



LIBERTY Dental Plan of California, Inc. CA80 COPAYMENT SCHEDULE

GD = Member Co-payment in General Dentist office

SPEC = Member Co-Payment when referred to a Specialist

NPB = Not a Plan Benefit

CODE	DESCRIPTION	MEMBER CO-PAYMENT		CODE	DESCRIPTION	MEMBER CO-PAYMENT	
		GD	SPEC.			GD	SPEC.
DIAGNOSTIC SERVICES				D0484	Consultation on slides prepared elsewhere	NPB	NPB
Clinical Oral Evaluations				D0485	Consultation, including preparation of slides from biopsy	NPB	NPB
D0120	Periodic oral evaluation	\$8	NPB	NPB	Other oral pathology procedures, by report	NPB	NPB
D0140	Limited oral evaluation	\$0	\$50	PREVENTIVE SERVICES			
D0145	Oral evaluation under age 3	\$8	\$50	Dental Prophylaxis			
D0150	Comprehensive oral evaluation	\$8	\$50	D1110	Prophylaxis, adult	\$0	\$55
D0160	Oral evaluation, problem focused	\$8	\$50	D1110	Prophylaxis, adult (third or more per 12 month period)	\$54	\$65
D0170	Re-evaluation, limited, problem focused	\$8	\$50	D1120	Prophylaxis, child	\$0	\$55
D0180	Comprehensive periodontal evaluation	\$8	\$50	D1120	Prophylaxis, child (third or more per 12 month period)	\$44	\$60
Radiographs/Diagnostic Imaging				Topical Fluoride Treatment (Office Procedure)			
D0210	Intraoral, complete series (incl. bitewings)	\$0	\$85	D1203	Topical application of fluoride, child	\$0	\$25
D0220	Intraoral, periapical first film	\$0	\$21	D1203	Topical application of fluoride, child (3 rd + in 12 mo.)	\$18	\$25
D0230	Intraoral, periapical each additional film	\$0	\$12	D1204	Topical application of fluoride, adult	\$0	\$18
D0240	Intraoral, occlusal film	\$0	\$21	D1206	Topical fluoride varnish	\$20	\$38
D0250	Extraoral, first film	\$0	\$31	Other Preventive Services			
D0260	Extraoral, each additional film	\$0	\$20	D1310	Nutritional counseling for control of dental disease	\$0	\$0
D0270	Bitewings, single film	\$0	\$20	D1320	Tobacco counseling for control/prevention of oral disease	\$0	\$0
D0272	Bitewings, 2 films	\$0	\$31	D1330	Oral hygiene instruction	\$0	\$0
D0273	Bitewings, 3 films	\$0	\$35	D1351	Sealant, per tooth	\$15	\$37
D0274	Bitewings, 4 films	\$0	\$45	Space Maintenance (Passive Appliances)			
D0277	Vertical bitewings, 7 to 8 films	\$5	\$45	D1510	Space maintainer, fixed, unilateral	\$100	\$215
D0290	Posterior-anterior or lateral skull & facial bone survey	NPB	NPB	D1515	Space maintainer, fixed, bilateral	\$100	\$258
D0310	Sialography	NPB	NPB	D1520	Space maintainer, removable, unilateral	\$100	\$210
D0320	TMJ arthrogram, including injection	NPB	NPB	D1525	Space maintainer, removable, bilateral	\$100	\$210
D0321	Other TMJ films, by report	NPB	NPB	D1550	Recementation of space maintainer	\$10	\$22
D0322	Tomographic survey	NPB	NPB	D1555	Removal of fixed space maintainer	\$20	\$60
D0330	Panoramic film	\$0	NPB	RESTORATIVE			
D0340	Cephalometric film	See Ortho	See Ortho	Amalgam Restorations (Including Polishing)			
D0350	Oral/facial photographic images	NPB	NPB	D2140	Amalgam, 1 surface, primary or permanent	\$25	\$71
D0360	Cone beam ct, craniofacial data capture	NPB	NPB	D2150	Amalgam, 2 surfaces, primary or permanent	\$32	\$105
D0362	Cone beam, 2-dimensional image reconstruction	NPB	NPB	D2160	Amalgam, 3 surfaces, primary or permanent	\$42	\$126
D0363	Cone beam, 3-dimensional image reconstruction	NPB	NPB	D2161	Amalgam, 4 or more surfaces, primary or permanent	\$53	\$141
Tests and Examinations				Resin-based Composite Restorations – Direct			
D0415	Collection of microorganisms for culture	NPB	NPB	D2330	Resin-based composite, 1 surface, anterior	\$38	\$84
D0416	Viral culture	NPB	NPB	D2331	Resin-based composite, 2 surfaces, anterior	\$48	\$94
D0421	Genetic test for susceptibility to oral disease	NPB	NPB	D2332	Resin-based composite, 3 surfaces, anterior	\$58	\$105
D0425	Caries susceptibility tests	NPB	NPB	D2335	Resin-based composite, 4 or more surfaces/incisal angle	\$68	\$115
D0431	Adj. pre-diagnostic test, mucosal abnormalities	NPB	NPB	D2390	Resin-based composite crown, anterior	\$75	\$152
D0460	Pulp vitality tests	\$8	NPB	D2391	Resin-based composite, 1 surface, posterior	\$45 **	\$71
D0470	Diagnostic casts	\$8	NPB	D2392	Resin-based composite, 2 surfaces, posterior	\$50 **	\$105
Oral Pathology Laboratory				D2393	Resin-based composite, 3 surfaces, posterior	\$55 **	\$126
D0472	Accession of tissue, gross exam, prep & written report	NPB	NPB	D2394	Resin-based composite, 4 or more surfaces, posterior	\$65 **	\$135
D0473	Accession of tissue, gross & micro. exam, prep. & report	NPB	NPB	Gold Foil Restorations			
D0474	Accession of tissue, gross & micro. exam, provide report	NPB	NPB	D2410	Gold foil, 1 surface	NPB	NPB
D0480	Accession of exfoliative cytologic smears	NPB	NPB	D2420	Gold foil, 2 surfaces	NPB	NPB
D0486	Accession of brush biopsy sample	NPB	NPB	D2430	Gold foil, 3 surfaces	NPB	NPB
D0475	Decalcification procedure	NPB	NPB	Inlay/Onlay Restorations			
D0476	Special stains for microorganisms	NPB	NPB	D2510	Inlay, metallic, 1 surface	\$180 *	NPB
D0477	Special stains, not for microorganisms	NPB	NPB	D2520	Inlay, metallic, 2 surfaces	\$180 *	NPB
D0478	Immunohistochemical stains	NPB	NPB	D2530	Inlay, metallic, 3 or more surfaces	\$180 *	NPB
D0479	Tissue in-situ hybridization	NPB	NPB	D2542	Onlay, metallic, 2 surfaces	\$185 *	NPB
D0481	Electron microscopy, diagnostic	NPB	NPB	D2543	Onlay, metallic, 3 surfaces	\$205 *	NPB
D0482	Direct immunofluorescence	NPB	NPB	D2544	Onlay, metallic, 4 or more surfaces	\$205 *	NPB
D0483	Indirect Immunofluorescence	NPB	NPB	D2610	Inlay, porcelain/ceramic, 1 surface	NPB	NPB

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		GD	SPEC.			GD	SPEC.
D2620	Inlay, porcelain/ceramic, 2 surfaces	NPB	NPB	D3221	Pulpal debridement, primary & permanent teeth	NPB	NPB
D2630	Inlay, porcelain/ceramic, 3 or more surfaces	NPB	NPB	Endodontic Therapy on Primary Teeth			
D2642	Onlay, porcelain/ceramic, 2 surfaces	NPB	NPB	D3230	Pulpal therapy (resorbable filling), anterior tooth	\$35	\$95
D2643	Onlay, porcelain/ceramic, 3 surfaces	NPB	NPB	D3240	Pulpal therapy (resorbable filling), posterior tooth	\$40	\$95
D2644	Onlay, porcelain/ceramic, 4 or more surfaces	NPB	NPB	Endodontic Therapy			
D2650	Inlay, resin-based composite, 1 surface	NPB	NPB	D3310	Root canal, anterior (excluding final restoration)	\$150	\$385
D2651	Inlay, resin-based composite, 2 surfaces	NPB	NPB	D3320	Root canal, bicuspid (excluding final restoration)	\$190	\$470
D2652	Inlay, resin-based composite, 3 or more surfaces	NPB	NPB	D3330	Root canal, molar (excluding final restoration)	\$245	\$580
D2662	Onlay, resin-based composite, 2 surfaces	NPB	NPB	D3331	Treatment of root canal obstruction, non-surgical access	NPB	NPB
D2663	Onlay, resin-based composite, 3 surfaces	NPB	NPB	D3332	Incomplete endodontic therapy; inoperable, unrestorable	NPB	NPB
D2664	Onlay, resin-based composite, 4 or more surfaces	NPB	NPB	D3333	Internal root repair of perforation defects	NPB	NPB
Crowns — Single Restorations Only				Endodontic Retreatment			
D2710	Crown, resin-based composite (indirect)	NPB	NPB	D3346	Retreatment of previous root canal therapy, anterior	\$170	\$385
D2712	Crown, ¾ resin-based composite (indirect)	NPB	NPB	D3347	Retreatment of previous root canal therapy, bicuspid	\$220	\$470
D2720	Crown, resin with high noble metal	\$280 *	NPB	D3348	Retreatment of previous root canal therapy, molar	\$255	\$580
D2721	Crown, resin with predominantly base metal	\$280	NPB	Apexification/Recalcification Procedures			
D2722	Crown, resin with noble metal	\$280 *	NPB	D3351	Apexification/recalcification, initial visit	\$85	\$125
D2740	Crown, porcelain/ceramic substrate	\$280	NPB	D3352	Apexification/recalcification, interim med. replacement	\$85	\$125
D2750	Crown, porcelain fused to high noble metal	\$280 *	NPB	D3353	Apexification/recalcification, final visit, includes root canal	\$85	\$310
D2751	Crown, porcelain fused to predominantly base metal	\$280	NPB	Apicoectomy/Periradicular Services			
D2752	Crown, porcelain fused to noble metal	\$280 *	NPB	D3410	Apicoectomy/periradicular surgery, anterior	\$475	\$545
D2780	Crown, ¾ cast high noble metal	\$240 *	NPB	D3421	Apicoectomy/periradicular surgery, bicuspid, first root	\$475	\$565
D2781	Crown, ¾ cast predominantly base metal	\$240	NPB	D3425	Apicoectomy/periradicular surgery, molar, first root	\$475	\$485
D2782	Crown, ¾ cast noble metal	\$240 *	NPB	D3426	Apicoectomy/periradicular surgery, each additional root	\$475	\$485
D2783	Crown, ¾ porcelain/ceramic	NPB	NPB	D3430	Retrograde filling, per root	\$100	\$170
D2790	Crown, full cast high noble metal	\$235 *	NPB	D3450	Root amputation, per root	\$100	\$350
D2791	Crown, full cast predominantly base metal	\$235	NPB	D3460	Endodontic endosseous implant	NPB	NPB
D2792	Crown, full cast noble metal	\$235 *	NPB	D3470	Intentional reimplantation (including necessary splinting)	NPB	NPB
D2794	Crown, titanium	\$235 *	NPB	Other Endodontic Procedures			
D2799	Provisional crown	NPB	NPB	D3910	Surgical procedure for isolation of tooth with rubber dam	NPB	NPB
Other Restorative Services				D3920	Hemisection (incl. root removal), not including root canal	\$150	\$395
D2910	Recement inlay, onlay, or partial coverage restoration	\$18	NPB	D3950	Canal preparation & fitting of preformed dowel or post	NPB	NPB
D2915	Recement cast or prefabricated post & core	\$15	NPB	PERIODONTICS			
D2920	Recement crown	\$18	\$45	Surgical Services (Including Usual Postoperative Care)			
D2930	Prefabricated stainless steel crown, primary tooth	\$50	\$126	D4210	Gingivectomy/gingivoplasty, 4+ teeth per quadrant	\$220	\$685
D2931	Prefabricated stainless steel crown, permanent tooth	\$50	\$178	D4211	Gingivectomy/gingivoplasty, 1-3 teeth per quadrant	\$20	\$320
D2932	Prefabricated resin crown	\$42	\$136	D4230	Anatomical crown exposure, 4 + teeth per quadrant	NPB	NPB
D2933	Prefabricated stainless steel crown with resin window	NPB	NPB	D4231	Anatomical crown exposure, 1-3 teeth per quadrant	NPB	NPB
D2934	Prefabricated esthetic coated stainless steel crown, primary	NPB	NPB	D4240	Gingival flap proc., w/ root planing, 4+ teeth/quad.	\$300	\$475
D2940	Sedative filling	\$99	\$99	D4241	Gingival flap proc., w/ root planning, 1-3 teeth/quad.	\$300	\$315
D2950	Core buildup, including any pins	\$99	NBP	D4245	Apically positioned flap	NPB	NPB
D2951	Pin retention, per tooth, in addition to restoration	\$30	NBP	D4249	Clinical crown lengthening, hard tissue	NPB	NPB
D2952	Post & core in addition to crown, indirectly fabricated	\$90 *	NBP	D4260	Osseous surgery, 4+ teeth per quadrant	\$650	\$675
D2953	Each additional indirectly fabricated post, same tooth	\$45 *	NBP	D4261	Osseous surgery, 1-3 teeth per quadrant	\$650	\$675
D2954	Prefabricated post & core in addition to crown	\$90	NBP	D4263	Bone replacement graft, 1 st site in quadrant	NPB	NPB
D2955	Post removal (not in conjunction with endodontic therapy)	\$25	NBP	D4264	Bone replacement graft, each additional site in quadrant	NPB	NPB
D2957	Each additional prefabricated post, same tooth	\$45	NBP	D4265	Biologic materials to aid in tissue regeneration	NPB	NPB
D2960	Labial veneer (resin laminate), chairside	NPB	NBP	D4266	Guided tissue regeneration, resorbable barrier, per site	NPB	NPB
D2961	Labial veneer (resin laminate), laboratory	NPB	NBP	D4267	Guided tissue regeneration, non-resorbable barrier	NPB	NPB
D2962	Labial veneer (porcelain laminate), laboratory	NPB	NBP	D4268	Surgical revision procedure, per tooth	NPB	NPB
D2970	Temporary crown	NPB	NBP	D4270	Pedicle soft tissue graft procedure	NPB	NPB
D2971	Add'l procedures to construct new crown/existing partial	NPB	NBP	D4271	Free soft tissue graft procedure (including donor site)	NPB	NPB
D2975	Coping	NPB	NBP	D4273	Subepithelial connective tissue graft procedure, per tooth	NPB	NPB
D2980	Crown repair, by report	NPB	NBP	D4274	Distal or proximal wedge procedure	NPB	NPB
ENDODONTICS				D4275	Soft tissue allograft	NPB	NPB
Pulp Capping				D4276	Combined connective tissue & double pedicle graft	NPB	NPB
D3110	Pulp cap, direct (excluding final restoration)	\$20	\$50	Non-Surgical Periodontal Services			
D3120	Pulp cap, indirect (excluding final restoration)	\$20	\$45	D4320	Provisional splinting, intracoronal	NPB	NPB
Pulpotomy				D4321	Provisional splinting, extracoronal	NPB	NPB
D3220	Therapeutic pulpotomy (excluding final restoration)	\$40	\$80	D4341	Periodontal scaling & root planning, 4+ teeth/quad.	\$60	\$210

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		GD	SPEC.			GD	SPEC.
D4342	Periodontal scaling & root planning 1-3 teeth/quad.	\$60	\$140	D5860	Overdenture, complete, by report	\$850	NPB
D4355	Full mouth debridement	\$50	NPB	D5861	Overdenture, partial, by report	NPB	NPB
D4381	Localized delivery of antimicrobial agents/per tooth	NPB	NPB	D5862	Precision attachment, by report	NPB	NPB
Other Periodontal Services				D5867	Replacement of replaceable part of precision attachment	NPB	NPB
D4910	Periodontal maintenance	\$50	\$85	IMPLANT SERVICES			
D4920	Unscheduled dressing change/non-treating dentist	NPB	\$35	Surgical Services			
PROSTHODONTICS — REMOVABLE				D6010	Surgical placement of implant body, endosteal implant	\$2,000	\$2,300
Complete Denture (Including Routine Post-Delivery Care)				Implant Supported Prosthetics — Supporting Structures			
D5110	Complete denture, maxillary	\$385	NPB	D6056	Prefabricated abutment, includes placement	\$210	\$241
D5120	Complete denture, mandibular	\$385	NPB	Implant Supported Prosthetics — Single Crowns, Abutment Supported			
D5130	Immediate denture, maxillary	\$385	NPB	D6058	Abutment supported porcelain/ceramic crown	\$1,110	\$1,276
D5140	Immediate denture, mandibular	\$385	NPB	D6059	Abutment supported porcelain/high noble metal crown	\$1,096	\$1,259
Partial Dentures (Including Routine Post-Delivery Care)				D6060	Abutment supported porcelain/base metal crown	\$1,035	\$1,190
D5211	Maxillary partial denture, resin base	\$385	NPB	D6061	Abutment supported porcelain/noble metal crown	\$1,056	\$1,214
D5212	Mandibular partial denture, resin base	\$385	NPB	D6062	Abutment supported cast metal crown, high noble	\$1,003	\$1,153
D5213	Maxillary partial denture, cast metal framework/resin base	\$385	NPB	D6063	Abutment supported cast metal crown, base metal	\$861	\$990
D5214	Mandibular partial denture, cast metal framework/resin	\$385	NPB	D6064	Abutment supported cast metal crown, noble metal	\$912	\$1,048
D5225	Maxillary partial denture, flexible base	\$425	NPB	D6094	Abutment supported crown, titanium	\$670	\$770
D5226	Mandibular partial denture, flexible base	\$425	NPB	Implant Supported Prosthetics — Single Crowns, Implant Supported			
D5281	Removable unilateral partial denture, 1 piece cast metal	\$395	NPB	D6065	Implant supported porcelain/ceramic crown	\$1,040	\$1,196
Adjustments to Dentures				D6066	Implant supported porcelain/metal crown	\$1,013	\$1,165
D5410	Adjust complete denture, maxillary	\$22	NPB	D6067	Implant supported metal crown	\$984	\$1,131
D5411	Adjust complete denture, mandibular	\$22	NPB	Implant Supported Prosthetics — Fixed Partial Denture, Abutment Supported			
D5421	Adjust partial denture, maxillary	\$22	NPB	D6068	Abutment supported retainer for porcelain/ceramic FPD	\$1,110	\$1,276
D5422	Adjust partial denture, mandibular	\$22	NPB	D6069	Abut. supported retainer porc./metal FPD, high noble	\$1,096	\$1,260
Repairs to Complete Dentures				D6070	Abut. supported retainer porc./metal FPD, base metal	\$1,035	\$1,190
D5510	Repair broken complete denture base	\$30	NPB	D6071	Abut. supported retainer porc./metal FPD, noble metal	\$1,056	\$1,214
D5520	Replace missing or broken teeth, complete denture	\$35	NPB	D6072	Abut. supported retainer cast metal FPD, high noble	\$1,028	\$1,182
Repairs to Partial Dentures				D6073	Abut. supported retainer cast metal FPD, base metal	\$930	\$1,069
D5610	Repair resin denture base	\$35	NPB	D6074	Abut. supported retainer cast metal FPD, noble metal	\$1,005	\$1,155
D5620	Repair cast framework	\$35	NPB	D6194	Abut. supported retainer crown FPD, titanium	\$670	\$770
D5630	Repair or replace broken clasp	\$25	NPB	Implant Supported Prosthetics — Fixed Partial Denture, Implant Supported			
D5640	Replace broken teeth, per tooth	\$25	NPB	D6075	Implant supported retainer for ceramic FPD	\$1,092	\$1,255
D5650	Add tooth to existing partial denture	\$30	NPB	D6076	Implant supported retainer for porcelain/metal FPD	\$1,064	\$1,223
D5660	Add clasp to existing partial denture	\$30	NPB	D6077	Implant supported retainer for cast metal FPD	\$984	\$1,131
D5670	Replace teeth & acrylic on cast metal frame, maxillary	NPB	NPB	Other Implant Services			
D5671	Replace teeth & acrylic on cast metal frame, mandibular	NPB	NPB	D6092	Recement implant/abutment supported crown	\$45	\$52
Denture Rebase Procedures				D6093	Recement implant/abutment supported FPD	\$65	\$75
D5710	Rebase complete maxillary denture	\$75	NPB	PROSTHODONTICS — FIXED			
D5711	Rebase complete mandibular denture	\$75	NPB	Fixed Partial Denture Pontics			
D5720	Rebase maxillary partial denture	\$75	NPB	D6205	Pontic, indirect resin based composite	NPB	NPB
D5721	Rebase mandibular partial denture	\$75	NPB	D6210	Pontic, cast high noble metal	\$220 *	NPB
Denture Reline Procedures				D6211	Pontic, cast predominantly base metal	\$220	NPB
D5730	Reline complete maxillary denture, chairside	\$60	NPB	D6212	Pontic, cast noble metal	\$220 *	NPB
D5731	Reline complete mandibular denture, chairside	\$60	NPB	D6214	Pontic, titanium	\$220 *	NPB
D5740	Reline maxillary partial denture, chairside	\$60	NPB	D6240	Pontic, porcelain fused to high noble metal	\$220 *	NPB
D5741	Reline mandibular partial denture, chairside	\$60	NPB	D6241	Pontic, porcelain fused to predominantly base metal	\$280	NPB
D5750	Reline complete maxillary denture, laboratory	\$90	NPB	D6242	Pontic, porcelain fused to noble metal	\$280 *	NPB
D5751	Reline complete mandibular denture, laboratory	\$90	NPB	D6245	Pontic, porcelain/ceramic	NPB	NPB
D5760	Reline maxillary partial denture, laboratory	\$90	NPB	D6250	Pontic, resin with high noble metal	\$280 *	NPB
D5761	Reline mandibular partial denture, laboratory	\$90	NPB	D6251	Pontic, resin with predominantly base metal	\$280	NPB
Interim Prosthesis				D6252	Pontic, resin with noble metal	\$280 *	NPB
D5810	Interim complete denture, maxillary	NPB	NPB	D6253	Provisional pontic	NPB	NPB
D5811	Interim complete denture, mandibular	NPB	NPB	Fixed Partial Denture Retainers — Inlays/Onlays			
D5820	Interim partial denture, maxillary	\$90	NPB	D6545	Retainer, cast metal for resin bonded fixed prosthesis	\$180 *	NPB
D5821	Interim partial denture, mandibular	\$90	NPB	D6548	Retainer, porcelain/ceramic for resin bonded fixed prosth.	NPB	NPB
Other Removable Prosthetic Services				D6600	Inlay, porcelain/ceramic, 2 surfaces	NPB	NPB
D5850	Tissue conditioning, maxillary	\$55	NPB	D6601	Inlay, porcelain/ceramic, 3 or more surfaces	NPB	NPB
D5851	Tissue conditioning, mandibular	\$55	NPB				

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D6602	Inlay, cast high noble metal, 2 surfaces	NPB	NPB	Other Surgical Procedures			
D6603	Inlay, cast high noble metal, 3 or more surfaces	NPB	NPB	D7270	Tooth reimplantation/stabilization, accident	NPB	NPB
D6604	Inlay, cast predominantly base metal, 2 surfaces	NPB	NPB	D7272	Tooth transplantation	NPB	NPB
D6605	Inlay, cast predominantly base metal, 3 or more surfaces	NPB	NPB	D7280	Surgical access of an unerupted tooth	NPB	NPB
D6606	Inlay, cast noble metal, 2 surfaces	NPB	NPB	D7282	Mobilization of erupted/malpositioned tooth, aid eruption	NPB	NPB
D6607	Inlay, cast noble metal, 3 or more surfaces	NPB	NPB	D7283	Placement of device to facilitate eruption impacted tooth	NPB	NPB
D6624	Inlay, titanium	NPB	NPB	D7285	Biopsy of oral tissue, hard (bone or tooth)	\$20	\$195
D6608	Onlay, porcelain/ceramic, 2 surfaces	NPB	NPB	D7286	Biopsy of oral tissue, soft	\$20	\$195
D6609	Onlay, porcelain/ceramic, 3 or more surfaces	NPB	NPB	D7287	Exfoliative cytological sample collection	NPB	NPB
D6610	Onlay, cast high noble metal, 2 surfaces	NPB	NPB	D7288	Brush biopsy, transepithelial sample collection	NPB	NPB
D6611	Onlay, cast high noble metal, 3 or more surfaces	NPB	NPB	D7290	Surgical repositioning of teeth	NPB	NPB
D6612	Onlay, cast predominantly base metal, 2 surfaces	NPB	NPB	D7291	Transseptal fibrotomy/supra crestal fibrotomy	NPB	NPB
D6613	Onlay, cast predominantly base metal, 3 or more surfaces	NPB	NPB	D7292	Surgical placement, temp. anchorage device, screw/plate	NPB	NPB
D6614	Onlay, cast noble metal, 2 surfaces	NPB	NPB	D7393	Surgical placement, temporary anchorage device/flap	NPB	NPB
D6615	Onlay, cast noble metal, 3 or more surfaces	NPB	NPB	D7294	Surgical placement, temp. anchorage device, no flap	NPB	NPB
D6634	Onlay, titanium	NPB	NPB	Alveoplasty — Surgical Preparation of Ridge for Dentures			
Fixed Partial Denture Retainers — Crowns				D7310	Alveoplasty with extractions, 4+ teeth per quadrant	\$35	\$130
D6710	Crown, indirect resin based composite	NPB	NPB	D7311	Alveoplasty with extractions, 1-3 teeth per quadrant	\$35	\$130
D6720	Crown, resin with high noble metal	\$280 *	NPB	D7320	Alveoplasty without extractions, 4+ teeth per quadrant	\$40	\$160
D6721	Crown, resin with predominantly base metal	\$280	NPB	D7321	Alveoplasty without extractions, 1-3 teeth per quadrant	\$40	\$160
D6722	Crown, resin with noble metal	\$280 *	NPB	D7340	Vestibuloplasty, ridge extension, 2 nd epithelialization	\$230	\$1,260
D6740	Crown, porcelain/ceramic	NPB	NPB	D7350	Vestibuloplasty, ridge extension	\$330	\$2,625
D6750	Crown, porcelain fused to high noble metal	\$280 *	NPB	Surgical Excision of Soft Tissue Lesions			
D6751	Crown, porcelain fused to predominantly base metal	\$280	NPB	D7410	Excision of benign lesion up to 1.25 cm	NPB	NPB
D6752	Crown, porcelain fused to noble metal	\$280 *	NPB	D7411	Excision of benign lesion greater than 1.25 cm	NPB	NPB
D6780	Crown, ¾ cast high noble metal	\$235 *	NPB	D7412	Excision of benign lesion, complicated	NPB	NPB
D6781	Crown, ¾ cast predominantly base metal	\$235	NPB	D7413	Excision of malignant lesion up to 1.25 cm	NPB	NPB
D6782	Crown, ¾ cast noble metal	\$235 *	NPB	D7414	Excision of malignant lesion greater than 1.25 cm	NPB	NPB
D6783	Crown, ¾ porcelain/ceramic	NPB	NPB	D7415	Excision of malignant lesion, complicated	NPB	NPB
D6790	Crown, full cast high noble metal	\$280 *	NPB	D7465	Destruction of lesion(s) by physical/chemical method	NPB	NPB
D6791	Crown, full cast predominantly base metal	\$280	NPB	Surgical Excision of Intra-Osseous Lesions			
D6792	Crown, full cast noble metal	\$280 *	NPB	D7440	Excision of malignant tumor, up to 1.25 cm	NPB	NPB
D6793	Provisional retainer crown	NPB	NPB	D7441	Excision of malignant tumor, greater than 1.25 cm	NPB	NPB
D6794	Crown, titanium	\$280 *	NPB	D7450	Removal of benign odontogenic cyst/tumor, to 1.25 cm	NPB	NPB
Other Fixed Partial Denture Services				D7451	Removal of benign odontogenic cyst/tumor, > 1.25 cm	NPB	NPB
D6920	Connector bar	NPB	NPB	D7460	Removal of benign nonodontogenic cyst/tumor < 1.25	NPB	NPB
D6930	Recement fixed partial denture	\$35	NPB	D7461	Removal of benign nonodontogenic cyst/tumor > 1.25	NPB	NPB
D6940	Stress breaker	NPB	NPB	Excision of Bone Tissue			
D6950	Precision attachment	NPB	NPB	D7471	Removal of lateral exostosis, maxilla or mandible	NPB	NPB
D6970	Post & core in addition to FPD retainer, indirect	\$99 *	NPB	D7472	Removal of torus palatinus	NPB	NPB
D6972	Prefabricated post & core in add to FPD retainer	\$99	NPB	D7473	Removal of torus mandibularis	NPB	NPB
D6973	Core build up for retainer, including any pins	\$89	NPB	D7485	Surgical reduction of osseous tuberosity	NPB	NPB
D6975	Coping	NPB	NPB	D7490	Radical resection of maxilla or mandible	NPB	NPB
D6976	Each additional indirectly fabricated post, same tooth	\$50 *	NPB	Surgical Incision			
D6977	Each additional prefabricated post, same tooth	\$50	NPB	D7510	Incision & drainage of abscess, intraoral soft tissue	\$30	\$110
D6980	Fixed partial denture repair, by report	NPB	NPB	D7511	Incision/drainage abscess, intraoral soft, complicated	NPB	NPB
ORAL AND MAXILLOFACIAL SURGERY				D7520	Incision & drainage of abscess, extraoral soft tissue	\$30	\$265
Extractions (Includes Local Anesthesia, Suturing & Routine Postoperative Care)				D7521	Incision/drainage abscess, extraoral soft, complicated	NPB	NPB
D7111	Extraction, coronal remnants, deciduous tooth	\$25	\$75	D7530	Removal of foreign body	NPB	NPB
D7140	Extraction, erupted tooth or exposed root	\$28	\$95	D7540	Removal or reaction producing foreign bodies	NPB	NPB
Surgical Extractions (Includes Local Anesthesia, Suturing & Routine Postoperative Care)				D7550	Partial ostectomy/sequestrectomy, non-vital bone	NPB	NPB
D7210	Surgical removal of erupted tooth	\$48	\$145	D7560	Maxillary sinusotomy, remove tooth/foreign body	NPB	NPB
D7220	Removal of impacted tooth, soft tissue	\$68	\$165	Other Repair Procedures			
D7230	Removal of impacted tooth, partially bony	\$100	\$220	D7960	Frenulectomy (frenectomy/frenotomy), separate procedure	\$20	\$325
D7240	Removal of impacted tooth, completely bony	\$130	\$260	D7963	Frenuloplasty	NPB	NPB
D7241	Removal of impacted tooth, completely bony, complication	\$140	\$290	D7970	Excision of hyperplastic tissue, per arch	\$70	\$350
D7250	Surgical removal of residual tooth roots, cutting proc.	\$70	\$95	D7971	Excision of pericoronal gingival	\$40	\$200
Other Surgical Procedures				D7980	Sialolithotomy	NPB	NPB
D7260	Oroantral fistula closure	NPB	NPB	D7981	Excision of salivary gland, by report	NPB	NPB
D7261	Primary closure of a sinus perforation	NPB	NPB	D7982	Sialodochoplasty	NPB	NPB

CODE	DESCRIPTION	MEMBER CO-PAYMENT		CODE	DESCRIPTION	MEMBER CO-PAYMENT	
		GD	SPEC.			GD	SPEC.
D7983	Closure of salivary fistula	NPB	NPB	Drugs			
ADJUNCTIVE GENERAL SERVICES				D9610	Therapeutic parenteral drug, single administration	NPB	NPB
Unclassified Treatment				D9612	Therapeutic parenteral drugs, 2 + administrations	NPB	NPB
D9110	Palliative (emergency) treatment, minor procedure	\$15	\$80	D9630	Other drugs and/or medicaments, by report	\$20	\$35
D9120	Fixed partial denture sectioning	NPB	NPB	Miscellaneous Services			
Anesthesia				D9910	Application of desensitizing medicament	NPB	NPB
D9210	Local anesthesia not with operative or surgical procedures	\$0	\$0	D9911	Application of desensitizing resin, per tooth	NPB	NPB
D9211	Regional block anesthesia	\$0	\$0	D9920	Behavior management, by report	NPB	NPB
D9212	Trigeminal division block anesthesia	\$0	\$0	D9930	Treatment of complications, post surgical, unusual	NPB	NPB
D9215	Local anesthesia	\$0	\$0	D9940	Occlusal guard, by report	NPB	NPB
D9220	Deep sedation/general anesthesia, 1 st 30 minutes	NPB	NPB	D9941	Fabrication of athletic mouthguard	NPB	NPB
D9221	Deep sedation/general anesthesia, each additional 15 min.	NPB	NPB	D9942	Repair and/or relin of occlusal guard	NPB	NPB
D9230	Analgesia, anxietyolysis, nitrous oxide, 1 st 15 minutes	\$45	\$45	D9950	Occlusion analysis, mounted case	NPB	NPB
D9230	Analgesia, anxietyolysis, nitrous oxide, each add'l 15 min.	\$25	\$25	D9951	Occlusal adjustment, limited	\$20	\$75
D9241	Intravenous conscious sedation/analgesia, 1 st 30 minutes	NPB	NPB	D9952	Occlusal adjustment, complete	\$20	\$210
D9242	Intravenous conscious sedation/analgesia, add'l 15 min.	NPB	NPB	D9970	Enamel microabrasion	NPB	NPB
D9248	Non-intravenous conscious sedation	NPB	NPB	D9971	Odontoplasty, 1-2 teeth	NPB	NPB
Professional Consultation				D9972	External bleaching, per arch	NPB	NPB
D9310	Consultation, other than requesting dentist	\$50	\$65	D9973	External bleaching, per tooth	NPB	NPB
Professional Visits				D9974	Internal bleaching, per tooth	NPB	NPB
D9410	House/extended care facility call	NPB	NPB	D9999	Broken appointment, less than 24 hours notice	\$10	\$25
D9420	Hospital call	NPB	NPB	D9999	Office visit, per visit	\$8	\$10
D9430	Office visit, observation, regular hours, no other services	\$0	\$40	ORTHODONTICS			
D9440	Office visit, after regularly scheduled hours	\$20	\$125	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	\$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

LIBERTY Dental Plan of California, Inc.
CA80
Principal Orthodontic 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.
<p>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.</p>	

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	1,100
D8020	Limited orthodontic treatment of the transitional dentition	1,100
D8030	Limited orthodontic treatment of the adolescent dentition	1,100
D8040	Limited orthodontic treatment of the adult dentition	1,150
Interceptive Orthodontic Treatment		
D8050	Interceptive orthodontic treatment of the primary dentition	500
D8060	Interceptive orthodontic treatment of the transitional dentition	550
Comprehensive Orthodontic Treatment (24 Months of Usual and Customary Orthodontic Treatment)		
D8070	Comprehensive orthodontic treatment of the transitional dentition	2,200
D8080	Comprehensive orthodontic treatment of the adolescent dentition	2,200
D8090	Comprehensive orthodontic treatment of the adult dentition	2,300
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)) – to age 18	300
D8680	Orthodontic retention (removal of appliances, construction and placement of retainer(s)) – adult	350
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 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

8. Lost, stolen or broken appliances
9. 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)
10. Temporomandibular joint syndrome (TMJ) surgical orthodontics
11. Myofunctional therapy
12. Treatment of cleft palate
13. Treatment of micrognathia
14. Treatment of macroglossia