



## LIBERTY Dental Plan of California, Inc.

### Sacramento GMC Program Combined Evidence of Coverage and Disclosure Form ERRATA

#### Return of Some Medi-Cal Adult Dental Benefits

Effective 5/1/2014

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Dear GMC Member:

There has been a change in the law<sup>1</sup>. Some adult dental services will return beginning May 1, 2014 for adult beneficiaries age 21 and older. Benefits for children up to age 21 will not change.

Newly added services include:

- Exams and x-rays
- Cleanings
- Fluoride treatments
- Fillings
- Anterior root canals (front teeth)
- Prefabricated crowns
- Full dentures
- Relines and repairs to full dentures
- Other medically necessary dental services

If you have any questions with regards to the GMC Evidence of Coverage/Disclosure Form Booklet, including this announcement, please call LIBERTY's Member Services Department at 1 (877) 550-3875, Monday-Friday 8:00a.m. to 5:00p.m. You may also consult our website at [www.libertydentalplan.com](http://www.libertydentalplan.com).

Thank you,

LIBERTY Dental Plan of California, Inc.

<sup>1</sup> Welfare and Institutions Code Sections 14131.10 and 14132(h)



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**Notice on the Availability of Language Assistance Services  
To Accompany Non-Standard Vital Documents Issued in English  
To Limited English Proficient Enrollees**

**English**

IMPORTANT: Can you read this letter? If not, we can have somebody help you read it. You may also be able to get this letter written in your language. For free help, please call right away at 1-877-550-3875.

**Spanish**

IMPORTANTE: ¿Puede leer esta carta? Si no, alguien le puede ayudar a leerla. Además, es posible que reciba esta carta escrita en su propio idioma. Para obtener ayuda gratuita, llame ahora mismo al 1-877-550-3875.



## **ADULT DENTAL SERVICES**

Effective May 1, 2014, certain adult dental benefits will be restored in accordance with Assembly Bill 82 (AB 82). The restored services are listed below, with full descriptions of these reimbursable procedures for Medi-Cal beneficiaries 21 years of age and older.

Please contact LIBERTY Dental Plan if you have any questions at (877) 550-3875.

**Table 1: Allowable Procedure Codes for Adult Dental Services**

<b>CDT Codes</b>	<b>Code Description</b>
D0150	Comprehensive oral evaluation
D0210	Intraoral, complete series (includes bitewings)
D0220	Intraoral, periapical, first film
D0230	Intraoral, periapical, each additional film
D0270	Bitewing, single film
D0272	Bitewings, 2 films
D0274	Bitewings, 4 films
D0330	Panoramic film
D0350	Oral/facial photographic images
D1110	Prophylaxis, adult, once every six months
D1204	Topical application of fluoride, adult
D2140	Amalgam, 1 surface, primary or permanent
D2150	Amalgam, 2 surfaces, primary or permanent
D2160	Amalgam, 3 surfaces, primary or permanent
D2161	Amalgam, 4 or more surfaces, primary or permanent
D2330	Resin-based composite, 1 surface, anterior
D2331	Resin-based composite, 2 surfaces, anterior
D2332	Resin-based composite, 3 surfaces, anterior
D2335	Resin-based composite, 4+ surfaces/incisal angle
D2390	Resin-based composite crown, anterior
D2391	Resin-based composite - one surface, posterior
D2392	Resin-based composite - two surfaces, posterior
D2393	Resin-based composite - three surfaces, posterior
D2394	Resin-based composite - four or more surfaces, posterior
D2931	Prefabricated stainless steel crown, permanent tooth
D2932	Prefabricated resin crown
D2952	Post & core in addition to crown, indirect fabricated
D2954	Prefabricated post & core in addition to crown
D3310	Anterior (excluding final restoration)
D3346	Retreatment of previous root canal, anterior
D5110	Complete denture, maxillary (upper)
D5120	Complete denture, mandibular (lower)



<b>CDT Codes</b>	<b>Code Description</b>
D5130	Immediate denture, maxillary (upper)
D5140	Immediate denture, mandibular (lower)
D5410	Adjust complete denture, maxillary (upper)
D5411	Adjust complete denture, mandibular (lower)
D5510	Repair broken complete denture base
D5520	Replace missing/broken teeth, complete denture
D5610	Repair resin denture base
D5730	Reline complete maxillary (upper) denture, chairside
D5731	Reline complete mandibular (lower) denture, chairside
D5750	Reline complete maxillary (upper) denture, laboratory
D5751	Reline complete mandibular (lower) denture, laboratory
D5850	Tissue conditioning, maxillary (upper)
D5851	Tissue conditioning, mandibular (lower)
D5860	Overdenture - complete, by report

**Table 2: Allowable Procedure Codes for Pregnant Women**

<b>CDT Codes</b>	<b>Code Description</b>
D0120	Periodic Oral Examination
D1120	Prophylaxis, Child
D1203	Topical Application of Fluoride, Child
D1206	Topical Application of Fluoride Varnish
D4210	Gingivectomy/Gingivoplasty, 4+ Teeth Per Quadrant
D4211	Gingivectomy/Gingivoplasty, 1-3 Teeth Per Quadrant
D4260	Osseous Surgery, 4+ Teeth Per Quadrant
D4261	Osseous Surgery, 1-3 Teeth Per Quadrant
D4341	Periodontal Scaling & Root Planing, 4+ Teeth/Quadrant
D4342	Periodontal Scaling & Root Planing, 1-3 Teeth/Quadrant
D4920	Unscheduled Dressing Change/Non-Treating Dentist)
D9951	Occlusal Adjustment, Limited