



LIBERTY Dental Plan of California, Inc.
Embedded Pediatric Dental - IEHP - Minimum Coverage

Individual Deductible: \$9,200 per 2025 Calendar Year - Individual Out of Pocket Maximum: \$9,200 per 2025 Calendar Year

Family Deductible: \$18,400, per 2025 Calendar Year - Family Out of Pocket Maximum: \$18,400, per 2025 Calendar Year

- ✓ Members must visit a LIBERTY Dental Plan contracted dental office to utilize covered benefits. Your dental office will determine a treatment plan or will initiate the specialty referral process with LIBERTY Dental Plan if the recommended covered services are medically necessary and outside the scope of a general dentist.
- ✓ This Benefit Schedule represents the Children's Dental HMO benefits covered as part of your Health Plan offered through [Your Health Plan]. Any Co-payment for covered dental services will accrue towards the Health Plan's [Calendar/ Plan] Year Out-of-Pocket Maximum (which is provided above for your reference). To verify your Out-of-Pocket Maximum you can refer to your Health Plan's Evidence of Coverage booklet, visit your health plan's website at www.yourhealthplan.com or call Member Services at [1.XXX.XXX.XXXX] (toll-free).
- ✓ Once your Out-of-Pocket costs for all Medical and Dental covered services reach the combined Out-of-Pocket Maximum, you cannot be charged for covered dental services you receive for the remainder of the [Calendar/ Plan] year. The LIBERTY Dental Plan contracted dental office will be paid for covered services as contracted directly by LIBERTY. Charges for optional and non-covered services are not included in the calculation for the combined out-of-pocket maximum and would remain your financial responsibility. In a plan with two or more members, the first family Member to meet the individual Out-of-Pocket Maximum cannot be charged for covered services for the remainder of the [Calendar/ Plan] year. The family Out-of-Pocket Maximum is met by combining eligible expenses of two or more covered family Members.
- ✓ As part of your health plan benefit, this dental plan shares the Health Plan's [Calendar/ Plan] Year Deductible. Dental benefits are covered at 100% by the plan after you meet the [Calendar/ Plan] Year Deductible and [Calendar/ Plan] Year Out-of-Pocket Maximum. There is no Deductible for Diagnostic and Preventive Services as these are covered at 100%. You are responsible for paying the provider's contracted fees up to the amount of the Deductible before the Plan begins to pay for covered dental services.
- ✓ This Benefit Schedule does not guarantee benefits. All services are subject to eligibility, exclusions and limitations and must be determined to be medically necessary at the time you receive the service. Additional requests, beyond the stated frequency limitations shall be considered for prior authorization when documented medical necessity is provided as required by the Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) benefit.
- ✓ Dental procedures not listed on this Benefit Schedule may be available at the dental office's usual and customary fees.

CDT Code	Description	Patient Responsibility	Limitation
Diagnostic Services			
D0120	Periodic oral evaluation	covered at 100%	1 (D0120) every 6 months per provider
D0140	Limited oral evaluation	covered at 100%	1 (D0140) per patient per provider
D0145	Oral evaluation under age 3	covered at 100%	
D0150	Comprehensive oral evaluation	covered at 100%	1 (D0150) per patient per provider for initial evaluation
D0160	Oral evaluation, problem focused	covered at 100%	1 (D0160) per patient per provider
D0170	Re-evaluation, limited, problem focused	covered at 100%	up to 6 of (D0170, D0171) in a 3 month period, no more than 12 in 12 months
D0171	Re-evaluation, post operative office visit	covered at 100%	
D0180	Comprehensive periodontal evaluation	covered at 100%	only be billed as D0150
D0190	Screening of a patient	not covered	
D0191	Assessment of a patient	not covered	
D0210	Intraoral, comprehensive series of radiographic images	covered at 100%	1 of (D0210, D0709) every 36 months per provider
D0220	Intraoral, periapical, first radiographic image	covered at 100%	20 of (D0220, D0230, D0707) 12 months, per provider
D0230	Intraoral, periapical, each add'l radiographic image	covered at 100%	
D0240	Intraoral, occlusal radiographic image	covered at 100%	2 of (D0240, D0706) every 6 months per provider
D0250	Extra-oral 2D projection radiographic image, stationary radiation source	covered at 100%	1 (D0250) per date of service
D0251	Extra-oral posterior dental radiographic image	covered at 100%	1 of (D0251, D0705) per date of service
D0270	Bitewing, single radiographic image	covered at 100%	1 of (D0270, D0708) per date of service
D0272	Bitewings, two radiographic images	covered at 100%	1 (D0272) every 6 months per provider
D0273	Bitewings, three radiographic images	covered at 100%	downcode to D0270 and D0272
D0274	Bitewings, four radiographic images	covered at 100%	1 (D0274) every 6 months per provider, age 10 and over downcode to D0274
D0277	Vertical bitewings, 7 to 8 radiographic images	covered at 100%	
D0310	Sialography	covered at 100%	
D0320	TMJ arthrogram, including injection	covered at 100%	3 (D0320) per date of service
D0322	Tomographic survey	covered at 100%	2 (D0322) every 12 months per provider
D0330	Panoramic radiographic image	covered at 100%	1 of (D0330, D0701) every 36 months per provider
D0340	2D cephalometric radiographic image, measurement and analysis	covered at 100%	2 of (D0340, D0702) every 12 months per provider
D0350	2D oral/facial photographic image, intra-orally/extra-orally	covered at 100%	4 of (D0350, D0703) per date of service
D0396	3D printing of a 3D dental surface scan	covered at 100%	
D0419	Assessment of salivary flow by measurement	not covered	
D0431	Adjunctive pre-diagnostic test	not covered	
D0460	Pulp vitality tests	covered at 100%	
D0470	Diagnostic casts	covered at 100%	1 (D0470) per provider, only a benefit with covered Orthodontic services, for permanent dentition
D0502	Other oral pathology procedures, by report	covered at 100%	
D0601	Caries risk assessment and documentation, low risk	covered at 100%	
D0602	Caries risk assessment and documentation, moderate risk	covered at 100%	
D0603	Caries risk assessment and documentation, high risk	covered at 100%	
D0701	Panoramic radiographic image, image capture only	covered at 100%	1 of (D0330, D0701) every 36 months per provider
D0702	2-D cephalometric radiographic image, image capture only	covered at 100%	2 of (D0340, D0702) every 12 months per provider
D0703	2-D oral/facial photographic image obtained intra-orally or extra-orally, image capture only	covered at 100%	4 of (D0350, D0703) per date of service
D0705	Extra-oral posterior dental radiographic image, image capture only	covered at 100%	1 of (D0251, D0705) per date of service
D0706	Intraoral, occlusal radiographic image, image capture only	covered at 100%	2 of (D0240, D0706) every 6 months per provider
D0707	Intraoral, periapical radiographic image, image capture only	covered at 100%	20 of (D0220, D0230, D0707) every 12 months, per provider



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Diagnostic Services (continued)			
D0709	Intraoral, comprehensive series of radiographic images, image capture only	covered at 100%	1 of (D0210, D0709) every 36 months per provider
D0801	3D dental surface scan, direct	covered at 100%	
D0802	3D dental surface scan, indirect	covered at 100%	
D0803	3D facial surface scan, direct	covered at 100%	
D0804	3D facial surface scan, indirect	covered at 100%	
D0999	Unspecified diagnostic procedure, by report	covered at 100%	
Preventive Services			
D1110	Prophylaxis, adult	covered at 100%	1 of (D1110, D1120, D4346) every 6 months
D1120	Prophylaxis, child	covered at 100%	
D1206	Topical application of fluoride varnish	covered at 100%	1 of (D1206, D1208) every 6 months
D1208	Topical application of fluoride, excluding varnish	covered at 100%	
D1310	Nutritional counseling for control of dental disease	covered at 100%	
D1320	Tobacco counseling, control/prevention oral disease	covered at 100%	
D1321	Counseling for the control and prevention of adverse oral, behavioral, health effects associated with high-risk substance use	covered at 100%	
D1330	Oral hygiene instruction	covered at 100%	
D1351	Sealant, per tooth	covered at 100%	1 of (D1351, D1352) every 36 months 1st, 2nd, 3rd molars
D1352	Preventive resin restoration, permanent tooth	covered at 100%	
D1353	Sealant repair, per tooth	covered at 100%	1 (D1353) every 36 months 1st, 2nd, 3rd molars
D1354	Application of caries arresting medicament application, per tooth	covered at 100%	1 (D1354) per tooth every 6 months, subject to medical necessity review for the first treatment only
D1355	Caries preventive medicament, per tooth	covered at 100%	1 (D1355) per tooth every 6 months, subject to medical necessity review for the first treatment only
D1510	Space maintainer, fixed, unilateral, per quadrant	covered at 100%	1 of (D1510, D1520) per quadrant per patient, under age 18
D1516	Space maintainer, fixed, bilateral, maxillary	covered at 100%	1 of (D1516, D1526) under age 18
D1517	Space maintainer, fixed, bilateral, mandibular	covered at 100%	1 of (D1517, D1527) under age 18
D1520	Space maintainer, removable, unilateral, per quadrant	covered at 100%	1 of (D1510, D1520) per quadrant per patient under age 18
D1526	Space maintainer, removable, bilateral, maxillary	covered at 100%	1 of (D1516, D1526) under age 18
D1527	Space maintainer, removable, bilateral, mandibular	covered at 100%	1 of (D1517, D1527) under age 18
D1551	Re-cement or re-bond bilateral space maintainer, maxillary	covered at 100%	1 (D1551) every 12 months under age 18
D1552	Re-cement or re-bond bilateral space maintainer, mandibular	covered at 100%	1 (D1552) every 12 months under age 18
D1553	Re-cement or re-bond unilateral space maintainer, per quadrant	covered at 100%	1 (D1553) per quad every 12 months under age 18
D1556	Removal of fixed unilateral space maintainer, per quadrant	covered at 100%	
D1557	Removal of fixed bilateral space maintainer, maxillary	covered at 100%	
D1558	Removal of fixed bilateral space maintainer, mandibular	covered at 100%	
D1575	Distal shoe space maintainer, fixed, per quadrant	covered at 100%	
Restorative Services			
D2140	Amalgam, one surface, primary or permanent	covered at 100% after the deductible is met	primary teeth - 1 of (D2140-D2335, D2391-D2394) per surface per tooth every 12 months permanent teeth - 1 of (D2140-D2335, D2391-D2394) per surface per tooth every 36 months
D2150	Amalgam, two surfaces, primary or permanent	covered at 100% after the deductible is met	
D2160	Amalgam, three surfaces, primary or permanent	covered at 100% after the deductible is met	
D2161	Amalgam, four or more surfaces, primary or permanent	covered at 100% after the deductible is met	
D2330	Resin-based composite, one surface, anterior	covered at 100% after the deductible is met	
D2331	Resin-based composite, two surfaces, anterior	covered at 100% after the deductible is met	
D2332	Resin-based composite, three surfaces, anterior	covered at 100% after the deductible is met	
D2335	Resin-based composite, four or more surfaces	covered at 100% after the deductible is met	
D2390	Resin-based composite crown, anterior	covered at 100% after the deductible is met	primary teeth - 1 (D2390) per tooth every 12 months permanent teeth - 1 (D2390) per tooth every 36 months
D2391	Resin-based composite, one surface, posterior	covered at 100% after the deductible is met	primary teeth - 1 of (D2140-D2335, D2391-D2394) per surface per tooth every 12 months permanent teeth - 1 of (D2140-D2335, D2391-D2394) per surface per tooth every 36 months
D2392	Resin-based composite, two surfaces, posterior	covered at 100% after the deductible is met	
D2393	Resin-based composite, three surfaces, posterior	covered at 100% after the deductible is met	
D2394	Resin-based composite, four or more surfaces, posterior	covered at 100% after the deductible is met	
D2542	Onlay, metallic, two surfaces	not covered	
D2543	Onlay, metallic, three surfaces	not covered	
D2544	Onlay, metallic, four or more surfaces	not covered	
D2642	Onlay, porcelain/ceramic, two surfaces	not covered	
D2643	Onlay, porcelain/ceramic, three surfaces	not covered	
D2644	Onlay, porcelain/ceramic, four or more surfaces	not covered	
D2662	Onlay, resin-based composite, two surfaces	not covered	
D2663	Onlay, resin-based composite, three surfaces	not covered	
D2664	Onlay, resin-based composite, four or more surfaces	not covered	



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Restorative Services (continued)				
D2710	Crown, resin-based composite (indirect)	covered at 100% after the deductible is met	1 of (D2710-D2791, D6211-D6791) per tooth every 5 year period age 13 and over	
D2712	Crown, ¾ resin-based composite (indirect)	covered at 100% after the deductible is met		
D2720	Crown, resin with high noble metal	not covered		
D2721	Crown, resin with predominantly base metal	covered at 100% after the deductible is met		
D2722	Crown, resin with noble metal	not covered		
D2740	Crown, porcelain/ceramic	covered at 100% after the deductible is met		
D2750	Crown, porcelain fused to high noble metal	not covered		
D2751	Crown, porcelain fused to predominantly base metal	covered at 100% after the deductible is met		
D2752	Crown, porcelain fused to noble metal	not covered		
D2753	Crown, porcelain fused to titanium and titanium alloys	not covered		
D2780	Crown, ¾ cast high noble metal	not covered		
D2781	Crown, ¾ cast predominantly base metal	covered at 100% after the deductible is met		
D2782	Crown, ¾ cast noble metal	not covered		
D2783	Crown, ¾ porcelain/ceramic	covered at 100% after the deductible is met		
D2790	Crown, full cast high noble metal	not covered		
D2791	Crown, full cast predominantly base metal	covered at 100% after the deductible is met		
D2792	Crown, full cast noble metal	not covered		
D2794	Crown, titanium and titanium alloys	not covered		
D2910	Re-cement or re-bond inlay, onlay, veneer, or partial coverage	covered at 100% after the deductible is met		1 (D2910) per tooth every 12 months, per provider
D2915	Re-cement or re-bond indirectly fabricated/prefabricated post & core	covered at 100% after the deductible is met		
D2920	Re-cement or re-bond crown	covered at 100% after the deductible is met		after 12 months of initial placement with same provider
D2921	Reattachment of tooth fragment, incisal edge or cusp	covered at 100% after the deductible is met		
D2928	Prefabricated porcelain/ceramic crown, permanent tooth	covered at 100% after the deductible is met		1 of (D2928, D2931) per tooth every 36 months
D2929	Prefabricated porcelain/ceramic crown, primary tooth	covered at 100% after the deductible is met		
D2930	Prefabricated stainless steel crown, primary tooth	covered at 100% after the deductible is met		1 of (D2929, D2930) per tooth every 12 months
D2931	Prefabricated stainless steel crown, permanent tooth	covered at 100% after the deductible is met		1 of (D2928, D2931) per tooth every 36 months
D2932	Prefabricated resin crown	covered at 100% after the deductible is met		primary - 1 of (D2932, D2933) per tooth every 12 months
D2933	Prefabricated stainless steel crown with resin window	covered at 100% after the deductible is met	permanent - 1 of (D2932, D2933) per tooth every 36 months	
D2940	Protective restoration	covered at 100% after the deductible is met	1 (D2940) per tooth every 6 months, per provider	
D2941	Interim therapeutic restoration, primary dentition	covered at 100% after the deductible is met		
D2949	Restorative foundation for an indirect restoration	covered at 100% after the deductible is met		
D2950	Core buildup, including any pins when required	covered at 100% after the deductible is met		
D2951	Pin retention, per tooth, in addition to restoration	covered at 100% after the deductible is met	1 (D2951) per tooth	
D2952	Post and core in addition to crown, indirectly fabricated	covered at 100% after the deductible is met	1 (D2952) per tooth	
D2953	Each additional indirectly fabricated post, same tooth	covered at 100% after the deductible is met		
D2954	Prefabricated post and core in addition to crown	covered at 100% after the deductible is met	1 (D2954) per tooth	
D2955	Post removal	covered at 100% after the deductible is met		
D2957	Each additional prefabricated post, same tooth	covered at 100% after the deductible is met		
D2971	Additional procedure to customize new crown, existing partial denture frame	covered at 100% after the deductible is met		
D2976	Band stabilization, per tooth	covered at 100% after the deductible is met		
D2980	Crown repair necessitated by restorative material failure	covered at 100% after the deductible is met	after 12 months of initial crown placement with same provider	
D2989	Excavation of a tooth resulting in the determination of non-restorability	covered at 100% after the deductible is met		
D2991	Application of hydroxyapatite regeneration medicament, per tooth	covered at 100% after the deductible is met		
D2999	Unspecified restorative procedure, by report	covered at 100% after the deductible is met		
Endodontic Services				
D3110	Pulp cap, direct (excluding final restoration)	covered at 100% after the deductible is met		
D3120	Pulp cap, indirect (excluding final restoration)	covered at 100% after the deductible is met		
D3220	Therapeutic pulpotomy (excluding final restoration)	covered at 100% after the deductible is met	1 (D3220) per primary tooth	
D3221	Pulpal debridement, primary and permanent teeth	covered at 100% after the deductible is met	1 (D3221) per tooth	
D3222	Partial pulpotomy, apexogenesis, permanent tooth, incomplete root	covered at 100% after the deductible is met	1 (D3222) per tooth	
D3230	Pulpal therapy, anterior, primary tooth (excluding final restoration)	covered at 100% after the deductible is met	1 of (D3230, D3240) per tooth	
D3240	Pulpal therapy, posterior, primary tooth (excluding final restoration)	covered at 100% after the deductible is met		
D3310	Endodontic therapy, anterior tooth (excluding final restoration)	covered at 100% after the deductible is met	1 of (D3310, D3320, D3330) per tooth	
D3320	Endodontic therapy, premolar tooth (excluding final restoration)	covered at 100% after the deductible is met		
D3330	Endodontic therapy, molar tooth (excluding final restoration)	covered at 100% after the deductible is met		
D3331	Treatment of root canal obstruction; non-surgical access	covered at 100% after the deductible is met		
D3332	Incomplete endodontic therapy; inoperable, unrestorable, fractured tooth	not covered		
D3333	Internal root repair of perforation defects	covered at 100% after the deductible is met		
D3346	Retreatment of previous root canal therapy, anterior	covered at 100% after the deductible is met		



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D3347	Retreatment of previous root canal therapy, premolar	covered at 100% after the deductible is met	1 of (D3346-D3348) after 12 months of initial treatment
D3348	Retreatment of previous root canal therapy, molar	covered at 100% after the deductible is met	
D3351	Apexification/recalcification, initial visit	covered at 100% after the deductible is met	1 (D3351) per tooth
	Endodontic Services (continued)		
D3352	Apexification/recalcification, interim medication replacement	covered at 100% after the deductible is met	1 (D3352) per tooth
D3353	Apexification/recalcification, final visit	not covered	
D3410	Apicoectomy, anterior	covered at 100% after the deductible is met	
D3421	Apicoectomy, premolar (first root)	covered at 100% after the deductible is met	
D3425	Apicoectomy, molar (first root)	covered at 100% after the deductible is met	
D3426	Apicoectomy, (each additional root)	covered at 100% after the deductible is met	
D3428	Bone graft in conjunction with periradicular surgery, per tooth, single site	covered at 100% after the deductible is met	
D3429	Bone graft in conjunction with periradicular surgery, each add'l tooth, same site	covered at 100% after the deductible is met	
D3430	Retrograde filling, per root	covered at 100% after the deductible is met	
D3431	Biologic materials, soft osseous tissue regeneration with periradicular surgery	covered at 100% after the deductible is met	
D3432	Guided tissue regeneration, per site, with periradicular surgery	not covered	
D3450	Root amputation, per root	not covered	
D3471	Surgical repair of root resorption, anterior	covered at 100% after the deductible is met	
D3472	Surgical repair of root resorption, premolar	covered at 100% after the deductible is met	
D3473	Surgical repair of root resorption, molar	covered at 100% after the deductible is met	
D3910	Surgical procedure for isolation of tooth with rubber dam	covered at 100% after the deductible is met	
D3920	Hemisection, not including root canal therapy	not covered	
D3950	Canal preparation and fitting of preformed dowel or post	not covered	
D3999	Unspecified endodontic procedure, by report	covered at 100% after the deductible is met	
	Periodontal Services		
D4210	Gingivectomy or gingivoplasty, four or more teeth per quadrant	covered at 100% after the deductible is met	1 of (D4210, D4211, D4260, D4261) per site/quad every 36 months, age 13 and over
D4211	Gingivectomy or gingivoplasty, one to three teeth per quadrant	covered at 100% after the deductible is met	
D4240	Gingival flap procedure, four or more teeth per quadrant	not covered	
D4241	Gingival flap procedure, one to three teeth per quadrant	not covered	
D4249	Clinical crown lengthening, hard tissue	covered at 100% after the deductible is met	
D4260	Osseous surgery, four or more teeth per quadrant	covered at 100% after the deductible is met	1 of (D4210, D4211, D4260, D4261) per site/quad every 36 months, age 13 and over
D4261	Osseous surgery, one to three teeth per quadrant	covered at 100% after the deductible is met	
D4263	Bone replacement graft, retained natural tooth, first site, quadrant	not covered	
D4264	Bone replacement graft, retained natural tooth, each additional site	not covered	
D4265	Biologic materials to aid in soft and osseous tissue regeneration, per site	covered at 100% after the deductible is met	
D4266	Guided tissue regeneration, natural teeth, resorbable barrier, per site	not covered	
D4267	Guided tissue regeneration, natural teeth, non-resorbable barrier, per site	not covered	
D4270	Pedicle soft tissue graft procedure	not covered	
D4273	Autogenous connective tissue graft procedure, first tooth	not covered	
D4275	Non-autogenous connective tissue graft, first tooth	not covered	
D4283	Autogenous connective tissue graft procedure, each additional tooth, per site	not covered	
D4285	Non-autogenous connective tissue graft procedure, each additional tooth, per site	not covered	
D4286	Removal of non-resorbable barrier	not covered	
GUIDELINE:			
No more than two (2) quadrants of periodontal scaling and root planing per appointment/ per day are allowable.			
D4341	Periodontal scaling and root planing, four or more teeth per quadrant	covered at 100% after the deductible is met	1 of (D4341, D4342) per site quad, every 24 months, age 13 and over
D4342	Periodontal scaling and root planing, one to three teeth per quadrant	covered at 100% after the deductible is met	
D4346	Scaling in presence of moderate or severe inflammation, full mouth after evaluation	covered at 100% after the deductible is met	1 of (D1110, D1120, D4346) every 6 months
D4355	Full mouth debridement to enable comprehensive periodontal evaluation and diagnosis, subsequent visit	covered at 100% after the deductible is met	
D4381	Localized delivery of antimicrobial agent/per tooth	covered at 100% after the deductible is met	
D4910	Periodontal maintenance	covered at 100% after the deductible is met	1 (D4910) every 3 months
D4920	Unscheduled dressing change (other than treating dentist or staff)	covered at 100% after the deductible is met	1 (D4920) per patient per provider, age 13 and over
D4999	Unspecified periodontal procedure, by report	covered at 100% after the deductible is met	
	Removable Prosthodontic Services		
D5110	Complete denture, maxillary	covered at 100% after the deductible is met	1 of (D5110-D5120, D5211-D5214, D5863-D5866) per arch every 5 year period. A benefit once in a five year period from a previous complete, immediate or overdenture - complete denture.
D5120	Complete denture, mandibular	covered at 100% after the deductible is met	
D5130	Immediate denture, maxillary	covered at 100% after the deductible is met	1 (D5130) per patient. Not a benefit as a temporary denture. Subsequent complete dentures are not a benefit within a five-year period of an immediate denture.
D5140	Immediate denture, mandibular	covered at 100% after the deductible is met	1 (D5140) per patient. Not a benefit as a temporary denture. Subsequent complete dentures are not a benefit within a five-year period of an immediate denture.
D5211	Maxillary partial denture, resin base	covered at 100% after the deductible is met	



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D5212	Mandibular partial denture, resin base	covered at 100% after the deductible is met	1 of (D5110-D5120, D5211-D5214, D5863-D5866) per arch every 5 year period. A benefit once in a five year period from a previous complete, immediate or overdenture - complete denture.
D5213	Maxillary partial denture, cast metal, resin base	covered at 100% after the deductible is met	
D5214	Mandibular partial denture, cast metal, resin base	covered at 100% after the deductible is met	
Removable Prosthodontic Services (continued)			
D5221	Immediate maxillary partial denture, resin base	covered at 100% after the deductible is met	1 of (D5221-D5224) per arch per patient. Not a benefit as a temporary denture. Subsequent complete dentures are not a benefit within a five-year period of an immediate denture.
D5222	Immediate mandibular partial denture, resin base	covered at 100% after the deductible is met	
D5223	Immediate maxillary partial denture, cast metal framework, resin denture base	covered at 100% after the deductible is met	
D5224	Immediate mandibular partial denture, cast metal framework, resin denture base	covered at 100% after the deductible is met	
D5225	Maxillary partial denture, flexible base	not covered	
D5226	Mandibular partial denture, flexible base	not covered	
D5227	Immediate maxillary partial denture, flexible base	not covered	
D5228	Immediate mandibular partial denture, flexible base	not covered	
D5282	Removable unilateral partial denture, one piece cast metal, maxillary	not covered	
D5283	Removable unilateral partial denture, one piece cast metal, mandibular	not covered	
D5284	Removable unilateral partial denture, one piece flexible base, per quadrant	not covered	
D5286	Removable unilateral partial denture, one piece resin, per quadrant	not covered	
D5410	Adjust complete denture, maxillary	covered at 100% after the deductible is met	2 of (D5410-D5422) per arch every 12 months, 1 per arch per date of service per provider
D5411	Adjust complete denture, mandibular	covered at 100% after the deductible is met	
D5421	Adjust partial denture, maxillary	covered at 100% after the deductible is met	
D5422	Adjust partial denture, mandibular	covered at 100% after the deductible is met	
D5511	Repair broken complete denture base, mandibular	covered at 100% after the deductible is met	1 (D5511) per date of service per provider, 2 every 12 months per provider
D5512	Repair broken complete denture base, maxillary	covered at 100% after the deductible is met	1 (D5512) per date of service per provider, 2 every 12 months per provider
D5520	Replace missing or broken teeth, complete denture	covered at 100% after the deductible is met	up to 4 (D5520) per arch per date of service per provider, 2 per arch every 12 months per provider
D5611	Repair resin partial denture base, mandibular	covered at 100% after the deductible is met	1 (D5611) per date of service per provider, 2 every 12 months per provider
D5612	Repair resin partial denture base, maxillary	covered at 100% after the deductible is met	1 (D5612) per date of service per provider, 2 every 12 months per provider
D5621	Repair cast partial framework, mandibular	covered at 100% after the deductible is met	1 (D5621) per date of service per provider, 2 every 12 months per provider
D5622	Repair cast partial framework, maxillary	covered at 100% after the deductible is met	1 (D5622) per date of service per provider, 2 every 12 months per provider
D5630	Repair or replace broken retentive clasping materials, per tooth	covered at 100% after the deductible is met	3 (D5630) per arch per date of service per provider, 2 per arch every 12 months per provider
D5640	Replace broken teeth, per tooth	covered at 100% after the deductible is met	4 (D5640) per arch per date of service per provider, 2 per arch every 12 months per provider
D5650	Add tooth to existing partial denture	covered at 100% after the deductible is met	3 (D5650) per arch per provider per date of service, 1 per tooth
D5660	Add clasp to existing partial denture, per tooth	covered at 100% after the deductible is met	3 (D5660) per date of service per provider, 2 per arch every 12 months per provider
D5670	Replace all teeth & acrylic on cast metal frame, maxillary	not covered	
D5671	Replace all teeth & acrylic on cast metal frame, mandibular	not covered	
D5710	Rebase complete maxillary denture	not covered	
D5711	Rebase complete mandibular denture	not covered	
D5720	Rebase maxillary partial denture	not covered	
D5721	Rebase mandibular partial denture	not covered	
D5730	Reline complete maxillary denture, direct	covered at 100% after the deductible is met	1 of (D5730-D5761) every 12 months. Covered 6 months after initial placement of appliance if extractions were required, 12 months after initial placement of appliance if extractions were not required.
D5731	Reline complete mandibular denture, direct	covered at 100% after the deductible is met	
D5740	Reline maxillary partial denture, direct	covered at 100% after the deductible is met	
D5741	Reline mandibular partial denture, direct	covered at 100% after the deductible is met	
D5750	Reline complete maxillary denture, indirect	covered at 100% after the deductible is met	
D5751	Reline complete mandibular denture, indirect	covered at 100% after the deductible is met	
D5760	Reline maxillary partial denture, indirect	covered at 100% after the deductible is met	
D5761	Reline mandibular partial denture, indirect	covered at 100% after the deductible is met	
D5850	Tissue conditioning, maxillary	covered at 100% after the deductible is met	2 (D5850) every 36 months
D5851	Tissue conditioning, mandibular	covered at 100% after the deductible is met	2 (D5851) every 36 months
D5862	Precision attachment, by report	covered at 100% after the deductible is met	
D5863	Overdenture, complete, maxillary	covered at 100% after the deductible is met	1 of (D5110-D5120, D5211-D5214, D5863-D5866) per arch every 5 year period. A benefit once in a five year period from a previous complete, immediate or overdenture - complete denture.
D5864	Overdenture, partial, maxillary	covered at 100% after the deductible is met	
D5865	Overdenture, complete, mandibular	covered at 100% after the deductible is met	
D5866	Overdenture, partial, mandibular	covered at 100% after the deductible is met	
D5876	Add metal substructure to acrylic full denture (per arch)	not covered	
D5899	Unspecified removable prosthodontic procedure, by report	covered at 100% after the deductible is met	
Maxillofacial Prosthetic Services			
D5911	Facial moulage (sectional)	covered at 100% after the deductible is met	
D5912	Facial moulage (complete)	covered at 100% after the deductible is met	
D5913	Nasal prosthesis	covered at 100% after the deductible is met	
D5914	Auricular prosthesis	covered at 100% after the deductible is met	
D5915	Orbital prosthesis	covered at 100% after the deductible is met	



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D5916	Ocular prosthesis	covered at 100% after the deductible is met	
D5919	Facial prosthesis	covered at 100% after the deductible is met	
D5922	Nasal septal prosthesis	covered at 100% after the deductible is met	
Maxillofacial Prosthetic Services (continued)			
D5923	Ocular prosthesis, interim	covered at 100% after the deductible is met	
D5924	Cranial prosthesis	covered at 100% after the deductible is met	
D5925	Facial augmentation implant prosthesis	covered at 100% after the deductible is met	
D5926	Nasal prosthesis, replacement	covered at 100% after the deductible is met	
D5927	Auricular prosthesis, replacement	covered at 100% after the deductible is met	
D5928	Orbital prosthesis, replacement	covered at 100% after the deductible is met	
D5929	Facial prosthesis, replacement	covered at 100% after the deductible is met	
D5931	Obturator prosthesis, surgical	covered at 100% after the deductible is met	
D5932	Obturator prosthesis, definitive	covered at 100% after the deductible is met	
D5933	Obturator prosthesis, modification	covered at 100% after the deductible is met	2 (D5933) every 12 months
D5934	Mandibular resection prosthesis with guide flange	covered at 100% after the deductible is met	
D5935	Mandibular resection prosthesis without guide flange	covered at 100% after the deductible is met	
D5936	Obturator prosthesis, interim	covered at 100% after the deductible is met	
D5937	Trismus appliance (not for TMD treatment)	covered at 100% after the deductible is met	
D5951	Feeding aid	covered at 100% after the deductible is met	under age 18
D5952	Speech aid prosthesis, pediatric	covered at 100% after the deductible is met	under age 18
D5953	Speech aid prosthesis, adult	covered at 100% after the deductible is met	age 18 and over
D5954	Palatal augmentation prosthesis	covered at 100% after the deductible is met	
D5955	Palatal lift prosthesis, definitive	covered at 100% after the deductible is met	
D5958	Palatal lift prosthesis, interim	covered at 100% after the deductible is met	
D5959	Palatal lift prosthesis, modification	covered at 100% after the deductible is met	2 (D5959) every 12 months
D5960	Speech aid prosthesis, modification	covered at 100% after the deductible is met	2 (D5960) every 12 months
D5982	Surgical stent	covered at 100% after the deductible is met	
D5983	Radiation carrier	covered at 100% after the deductible is met	
D5984	Radiation shield	covered at 100% after the deductible is met	
D5985	Radiation cone locator	covered at 100% after the deductible is met	
D5986	Fluoride gel carrier	covered at 100% after the deductible is met	
D5987	Commissure splint	covered at 100% after the deductible is met	
D5988	Surgical splint	covered at 100% after the deductible is met	
D5991	Vesiculobullous disease medicament carrier	covered at 100% after the deductible is met	
D5999	Unspecified maxillofacial prosthesis, by report	covered at 100% after the deductible is met	
Implant Services			
D6010	Surgical placement of implant body, endosteal	covered at 100% after the deductible is met	
D6011	Surgical access to an implant body (second state implant surgery)	covered at 100% after the deductible is met	
D6012	Surgical placement of interim implant body, transitional prosthesis: endosteal implant	covered at 100% after the deductible is met	
D6013	Surgical placement of mini implant	covered at 100% after the deductible is met	
D6040	Surgical placement: eposteal implant	covered at 100% after the deductible is met	
D6050	Surgical placement: transosteal implant	covered at 100% after the deductible is met	
D6055	Connecting bar, implant supported or abutment supported	covered at 100% after the deductible is met	
D6056	Prefabricated abutment, includes modification and placement	covered at 100% after the deductible is met	
D6057	Custom fabricated abutment, includes placement	covered at 100% after the deductible is met	
D6058	Abutment supported porcelain/ceramic crown	covered at 100% after the deductible is met	
D6059	Abutment supported porcelain fused to high noble crown	covered at 100% after the deductible is met	
D6060	Abutment supported porcelain fused to base metal crown	covered at 100% after the deductible is met	
D6061	Abutment supported porcelain fused to noble metal crown	covered at 100% after the deductible is met	
D6062	Abutment supported cast metal crown, high noble	covered at 100% after the deductible is met	
D6063	Abutment supported cast metal crown, base metal	covered at 100% after the deductible is met	
D6064	Abutment supported cast metal crown, noble metal	covered at 100% after the deductible is met	
D6065	Implant supported porcelain/ceramic crown	covered at 100% after the deductible is met	
D6066	Implant supported crown, porcelain fused to high noble alloys	covered at 100% after the deductible is met	
D6067	Implant supported crown, high noble alloys	covered at 100% after the deductible is met	
D6068	Abutment supported retainer, porcelain/ceramic FPD	covered at 100% after the deductible is met	
D6069	Abutment supported retainer, metal FPD, high noble	covered at 100% after the deductible is met	
D6070	Abutment supported retainer, porcelain fused to metal FPD, base metal	covered at 100% after the deductible is met	
D6071	Abutment supported retainer, porcelain fused to metal FPD, noble	covered at 100% after the deductible is met	
D6072	Abutment supported retainer, cast metal FPD, high noble	covered at 100% after the deductible is met	

Only a Plan Benefit when exceptional medical conditions are met



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D6073	Abutment supported retainer, cast metal FPD, base metal	covered at 100% after the deductible is met	
D6074	Abutment supported retainer, cast metal FPD, noble	covered at 100% after the deductible is met	
D6075	Implant supported retainer for ceramic FPD	covered at 100% after the deductible is met	
D6076	Implant supported retainer for FPD, porcelain fused to high noble alloys	covered at 100% after the deductible is met	
	Implant Services (continued)		
D6077	Implant supported retainer for metal FPD, high noble alloys	covered at 100% after the deductible is met	
D6080	Implant maintenance procedures, prosthesis removed/reinserted, including cleansing	covered at 100% after the deductible is met	
D6081	Scaling and debridement in the presence of inflammation or mucositis of a single implant	covered at 100% after the deductible is met	
D6082	Implant supported crown, porcelain fused to predominantly base alloys	covered at 100% after the deductible is met	
D6083	Implant supported crown, porcelain fused to noble alloys	covered at 100% after the deductible is met	
D6084	Implant supported crown, porcelain fused to titanium and titanium alloys	covered at 100% after the deductible is met	
D6085	Interim implant crown	covered at 100% after the deductible is met	
D6086	Implant supported crown, predominantly base alloys	covered at 100% after the deductible is met	
D6087	Implant supported crown, noble alloys	covered at 100% after the deductible is met	
D6088	Implant supported crown, titanium and titanium alloys	covered at 100% after the deductible is met	
D6089	Accessing and retorquing loose implant screw, per screw	covered at 100% after the deductible is met	
D6090	Repair implant supported prosthesis, by report	covered at 100% after the deductible is met	
D6091	Replacement part of semi-precision, precision attachment, implant/abutment supported prosthesis, per attachment	covered at 100% after the deductible is met	
D6092	Re-cement or re-bond implant/abutment supported crown	covered at 100% after the deductible is met	
D6093	Re-cement or re-bond implant/abutment supported FPD	covered at 100% after the deductible is met	
D6094	Abutment supported crown, titanium, and titanium alloys	covered at 100% after the deductible is met	
D6095	Repair implant abutment, by report	covered at 100% after the deductible is met	
D6096	Remove broken implant retaining screw	covered at 100% after the deductible is met	
D6097	Abutment supported crown, porcelain fused to titanium and titanium alloys	covered at 100% after the deductible is met	
D6098	Implant supported retainer, porcelain fused to predominantly base alloys	covered at 100% after the deductible is met	
D6099	Implant supported retainer for FPD, porcelain fused to noble alloys	covered at 100% after the deductible is met	
D6100	Surgical removal of implant body	covered at 100% after the deductible is met	
D6105	Removal of implant body not requiring bone removal or flap elevation	covered at 100% after the deductible is met	Only a Plan Benefit when exceptional medical conditions are met
D6110	Implant/abutment supported removable denture, maxillary	covered at 100% after the deductible is met	
D6111	Implant/abutment supported removable denture, mandibular	covered at 100% after the deductible is met	
D6112	Implant/abutment supported removable denture, partial, maxillary	covered at 100% after the deductible is met	
D6113	Implant/abutment supported removable denture, partial, mandibular	covered at 100% after the deductible is met	
D6114	Implant/abutment supported fixed denture, maxillary	covered at 100% after the deductible is met	
D6115	Implant/abutment supported fixed denture, mandibular	covered at 100% after the deductible is met	
D6116	Implant/abutment supported fixed denture for partial, maxillary	covered at 100% after the deductible is met	
D6117	Implant/abutment supported fixed denture for partial, mandibular	covered at 100% after the deductible is met	
D6118	Implant/abutment supported interim fixed denture, mandibular	covered at 100% after the deductible is met	
D6119	Implant/abutment supported interim fixed denture, maxillary	covered at 100% after the deductible is met	
D6120	Implant supported retainer, porcelain fused to titanium and titanium alloys	covered at 100% after the deductible is met	
D6121	Implant supported retainer for metal FPD, predominantly base alloys	covered at 100% after the deductible is met	
D6122	Implant supported retainer for metal FPD, noble alloys	covered at 100% after the deductible is met	
D6123	Implant supported retainer for metal FPD, titanium and titanium alloys	covered at 100% after the deductible is met	
D6190	Radiographic/surgical implant index, by report	covered at 100% after the deductible is met	
D6191	Semi-precision abutment, placement	covered at 100% after the deductible is met	
D6192	Semi-precision attachment, placement	covered at 100% after the deductible is met	
D6194	Abutment supported retainer crown for FPD titanium, titanium and titanium alloys	covered at 100% after the deductible is met	
D6195	Abutment supported retainer, porcelain fused to titanium and titanium alloys	covered at 100% after the deductible is met	
D6197	Replacement of restorative material, close access opening of screw-retained implant supported prosthesis, per implant	covered at 100% after the deductible is met	
D6198	Remove interim implant component	covered at 100% after the deductible is met	
D6199	Unspecified implant procedure, by report	covered at 100% after the deductible is met	
	Fixed Prosthodontic Services		
D6205	Pontic, indirect resin based composite	not covered	
D6210	Pontic, cast high noble metal	not covered	
D6211	Pontic, cast predominantly base metal	covered at 100% after the deductible is met	
D6212	Pontic, cast noble metal	not covered	
D6214	Pontic, titanium, and titanium alloys	not covered	
D6240	Pontic, porcelain fused to high noble metal	not covered	
D6241	Pontic, porcelain fused to predominantly base metal	covered at 100% after the deductible is met	

1 of (D6710-D6701 D6211-D6201) per tooth every 5 year period age 13 and over



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D6242	Pontic, porcelain fused to noble metal	not covered	1 of (D6242-D6245, D6250-D6251) per tooth every 5 year period age 13 and over
D6243	Pontic, porcelain fused to titanium and titanium alloys	not covered	
D6245	Pontic, porcelain/ceramic	covered at 100% after the deductible is met	
D6250	Pontic, resin with high noble metal	not covered	
D6251	Pontic, resin with predominantly base metal	covered at 100% after the deductible is met	
Fixed Prosthodontic Services (continued)			
D6252	Pontic, resin with noble metal	not covered	
D6545	Retainer, cast metal for resin bonded fixed prosthesis	not covered	
D6548	Retainer, porcelain/ceramic, resin bonded fixed prosthesis	not covered	
D6549	Resin retainer, for resin bonded fixed prosthesis	not covered	
D6608	Retainer onlay, porcelain/ceramic, two surfaces	not covered	
D6609	Retainer onlay, porcelain/ceramic, three or more surfaces	not covered	
D6610	Retainer onlay, cast high noble metal, two surfaces	not covered	
D6611	Retainer onlay, cast high noble metal, three or more surfaces	not covered	
D6612	Retainer onlay, cast base metal, two surfaces	not covered	
D6613	Retainer onlay, cast base metal, three or more surfaces	not covered	
D6614	Retainer onlay, cast noble metal, two surfaces	not covered	
D6615	Retainer onlay, cast noble metal three or more surfaces	not covered	
D6634	Retainer onlay, titanium	not covered	
D6710	Retainer crown, indirect resin based composite	not covered	
D6720	Retainer crown, resin with high noble metal	not covered	
D6721	Retainer crown, resin with predominantly base metal	covered at 100% after the deductible is met	1 of (D2710-D2791, D6211-D6791) per tooth every 5 year period age 13 and over
D6722	Retainer crown, resin with noble metal	not covered	
D6740	Retainer crown, porcelain/ceramic	covered at 100% after the deductible is met	
D6750	Retainer crown, porcelain fused to high noble metal	not covered	
D6751	Retainer crown, porcelain fused to predominantly base metal	covered at 100% after the deductible is met	
D6752	Retainer crown, porcelain fused to noble metal	not covered	
D6753	Retainer crown, porcelain fused to titanium and titanium alloys	not covered	
D6781	Retainer crown, ¾ cast predominantly base metal	covered at 100% after the deductible is met	
D6782	Retainer crown, ¾ cast noble metal	not covered	
D6783	Retainer crown, ¾ porcelain/ceramic	covered at 100% after the deductible is met	
D6784	Retainer crown ¾, titanium and titanium alloys	covered at 100% after the deductible is met	
D6791	Retainer crown, full cast predominantly base metal	covered at 100% after the deductible is met	
D6794	Retainer crown, titanium and titanium alloys	not covered	
D6930	Re-cement or re-bond fixed partial denture	covered at 100% after the deductible is met	
D6980	Fixed partial denture repair, restorative material failure	covered at 100% after the deductible is met	
D6999	Unspecified fixed prosthodontic procedure, by report	covered at 100% after the deductible is met	
Oral & Maxillofacial Services			
GUIDELINE:			
The surgical removal of impacted teeth is a covered benefit only when evidence of pathology exists			
D7111	Extraction, coronal remnants, primary tooth	covered at 100% after the deductible is met	
D7140	Extraction, erupted tooth or exposed root	covered at 100% after the deductible is met	
D7210	Extraction, erupted tooth requiring removal of bone and/or sectioning of tooth	covered at 100% after the deductible is met	
D7220	Removal of impacted tooth, soft tissue	covered at 100% after the deductible is met	
D7230	Removal of impacted tooth, partially bony	covered at 100% after the deductible is met	
D7240	Removal of impacted tooth, completely bony	covered at 100% after the deductible is met	
D7241	Removal impacted tooth, complete bony, complication	covered at 100% after the deductible is met	
D7250	Removal of residual tooth roots (cutting procedure)	covered at 100% after the deductible is met	
D7260	Oroantral fistula closure	covered at 100% after the deductible is met	
D7261	Primary closure of a sinus perforation	covered at 100% after the deductible is met	
D7270	Tooth reimplantation and/or stabilization, accident	covered at 100% after the deductible is met	1 (D7270) per arch
D7280	Exposure of an unerupted tooth	covered at 100% after the deductible is met	
D7283	Placement, device to facilitate eruption, impaction	covered at 100% after the deductible is met	
D7284	Excisional biopsy of minor salivary glands	covered at 100% after the deductible is met	
D7285	Incisional biopsy of oral tissue, hard (bone, tooth)	covered at 100% after the deductible is met	1 (D7285) per arch per date of service
D7286	Incisional biopsy of oral tissue, soft	covered at 100% after the deductible is met	up to 3 (D7286) per date of service
D7287	Exfoliative cytological sample collection	not covered	
D7288	Brush biopsy, transepithelial sample collection	not covered	
D7290	Surgical repositioning of teeth	covered at 100% after the deductible is met	1 (D7290) per arch, for active orthodontic treatment only
D7291	Transseptal fiberotomy/supra crestal fiberotomy, by report	covered at 100% after the deductible is met	1 (D7291) per arch, for active orthodontic treatment only
D7310	Alveoplasty with extractions, four or more teeth per quadrant	covered at 100% after the deductible is met	



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D7311	Alveoloplasty with extractions, one to three teeth per quadrant	covered at 100% after the deductible is met	
D7320	Alveoloplasty, w/o extractions, four or more teeth per quadrant	covered at 100% after the deductible is met	
D7321	Alveoloplasty, w/o extractions, one to three teeth per quadrant	covered at 100% after the deductible is met	
D7340	Vestibuloplasty, ridge extension (2nd epithelialization)	covered at 100% after the deductible is met	1 (D7340) per arch every 5 year period
D7350	Vestibuloplasty, ridge extension	covered at 100% after the deductible is met	1 (D7350) per arch
D7410	Excision of benign lesion, up to 1.25 cm	covered at 100% after the deductible is met	
	Oral & Maxillofacial Services (continued)		
D7411	Excision of benign lesion, greater than 1.25 cm	covered at 100% after the deductible is met	
D7412	Excision of benign lesion, complicated	covered at 100% after the deductible is met	
D7413	Excision of malignant lesion, up to 1.25 cm	covered at 100% after the deductible is met	
D7414	Excision of malignant lesion, greater than 1.25 cm	covered at 100% after the deductible is met	
D7415	Excision of malignant lesion, complicated	covered at 100% after the deductible is met	
D7440	Excision of malignant tumor, up to 1.25 cm	covered at 100% after the deductible is met	
D7441	Excision of malignant tumor, greater than 1.25 cm	covered at 100% after the deductible is met	
D7450	Removal, benign odontogenic cyst/tumor, up to 1.25 cm	covered at 100% after the deductible is met	
D7451	Removal, benign odontogenic cyst/tumor, greater than 1.25 cm	covered at 100% after the deductible is met	
D7460	Removal, benign nonodontogenic cyst/tumor, up to 1.25 cm	covered at 100% after the deductible is met	
D7461	Removal, benign nonodontogenic cyst/tumor, greater than 1.25 cm	covered at 100% after the deductible is met	
D7465	Destruction of lesion(s) by physical or chemical method, by report	covered at 100% after the deductible is met	
D7471	Removal of lateral exostosis, maxilla or mandible	covered at 100% after the deductible is met	1 (D7471) per quadrant
D7472	Removal of torus palatinus	covered at 100% after the deductible is met	1 (D7472) per lifetime
D7473	Removal of torus mandibularis	covered at 100% after the deductible is met	1 (D7473) per quadrant
D7485	Reduction of osseous tuberosity	covered at 100% after the deductible is met	1 (D7485) per quadrant
D7490	Radical resection of maxilla or mandible	covered at 100% after the deductible is met	
D7509	Marsupialization of odontogenic cyst	covered at 100% after the deductible is met	
D7510	Incision & drainage of abscess, intraoral soft tissue	covered at 100% after the deductible is met	1 (D7510) per quadrant, same date of service
D7511	Incision & drainage of abscess, intraoral soft tissue, complicated	covered at 100% after the deductible is met	1 (D7511) per quadrant, same date of service
D7520	Incision & drainage of abscess, extraoral soft tissue	covered at 100% after the deductible is met	
D7521	Incision & drainage of abscess, extraoral soft tissue, complicated	covered at 100% after the deductible is met	
D7530	Remove foreign body, mucosa, skin, tissue	covered at 100% after the deductible is met	1 (D7530) per date of service
D7540	Removal of reaction producing foreign bodies, musculoskeletal system	covered at 100% after the deductible is met	1 (D7540) per date of service
D7550	Partial ostectomy/sequestrectomy for removal of non-vital bone	covered at 100% after the deductible is met	1 (D7550) per quadrant per date of service
D7560	Maxillary sinusotomy for removal of tooth fragment or foreign body	covered at 100% after the deductible is met	
D7610	Maxilla, open reduction (teeth immobilized, if present)	covered at 100% after the deductible is met	
D7620	Maxilla, closed reduction (teeth immobilized, if present)	covered at 100% after the deductible is met	
D7630	Mandible, open reduction (teeth immobilized, if present)	covered at 100% after the deductible is met	
D7640	Mandible, closed reduction (teeth immobilized, if present)	covered at 100% after the deductible is met	
D7650	Malar and/or zygomatic arch, open reduction	covered at 100% after the deductible is met	
D7660	Malar and/or zygomatic arch, closed reduction	covered at 100% after the deductible is met	
D7670	Alveolus, closed reduction, may include stabilization of teeth	covered at 100% after the deductible is met	
D7671	Alveolus, open reduction, may include stabilization of teeth	covered at 100% after the deductible is met	
D7680	Facial bones, complicated reduction with fixation, multiple surgical approaches	covered at 100% after the deductible is met	
D7710	Maxilla, open reduction	covered at 100% after the deductible is met	
D7720	Maxilla, closed reduction	covered at 100% after the deductible is met	
D7730	Mandible, open reduction	covered at 100% after the deductible is met	
D7740	Mandible, closed reduction	covered at 100% after the deductible is met	
D7750	Malar and/or zygomatic arch, open reduction	covered at 100% after the deductible is met	
D7760	Malar and/or zygomatic arch, closed reduction	covered at 100% after the deductible is met	
D7770	Alveolus, open reduction stabilization of teeth	covered at 100% after the deductible is met	
D7771	Alveolus, closed reduction stabilization of teeth	covered at 100% after the deductible is met	
D7780	Facial bones, complicated reduction with fixation and multiple approaches	covered at 100% after the deductible is met	
D7810	Open reduction of dislocation	covered at 100% after the deductible is met	
D7820	Closed reduction of dislocation	covered at 100% after the deductible is met	
D7830	Manipulation under anesthesia	covered at 100% after the deductible is met	
D7840	Condylectomy	covered at 100% after the deductible is met	
D7850	Surgical discectomy, with/without implant	covered at 100% after the deductible is met	
D7852	Disc repair	covered at 100% after the deductible is met	
D7854	Synovectomy	covered at 100% after the deductible is met	
D7856	Myotomy	covered at 100% after the deductible is met	
D7858	Joint reconstruction	covered at 100% after the deductible is met	



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D7860	Arthrotomy	covered at 100% after the deductible is met	
D7865	Arthroplasty	covered at 100% after the deductible is met	
D7870	Arthrocentesis	covered at 100% after the deductible is met	
D7871	Non-arthroscopic lysis and lavage	covered at 100% after the deductible is met	
D7872	Arthroscopy, diagnosis, with or without biopsy	covered at 100% after the deductible is met	
D7873	Arthroscopy: lavage and lysis of adhesions	covered at 100% after the deductible is met	
Oral & Maxillofacial Services (continued)			
D7874	Arthroscopy: disc repositioning and stabilization	covered at 100% after the deductible is met	
D7875	Arthroscopy: synovectomy	covered at 100% after the deductible is met	
D7876	Arthroscopy: discectomy	covered at 100% after the deductible is met	
D7877	Arthroscopy: debridement	covered at 100% after the deductible is met	
D7880	Occlusal orthotic device, by report	covered at 100% after the deductible is met	
D7881	Occlusal orthotic device adjustment	covered at 100% after the deductible is met	
D7899	Unspecified TMD therapy, by report	covered at 100% after the deductible is met	
D7910	Suture of recent small wounds up to 5 cm	covered at 100% after the deductible is met	
D7911	Complicated suture, up to 5 cm	covered at 100% after the deductible is met	
D7912	Complicated suture, greater than 5 cm	covered at 100% after the deductible is met	
D7920	Skin graft (identify defect covered, location and type of graft)	covered at 100% after the deductible is met	
D7922	Placement of intra-socket biological dressing to aid in hemostasis or clot, stabilization, per site	covered at 100% after the deductible is met	
D7939	Indexing for osteotomy using dynamic robotic assisted or dynamic navigation	covered at 100% after the deductible is met	
D7940	Osteoplasty, for orthognathic deformities	covered at 100% after the deductible is met	
D7941	Osteotomy, mandibular rami	covered at 100% after the deductible is met	
D7943	Osteotomy, mandibular rami with bone graft; includes obtaining the graft	covered at 100% after the deductible is met	
D7944	Osteotomy, segmented or subapical	covered at 100% after the deductible is met	
D7945	Osteotomy, body of mandible	covered at 100% after the deductible is met	
D7946	LeFort I (maxilla, total)	covered at 100% after the deductible is met	
D7947	LeFort I (maxilla, segmented)	covered at 100% after the deductible is met	
D7948	LeFort II or LeFort III, without bone graft	covered at 100% after the deductible is met	
D7949	LeFort II or LeFort III, with bone graft	covered at 100% after the deductible is met	
D7950	Osseous, osteoperiosteal, cartilage graft, mandible or maxilla, by report	covered at 100% after the deductible is met	
D7951	Sinus augmentation with bone or bone substitutes via a lateral open approach	covered at 100% after the deductible is met	
D7952	Sinus augmentation via a vertical approach	covered at 100% after the deductible is met	
D7955	Repair of maxillofacial soft and/or hard tissue defect	covered at 100% after the deductible is met	
D7956	Guided tissue regeneration, edentulous area, resorbable barrier, per site	not covered	
D7957	Guided tissue regeneration, edentulous area, non-resorbable barrier, per site	not covered	
D7961	Buccal / labial frenectomy (frenulectomy)	covered at 100% after the deductible is met	1 (D7961) per arch per date of service
D7962	Lingual frenectomy (frenulectomy)	covered at 100% after the deductible is met	1 (D7962) per arch per date of service
D7963	Frenuloplasty	covered at 100% after the deductible is met	1 (D7963) per arch per date of service
D7970	Excision of hyperplastic tissue, per arch	covered at 100% after the deductible is met	1 (D7970) per arch per date of service
D7971	Excision of pericoronal gingiva	covered at 100% after the deductible is met	
D7972	Surgical reduction of fibrous tuberosity	covered at 100% after the deductible is met	1 (D7972) per arch per date of service
D7979	Non – surgical sialolithotomy	covered at 100% after the deductible is met	
D7980	Surgical Sialolithotomy	covered at 100% after the deductible is met	
D7981	Excision of salivary gland, by report	covered at 100% after the deductible is met	
D7982	Sialodochoplasty	covered at 100% after the deductible is met	
D7983	Closure of salivary fistula	covered at 100% after the deductible is met	
D7990	Emergency tracheotomy	covered at 100% after the deductible is met	
D7991	Coronoidectomy	covered at 100% after the deductible is met	
D7995	Synthetic graft, mandible or facial bones, by report	covered at 100% after the deductible is met	
D7997	Appliance removal (not by dentist who placed appliance), includes removal of archbar	covered at 100% after the deductible is met	1 (D7997) per arch per date of service
D7999	Unspecified oral surgery procedure, by report	covered at 100% after the deductible is met	
Orthodontic Services			
For Pediatric Dental, orthodontic treatment is a benefit of this Dental Plan ONLY when the patient's orthodontic needs meet medically necessary requirements as determined by a verified score of 26 or higher (or other qualify conditions) on Handicapping Labio-Lingual Deviation (HLD) Index analysis. All treatment must be prior authorized by the Plan prior to banding.			
D8080	Comprehensive orthodontic treatment of the adolescent dentition	covered at 100% after the deductible is met	age 13 and over
D8210	Removable appliance therapy	covered at 100% after the deductible is met	1 (D8210) per patient, age 6 through 12
D8220	Fixed appliance therapy	covered at 100% after the deductible is met	1 (D8220) per patient, age 6 through 12
D8660	Pre-orthodontic treatment examination to monitor growth and development	covered at 100% after the deductible is met	1 (D8660) every 3 months for a maximum of 6
D8670	Periodic orthodontic treatment visit	covered at 100% after the deductible is met	1 (D8670) per calendar quarter
D8680	Orthodontic retention (removal of appliances, construction and placement of retainer(s))	covered at 100% after the deductible is met	1 (D8680) per arch for each authorized phase of orthodontic treatment



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CDT Code	Description	Patient Responsibility	Limitation
D8681	Removable orthodontic retainer adjustment	covered at 100% after the deductible is met	
D8696	Repair of orthodontic appliance, maxillary	covered at 100% after the deductible is met	1 of (D8696, D8697) per arch, per appliance
D8697	Repair of orthodontic appliance, mandibular	covered at 100% after the deductible is met	
D8698	Re-cement or re-bond fixed retainer, maxillary	covered at 100% after the deductible is met	1 of (D8698, D8699) per arch, per provider
D8699	Re-cement or re-bond fixed retainer, mandibular	covered at 100% after the deductible is met	
D8701	Repair of fixed retainer, includes reattachment, maxillary	covered at 100% after the deductible is met	
D8702	Repair of fixed retainer, includes reattachment, mandibular	covered at 100% after the deductible is met	



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CDT Code	Description	Patient Responsibility	Limitation
Orthodontic Services (continued)			
D8703	Replacement of lost or broken retainer, maxillary	covered at 100% after the deductible is met	1 of (D8703, D8704) per arch
D8704	Replacement of lost or broken retainer, mandibular	covered at 100% after the deductible is met	
D8999	Unspecified orthodontic procedure, by report	covered at 100% after the deductible is met	
Adjunctive General Services			
D9110	Palliative treatment of dental pain, per visit	covered at 100% after the deductible is met	1 (D9110) per date of service
D9120	Fixed partial denture sectioning	covered at 100% after the deductible is met	
D9210	Local anesthesia not in conjunction, operative or surgical procedures	covered at 100% after the deductible is met	1 (D9210) per date of service
D9211	Regional block anesthesia	covered at 100% after the deductible is met	
D9212	Trigeminal division block anesthesia	covered at 100% after the deductible is met	
D9215	Local anesthesia in conjunction with operative or surgical procedures	covered at 100% after the deductible is met	
D9219	Evaluation for moderate sedation, deep sedation or general anesthesia	covered at 100% after the deductible is met	
GUIDELINE:			
Deep Sedation and IV Conscious Sedation are covered benefits when it is documented local anesthesia is not possible, in such cases as a severe mental or physical handicap, extensive surgical procedures, an uncooperative child, an acute infection at the injection site, or a failure of a local anesthetic to control pain. Services covered when dispensed in a dental office by a practitioner acting within the scope of his/her licensure. Patient apprehension and/or nervousness are not of themselves sufficient justification.			
D9222	Deep sedation/general anesthesia, first 15 minute increment	covered at 100% after the deductible is met	
D9223	Deep sedation/general anesthesia, each subsequent 15 minute increment	covered at 100% after the deductible is met	
D9230	Inhalation of nitrous oxide/analgesia, anxiolysis	covered at 100% after the deductible is met	
D9239	Intravenous moderate (conscious) sedation/analgesia, first 15 minute increment	covered at 100% after the deductible is met	
D9243	Intravenous moderate (conscious) sedation/analgesia, each subsequent 15 minute increment	covered at 100% after the deductible is met	
D9248	Non-intravenous (conscious) sedation, includes non-IV minimal and moderate sedation	covered at 100% after the deductible is met	
D9310	Consultation, other than requesting dentist	covered at 100% after the deductible is met	
D9311	Consultation with a medical health care professional	covered at 100%	
D9410	House/extended care facility call	covered at 100% after the deductible is met	
D9420	Hospital or ambulatory surgical center call	covered at 100% after the deductible is met	
D9430	Office visit, observation, regular hours, no other services	covered at 100% after the deductible is met	1 (D9430) per date of service per provider
D9440	Office visit, after regularly scheduled hours	covered at 100% after the deductible is met	1 (D9440) per date of service per provider
D9450	Case presentation, subsequent, detailed, extensive treatment planning	not covered	
D9610	Therapeutic parenteral drug, single administration	covered at 100% after the deductible is met	4 (D9610) per date of service
D9612	Therapeutic parenteral drugs, two or more administrations, different meds.	covered at 100% after the deductible is met	4 (D9612) per date of service
D9910	Application of desensitizing medicament	covered at 100% after the deductible is met	1 (D9910) per tooth every 12 months, for permanent teeth only
D9930	Treatment of complications, post surgical, unusual, by report	covered at 100% after the deductible is met	1 (D9930) per date of service per provider
D9942	Repair and/or relining of occlusal guard	not covered	
D9943	Occlusal guard adjustment	not covered	
D9944	Occlusal guard, hard appliance, full arch	not covered	
D9945	Occlusal guard, soft appliance, full arch	not covered	
D9946	Occlusal guard, hard appliance, partial arch	not covered	
D9950	Occlusion analysis, mounted case	covered at 100% after the deductible is met	1 (D9950) every 12 months, age 13 and over
D9951	Occlusal adjustment, limited	covered at 100% after the deductible is met	1 (D9951) per quad every 12 months per provider, age 13 and over
D9952	Occlusal adjustment, complete	covered at 100% after the deductible is met	1 (D9952) every 12 months, age 13 and over
D9995	Teledentistry, synchronous; real-time encounter	covered at 100%	To the extent the dental plans can offer Teledentistry, it would be offered at no charge
D9996	Teledentistry, asynchronous; information stored and forwarded to dentist for subsequent review	covered at 100%	
D9997	Dental case management, patients with special health care needs	covered at 100%	
D9999	Unspecified adjunctive procedure, by report	covered at 100%	

Pediatric Benefits – Children to the age of 19

Payment for services that are Optional or that are not covered under the Policy 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.



LIBERTY Dental Plan of California, Inc.
Embedded Pediatric Dental - IEHP - Minimum Coverage

General Exclusions:

1. Services which, in the opinion of the attending dentist, are not necessary to the member's dental health.
2. Procedures, appliances, or restoration to correct congenital or developmental malformations are not covered benefits unless specifically listed in the Benefits section above.
3. Cosmetic dental care.
4. Experimental procedures or investigational services, including any treatment, therapy, procedure or drug or drug usage, facility or facility usage, equipment or equipment usage, device or device usage, or supply which is not recognized as being in accordance with generally accepted professional standards or for which the safety and efficiency have not been determined for use in the treatment for which the item in service in question is recommended or prescribed.
5. Services that were provided without cost to the Member by State government or an agency thereof, or any municipality, county or other subdivisions.
6. Hospital charges of any kind are not covered by the Dental Plan. Refer to your Health Plan's Evidence of Coverage for benefit information.
7. Major surgery for fractures and dislocations.
8. Loss or theft of dentures or bridgework.
9. Dental expenses incurred in connection with any dental procedures started after termination of coverage or prior to the date the Member became eligible for such services.
10. Any service that is not specifically listed as a covered benefit unless service qualifies under Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) benefit.
11. Malignancies.
12. Dispensing of drugs not normally supplied in a dental office.
13. Additional treatment costs incurred because a dental procedure is unable to be performed in the dentist's office due to the general health and physical limitations of the patient.
14. Services of a pedodontist/pediatric dentist, except when the Member is unable to be treated by his or her panel provider, or treatment by a pedodontist/pediatric dentist is Medically Necessary, or his or her plan provider is a pedodontist/pediatric dentist.
15. Dental Services that are received in an Emergency Care setting for conditions that are not emergencies if the subscriber reasonable should have known that an Emergency Care situation did not exist.