



LIBERTY DEN100

NO CALENDAR YEAR MAXIMUM / NO DEDUCTIBLE

The following is a complete list of dental procedures for which benefits are payable under this Plan. This Plan does not allow alternate benefits. Members must utilize an in network provider to receive benefits. **If elected, Member is responsible for all non-covered procedures.**

CDT Code	Description	Member Pays	Pre-Auth Required	Limitations
Diagnostic Services				
D0120	Periodic oral evaluation	\$0		2 (D0120) per calendar year; not within 6 months of D0150
D0150	Comprehensive oral evaluation	\$0		1 (D0150) every 3 calendar years; not within 3 calendar years of D0120
D0210	Intraoral, complete series of radiographic images	\$0		1 of (D0210, D0330) every 3 calendar years
D0220	Intraoral, periapical, first radiographic image	\$0		6 of (D0220, D0230) every calendar year
D0230	Intraoral, periapical, each add'l radiographic image	\$0		
D0270	Bitewing, single radiographic image	\$0		1 of (D0270-D0274) every calendar year
D0272	Bitewings, two radiographic images	\$0		
D0273	Bitewings, three radiographic images	\$0		
D0274	Bitewings, four radiographic images	\$0		
D0330	Panoramic radiographic image	\$0		1 of (D0210, D0330) every 3 calendar years
D0460	Pulp vitality tests	\$0		3 (D0460) every 2 calendar years
Preventive Services				
D1110	Prophylaxis, adult	\$0		2 (D1110) every calendar year
D1999	Unspecified preventive procedure, by report	\$0		1 (D1999) per date of service per office, covered for Personal Protective Equipment (PPE) – VAL
Restorative Services				
D2140	Amalgam, one surface, primary or permanent	\$0		2 of (D2140-D2335, D2391-D2394) every calendar year
D2150	Amalgam, two surfaces, primary or permanent	\$0		
D2160	Amalgam, three surfaces, primary or permanent	\$0		
D2161	Amalgam, four or more surfaces, primary or permanent	\$0		
D2330	Resin-based composite, one surface, anterior	\$0		
D2331	Resin-based composite, two surfaces, anterior	\$0		
D2332	Resin-based composite, three surfaces, anterior	\$0		
D2335	Resin-based composite, four or more surfaces, involving incisal angle	\$0		
D2391	Resin-based composite, one surface, posterior	\$0		
D2392	Resin-based composite, two surfaces, posterior	\$0		
D2393	Resin-based composite, three surfaces, posterior	\$0		
D2394	Resin-based composite, four or more surfaces, posterior	\$0		
Periodontal Services				
D4355	Full mouth debridement to enable comprehensive evaluation and diagnosis, subsequent visit	\$0		1 (D4355) in a lifetime
Removable Prosthodontic Services				
D5110	Complete denture, maxillary	\$0	Y	1 of (D5110-D5226) per arch every 5 calendar years
D5120	Complete denture, mandibular	\$0	Y	
D5130	Immediate denture, maxillary	\$0	Y	
D5140	Immediate denture, mandibular	\$0	Y	
D5211	Maxillary partial denture, resin base	\$0	Y	
D5212	Mandibular partial denture, resin base	\$0	Y	
D5213	Maxillary partial denture, cast metal, resin base	\$0	Y	
D5214	Mandibular partial denture, cast metal, resin base	\$0	Y	
D5225	Maxillary partial denture, flexible base	\$0	Y	
D5226	Mandibular partial denture, flexible base	\$0	Y	
D5284	Removable unilateral partial denture, one piece flexible base, per quadrant	\$0	Y	
D5286	Removable unilateral partial denture, one piece resin, per quadrant	\$0	Y	
D5730	Reline complete maxillary denture, direct	\$0		1 of (D5730-D5741) per arch every 2 calendar years
D5731	Reline complete mandibular denture, direct	\$0		
D5740	Reline maxillary partial denture, direct	\$0		
D5741	Reline mandibular partial denture, direct	\$0		
D5810	Interim complete denture, maxillary	\$0	Y	1 of (D5810-D5821) per arch every 5 calendar years
D5811	Interim complete denture, mandibular	\$0	Y	
D5820	Interim partial denture, maxillary	\$0	Y	
D5821	Interim partial denture, mandibular	\$0	Y	
Oral & Maxillofacial Services				
D7140	Extraction, erupted tooth or exposed root	\$0		2 of (D7140, D7210) every calendar year
D7210	Extraction, erupted tooth requiring removal of bone and/or sectioning of tooth	\$0	Y	
D7310	Alveoloplasty with extractions, four or more teeth per quadrant	\$0	Y	1 of (D7310, D7311) per quad every calendar year
D7311	Alveoloplasty with extractions, one to three teeth per quadrant	\$0	Y	
Adjunctive General Services				
D9215	Local anesthesia in conjunction with operative or surgical procedures	\$0		
D9995	Teledentistry, synchronous; real-time encounter	\$0		
D9996	Teledentistry, asynchronous; information stored and forwarded to dentist for subsequent review	\$0		

- Coverage is limited to those services set forth in the Schedule of Covered Benefits. If a service is not listed, it is not included and is not covered.
- Fees related to broken appointments, preparing or copying dental reports, duplication of x-rays, itemized bills or claim forms are not covered.
- Treatment for injuries or conditions covered by Workers' Compensation or employer liability laws, and treatment provided without cost to you by any municipality, county, or other political subdivision is not covered.
- Treatment as a result of, civil insurrection, duty as a member of the armed forces of any state or country, engaging in an act of declared or undeclared war, intentional or unintentional nuclear explosion or other release of nuclear energy, whether in peacetime or wartime is not covered.
- Any treatment covered under an individual or group medical plan, auto insurance, no fault auto insurance or uninsured motorist policy to the extent permitted by federal or state statute is not covered.