



NV Pediatric High with Adult Option

Individual Out-of-Pocket Maximum: \$350 (applies to Pediatric only)
Family Out-of-Pocket Maximum: \$700 (applies to Pediatric only)

The following is a complete list of the dental procedures for which benefits are payable under this Plan. Non-listed procedures are not covered. This Plan does not allow alternate benefits. Members must visit a contracted dental office to utilize covered benefits.

| ADA Code | Description | Pediatric Copay ** | Pediatric Pre-Auth. Required | Adult Copay*** | Frequency Limitations |
|----------------------------|---|--------------------|------------------------------|----------------|---|
| DIAGNOSTIC SERVICES | | | | | |
| D0120 | Periodic oral evaluation, established patient | \$0 | | \$25 | 1 per 11 month period |
| D0140 | Limited oral evaluation, problem focused | \$0 | | \$41 | 3 per 6 month period |
| D0145 | Oral evaluation under age 3 | \$0 | | NPB | covered for age 6 months up to the 3rd birthday |
| D0150 | Comprehensive oral evaluation | \$0 | | \$40 | 1 unit per benefit year |
| D0160 | Detailed oral evaluation, problem focused, by report | \$0 | | \$50 | |
| D0170 | Limited re-evaluation, limited, problem focused | \$0 | | \$30 | |
| D0210 | Intraoral, complete series of radiographic images | \$0 | | \$70 | 1 per 11 month period |
| D0220 | Intraoral, periapical, first radiographic image | \$0 | | \$14 | 2 per 3 month period |
| D0230 | Intraoral, periapical, each add 'l radiographic image | \$0 | | \$10 | 17 units per 12 month period |
| D0240 | Intraoral, occlusal radiographic image | \$0 | | \$17 | 1 unit per 6 month period |
| D0270 | Bitewing, single radiographic image | \$0 | | \$14 | 1 unit per 6 month period |
| D0272 | Bitewings, 2 radiographic images | \$0 | | \$18 | 1 unit per 6 month period |
| D0273 | Bitewings, 3 radiographic images | \$0 | | \$21 | |
| D0274 | Bitewings, 4 radiographic images | \$0 | | \$28 | 1 unit per 6 month period |
| D0277 | Vertical bitewings, 7 to 8 radiographic images | \$0 | | \$35 | |
| D0290 | Posterior-anterior / lateral skull and facial bone survey | \$0 | | NPB | |
| D0322 | Tomographic survey | \$0 | | NPB | |
| D0330 | Panoramic radiographic image | \$0 | | \$50 | 1 per 3 benefit years |
| D0340 | Cephalometric radiographic image | \$0 | | NPB | 1 per 36 month period |
| D0350 | Oral/facial photographic images | \$0 | | NPB | |
| D0415 | Collection of microorganisms for culture and sensitivity | \$0 | | \$28 | |
| D0416 | Viral culture | \$0 | | NPB | |
| D0460 | Pulp vitality tests | \$0 | | \$15 | |
| D0470 | Diagnostic casts | \$0 | | \$28 | |



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|--|---|--------------------|------------------------------|----------------|---|
| DIAGNOSTIC SERVICES (Continued) | | | | | |
| D0486 | Laboratory accession of transepithelial cytologic sample, microscopic examination, prep & translation of written report | \$0 | | NPB | |
| D0502 | Other oral pathology procedures, by report | \$0 | | NPB | |
| D0999 | Unspecified diagnostic procedure, by report - includes office visit, per visit (in addition to other services) | \$0 | | NPB | |
| PREVENTIVE SERVICES | | | | | |
| D1110 | Prophylaxis, adult | \$0 | | \$53 | 1 unit per 6 month period |
| D1120 | Prophylaxis, child | \$0 | | \$35 | |
| D1206 | Topical application of fluoride varnish | \$0 | | \$20 | 1 unit per 6 month period |
| D1208 | Topical application of fluoride | \$0 | | \$19 | 2 units per 6 month period |
| D1351 | Sealant, per tooth | \$0 | | \$16 | 1 per tooth per lifetime |
| D1510 | Space maintainer, fixed, unilateral | \$0 | | \$93 | 2 units per 12 month period 4 units per lifetime |
| D1515 | Space maintainer, fixed, bilateral | \$0 | | \$122 | |
| D1520 | Space maintainer, removable, unilateral | \$0 | | \$115 | |
| D1525 | Space maintainer, removable, bilateral | \$0 | | \$157 | |
| D1550 | Recement space maintainer | \$0 | | \$20 | |
| D1555 | Removal of fixed space maintainer | \$0 | | \$20 | |
| BASIC RESTORATIVE SERVICES | | | | | |
| D2140 | Amalgam, 1 surface, primary or permanent | \$25 | | \$51 | 1 filling per tooth per surface per 36 month period (D2140-D2335, D2391-D2394) if replacement restoration is less than 36 months by the same dental office or provider it is not chargeable to the plan or member |
| D2150 | Amalgam, 2 surfaces, primary or permanent | \$30 | | \$65 | |
| D2160 | Amalgam, 3 surfaces, primary or permanent | \$35 | | \$79 | |
| D2161 | Amalgam, 4 or more surfaces, primary or permanent | \$40 | | \$96 | |
| D2330 | Resin-based composite, 1 surface, anterior | \$30 | | \$60 | |
| D2331 | Resin-based composite, 2 surfaces, anterior | \$35 | | \$77 | 1 per tooth per 36 month period |
| D2332 | Resin-based composite, 3 surfaces, anterior | \$40 | | \$85 | |
| D2335 | Resin-based composite, 4+ surfaces/incisal angle | \$50 | | \$98 | |
| D2390 | Resin-based composite crown, anterior | \$139 | | \$150 | |
| D2391 | Resin-based composite, 1 surface, posterior | \$55 | | \$55 | 1 filling per tooth per surface per 36 month period (D2140-D2335, D2391-D2394) if replacement restoration is less than 36 months by the same dental office or provider it is not chargeable to the plan or member |
| D2392 | Resin-based composite, 2 surfaces, posterior | \$75 | | \$75 | |
| D2393 | Resin-based composite, 3 surfaces, posterior | \$90 | | \$90 | |
| D2394 | Resin-based composite, 4+ surfaces, posterior | \$105 | | \$105 | |



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| ADA Code | Description | Pediatric Copay ** | Pediatric Pre-Auth. Required | Adult Copay*** | Frequency Limitations |
|--|---|--------------------|------------------------------|----------------|---------------------------------|
| MAJOR RESTORATIVE SERVICES | | | | | |
| *GUIDELINE Crowns Pediatric Only: | | | | | |
| The total maximum amount chargeable to the member for elective upgraded procedures 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. | | | | | |
| 1. Brand name restorations: (e.g. Sunrise, Captek, Vitadur-N, Hi-Ceram, Optec, HSP, In-Ceram, Empress, Cerec, AllCeram, Procera, Lava, etc.) may be considered elective upgraded material, if elected member may be charged up to the maximum per tooth charge of \$250.00 if codes are not listed as covered benefits. | | | | | |
| 2. Noble or high noble Metal: are considered elective upgraded material, if elected the member may be charged up to the maximum per tooth charge of \$250.00. | | | | | |
| D2712 | Crown, resin-based composite (indirect) | \$350 | | \$295 | |
| D2721 | Crown, resin with predominantly base metal | \$350* | | \$351 | 1 per tooth per lifetime |
| D2740 | Crown, porcelain/ceramic substrate | \$350* | | \$427 | |
| D2751 | Crown, porcelain fused to predominantly base metal | \$350* | | \$428 | 1 per tooth per lifetime |
| D2781 | Crown, ¾ cast predominantly base metal | \$350* | | \$418 | |
| D2791 | Crown, full cast predominantly base metal | \$350* | | \$404 | 1 per tooth per lifetime |
| D2910 | Recement inlay, onlay, partial coverage restoration | \$26 | | \$26 | |
| D2915 | Recement cast or prefabricated post and core | \$26 | | \$26 | |
| D2920 | Recement crown | \$27 | | \$27 | 1 per tooth per 12 month period |
| D2930 | Prefabricated stainless steel crown, primary tooth | \$72 | | \$72 | 1 per tooth per 36 month period |
| D2931 | Prefabricated stainless steel crown, permanent tooth | \$90 | | \$90 | 1 per tooth per lifetime |
| D2932 | Prefabricated resin crown | \$80 | | \$80 | 1 per tooth per 36 month period |
| D2933 | Prefabricated stainless steel crown with resin window | \$0 | | \$80 | |
| D2940 | Protective restoration (temporary) | \$30 | | \$30 | 2 per 6 month period |
| D2950 | Core build-up, including any pins, when required | \$78 | | \$78 | 1 per tooth per 36 month period |
| D2951 | Pin retention, per tooth, in addition to restoration | \$16 | | \$16 | 2 per 36 month period |
| D2952 | Post and core in addition to crown, indirectly fabricated | \$115 | | \$115 | 1 per tooth per lifetime |
| D2953 | Each additional indirectly fabricated post - same tooth | \$40 | | \$40 | |
| D2954 | Prefabricated post & core in addition to crown | \$90 | | \$90 | 1 per tooth per lifetime |
| D2955 | Post removal | \$30 | | \$30 | |
| D2957 | Each additional prefabricated post - same tooth | \$40 | | \$40 | |
| D2960 | Labial veneer (resin laminate) - chairside | \$310 | | \$310 | 1 per tooth per lifetime |
| D2961 | Labial veneer (resin laminate) - laboratory | \$350 | | \$335 | |
| D2962 | Labial veneer (porcelain laminate) - laboratory | \$350 | | \$355 | |
| D2970 | Temporary crown (fractured tooth) | \$50 | | \$50 | |
| D2975 | Coping | \$175 | | NPB | |
| D2980 | Crown repair necessitated by restorative material failure | \$100 | | \$100 | |
| D2999 | Unspecified restorative procedure, by report | \$0 | Y | NPB | |



| ADA Code | Description | Pediatric Copay ** | Pediatric Pre-Auth. Required | Adult Copay*** | Frequency Limitations |
|-----------------------------|---|--------------------|------------------------------|----------------|-------------------------------------|
| ENDODONTIC SERVICES | | | | | |
| D3110 | Pulp cap, direct (excluding final restoration) | \$20 | | \$20 | |
| D3120 | Pulp cap, indirect (excluding final restoration) | \$18 | | \$18 | |
| D3220 | Therapeutic pulpotomy (excluding final restoration) | \$48 | | \$48 | 1 per tooth per 36 month period |
| D3222 | Partial pulpotomy for apexogenesis - permanent teeth with incomplete root development | \$79 | | NPB | |
| D3230 | Pulpal therapy (resorbable filling), anterior, primary tooth | \$56 | | \$56 | |
| D3240 | Pulpal therapy (resorbable filling), posterior, primary tooth | \$60 | | \$60 | |
| D3310 | Endodontic therapy, anterior tooth (excluding final restoration) | \$305 | | \$305 | 1 per tooth per lifetime |
| D3320 | Endodontic therapy, bicuspid tooth (excluding final restoration) | \$350 | | \$359 | |
| D3330 | Endodontic therapy, molar tooth (excluding final restoration) | \$350 | | \$625 | |
| D3351 | Apexification/recalcification, initial visit | \$80 | | \$80 | |
| D3352 | Apexification/recalcification, interim medication replacement | \$55 | | \$55 | |
| D3353 | Apexification/recalcification, final visit | \$105 | | \$105 | 1 per tooth per lifetime |
| D3410 | Apicoectomy, anterior | \$185 | | \$545 | |
| D3421 | Apicoectomy, bicuspid (first root) | \$254 | | \$565 | |
| D3425 | Apicoectomy, molar (first root) | \$275 | | \$585 | |
| D3426 | Apicoectomy, each add 'l root | \$107 | | \$170 | |
| D3430 | Retrograde filling, per root | \$78 | | \$170 | 1 per tooth per lifetime |
| D3450 | Root amputation, per root | \$159 | | \$210 | |
| D3460 | Endodontic endosseous implant | \$350 | | NPB | |
| D3920 | Hemisection (include root removal), not include root canal | \$124 | | \$210 | |
| D3950 | Canal preparation and fitting of preformed dowel or post | \$15 | | \$0 | |
| D3999 | Unspecified endodontic procedure, by report | \$0 | Y | NPB | |
| PERIODONTAL SERVICES | | | | | |
| D4210 | Gingivectomy/gingivoplasty, 4+ teeth per quadrant | \$115 | | \$115 | 1 per site/quad per 60 month period |
| D4211 | Gingivectomy/gingivoplasty, 1-3 teeth per quadrant | \$55 | | \$55 | |
| D4230 | Anatomical crown exposure, 4+ teeth per quadrant | \$350 | | NPB | |
| D4231 | Anatomical crown exposure, 1-3 teeth per quadrant | \$350 | | NPB | |
| D4240 | Gingival flap procedure, include root planing, 4+ teeth per quad | \$165 | | \$300 | |
| D4241 | Gingival flap procedure, include root planing, 1-3 teeth per quad | \$100 | | \$225 | |
| D4249 | Clinical crown lengthening, hard tissue | \$325 | | \$325 | |
| D4260 | Osseous surgery, 4+ teeth per quadrant | \$350 | | \$650 | 1 per site/quad per 60 month period |
| D4261 | Osseous surgery, 1-3 teeth per quadrant | \$350 | | \$400 | |



| ADA Code | Description | Pediatric Copay ** | Pediatric Pre-Auth. Required | Adult Copay*** | Frequency Limitations |
|--|---|--------------------|------------------------------|----------------|-------------------------------------|
| PERIODONTAL SERVICES (Continued) | | | | | |
| D4263 | Bone replacement graft, first site in quadrant | \$147 | | \$147 | |
| D4264 | Bone replacement graft, each additional site in quadrant | \$78 | | \$78 | |
| D4265 | Biologic materials to aid in soft and osseous tissue regeneration | \$350 | | NPB | |
| D4266 | Guided tissue regeneration, resorbable barrier, per site | \$350 | | NPB | |
| D4267 | Guided tissue regeneration, non-resorbable barrier, per site | \$350 | | NPB | |
| D4270 | Pedicle soft tissue graft procedure | \$350 | | \$367 | |
| D4273 | Subepithelial connective tissue graft procedures, per tooth | \$0 | | NPB | |
| D4274 | Distal or proximal wedge procedure | \$108 | | \$108 | |
| D4277 | Free soft tissue graft procedure, first tooth | \$250 | | \$368 | |
| D4278 | Free soft tissue graft procedure, each add'l tooth | \$75 | | \$368 | |
| D4320 | Provisional splinting, intracoronal | \$200 | | \$25 | |
| D4321 | Provisional splinting - extracoronal | \$25 | | \$25 | |
| GUIDELINE: No more than two (2) quadrants of periodontal scaling and root planing per appointment/ per day are allowable. | | | | | |
| D4341 | Periodontal scaling & root planing, 4+ teeth per quadrant | \$69 | | \$75 | 1 per site/quad per 12 month period |
| D4342 | Periodontal scaling & root planing, 1-3 teeth per quadrant | \$38 | | \$75 | |
| D4355 | Full mouth debridement | \$35 | | \$35 | |
| D4381 | Localized delivery of antimicrobial agents | \$25 | | \$50 | |
| D4910 | Periodontal maintenance | \$42 | | \$42 | 1 per 3 month period |
| D4999 | Unspecified periodontal procedure, by report | \$25 | Y | NPB | |
| REMOVABLE PROSTHODONTIC SERVICES | | | | | |
| D5110 | Complete denture, maxillary | \$350 | | \$501 | 1 per arch per 60 month period |
| D5120 | Complete denture, mandibular | \$350 | | \$501 | |
| D5130 | Immediate denture, maxillary | \$350 | | \$531 | |
| D5140 | Immediate denture, mandibular | \$350 | | \$531 | |
| D5211 | Maxillary partial denture, resin base | \$343 | | \$343 | |
| D5212 | Mandibular partial denture, resin base | \$350 | | \$399 | |
| D5213 | Maxillary partial denture, cast metal/resin base | \$350 | | \$549 | |
| D5214 | Mandibular partial denture, cast metal/resin base | \$350 | | \$549 | |
| D5281 | Removable unilateral partial denture, 1 pc. cast | \$225 | | \$225 | 1 per 60 month period |
| D5410 | Adjust complete denture, maxillary | \$35 | | \$35 | 1 per arch per 6 month period |
| D5411 | Adjust complete denture, mandibular | \$35 | | \$35 | |
| D5421 | Adjust partial denture, maxillary | \$35 | | \$35 | |
| D5422 | Adjust partial denture, mandibular | \$35 | | \$35 | |
| D5510 | Repair broken complete denture base | \$55 | | \$55 | 1 per arch per 60 month period |



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|---|--|--------------------|------------------------------|----------------|---|
| REMOVABLE PROSTHODONTIC SERVICES (Continued) | | | | | |
| D5520 | Replace missing/broken teeth, complete denture | \$41 | | \$41 | 1 per arch per 60 month period |
| D5610 | Repair resin denture base | \$54 | | \$54 | if services performed is less than 91 days of original seat date of appliance, it is not chargeable to the plan or member |
| D5620 | Repair cast framework | \$58 | | \$58 | |
| D5630 | Repair or replace broken clasp | \$70 | | \$70 | |
| D5640 | Replace broken teeth, per tooth | \$46 | | \$46 | |
| D5650 | Add tooth to existing partial denture | \$56 | | \$56 | if services performed is less than 91 days of original seat date of appliance, it is not chargeable to the plan or member |
| D5660 | Add clasp to existing partial denture | \$67 | | \$67 | |
| D5670 | Replace all teeth and acrylic on cast metal framework (max.) | \$182 | Y under age of 14 | \$182 | |
| D5671 | Replace all teeth and acrylic on cast metal framework (mand) | \$182 | | \$182 | |
| D5730 | Reline complete maxillary denture, chairside | \$104 | | \$104 | 1 per arch per 6 month period |
| D5731 | Reline complete mandibular denture, chairside | \$104 | | \$104 | |
| D5740 | Reline maxillary partial denture, chairside | \$95 | | \$95 | |
| D5741 | Reline mandibular partial denture, chairside | \$95 | | \$95 | |
| D5750 | Reline complete maxillary denture, laboratory | \$138 | Y | \$138 | |
| D5751 | Reline complete mandibular denture, laboratory | \$138 | Y | \$138 | |
| D5760 | Reline maxillary partial denture, laboratory | \$136 | | \$136 | |
| D5761 | Reline mandibular partial denture, laboratory | \$136 | | \$136 | |
| D5820 | Interim partial denture (maxillary) | \$169 | | \$169 | 1 per arch per 60 month period |
| D5821 | Interim partial denture (mandibular) | \$180 | | \$180 | |
| D5850 | Tissue conditioning, maxillary | \$43 | | \$43 | 1 per arch per benefit year |
| D5851 | Tissue conditioning, mandibular | \$43 | | \$43 | |
| D5862 | Precision attachment, by report | \$56 | Y | NPB | |
| D5899 | Unspecified removable prosthodontic procedure, by report | \$56 | | NPB | |
| MAXILLOFACIAL PROSTHETICS | | | | | |
| D5931 | Obturator prosthesis, surgical | \$350 | Y | NPB | |
| D5932 | Obturator prosthesis, definitive | \$350 | Y | NPB | |
| D5933 | Obturator prosthesis, modification | \$350 | Y | NPB | |
| D5936 | Obturator prosthesis, interim | \$350 | Y | NPB | |
| D5983 | Radiation carrier | \$350 | Y | NPB | |
| D5984 | Radiation shield | \$350 | Y | NPB | |
| D5985 | Radiation cone locator | \$350 | Y | NPB | |
| D5988 | Surgical splint | \$350 | Y | NPB | 1 per lifetime |
| D5999 | Unspecified maxillofacial prosthesis, by report | \$350 | Y | NPB | |



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|--|--|--------------------|------------------------------|----------------|---|
| FIXED PROSTHODONTIC SERVICES | | | | | |
| D6930 | Recement fixed partial denture | \$41 | | \$41 | if services performed is less than 91 days of original seat date of appliance, it is not chargeable to the plan or member |
| ORAL & MAXILLOFACIAL SERVICES | | | | | |
| D7111 | Extraction, coronal remnants | \$31 | | \$31 | |
| D7140 | Extraction, erupted tooth or exposed root | \$25 | | \$41 | |
| D7210 | Surgical removal of erupted tooth | \$71 | | \$130 | |
| D7220 | Removal of impacted tooth, soft tissue | \$89 | | \$155 | |
| D7230 | Removal of impacted tooth, partially bony | \$125 | | \$185 | |
| D7240 | Removal of impacted tooth, completely bony | \$175 | | \$210 | |
| D7241 | Removal impacted tooth, complete bony, complication | \$195 | | \$260 | |
| D7250 | Surgical removal residual tooth roots, cutting procedure | \$69 | | \$205 | |
| D7260 | Oroantral fistula closure | \$350 | | NPB | if services performed is less than 91 days of original extraction, it is not chargeable to the plan or member |
| D7261 | Primary closure of a sinus perforation | \$31 | | NPB | |
| D7270 | Tooth reimplantation and/or stabilization | \$45 | | NPB | |
| D7280 | Surgical access of an unerupted tooth | \$100 | | NPB | 1 per tooth per lifetime |
| D7283 | Placement of device to facilitate eruption of impacted tooth | \$15 | | NPB | |
| D7285 | Biopsy of oral tissue, hard (bone, tooth) | \$95 | | \$175 | |
| D7286 | Biopsy of oral tissue, soft | \$95 | | \$150 | |
| D7287 | Exfoliative cytological sample collection | \$51 | | NPB | |
| D7288 | Brush biopsy, transepithelial sample collection | \$50 | | NPB | |
| D7290 | Surgical repositioning of teeth | \$350 | | NPB | |
| D7291 | Transseptal fibrotomy/supra crestal fibrotomy, by report | \$350 | | NPB | |
| D7292 | Surgical placement: temp. anchor [screw retained plate], surgical flap | \$350 | | NPB | |
| D7293 | Surgical placement: temporary anchorage device requiring surgical flap | \$350 | | NPB | |
| D7294 | Surgical placement: temporary anchorage device without surgical flap | \$320 | | NPB | |
| D7310 | Alveoplasty with extractions, 4+ teeth, quadrant | \$68 | | \$120 | 1 per quadrant per lifetime |
| D7311 | Alveoplasty in conjunction w/ extractions, 1-3 teeth, quad | \$41 | | \$55 | |
| D7320 | Alveoplasty, w/o extractions, 4+ teeth, quadrant | \$83 | | \$150 | 1 per quadrant per lifetime |
| D7321 | Alveoplasty not in conjunction w/ extractions, 1-3 teeth, quad | \$50 | | \$75 | |
| D7410 | Excision of benign lesion up to 1.25 cm | \$60 | | \$130 | |
| D7411 | Excision of benign lesion greater than 1.25 cm | \$60 | | \$130 | |
| D7412 | Excision of benign lesion, complicated | \$0 | | \$210 | |



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|--|--|--------------------|------------------------------|----------------|---|
| ORAL & MAXILLOFACIAL SERVICES (Continued) | | | | | |
| D7440 | Excision of malignant tumor, up to 1.25 cm | \$350 | | NPB | |
| D7441 | Excision of malignant tumor, greater than 1.25 cm | \$350 | | NPB | |
| D7450 | Removal of benign odontogenic cyst or tumor, up to 1.25 cm | \$55 | | \$100 | |
| D7451 | Removal of benign odontogenic cyst or tumor, greater 1.25 cm | \$65 | | \$210 | |
| D7460 | Removal of benign nonodontogenic cyst/tumor, up to 1.25 cm | \$55 | | \$125 | |
| D7461 | Removal of benign nonodontogenic cyst/tumor, greater 1.25 cm | \$65 | | \$200 | |
| D7465 | Destruction of lesion(s), by report | \$350 | | NPB | |
| D7472 | Removal of torus palatinus | \$50 | | \$392 | 2 per lifetime |
| D7473 | Removal of torus mandibularis | \$50 | | \$392 | 2 per lifetime |
| D7490 | Radical resection of maxilla or mandible | \$58 | Y | NPB | |
| D7510 | Incision and drainage of abscess, intraoral soft tissue | \$65 | | \$95 | Incidental, already part of another procedure |
| D7511 | Incision and drainage of abscess, intraoral, complicated | \$65 | | \$85 | |
| D7520 | Incision and drainage of abscess, extraoral soft tissue | \$155 | | \$65 | Incidental, already part of another procedure |
| D7521 | Incision and drainage of abscess, extraoral, complicated | \$160 | | NPB | |
| D7530 | Removal of foreign body from mucosa, skin, or subcutaneous alveolar tissue | \$75 | | NPB | |
| D7540 | Removal of reaction producing foreign bodies, musculoskeletal system | \$350 | | NPB | |
| D7550 | Partial ostectomy/sequestrectomy for removal of non-vital bone | \$350 | | NPB | |
| D7560 | Maxillary sinusotomy, removal of tooth fragment/foreign body | \$30 | | NPB | |
| D7610 | Maxilla, open reduction (teeth immobilized, if present) | \$350 | | NPB | |
| D7620 | Maxilla, closed reduction (teeth immobilized, if present) | \$350 | | NPB | |
| D7630 | Mandible, open reduction (teeth immobilized, if present) | \$350 | | NPB | |
| D7640 | Mandible, closed reduction (teeth immobilized, if present) | \$350 | | NPB | |
| D7650 | Malar and/or zygomatic arch, open reduction | \$30 | | NPB | 1 per lifetime |
| D7660 | Malar and/or zygomatic arch, closed reduction | \$350 | | NPB | 1 per lifetime |
| D7670 | Alveolus, closed reduction, may include stabilization of teeth | \$350 | | NPB | |
| D7671 | Alveolus, open reduction, may include stabilization of teeth | \$350 | | NPB | |
| D7680 | Facial bones, complicated reduction w/ fixation/multiple surgical approach | \$350 | | NPB | |
| D7710 | Maxilla, open reduction | \$350 | | NPB | |
| D7720 | Maxilla, closed reduction | \$350 | | NPB | |
| D7730 | Mandible, open reduction | \$350 | | NPB | |
| D7740 | Mandible, closed reduction | \$350 | | NPB | |
| D7750 | Malar and/or zygomatic arch, open reduction | \$350 | | NPB | 1 per lifetime |
| D7760 | Malar and/or zygomatic arch, closed reduction | \$350 | | NPB | |
| D7770 | Alveolus, open reduction stabilization of teeth | \$350 | | NPB | |



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|--|--|--------------------|------------------------------|----------------|-----------------------|
| ORAL & MAXILLOFACIAL SERVICES (Continued) | | | | | |
| D7771 | Alveolus, closed reduction stabilization of teeth | \$350 | | NPB | |
| D7780 | Facial bones, complicated reduction w/ fixation/multiple surgical approach | \$350 | | NPB | |
| D7810 | Open reduction of dislocation | \$350 | Y | NPB | |
| D7820 | Closed reduction of dislocation | \$350 | | NPB | |
| D7840 | Condylectomy | \$350 | | NPB | |
| D7850 | Surgical discectomy, with/without implant | \$350 | | NPB | |
| D7852 | Disc repair | \$350 | | NPB | |
| D7854 | Synovectomy | \$350 | | NPB | |
| D7858 | Joint reconstruction | \$350 | Y | NPB | |
| D7860 | Arthrotomy | \$350 | | NPB | |
| D7865 | Arthroplasty | \$350 | | NPB | |
| D7870 | Arthrocentesis | \$350 | | NPB | |
| D7872 | Arthroscopy, diagnosis, with or without biopsy | \$350 | | NPB | |
| D7873 | Arthroscopy, surgical: lavage and lysis of adhesions | \$350 | | NPB | |
| D7874 | Arthroscopy, surgical: disc repositioning and stabilization | \$350 | | NPB | |
| D7875 | Arthroscopy, surgical: synovectomy | \$350 | | NPB | |
| D7876 | Arthroscopy, surgical: discectomy | \$350 | | NPB | |
| D7877 | Arthroscopy, surgical: debridement | \$350 | | NPB | |
| D7880 | Occlusal orthotic device, by report | \$350 | | NPB | |
| D7910 | Suture of recent small wounds up to 5 cm | \$350 | | NPB | |
| D7911 | Complicated suture, up to 5 cm | \$350 | | NPB | |
| D7912 | Complicated suture, greater than 5 cm | \$350 | | NPB | |
| D7940 | Osteoplasty, for orthognathic deformities | \$350 | Y | NPB | 1 per lifetime |
| D7941 | Osteotomy, mandibular rami | \$350 | Y | NPB | 1 per lifetime |
| D7943 | Osteotomy, mandibular rami with bone graft; obtaining the graft | \$350 | Y | NPB | 1 per lifetime |
| D7944 | Osteotomy, segmented or subapical | \$350 | Y | NPB | |
| D7945 | Osteotomy, body of mandible | \$350 | Y | NPB | 1 per lifetime |
| D7946 | LeFort I (maxilla - total) | \$350 | Y | NPB | 1 per lifetime |
| D7947 | LeFort I (maxilla - segmented) | \$350 | Y | NPB | 1 per lifetime |
| D7948 | LeFort II or LeFort III, without bone graft | \$350 | Y | NPB | 1 per lifetime |
| D7949 | LeFort II or LeFort III, with bone graft | \$350 | Y | NPB | |
| D7951 | Sinus augmentation w/ bone/bone substitutes, lateral open approach | \$350 | | NPB | |
| D7953 | Bone replacement graft for ridge preservation, per site | \$158 | | NPB | |
| D7955 | Repair of maxillofacial soft and/or hard tissue defect | \$161 | Y | NPB | 1 per 24 month period |



LIBERTY Dental Plan | nevada health link

| ADA Code | Description | Pediatric Copay ** | Pediatric Pre-Auth. Required | Adult Copay*** | Frequency Limitations |
|---|--|--------------------|------------------------------|----------------|-----------------------|
| ORAL & MAXILLOFACIAL SERVICES (Continued) | | | | | |
| D7960 | Frenulectomy, separate procedure | \$45 | | \$175 | 3 per lifetime |
| D7963 | Frenuloplasty | \$45 | | \$175 | |
| D7970 | Excision of hyperplastic tissue - per arch | \$25 | | \$75 | |
| D7971 | Excision of pericoronal gingiva | \$25 | | \$65 | |
| D7980 | Sialolithotomy | \$350 | | NPB | |
| D7981 | Excision of salivary gland, by report | \$350 | | NPB | |
| D7982 | Sialodochoplasty | \$350 | | NPB | |
| D7983 | Closure of salivary fistula | \$350 | | NPB | |
| D7990 | Emergency tracheotomy | \$350 | | NPB | |
| D7991 | Coronoidectomy | \$350 | | NPB | 1 per lifetime |
| D7996 | Implant-mandible for augmentation purposes, by report | \$350 | Y | NPB | |
| D7998 | Intraoral placement of a fixation device not in conjunction w/ fracture | \$350 | | NPB | |
| D7999 | Unspecified oral surgery procedure, by report | \$25 | Y | NPB | |
| ORTHODONTIC SERVICES | | | | | |
| All copayments paid by the enrollee, including orthodontic copayments, apply towards the annual Out of Pocket Maximum. | | | | | |
| D8010 | Limited orthodontic treatment of the primary dentition | \$350 | Y | NPB | |
| D8020 | Limited orthodontic treatment of the transitional dentition | \$350 | Y | NPB | 1 per lifetime |
| D8040 | Limited orthodontic treatment of the adult dentition | \$350 | Y | NPB | |
| D8080 | Comprehensive orthodontic treatment of the adolescent dentition | \$350 | Y | NPB | |
| D8090 | Comprehensive orthodontic treatment of the adult dentition | \$350 | Y | NPB | |
| D8210 | Removable appliance therapy | \$0 | | NPB | |
| D8220 | Fixed appliance therapy | \$350 | Y | NPB | |
| D8660 | Pre-orthodontic treatment visit | \$0 | | NPB | |
| D8670 | Periodic orthodontic treatment visit (as part of contract) | \$100 | Y | NPB | |
| D8680 | Orthodontic retention | \$0 | Y | NPB | |
| D8691 | Repair of orthodontic appliance | \$0 | | NPB | |
| D8693 | Rebonding or recementing; and/or repair, as required, of fixed retainers | \$0 | Y | NPB | |
| D8999 | Unspecified orthodontic procedure, by report | \$350 | Y | NPB | |
| ADJUNCTIVE GENERAL SERVICES | | | | | |
| D9110 | Palliative (emergency) treatment, minor procedure | \$34 | | \$34 | 2 per 6 month period |
| D9120 | Fixed partial denture sectioning | \$5 | Y | \$40 | |
| D9210 | Local anesthesia not in conjunction with op/surgical procedures | \$0 | | \$0 | |
| D9212 | Trigeminal division block anesthesia | \$0 | | \$0 | |



LIBERTY Dental Plan | nevada health link

| ADA Code | Description | Pediatric Copay ** | Pediatric Pre-Auth. Required | Adult Copay*** | Frequency Limitations |
|--|---|--------------------|------------------------------|----------------|-----------------------|
| ADJUNCTIVE GENERAL SERVICES (Continued) | | | | | |
| D9215 | Local anesthesia in conjunction with op/ surgical procedures | \$0 | | \$0 | |
| GUIDELINE: Deep sedation/general anesthesia is a 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 and 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. | | | | | |
| D9220 | Deep sedation/general anesthesia, 1st 30 minutes | \$0 | | \$185 | |
| D9221 | Deep sedation/general anesthesia, each add'l 15 minutes | \$0 | | \$75 | 3 units per day |
| D9230 | Inhalation of nitrous oxide/analgesia, anxiolysis | \$0 | | \$45 | |
| D9241 | Intravenous conscious sedation/analgesia, 1st 30 minutes | \$0 | | \$125 | |
| D9242 | IV conscious sedation/analgesia, each add'l 15 minutes | \$60 | | \$60 | 3 units per day |
| D9248 | Non-intravenous conscious sedation | \$100 | | \$100 | |
| D9310 | Consultation, other than requesting dentist | \$40 | | \$50 | |
| D9410 | House/extended care facility call | \$161 | | NPB | |
| D9420 | Hospital or ambulatory surgical center call | \$161 | | NPB | |
| D9430 | Office visit for observation (during regularly scheduled hrs.), no other services performed | \$25 | | \$25 | |
| D9440 | Office visit, after regularly scheduled hours | \$60 | Y | \$60 | 1 per 12 month period |
| D9610 | Therapeutic parenteral drug, single administration | \$161 | | NPB | |
| D9630 | Other drugs and/or medicaments, by report | \$5 | | \$5 | |
| D9930 | Treatment of complications (post surgical), by report | \$60 | | \$60 | |
| D9940 | Occlusal guard, by report | \$120 | | \$120 | |
| D9942 | Repair and/or reline of occlusal guard | \$45 | | \$45 | |
| D9950 | Occlusion analysis, mounted case | \$58 | | \$58 | |
| D9951 | Occlusal adjustment, limited | \$119 | | \$119 | |
| D9952 | Occlusal adjustment, complete | \$58 | | \$58 | |
| D9999 | Unspecified adjunctive procedure, by report | \$60 | Y | NPB | |
| NPB Not Plan Benefit | | | | | |
| **Pediatric Benefits – Benefits for children up to the age of 19 | | | | | |
| ***Adult Benefits – Benefits for eligible members 19 and over | | | | | |



LIBERTY Dental Plan | Nevada Health Link

Out-of-Pocket Maximum means the maximum amount of money that a Pediatric Enrollee must pay for Pediatric Benefits under this Program during a plan year. If more than one Pediatric Enrollee is covered, the financial obligation for covered services is not more than the multiple child annual Out-of-Pocket maximum. Once the amount paid by all Pediatric Enrollee(s) equals the annual Out-of-Pocket Maximum shown above, no further payment will be required by any of the Pediatric Enrollee(s) for the remainder of the Plan Year for covered services. Adult benefits are not subject to Out-of-Pocket Maximums.

Payment for services that are Optional, that are upgraded treatment (such as precious or semi-precious metals and material upgrades) or that are not covered under the Contract will not count toward the Out-of-Pocket Maximum, and payment for such services still applies after the annual Out-of-Pocket Maximum is met.

Record of payment for covered procedures should be kept by the Responsible Party. When the Out-of-Pocket Maximum has been reached; contact the Customer Service department at (877) 877-1893 for instruction on how to submit. Proof that the Out-of-Pocket Maximum has been reached must be submitted to LIBERTY Dental Plan.

Exclusions:

- 1 Any procedure not specifically listed as a Covered Benefit.
- 2 Replacement of lost or stolen prosthetics or appliances including partial dentures, full dentures, and orthodontic appliances.
- 3 General anesthesia, analgesia, intravenous/intramuscular sedation or the services of an anesthesiologist other than those situations described in the Schedule of Benefits.
- 4 Treatment started prior to coverage or after termination of coverage.
- 5 Services for cosmetic purposes or for conditions that are a result of hereditary developmental defects, such as cleft palate, upper and lower jaw malformations, congenitally missing teeth and teeth that are discolored or lacking enamel.
- 6 Procedures which are determined not to be dentally necessary consistent with professionally recognized standards of dental practice.
- 7 Procedures performed on natural teeth solely to increase vertical dimension or restore occlusion.
- 8 Any service performed outside of a contracted LIBERTY dental office, unless expressly authorized by LIBERTY, or unless as outlined and covered in the "Emergency Dental Care" section of the Evidence of Coverage.
- 9 The removal of asymptomatic, unerupted third molars (or other teeth) that appear to have an unimpeded pathway to eruption and no active pathology.
- 10 Procedures or appliances that are provided by a dentist who specializes in prosthodontic services.
- 11 Services for restoring tooth structure lost from wear (abrasion, erosion, attrition or abfraction), for rebuilding occlusion or maintaining chewing surfaces or teeth that are out of alignment or for stabilizing teeth. Examples of such treatment are equilibration and periodontal splinting.
- 12 Any routine dental services performed by a dentist or dental specialist in an inpatient/outpatient hospital setting.
- 13 Consultations for non-covered services.
- 14 Procedures, appliances or restorations to treat congenital or developmental situations (including supernumerary teeth) or medically induced dental disorders, including but not limited to; myofunctional treatment (e.g. speech therapy) or myoskeletal dysfunctions, unless otherwise covered as an orthodontic benefit.