 *	\$365	D3348	Retreatment of previous root canal therapy, molar	\$0	\$505
D2721	Crown, resin with predominantly base metal	\$40	\$311	<b>Apexification/Recalcification Procedures</b>			
D2722	Crown, resin with noble metal	\$40 *	\$339	D3351	Apexification/recalcification, initial visit	\$15	\$65
D2740	Crown, porcelain/ceramic substrate	\$95	\$332	D3352	Apexification/recalcification, interim med. replacement	\$15	\$40
D2750	Crown, porcelain fused to high noble metal	\$55 *	\$397	D3353	Apexification/recalcification, final visit, includes root canal	\$15	\$90
D2751	Crown, porcelain fused to predominantly base metal	\$55	\$373	<b>Apicoectomy/Periradicular Services</b>			
D2752	Crown, porcelain fused to noble metal	\$55 *	\$381	D3410	Apicoectomy/periradicular surgery, anterior	\$0	\$185
D2780	Crown, ¾ cast high noble metal	\$55 *	\$383	D3421	Apicoectomy/periradicular surgery, bicuspid, first root	\$0	\$254
D2781	Crown, ¾ cast predominantly base metal	\$55	\$363	D3425	Apicoectomy/periradicular surgery, molar, first root	\$0	\$275
D2782	Crown, ¾ cast noble metal	\$55 *	\$355	D3426	Apicoectomy/periradicular surgery, each additional root	\$0	\$107
D2783	Crown, ¾ porcelain/ceramic	\$55	\$373	D3430	Retrograde filling, per root	\$0	\$78
D2790	Crown, full cast high noble metal	\$40 *	\$381	D3450	Root amputation, per root	\$0	\$159
D2791	Crown, full cast predominantly base metal	\$40	\$364	D3460	Endodontic endosseous implant	NPB	NPB
D2792	Crown, full cast noble metal	\$40 *	\$370	D3470	Intentional reimplantation (including necessary splinting)	NPB	NPB
D2794	Crown, titanium	\$55 *	\$375	<b>Other Endodontic Procedures</b>			
D2799	Provisional crown	\$15	\$105	D3910	Surgical procedure for isolation of tooth with rubber dam	\$0	\$37
<b>Other Restorative Services</b>				D3920	Hemisection (incl. root removal), not including root canal	\$5	\$119
D2910	Recement inlay, onlay, or partial coverage restoration	\$0	\$26	D3950	Canal preparation & fitting of preformed dowel or post	\$0	\$50
D2915	Recement cast or prefabricated post & core	\$0	\$26	<b>PERIODONTICS</b>			
D2920	Recement crown	\$0	\$27	<b>Surgical Services (Including Usual Postoperative Care)</b>			
D2930	Prefabricated stainless steel crown, primary tooth	\$0	\$72	D4210	Gingivectomy/gingivoplasty, 4+ teeth per quadrant	\$0	\$115
D2931	Prefabricated stainless steel crown, permanent tooth	\$0	\$90	D4211	Gingivectomy/gingivoplasty, 1-3 teeth per quadrant	\$0	\$55
D2932	Prefabricated resin crown	\$0	\$80	D4230	Anatomical crown exposure, 4 + teeth per quadrant	NPB	NPB
D2933	Prefabricated stainless steel crown with resin window	\$5	\$93	D4231	Anatomical crown exposure, 1-3 teeth per quadrant	NPB	NPB
D2934	Prefabricated esthetic coated stainless steel crown, primary	\$5	\$75	D4240	Gingival flap proc., w/ root planing, 4+ teeth/quad.	\$0	\$165
D2940	Sedative filling	\$0	\$30	D4241	Gingival flap proc., w/ root planning, 1-3 teeth/quad.	\$0	\$100
D2950	Core buildup, including any pins	\$0	\$78	D4245	Apically positioned flap	\$20	\$98
D2951	Pin retention, per tooth, in addition to restoration	\$0	\$16	D4249	Clinical crown lengthening, hard tissue	\$36	\$153
D2952	Post & core in addition to crown, indirectly fabricated	\$0 *	\$115	D4260	Osseous surgery, 4+ teeth per quadrant	\$0	\$350
D2953	Each additional indirectly fabricated post, same tooth	\$0 *	\$40	D4261	Osseous surgery, 1-3 teeth per quadrant	\$0	\$210
D2954	Prefabricated post & core in addition to crown	\$0	\$90	D4263	Bone replacement graft, 1 <sup>st</sup> site in quadrant	\$25	\$59
D2955	Post removal (not in conjunction with endodontic therapy)	\$0	\$66	D4264	Bone replacement graft, each additional site in quadrant	\$15	\$30
D2957	Each additional prefabricated post, same tooth	\$0	\$40	D4265	Biologic materials to aid in tissue regeneration	NPB	NPB
D2960	Labial veneer (resin laminate), chairside	\$200	\$110	D4266	Guided tissue regeneration, resorbable barrier, per site	NPB	NPB
D2961	Labial veneer (resin laminate), laboratory	\$325	\$10	D4267	Guided tissue regeneration, non-resorbable barrier	NPB	NPB
D2962	Labial veneer (porcelain laminate), laboratory	\$500	\$50	D4268	Surgical revision procedure, per tooth	NPB	NPB
D2970	Temporary crown	\$10	\$54	D4270	Pedicle soft tissue graft procedure	\$45	\$199
D2971	Add'l procedures to construct new crown/existing partial	\$5	\$36	D4271	Free soft tissue graft procedure (including donor site)	\$45	\$205
D2975	Coping	NPB	NPB	D4273	Subepithelial connective tissue graft procedure, per tooth	NPB	NPB
D2980	Crown repair, by report	\$10	\$0	D4274	Distal or proximal wedge procedure	\$26	\$64
<b>ENDODONTICS</b>				D4275	Soft tissue allograft	NPB	NPB
<b>Pulp Capping</b>				D4276	Combined connective tissue & double pedicle graft	NPB	NPB
D3110	Pulp cap, direct (excluding final restoration)	\$0	\$20	<b>Non-Surgical Periodontal Services</b>			
D3120	Pulp cap, indirect (excluding final restoration)	\$0	\$18	D4320	Provisional splinting, intracoronal	\$15	\$75
<b>Pulpotomy</b>				D4321	Provisional splinting, extracoronal	\$15	\$64
D3220	Therapeutic pulpotomy (excluding final restoration)	\$0	\$48	D4341	Periodontal scaling & root planning, 4+ teeth/quad.	\$0	\$69

CODE	DESCRIPTION	MEMBER	PLAN	CODE	DESCRIPTION	MEMBER	PLAN
						CO-PAY	PAYS
D4342	Periodontal scaling & root planning 1-3 teeth/quad.	\$0	\$38	D5860	Overdenture, complete, by report	NPB	NPB
D4355	Full mouth debridement	\$0	\$35	D5861	Overdenture, partial, by report	NPB	NPB
D4381	Localized delivery of antimicrobial agents/per tooth	\$5	\$0	D5862	Precision attachment, by report	NPB	NPB
<b>Other Periodontal Services</b>				D5867	Replacement of replaceable part of precision attachment	NPB	NPB
D4910	Periodontal maintenance	\$0	\$42	<b>IMPLANT SERVICES</b>			
D4920	Unscheduled dressing change/non-treating dentist	\$0	\$25	<b>Surgical Services</b>			
<b>PROSTHODONTICS — REMOVABLE</b>				D6010	Surgical placement of implant body, endosteal implant	\$2,000	\$534
<b>Complete Denture (Including Routine Post-Delivery Care)</b>				<b>Implant Supported Prosthetics — Supporting Structures</b>			
D5110	Complete denture, maxillary	\$0	\$501	D6056	Prefabricated abutment, includes placement	\$210	\$157
D5120	Complete denture, mandibular	\$0	\$501	<b>Implant Supported Prosthetics — Single Crowns, Abutment Supported</b>			
D5130	Immediate denture, maxillary	\$0	\$531	D6058	Abutment supported porcelain/ceramic crown	\$1,110	\$511
D5140	Immediate denture, mandibular	\$0	\$531	D6059	Abutment supported porcelain/high noble metal crown	\$1,096	\$504
<b>Partial Dentures (Including Routine Post-Delivery Care)</b>				D6060	Abutment supported porcelain/base metal crown	\$1,035	\$476
D5211	Maxillary partial denture, resin base	\$0	\$343	D6061	Abutment supported porcelain/noble metal crown	\$1,056	\$486
D5212	Mandibular partial denture, resin base	\$0	\$399	D6062	Abutment supported cast metal crown, high noble	\$1,003	\$484
D5213	Maxillary partial denture, cast metal framework/resin base	\$0	\$549	D6063	Abutment supported cast metal crown, base metal	\$861	\$416
D5214	Mandibular partial denture, cast metal framework/resin	\$0	\$549	D6064	Abutment supported cast metal crown, noble metal	\$912	\$440
D5225	Maxillary partial denture, flexible base	\$300	\$142	D6094	Abutment supported crown, titanium	\$670	\$400
D5226	Mandibular partial denture, flexible base	\$300	\$201	<b>Implant Supported Prosthetics — Single Crowns, Implant Supported</b>			
D5281	Removable unilateral partial denture, 1 piece cast metal	\$0	\$269	D6065	Implant supported porcelain/ceramic crown	\$1,040	\$502
<b>Adjustments to Dentures</b>				D6066	Implant supported porcelain/metal crown	\$1,013	\$489
D5410	Adjust complete denture, maxillary	\$0	\$35	D6067	Implant supported metal crown	\$984	\$475
D5411	Adjust complete denture, mandibular	\$0	\$35	<b>Implant Supported Prosthetics — Fixed Partial Denture, Abutment Supported</b>			
D5421	Adjust partial denture, maxillary	\$0	\$35	D6068	Abutment supported retainer for porcelain/ceramic FPD	\$1,110	\$511
D5422	Adjust partial denture, mandibular	\$0	\$35	D6069	Abut. supported retainer porc./metal FPD, high noble	\$1,096	\$504
<b>Repairs to Complete Dentures</b>				D6070	Abut. supported retainer porc./metal FPD, base metal	\$1,035	\$476
D5510	Repair broken complete denture base	\$0	\$55	D6071	Abut. supported retainer porc./metal FPD, noble metal	\$1,056	\$486
D5520	Replace missing or broken teeth, complete denture	\$0	\$41	D6072	Abut. supported retainer cast metal FPD, high noble	\$1,028	\$496
<b>Repairs to Partial Dentures</b>				D6073	Abut. supported retainer cast metal FPD, base metal	\$930	\$449
D5610	Repair resin denture base	\$0	\$54	D6074	Abut. supported retainer cast metal FPD, noble metal	\$1,005	\$484
D5620	Repair cast framework	\$0	\$58	D6194	Abut. supported retainer crown FPD, titanium	\$670	\$412
D5630	Repair or replace broken clasp	\$0	\$70	<b>Implant Supported Prosthetics — Fixed Partial Denture, Implant Supported</b>			
D5640	Replace broken teeth, per tooth	\$0	\$46	D6075	Implant supported retainer for ceramic FPD	\$1,092	\$502
D5650	Add tooth to existing partial denture	\$0	\$56	D6076	Implant supported retainer for porcelain/metal FPD	\$1,064	\$489
D5660	Add clasp to existing partial denture	\$0	\$67	D6077	Implant supported retainer for cast metal FPD	\$984	\$475
D5670	Replace teeth & acrylic on cast metal frame, maxillary	\$0	\$182	<b>Other Implant Services</b>			
D5671	Replace teeth & acrylic on cast metal frame, mandibular	\$0	\$182	D6092	Recement implant/abutment supported crown	\$45	\$39
<b>Denture Rebase Procedures</b>				D6093	Recement implant/abutment supported FPD	\$65	\$61
D5710	Rebase complete maxillary denture	\$0	\$184	<b>PROSTHODONTICS — FIXED</b>			
D5711	Rebase complete mandibular denture	\$0	\$176	<b>Fixed Partial Denture Pontics</b>			
D5720	Rebase maxillary partial denture	\$0	\$173	D6205	Pontic, indirect resin based composite	\$40	\$252
D5721	Rebase mandibular partial denture	\$0	\$173	D6210	Pontic, cast high noble metal	\$40 *	\$356
<b>Denture Reline Procedures</b>				D6211	Pontic, cast predominantly base metal	\$40	\$337
D5730	Reline complete maxillary denture, chairside	\$0	\$104	D6212	Pontic, cast noble metal	\$40 *	\$330
D5731	Reline complete mandibular denture, chairside	\$0	\$104	D6214	Pontic, titanium	\$40 *	\$325
D5740	Reline maxillary partial denture, chairside	\$0	\$95	D6240	Pontic, porcelain fused to high noble metal	\$55 *	\$337
D5741	Reline mandibular partial denture, chairside	\$0	\$95	D6241	Pontic, porcelain fused to predominantly base metal	\$55	\$315
D5750	Reline complete maxillary denture, laboratory	\$0	\$138	D6242	Pontic, porcelain fused to noble metal	\$55 *	\$330
D5751	Reline complete mandibular denture, laboratory	\$0	\$138	D6245	Pontic, porcelain/ceramic	\$55	\$161
D5760	Reline maxillary partial denture, laboratory	\$0	\$136	D6250	Pontic, resin with high noble metal	\$55 *	\$365
D5761	Reline mandibular partial denture, laboratory	\$0	\$136	D6251	Pontic, resin with predominantly base metal	\$40	\$356
<b>Interim Prosthesis</b>				D6252	Pontic, resin with noble metal	\$40 *	\$365
D5810	Interim complete denture, maxillary	\$20	\$182	D6253	Provisional pontic	\$55	\$95
D5811	Interim complete denture, mandibular	\$20	\$197	<b>Fixed Partial Denture Retainers — Inlays/Onlays</b>			
D5820	Interim partial denture, maxillary	\$0	\$169	D6545	Retainer, cast metal for resin bonded fixed prosthesis	\$17 *	\$199
D5821	Interim partial denture, mandibular	\$0	\$180	D6548	Retainer, porcelain/ceramic for resin bonded fixed prosth.	\$17	\$224
<b>Other Removable Prosthetic Services</b>				D6600	Inlay, porcelain/ceramic, 2 surfaces	\$28	\$265
D5850	Tissue conditioning, maxillary	\$0	\$43	D6601	Inlay, porcelain/ceramic, 3 or more surfaces	\$30	\$277
D5851	Tissue conditioning, mandibular	\$0	\$43				

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D6602	Inlay, cast high noble metal, 2 surfaces	\$28 *	\$285	<b>Other Surgical Procedures</b>			
D6603	Inlay, cast high noble metal, 3 or more surfaces	\$30 *	\$315	D7270	Tooth reimplantation/stabilization, accident	\$30	\$79
D6604	Inlay, cast predominantly base metal, 2 surfaces	\$28	\$279	D7272	Tooth transplantation	NPB	NPB
D6605	Inlay, cast predominantly base metal, 3 or more surfaces	\$30	\$295	D7280	Surgical access of an unerupted tooth	\$15	\$85
D6606	Inlay, cast noble metal, 2 surfaces	\$26 *	\$276	D7282	Mobilization of erupted/malpositioned tooth, aid eruption	\$10	\$34
D6607	Inlay, cast noble metal, 3 or more surfaces	\$30 *	\$305	D7283	Placement of device to facilitate eruption impacted tooth	\$10	\$19
D6624	Inlay, titanium	\$30 *	\$283	D7285	Biopsy of oral tissue, hard (bone or tooth)	\$0	\$95
D6608	Onlay, porcelain/ceramic, 2 surfaces	\$31	\$287	D7286	Biopsy of oral tissue, soft	\$0	\$95
D6609	Onlay, porcelain/ceramic, 3 or more surfaces	\$33	\$300	D7287	Exfoliative cytological sample collection	\$0	\$51
D6610	Onlay, cast high noble metal, 2 surfaces	\$30 *	\$308	D7288	Brush biopsy, transepithelial sample collection	\$0	\$50
D6611	Onlay, cast high noble metal, 3 or more surfaces	\$31 *	\$338	D7290	Surgical repositioning of teeth	NPB	NPB
D6612	Onlay, cast predominantly base metal, 2 surfaces	\$30	\$306	D7291	Transseptal fibrotomy/supra crestal fibrotomy	NPB	NPB
D6613	Onlay, cast predominantly base metal, 3 or more surfaces	\$31	\$320	D7292	Surgical placement, temp. anchorage device, screw/plate	NPB	NPB
D6614	Onlay, cast noble metal, 2 surfaces	\$30 *	\$299	D7393	Surgical placement, temporary anchorage device/flap	NPB	NPB
D6615	Onlay, cast noble metal, 3 or more surfaces	\$31 *	\$311	D7294	Surgical placement, temp. anchorage device, no flap	NPB	NPB
D6634	Onlay, titanium	\$31 *	\$354	<b>Alveoplasty — Surgical Preparation of Ridge for Dentures</b>			
<b>Fixed Partial Denture Retainers — Crowns</b>				D7310	Alveoplasty with extractions, 4+ teeth per quadrant	\$0	\$68
D6710	Crown, indirect resin based composite	\$40	\$245	D7311	Alveoplasty with extractions, 1-3 teeth per quadrant	\$0	\$41
D6720	Crown, resin with high noble metal	\$40 *	\$402	D7320	Alveoplasty without extractions, 4+ teeth per quadrant	\$0	\$83
D6721	Crown, resin with predominantly base metal	\$40	\$384	D7321	Alveoplasty without extractions, 1-3 teeth per quadrant	\$0	\$50
D6722	Crown, resin with noble metal	\$40 *	\$390	D7340	Vestibuloplasty, ridge extension, 2 <sup>nd</sup> epithelialization	\$13	\$162
D6740	Crown, porcelain/ceramic	\$40	\$419	D7350	Vestibuloplasty, ridge extension	\$18	\$232
D6750	Crown, porcelain fused to high noble metal	\$55 *	\$360	<b>Surgical Excision of Soft Tissue Lesions</b>			
D6751	Crown, porcelain fused to predominantly base metal	\$55	\$339	D7410	Excision of benign lesion up to 1.25 cm	NPB	NPB
D6752	Crown, porcelain fused to noble metal	\$55 *	\$346	D7411	Excision of benign lesion greater than 1.25 cm	NPB	NPB
D6780	Crown, ¾ cast high noble metal	\$55 *	\$375	D7412	Excision of benign lesion, complicated	NPB	NPB
D6781	Crown, ¾ cast predominantly base metal	\$55	\$375	D7413	Excision of malignant lesion up to 1.25 cm	NPB	NPB
D6782	Crown, ¾ cast noble metal	\$55 *	\$351	D7414	Excision of malignant lesion greater than 1.25 cm	NPB	NPB
D6783	Crown, ¾ porcelain/ceramic	\$55	\$384	D7415	Excision of malignant lesion, complicated	NPB	NPB
D6790	Crown, full cast high noble metal	\$40 *	\$397	D7465	Destruction of lesion(s) by physical/chemical method	NPB	NPB
D6791	Crown, full cast predominantly base metal	\$40	\$380	<b>Surgical Excision of Intra-Osseous Lesions</b>			
D6792	Crown, full cast noble metal	\$40 *	\$392	D7440	Excision of malignant tumor, up to 1.25 cm	NPB	NPB
D6793	Provisional retainer crown	\$15	\$144	D7441	Excision of malignant tumor, greater than 1.25 cm	NPB	NPB
D6794	Crown, titanium	\$40 *	\$412	D7450	Removal of benign odontogenic cyst/tumor, to 1.25 cm	\$15	\$176
<b>Other Fixed Partial Denture Services</b>				D7451	Removal of benign odontogenic cyst/tumor, > 1.25 cm	\$30	\$269
D6920	Connector bar	NPB	NPB	D7460	Removal of benign nonodontogenic cyst/tumor < 1.25	\$16	\$175
D6930	Recement fixed partial denture	\$0	\$41	D7461	Removal of benign nonodontogenic cyst/tumor > 1.25	\$23	\$284
D6940	Stress breaker	\$0	\$93	<b>Excision of Bone Tissue</b>			
D6950	Precision attachment	NPB	NPB	D7471	Removal of lateral exostosis, maxilla or mandible	\$18	\$179
D6970	Post & core in addition to FPD retainer, indirect	\$0 *	\$120	D7472	Removal of torus palatinus	\$13	\$222
D6972	Prefabricated post & core in add to FPD retainer	\$0	\$75	D7473	Removal of torus mandibularis	\$13	\$208
D6973	Core build up for retainer, including any pins	\$0	\$74	D7485	Surgical reduction of osseous tuberosity	\$10	\$187
D6975	Coping	NPB	NPB	D7490	Radical resection of maxilla or mandible	NPB	NPB
D6976	Each additional indirectly fabricated post, same tooth	\$0 *	\$48	<b>Surgical Incision</b>			
D6977	Each additional prefabricated post, same tooth	\$0	\$46	D7510	Incision & drainage of abscess, intraoral soft tissue	\$0	\$65
D6980	Fixed partial denture repair, by report	\$0	\$0	D7511	Incision/drainage abscess, intraoral soft, complicated	\$0	\$65
<b>ORAL AND MAXILLOFACIAL SURGERY</b>				D7520	Incision & drainage of abscess, extraoral soft tissue	\$0	\$155
<b>Extractions (Includes Local Anesthesia, Suturing &amp; Routine Postoperative Care)</b>				D7521	Incision/drainage abscess, extraoral soft, complicated	\$0	\$160
D7111	Extraction, coronal remnants, deciduous tooth	\$0	\$31	D7530	Removal of foreign body	\$5	\$70
D7140	Extraction, erupted tooth or exposed root	\$0	\$41	D7540	Removal or reaction producing foreign bodies	NPB	NPB
<b>Surgical Extractions (Includes Local Anesthesia, Suturing &amp; Routine Postoperative Care)</b>				D7550	Partial ostectomy/sequestrectomy, non-vital bone	NPB	NPB
D7210	Surgical removal of erupted tooth	\$0	\$71	D7560	Maxillary sinusotomy, remove tooth/foreign body	\$10	\$65
D7220	Removal of impacted tooth, soft tissue	\$0	\$89	<b>Other Repair Procedures</b>			
D7230	Removal of impacted tooth, partially bony	\$0	\$125	D7960	Frenulectomy (frenectomy/frenotomy), separate procedure	\$0	\$45
D7240	Removal of impacted tooth, completely bony	\$0	\$175	D7963	Frenuloplasty	\$0	\$45
D7241	Removal of impacted tooth, completely bony, complication	\$0	\$195	D7970	Excision of hyperplastic tissue, per arch	\$0	\$117
D7250	Surgical removal of residual tooth roots, cutting proc.	\$0	\$69	D7971	Excision of pericoronal gingival	\$5	\$36
<b>Other Surgical Procedures</b>				D7980	Sialolithotomy	NPB	NPB
D7260	D7981	NPB	NPB	D7981	Excision of salivary gland, by report	NPB	NPB
D7261	D7982	\$31	\$115	D7982	Sialodochoplasty	NPB	NPB

CODE	DESCRIPTION	MEMBER CO-PAY	PLAN PAYS	CODE	DESCRIPTION	MEMBER CO-PAY	PLAN PAYS
D7983	Closure of salivary fistula	NPB	NPB	<b>Drugs</b>			
<b>ADJUNCTIVE GENERAL SERVICES</b>				D9610	Therapeutic parenteral drug, single administration	NPB	NPB
<b>Unclassified Treatment</b>				D9612	Therapeutic parenteral drugs, 2 + administrations	NPB	NPB
D9110	Palliative (emergency) treatment, minor procedure	\$0	\$34	D9630	Other drugs and/or medicaments, by report	\$0	\$0
D9120	Fixed partial denture sectioning	\$0	\$25	<b>Miscellaneous Services</b>			
<b>Anesthesia</b>				D9910	Application of desensitizing medicament	\$0	\$10
D9210	Local anesthesia not with operative or surgical procedures	\$0	\$7	D9911	Application of desensitizing resin, per tooth	\$0	\$16
D9211	Regional block anesthesia	\$0	\$10	D9920	Behavior management, by report	NPB	NPB
D9212	Trigeminal division block anesthesia	\$0	\$20	D9930	Treatment of complications, post surgical, unusual	\$0	\$60
D9215	Local anesthesia	\$0	\$0	D9940	Occlusal guard, by report	\$100	\$0
D9220	Deep sedation/general anesthesia, 1 <sup>st</sup> 30 minutes	\$225 **	\$0	D9941	Fabrication of athletic mouthguard	NPB	NPB
D9221	Deep sedation/general anesthesia, each additional 15 min.	\$125 **	\$38	D9942	Repair and/or relin of occlusal guard	\$25	\$7
D9230	Analgesia, anxiolysis, nitrous oxide, 1 <sup>st</sup> 15 minutes	\$35	\$0	D9950	Occlusion analysis, mounted case	\$0	\$61
D9230	Analgesia, anxiolysis, nitrous oxide, each add'l 15 min.	\$15	\$0	D9951	Occlusal adjustment, limited	\$0	\$58
D9241	Intravenous conscious sedation/analgesia, 1 <sup>st</sup> 30 minutes	\$225 **	\$70	D9952	Occlusal adjustment, complete	\$0	\$119
D9242	Intravenous conscious sedation/analgesia, add'l 15 min.	\$125 **	\$30	D9970	Enamel microabrasion	NPB	NPB
D9248	Non-intravenous conscious sedation	\$100	\$15	D9971	Odontoplasty, 1-2 teeth	\$0	\$30
<b>Professional Consultation</b>				D9972	External bleaching, per arch	NPB	NPB
D9310	Consultation, other than requesting dentist	\$0	\$35	D9973	External bleaching, per tooth	NPB	NPB
<b>Professional Visits</b>				D9974	Internal bleaching, per tooth	NPB	NPB
D9410	House/extended care facility call	NPB	NPB	D9999	Broken appointment, less than 24 hours notice	\$0	\$0
D9420	Hospital call	NPB	NPB	D9999	Office visit, per visit	\$0	\$0
D9430	Office visit, observation, regular hours, no other services	\$0	\$25	<b>ORTHODONTICS</b>			
D9440	Office visit, after regularly scheduled hours	\$0	\$60	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	\$15				

Annual Deductible: DHMO (Member Co-Pay) Tier = \$0  
Out-of-Network (Plan Pays) Tier = \$50  
Annual Maximum: DHMO (Member Co-Pay) Tier = Unlimited  
Out-of-Network (Plan Pays) Tier = \$1,000

**DHMO (Member Co-Pay) Tier Guidelines:**

\* 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

\*\* 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 Nevada, Inc.**  
**ORTHODONTIC RIDER NVO-1350**  
**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
<b>Orthodontic Diagnostic Records</b>		
D0340	Cephalometric x-ray and tracings for orthodontic purposes	\$175
D0470	Diagnostic casts for orthodontic purposes	\$75
D9310	Initial consultation for orthodontic purposes	\$0
<b>Limited Orthodontic Treatment</b>		
D8010	Limited orthodontic treatment of the primary dentition	\$1,300
D8020	Limited orthodontic treatment of the transitional dentition	\$1,300
D8030	Limited orthodontic treatment of the adolescent dentition	\$1,300
D8040	Limited orthodontic treatment of the adult dentition	\$1,300
<b>Interceptive Orthodontic Treatment</b>		
D8050	Interceptive orthodontic treatment of the primary dentition	\$500
D8060	Interceptive orthodontic treatment of the transitional dentition	\$500
<b>Comprehensive Orthodontic Treatment (24 Months of Usual and Customary Orthodontic Treatment)</b>		
D8070	Comprehensive orthodontic treatment of the transitional dentition	\$850
D8080	Comprehensive orthodontic treatment of the adolescent dentition	\$850
D8090	Comprehensive orthodontic treatment of the adult dentition	\$850
<b>Minor Treatment to Control Harmful Habits</b>		
D8210	Removable appliance therapy	\$350
D8220	Fixed appliance therapy	\$350
<b>Other Orthodontic Services</b>		
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
D8999	Broken appointment (less than 24 hour notice)	\$20

**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 18<sup>th</sup> 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 14<sup>th</sup> 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. Orthodontic coverage is only available from an In-Network LIBERTY Dental Plan Orthodontist.
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
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 when the DHMO (Member Co-Pay) Tier is used.

LIBERTY Dental Plan of Nevada, Inc.  
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