



# LIBERTY Dental Plan of California, Inc.

Embedded Pediatric Dental - CalOptima Health - Silver 87

Individual Out of Pocket Maximum: \$4,000 per 2027 Calendar Year

Family Out of Pocket Maximum: \$8,000 per 2027 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 CalOptima Health. Any Co-payment for covered dental services will accrue towards the Health Plan's Calendar 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.www.caloptima.org](http://www.www.caloptima.org) or call Member Services at 1.888.312.2221 (toll-free), TTY 711 if you are deaf or hard of hearing.
- ✓ 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 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 year. The family Out-of-Pocket Maximum is met by combining eligible expenses of two or more covered family Members.
- ✓ Member Co-payments are payable to the dental office at the time services are rendered.
- ✓ 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. Administration of these plan designs must comply with requirements of the pediatric dental EHB benchmark plan, including coverage of services in circumstances of medical necessity as defined in the Early 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                                                                                           |
|----------------------------|-------------------------------------------------------------------------------------------------------------------------------|------------------------|------------------------------------------------------------------------------------------------------|
| <b>Diagnostic Services</b> |                                                                                                                               |                        |                                                                                                      |
| D0120                      | Periodic oral evaluation                                                                                                      | no charge              | 1 (D0120) every 6 months per provider                                                                |
| D0140                      | Limited oral evaluation                                                                                                       | no charge              | 1 (D0140) per patient per provider                                                                   |
| D0145                      | Oral evaluation under age 3                                                                                                   | no charge              |                                                                                                      |
| D0150                      | Comprehensive oral evaluation                                                                                                 | no charge              | 1 (D0150) per patient per provider for initial evaluation                                            |
| D0160                      | Oral evaluation, problem focused                                                                                              | no charge              | 1 (D0160) per patient per provider                                                                   |
| D0170                      | Re-evaluation, limited, problem focused                                                                                       | no charge              | 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                                                                                    | no charge              |                                                                                                      |
| D0180                      | Comprehensive periodontal evaluation                                                                                          | no charge              |                                                                                                      |
| D0190                      | Screening of a patient                                                                                                        | not covered            | only billed as D0150                                                                                 |
| D0191                      | Assessment of a patient                                                                                                       | not covered            |                                                                                                      |
| D0210                      | Intraoral, comprehensive series of radiographic images                                                                        | no charge              | 1 of (D0210, D0709) every 36 months per provider                                                     |
| D0220                      | Intraoral, periapical, first radiographic image                                                                               | no charge              | 20 of (D0220, D0230, D0707) 12 months, per provider                                                  |
| D0230                      | Intraoral, periapical, each add'l radiographic image                                                                          | no charge              |                                                                                                      |
| D0240                      | Intraoral, occlusal radiographic image                                                                                        | no charge              |                                                                                                      |
| D0250                      | Extra-oral 2D projection radiographic image, stationary radiation source                                                      | no charge              | 1 (D0250) per date of service                                                                        |
| D0251                      | Extra-oral posterior dental radiographic image                                                                                | no charge              | 1 of (D0251, D0705) per date of service                                                              |
| D0270                      | Bitewing, single radiographic image                                                                                           | no charge              | 1 of (D0270, D0708) per date of service                                                              |
| D0272                      | Bitewings, two radiographic images                                                                                            | no charge              | 1 (D0272) every 6 months per provider                                                                |
| D0273                      | Bitewings, three radiographic images                                                                                          | no charge              | downcode to D0270 and D0272                                                                          |
| D0274                      | Bitewings, four radiographic images                                                                                           | no charge              | 1 (D0274) every 6 months per provider, age 10 and over                                               |
| D0277                      | Vertical bitewings, 7 to 8 radiographic images                                                                                | no charge              | downcode to D0274                                                                                    |
| D0310                      | Sialography                                                                                                                   | no charge              |                                                                                                      |
| D0320                      | TMJ arthrogram, including injection                                                                                           | no charge              | 3 (D0320) per date of service                                                                        |
| D0322                      | Tomographic survey                                                                                                            | no charge              | 2 (D0322) every 12 months per provider                                                               |
| D0330                      | Panoramic radiographic image                                                                                                  | no charge              | 1 of (D0330, D0701) every 36 months per provider                                                     |
| D0340                      | 2D cephalometric radiographic image, measurement and analysis                                                                 | no charge              | 2 of (D0340, D0702) every 12 months per provider                                                     |
| D0350                      | 2D oral/facial photographic image, intra-orally/extra-orally                                                                  | no charge              | 4 of (D0350, D0703) per date of service                                                              |
| D0396                      | 3D printing of a 3D dental surface scan                                                                                       | no charge              |                                                                                                      |
| D0419                      | Assessment of salivary flow by measurement                                                                                    | not covered            |                                                                                                      |
| D0431                      | Adjunctive pre-diagnostic test                                                                                                | not covered            |                                                                                                      |
| D0460                      | Pulp vitality tests                                                                                                           | no charge              |                                                                                                      |
| D0470                      | Diagnostic casts                                                                                                              | no charge              | 1 (D0470) per provider, only a benefit with covered Orthodontic services, for permanent dentition    |
| D0502                      | Other oral pathology procedures, by report                                                                                    | no charge              |                                                                                                      |
| D0601                      | Caries risk assessment and documentation, low risk                                                                            | no charge              |                                                                                                      |
| D0602                      | Caries risk assessment and documentation, moderate risk                                                                       | no charge              |                                                                                                      |
| D0603                      | Caries risk assessment and documentation, high risk                                                                           | no charge              |                                                                                                      |
| D0701                      | Panoramic radiographic image, image capture only                                                                              | no charge              | 1 of (D0330, D0701) every 36 months per provider                                                     |
| D0702                      | 2-D cephalometric radiographic image, image capture only                                                                      | no charge              | 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                                  | no charge              | 4 of (D0350, D0703) per date of service                                                              |
| D0705                      | Extra-oral posterior dental radiographic image, image capture only                                                            | no charge              | 1 of (D0251, D0705) per date of service                                                              |
| D0706                      | Intraoral, occlusal radiographic image, image capture only                                                                    | no charge              | 2 of (D0240, D0706) every 6 months per provider                                                      |
| D0707                      | Intraoral, periapical radiographic image, image capture only                                                                  | no charge              | 20 of (D0220, D0230, D0707) every 12 months, per provider                                            |
| D0708                      | Intraoral, bitewing radiographic image, image capture only                                                                    | no charge              | 1 of (D0270, D0708) per date of service                                                              |
| D0709                      | Intraoral, comprehensive series of radiographic images, image capture only                                                    | no charge              | 1 of (D0210, D0709) every 36 months per provider                                                     |
| D0801                      | 3D intraoral surface scan, direct                                                                                             | no charge              |                                                                                                      |
| D0802                      | 3D dental surface scan, indirect                                                                                              | no charge              |                                                                                                      |
| D0803                      | 3D facial surface scan, direct                                                                                                | no charge              |                                                                                                      |
| D0804                      | 3D facial surface scan, indirect                                                                                              | no charge              |                                                                                                      |
| D0999                      | Unspecified diagnostic procedure, by report                                                                                   | no charge              |                                                                                                      |
| <b>Preventive Services</b> |                                                                                                                               |                        |                                                                                                      |
| D1110                      | Prophylaxis, adult                                                                                                            | no charge              | 1 of (D1110, D1120, D4346) every 6 months                                                            |
| D1120                      | Prophylaxis, child                                                                                                            | no charge              |                                                                                                      |
| D1206                      | Application of medicament, topical fluoride varnish; full mouth                                                               | no charge              | 1 of (D1206, D1208) every 6 months                                                                   |
| D1208                      | Application of medicament, topical fluoride, excluding varnish; full mouth                                                    | no charge              |                                                                                                      |
| D1310                      | Nutritional counseling for control of dental disease                                                                          | no charge              |                                                                                                      |
| D1320                      | Tobacco counseling, control/prevention oral disease                                                                           | no charge              |                                                                                                      |
| D1321                      | Counseling for the control and prevention of adverse oral, behavioral, health effects associated with high-risk substance use | no charge              |                                                                                                      |
| D1330                      | Oral hygiene instruction                                                                                                      | no charge              |                                                                                                      |
| D1351                      | Sealant, per tooth                                                                                                            | no charge              | 1 of (D1351) every 36 months 1st, 2nd, 3rd molars                                                    |
| D1353                      | Sealant repair, per tooth                                                                                                     | no charge              | 1 (D1353) every 36 months 1st, 2nd, 3rd molars                                                       |
| D1354                      | Application of caries arresting medicament without surgical intervention, per tooth                                           | no charge              | 1 (D1354) per tooth every 6 months, subject to medical necessity review for the first                |
| D1355                      | Application of medicament, primary prevention, or remineralization without surgical intervention; per tooth                   | no charge              | 1 (D1355) per tooth every 6 months, subject to medical necessity review for the first treatment only |
| D1510                      | Space maintainer, fixed, unilateral, per quadrant                                                                             | no charge              | 1 of (D1510, D1520) per quadrant per patient, under age 18                                           |
| D1516                      | Space maintainer, fixed, bilateral, maxillary                                                                                 | no charge              | 1 of (D1516, D1526) under age 18                                                                     |
| D1517                      | Space maintainer, fixed, bilateral, mandibular                                                                                | no charge              | 1 of (D1517, D1527) under age 18                                                                     |
| D1520                      | Space maintainer, removable, unilateral, per quadrant                                                                         | no charge              | 1 of (D1510, D1520) per quadrant per patient under age 18                                            |



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|----------------------------------------|-----------------------------------------------------------------------------|------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Preventive Services (continued)</b> |                                                                             |                        |                                                                                                                                                                                  |
| D1526                                  | Space maintainer, removable, bilateral, maxillary                           | no charge              | 1 of (D1516, D1526) under age 18                                                                                                                                                 |
| D1527                                  | Space maintainer, removable, bilateral, mandibular                          | no charge              | 1 of (D1517, D1527) under age 18                                                                                                                                                 |
| D1551                                  | Re-cement or re-bond bilateral space maintainer, maxillary                  | no charge              | 1 (D1551) every 12 months under age 18                                                                                                                                           |
| D1552                                  | Re-cement or re-bond bilateral space maintainer, mandibular                 | no charge              | 1 (D1552) every 12 months under age 18                                                                                                                                           |
| D1553                                  | Re-cement or re-bond unilateral space maintainer, per quadrant              | no charge              | 1 (D1553) per quad every 12 months under age 18                                                                                                                                  |
| D1556                                  | Removal of fixed unilateral space maintainer, per quadrant                  | no charge              |                                                                                                                                                                                  |
| D1557                                  | Removal of fixed bilateral space maintainer, maxillary                      | no charge              |                                                                                                                                                                                  |
| D1558                                  | Removal of fixed bilateral space maintainer, mandibular                     | no charge              |                                                                                                                                                                                  |
| D1575                                  | Distal shoe space maintainer, fixed, per quadrant                           | no charge              |                                                                                                                                                                                  |
| <b>Restorative Services</b>            |                                                                             |                        |                                                                                                                                                                                  |
| D2140                                  | Amalgam, one surface, primary or permanent                                  | \$25                   | primary teeth - 1 of (D2140-D2335, D2391-D2394) per surface per tooth every 12 months<br>permanent teeth - 1 of (D2140-D2335, D2391-D2394) per surface per tooth every 36 months |
| D2150                                  | Amalgam, two surfaces, primary or permanent                                 | \$30                   |                                                                                                                                                                                  |
| D2160                                  | Amalgam, three surfaces, primary or permanent                               | \$40                   |                                                                                                                                                                                  |
| D2161                                  | Amalgam, four or more surfaces, primary or permanent                        | \$45                   |                                                                                                                                                                                  |
| D2330                                  | Resin-based composite, one surface, anterior                                | \$30                   |                                                                                                                                                                                  |
| D2331                                  | Resin-based composite, two surfaces, anterior                               | \$45                   |                                                                                                                                                                                  |
| D2332                                  | Resin-based composite, three surfaces, anterior                             | \$55                   |                                                                                                                                                                                  |
| D2335                                  | Resin-based composite, four or more surfaces                                | \$60                   |                                                                                                                                                                                  |
| D2390                                  | Resin-based composite crown, direct                                         | \$50                   | primary teeth - 1 (D2390) per tooth every 12 months<br>permanent teeth - 1 (D2390) per tooth every 36 months                                                                     |
| D2391                                  | Resin-based composite, one surface, posterior                               | \$30                   | primary teeth - 1 of (D2140-D2335, D2391-D2394) per surface per tooth every 12 months<br>permanent teeth - 1 of (D2140-D2335, D2391-D2394) per surface per tooth every 36 months |
| D2392                                  | Resin-based composite, two surfaces, posterior                              | \$40                   |                                                                                                                                                                                  |
| D2393                                  | Resin-based composite, three surfaces, posterior                            | \$50                   | primary teeth - 1 of (D2140-D2335, D2391-D2394) per surface per tooth every 12 months<br>permanent teeth - 1 of (D2140-D2335, D2391-D2394) per surface per tooth every 36 months |
| D2394                                  | Resin-based composite, four or more surfaces, posterior                     | \$70                   |                                                                                                                                                                                  |
| D2542                                  | Onlay, metallic, two surfaces                                               | not covered            | 1 of (D2710-D2791, D6211-D6791) per tooth every 5 year period age 13 and over                                                                                                    |
| 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            |                                                                                                                                                                                  |
| D2710                                  | Crown, resin-based composite (indirect)                                     | \$140                  |                                                                                                                                                                                  |
| D2712                                  | Crown, ¾ resin-based composite (indirect)                                   | \$190                  |                                                                                                                                                                                  |
| D2720                                  | Crown, resin with high noble metal                                          | not covered            |                                                                                                                                                                                  |
| D2721                                  | Crown, resin with predominantly base metal                                  | \$300                  |                                                                                                                                                                                  |
| D2722                                  | Crown, resin with noble metal                                               | not covered            |                                                                                                                                                                                  |
| D2740                                  | Crown, porcelain/ceramic                                                    | \$300                  |                                                                                                                                                                                  |
| D2750                                  | Crown, porcelain fused to high noble metal                                  | not covered            |                                                                                                                                                                                  |
| D2751                                  | Crown, porcelain fused to predominantly base metal                          | \$300                  |                                                                                                                                                                                  |
| 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                                      | \$300                  |                                                                                                                                                                                  |
| D2782                                  | Crown, ¾ cast noble metal                                                   | not covered            |                                                                                                                                                                                  |
| D2783                                  | Crown, ¾ porcelain/ceramic                                                  | \$310                  |                                                                                                                                                                                  |
| D2790                                  | Crown, full cast high noble metal                                           | not covered            |                                                                                                                                                                                  |
| D2791                                  | Crown, full cast predominantly base metal                                   | \$300                  |                                                                                                                                                                                  |
| 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              | \$25                   | 1 (D2910) per tooth every 12 months, per provider                                                                                                                                |
| D2915                                  | Re-cement or re-bond indirectly fabricated/prefabricated post & core        | \$25                   | after 12 months of initial placement with same provider                                                                                                                          |
| D2920                                  | Re-cement or re-bond crown                                                  | \$25                   |                                                                                                                                                                                  |
| D2921                                  | Reattachment of tooth fragment, incisal edge or cusp                        | \$45                   |                                                                                                                                                                                  |
| D2928                                  | Prefabricated porcelain/ceramic crown, permanent tooth                      | \$120                  | 1 of (D2928, D2931) per tooth every 36 months                                                                                                                                    |
| D2929                                  | Prefabricated porcelain/ceramic crown, primary tooth                        | \$95                   | 1 of (D2929, D2930) per tooth every 12 months                                                                                                                                    |
| D2930                                  | Prefabricated stainless steel crown, primary tooth                          | \$65                   |                                                                                                                                                                                  |
| D2931                                  | Prefabricated stainless steel crown, permanent tooth                        | \$75                   | 1 of (D2928, D2931) per tooth every 36 months                                                                                                                                    |
| D2932                                  | Prefabricated resin crown                                                   | \$75                   | primary - 1 of (D2932, D2933) per tooth every 12 months<br>permanent - 1 of (D2932, D2933) per tooth every 36 months                                                             |
| D2933                                  | Prefabricated stainless steel crown with resin window                       | \$80                   |                                                                                                                                                                                  |
| D2940                                  | Placement of interim direct restoration                                     | \$25                   | 1 (D2940) per tooth every 6 months, per provider                                                                                                                                 |
| D2949                                  | Restorative foundation for an indirect restoration                          | \$45                   |                                                                                                                                                                                  |
| D2950                                  | Core buildup, including any pins when required                              | \$20                   |                                                                                                                                                                                  |
| D2951                                  | Pin retention, per tooth, in addition to restoration                        | \$25                   | 1 (D2951) per tooth                                                                                                                                                              |
| D2952                                  | Post and core in addition to crown, indirectly fabricated                   | \$100                  | 1 (D2952) per tooth                                                                                                                                                              |
| D2953                                  | Each additional indirectly fabricated post, same tooth                      | \$30                   |                                                                                                                                                                                  |
| D2954                                  | Prefabricated post and core in addition to crown                            | \$90                   | 1 (D2954) per tooth                                                                                                                                                              |
| D2955                                  | Post removal                                                                | \$60                   |                                                                                                                                                                                  |
| D2957                                  | Each additional prefabricated post, same tooth                              | \$35                   |                                                                                                                                                                                  |
| D2971                                  | Additional procedure to customize new crown, existing partial denture frame | \$35                   |                                                                                                                                                                                  |
| D2976                                  | Band stabilization, per tooth                                               | \$40                   |                                                                                                                                                                                  |
| D2980                                  | Crown repair necessitated by restorative material failure                   | \$50                   | after 12 months of initial crown placement with same provider                                                                                                                    |
| D2989                                  | Excavation of a tooth resulting in the determination of non-restorability   | \$50                   |                                                                                                                                                                                  |
| D2991                                  | Application of hydroxyapatite regeneration medicament, per tooth            | no charge              |                                                                                                                                                                                  |
| D2999                                  | Unspecified restorative procedure, by report                                | \$40                   |                                                                                                                                                                                  |
| <b>Endodontic Services</b>             |                                                                             |                        |                                                                                                                                                                                  |
| D3110                                  | Pulp cap, direct (excluding final restoration)                              | \$20                   |                                                                                                                                                                                  |
| D3120                                  | Pulp cap, indirect (excluding final restoration)                            | \$25                   |                                                                                                                                                                                  |
| D3220                                  | Therapeutic pulpotomy (excluding final restoration)                         | \$40                   | 1 (D3220) per primary tooth                                                                                                                                                      |
| D3221                                  | Pulpal debridement, primary and permanent teeth                             | \$40                   | 1 (D3221) per tooth                                                                                                                                                              |
| D3222                                  | Partial pulpotomy, apexogenesis, permanent tooth, incomplete root           | \$60                   | 1 (D3222) per tooth                                                                                                                                                              |
| D3230                                  | Pulpal therapy, anterior, primary tooth (excluding final restoration)       | \$55                   | 1 of (D3230, D3240) per tooth                                                                                                                                                    |
| D3240                                  | Pulpal therapy, posterior, primary tooth (excluding final restoration)      | \$55                   |                                                                                                                                                                                  |
| D3310                                  | Endodontic therapy, anterior tooth (excluding final restoration)            | \$195                  | 1 of (D3310, D3320, D3330) per tooth                                                                                                                                             |
| D3320                                  | Endodontic therapy, premolar tooth (excluding final restoration)            | \$235                  |                                                                                                                                                                                  |
| D3330                                  | Endodontic therapy, molar tooth (excluding final restoration)               | \$300                  |                                                                                                                                                                                  |



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|----------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------|------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Endodontic Services (continued)</b>                                                                         |                                                                                                       |                        |                                                                                                                                                                                        |
| D3331                                                                                                          | Treatment of root canal obstruction; non-surgical access                                              | \$50                   |                                                                                                                                                                                        |
| D3332                                                                                                          | Incomplete endodontic therapy; inoperable, unrestorable, fractured tooth                              | not covered            |                                                                                                                                                                                        |
| D3333                                                                                                          | Internal root repair of perforation defects                                                           | \$80                   |                                                                                                                                                                                        |
| D3346                                                                                                          | Retreatment of previous root canal therapy, anterior                                                  | \$240                  | 1 of (D3346-D3348) after 12 months of initial treatment                                                                                                                                |
| D3347                                                                                                          | Retreatment of previous root canal therapy, premolar                                                  | \$295                  |                                                                                                                                                                                        |
| D3348                                                                                                          | Retreatment of previous root canal therapy, molar                                                     | \$350                  |                                                                                                                                                                                        |
| D3351                                                                                                          | Apexification/recalcification, initial visit                                                          | \$85                   |                                                                                                                                                                                        |
| D3352                                                                                                          | Apexification/recalcification, interim medication replacement                                         | \$45                   | 1 (D3351) per tooth                                                                                                                                                                    |
| D3353                                                                                                          | Apexification/recalcification, final visit                                                            | not covered            | 1 (D3352) per tooth                                                                                                                                                                    |
| D3410                                                                                                          | Apicoectomy, anterior                                                                                 | \$240                  |                                                                                                                                                                                        |
| D3421                                                                                                          | Apicoectomy, premolar (first root)                                                                    | \$250                  |                                                                                                                                                                                        |
| D3425                                                                                                          | Apicoectomy, molar (first root)                                                                       | \$275                  |                                                                                                                                                                                        |
| D3426                                                                                                          | Apicoectomy, (each additional root)                                                                   | \$110                  |                                                                                                                                                                                        |
| D3428                                                                                                          | Bone graft in conjunction with periradicular surgery, per tooth, single site                          | \$350                  |                                                                                                                                                                                        |
| D3429                                                                                                          | Bone graft in conjunction with periradicular surgery, each add'l tooth, same site                     | \$350                  |                                                                                                                                                                                        |
| D3430                                                                                                          | Retrograde filling, per root                                                                          | \$90                   |                                                                                                                                                                                        |
| D3431                                                                                                          | Biologic materials, soft osseous tissue regeneration with periradicular surgery                       | \$80                   |                                                                                                                                                                                        |
| 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                                                          | \$160                  |                                                                                                                                                                                        |
| D3472                                                                                                          | Surgical repair of root resorption, premolar                                                          | \$160                  |                                                                                                                                                                                        |
| D3473                                                                                                          | Surgical repair of root resorption, molar                                                             | \$160                  |                                                                                                                                                                                        |
| D3910                                                                                                          | Surgical procedure for isolation of tooth with rubber dam                                             | \$30                   |                                                                                                                                                                                        |
| 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                                                           | \$100                  |                                                                                                                                                                                        |
| <b>Periodontal Services</b>                                                                                    |                                                                                                       |                        |                                                                                                                                                                                        |
| D4210                                                                                                          | Gingivectomy or gingivoplasty, four or more teeth per quadrant                                        | \$150                  | 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                                        | \$50                   |                                                                                                                                                                                        |
| 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                                                               | \$165                  |                                                                                                                                                                                        |
| D4260                                                                                                          | Osseous surgery, four or more teeth per quadrant                                                      | \$265                  | 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                                                      | \$140                  |                                                                                                                                                                                        |
| 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                           | \$80                   |                                                                                                                                                                                        |
| 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            |                                                                                                                                                                                        |
| <b>GUIDELINE:</b>                                                                                              |                                                                                                       |                        |                                                                                                                                                                                        |
| 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                                 | \$55                   | 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                                 | \$30                   |                                                                                                                                                                                        |
| D4346                                                                                                          | Scaling in presence of moderate or severe inflammation, full mouth after evaluation                   | \$40                   | 1 of (D1110, D1120, D4346) every 6 months                                                                                                                                              |
| D4355                                                                                                          | Full mouth debridement to enable comprehensive periodontal evaluation and diagnosis, subsequent visit | \$40                   |                                                                                                                                                                                        |
| D4381                                                                                                          | Localized delivery of antimicrobial agent/per tooth                                                   | \$10                   |                                                                                                                                                                                        |
| D4910                                                                                                          | Periodontal maintenance                                                                               | \$30                   | 1 (D4910) every 3 months                                                                                                                                                               |
| D4920                                                                                                          | Unscheduled dressing change (other than treating dentist or staff)                                    | \$15                   | 1 (D4920) per patient per provider, age 13 and over                                                                                                                                    |
| D4999                                                                                                          | Unspecified periodontal procedure, by report                                                          | \$350                  |                                                                                                                                                                                        |
| <b>Removable Prosthodontic Services</b>                                                                        |                                                                                                       |                        |                                                                                                                                                                                        |
| D5110                                                                                                          | Complete denture, maxillary                                                                           | \$300                  | 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                                                                          | \$300                  |                                                                                                                                                                                        |
| D5130                                                                                                          | Immediate denture, maxillary                                                                          | \$300                  | 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                                                                         | \$300                  | 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                                                                 | \$300                  | 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. |
| D5212                                                                                                          | Mandibular partial denture, resin base                                                                | \$300                  |                                                                                                                                                                                        |
| D5213                                                                                                          | Maxillary partial denture, cast metal, resin base                                                     | \$335                  |                                                                                                                                                                                        |
| D5214                                                                                                          | Mandibular partial denture, cast metal, resin base                                                    | \$335                  |                                                                                                                                                                                        |
| D5221                                                                                                          | Immediate maxillary partial denture, resin base                                                       | \$275                  | 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                                                      | \$275                  |                                                                                                                                                                                        |
| D5223                                                                                                          | Immediate maxillary partial denture, cast metal framework, resin denture base                         | \$330                  |                                                                                                                                                                                        |
| D5224                                                                                                          | Immediate mandibular partial denture, cast metal framework, resin denture base                        | \$330                  |                                                                                                                                                                                        |
| 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                                                                    | \$20                   | 2 of (D5410-D5422) per arch every 12 months, 1 per arch per date of service per provider                                                                                               |
| D5411                                                                                                          | Adjust complete denture, mandibular                                                                   | \$20                   |                                                                                                                                                                                        |
| D5421                                                                                                          | Adjust partial denture, maxillary                                                                     | \$20                   |                                                                                                                                                                                        |
| D5422                                                                                                          | Adjust partial denture, mandibular                                                                    | \$20                   |                                                                                                                                                                                        |
| D5511                                                                                                          | Repair complete denture base, mandibular                                                              | \$40                   | 1 (D5511) per date of service per provider, 2 every 12 months per provider                                                                                                             |
| D5512                                                                                                          | Repair complete denture base, maxillary                                                               | \$40                   | 1 (D5512) per date of service per provider, 2 every 12 months per provider                                                                                                             |
| D5520                                                                                                          | Replace missing or broken teeth, complete denture, per tooth                                          | \$40                   | up to 4 (D5520) per arch per date of service per provider, 2 per arch every 12 months per provider                                                                                     |



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| CDT Code | Description                                                                                              | Patient Responsibility | Limitation                                                                                                                                                                                               |
|----------|----------------------------------------------------------------------------------------------------------|------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|          | <b>Removable Prosthodontic Services (continued)</b>                                                      |                        |                                                                                                                                                                                                          |
| D5611    | Repair resin partial denture base, mandibular                                                            | \$40                   | 1 (D5611) per date of service per provider, 2 every 12 months per provider                                                                                                                               |
| D5612    | Repair resin partial denture base, maxillary                                                             | \$40                   | 1 (D5612) per date of service per provider, 2 every 12 months per provider                                                                                                                               |
| D5621    | Repair cast partial framework, mandibular                                                                | \$40                   | 1 (D5621) per date of service per provider, 2 every 12 months per provider                                                                                                                               |
| D5622    | Repair cast partial framework, maxillary                                                                 | \$40                   | 1 (D5622) per date of service per provider, 2 every 12 months per provider                                                                                                                               |
| D5630    | Repair or replace broken retentive clasping materials, per tooth                                         | \$50                   | 3 (D5630) per arch per date of service per provider, 2 per arch every 12 months per provider                                                                                                             |
| D5640    | Replace missing or broken teeth, partial denture, per tooth                                              | \$35                   | 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, per tooth                                                         | \$35                   | 3 (D5650) per arch per provider per date of service, 1 per tooth                                                                                                                                         |
| D5660    | Add clasp to existing partial denture, per tooth                                                         | \$60                   | 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                                                                | \$60                   | 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                                                               | \$60                   |                                                                                                                                                                                                          |
| D5740    | Reline maxillary partial denture, direct                                                                 | \$60                   |                                                                                                                                                                                                          |
| D5741    | Reline mandibular partial denture, direct                                                                | \$60                   |                                                                                                                                                                                                          |
| D5750    | Reline complete maxillary denture, indirect                                                              | \$90                   | 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. |
| D5751    | Reline complete mandibular denture, indirect                                                             | \$90                   |                                                                                                                                                                                                          |
| D5760    | Reline maxillary partial denture, indirect                                                               | \$80                   |                                                                                                                                                                                                          |
| D5761    | Reline mandibular partial denture, indirect                                                              | \$80                   |                                                                                                                                                                                                          |
| D5850    | Tissue conditioning, maxillary                                                                           | \$30                   | 2 (D5850) every 36 months                                                                                                                                                                                |
| D5851    | Tissue conditioning, mandibular                                                                          | \$30                   | 2 (D5851) every 36 months                                                                                                                                                                                |
| D5862    | Precision attachment, by report                                                                          | \$90                   |                                                                                                                                                                                                          |
| D5863    | Overdenture, complete, maxillary, natural tooth borne                                                    | \$300                  | 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, natural tooth borne                                                     | \$300                  |                                                                                                                                                                                                          |
| D5865    | Overdenture, complete, mandibular, natural tooth borne                                                   | \$300                  |                                                                                                                                                                                                          |
| D5866    | Overdenture, partial, mandibular, natural tooth borne                                                    | \$300                  |                                                                                                                                                                                                          |
| D5876    | Add metal substructure to acrylic complete denture, per arch                                             | not covered            |                                                                                                                                                                                                          |
| D5899    | Unspecified removable prosthodontic procedure, by report                                                 | \$350                  |                                                                                                                                                                                                          |
|          | <b>Maxillofacial Prosthetic Services</b>                                                                 |                        |                                                                                                                                                                                                          |
| D5909    | Maxillary guidance prosthesis with guide flange                                                          | \$350                  |                                                                                                                                                                                                          |
| D5911    | Facial moulage (sectional)                                                                               | \$285                  |                                                                                                                                                                                                          |
| D5912    | Facial moulage (complete)                                                                                | \$350                  |                                                                                                                                                                                                          |
| D5913    | Nasal prosthesis                                                                                         | \$350                  |                                                                                                                                                                                                          |
| D5914    | Auricular prosthesis                                                                                     | \$350                  |                                                                                                                                                                                                          |
| D5915    | Orbital prosthesis                                                                                       | \$350                  |                                                                                                                                                                                                          |
| D5916    | Ocular prosthesis                                                                                        | \$350                  |                                                                                                                                                                                                          |
| D5919    | Facial prosthesis                                                                                        | \$350                  |                                                                                                                                                                                                          |
| D5922    | Nasal septal prosthesis                                                                                  | \$350                  |                                                                                                                                                                                                          |
| D5923    | Ocular prosthesis, interim                                                                               | \$350                  |                                                                                                                                                                                                          |
| D5924    | Cranial prosthesis                                                                                       | \$350                  |                                                                                                                                                                                                          |
| D5925    | Facial augmentation implant prosthesis                                                                   | \$200                  |                                                                                                                                                                                                          |
| D5926    | Nasal prosthesis, replacement                                                                            | \$200                  |                                                                                                                                                                                                          |
| D5927    | Auricular prosthesis, replacement                                                                        | \$200                  |                                                                                                                                                                                                          |
| D5928    | Orbital prosthesis, replacement                                                                          | \$200                  |                                                                                                                                                                                                          |
| D5929    | Facial prosthesis, replacement                                                                           | \$200                  |                                                                                                                                                                                                          |
| D5930    | Maxillary guidance prosthesis without guide flange                                                       | \$350                  |                                                                                                                                                                                                          |
| D5931    | Obturator prosthesis, surgical                                                                           | \$350                  |                                                                                                                                                                                                          |
| D5932    | Obturator prosthesis, definitive                                                                         | \$350                  |                                                                                                                                                                                                          |
| D5933    | Obturator prosthesis, modification                                                                       | \$150                  | 2 (D5933) every 12 months                                                                                                                                                                                |
| D5934    | Mandibular guidance prosthesis with guide flange                                                         | \$350                  |                                                                                                                                                                                                          |
| D5935    | Mandibular guidance prosthesis without guide flange                                                      | \$350                  |                                                                                                                                                                                                          |
| D5936    | Obturator prosthesis, interim                                                                            | \$350                  |                                                                                                                                                                                                          |
| D5937    | Trismus appliance (not for TMD treatment)                                                                | \$85                   |                                                                                                                                                                                                          |
| D5938    | Resection prosthesis, maxillary complete removable                                                       | \$350                  |                                                                                                                                                                                                          |
| D5939    | Resection prosthesis, mandibular complete removable                                                      | \$350                  |                                                                                                                                                                                                          |
| D5940    | Resection prosthesis, maxillary partial removable                                                        | \$350                  |                                                                                                                                                                                                          |
| D5941    | Resection prosthesis, mandibular partial removable                                                       | \$350                  |                                                                                                                                                                                                          |
| D5942    | Resection prosthesis, maxillary implant/abutment retained removable prosthesis, edentulous arch          | \$350                  |                                                                                                                                                                                                          |
| D5943    | Resection prosthesis, mandibular implant/abutment retained removable prosthesis, edentulous arch         | \$350                  |                                                                                                                                                                                                          |
| D5944    | Resection prosthesis, maxillary implant/abutment retained removable prosthesis, partial edentulous arch  | \$350                  |                                                                                                                                                                                                          |
| D5945    | Resection prosthesis, mandibular implant/abutment retained removable prosthesis, partial edentulous arch | \$350                  |                                                                                                                                                                                                          |
| D5946    | Resection prosthesis, maxillary implant/abutment supported fixed prosthesis, arch                        | \$350                  |                                                                                                                                                                                                          |
| D5947    | Resection prosthesis, mandibular implant/abutment supported fixed prosthesis, arch                       | \$350                  |                                                                                                                                                                                                          |
| D5948    | Resection prosthesis, maxillary implant/abutment supported fixed prosthesis, partial, arch               | \$350                  |                                                                                                                                                                                                          |
| D5949    | Resection prosthesis, mandibular implant/abutment supported fixed prosthesis, partial, arch              | \$350                  |                                                                                                                                                                                                          |
| D5951    | Feeding aid                                                                                              | \$135                  | under age 18                                                                                                                                                                                             |
| D5952    | Speech aid prosthesis, pediatric                                                                         | \$350                  | under age 18                                                                                                                                                                                             |
| D5953    | Speech aid prosthesis, adult                                                                             | \$350                  | age 18 and over                                                                                                                                                                                          |
| D5954    | Palatal augmentation prosthesis                                                                          | \$135                  |                                                                                                                                                                                                          |
| D5955    | Palatal lift prosthesis, definitive                                                                      | \$350                  |                                                                                                                                                                                                          |
| D5958    | Palatal lift prosthesis, interim                                                                         | \$350                  |                                                                                                                                                                                                          |
| D5959    | Palatal lift prosthesis, modification                                                                    | \$145                  | 2 (D5959) every 12 months                                                                                                                                                                                |
| D5960    | Speech aid prosthesis, modification                                                                      | \$145                  | 2 (D5960) every 12 months                                                                                                                                                                                |
| D5982    | Surgical stent for soft tissue healing                                                                   | \$70                   |                                                                                                                                                                                                          |
| D5983    | Radiation carrier                                                                                        | \$55                   |                                                                                                                                                                                                          |
| D5984    | Radiation shield                                                                                         | \$85                   |                                                                                                                                                                                                          |
| D5985    | Radiation cone locator                                                                                   | \$135                  |                                                                                                                                                                                                          |
| D5986    | Fluoride gel carrier                                                                                     | \$35                   |                                                                                                                                                                                                          |
| D5987    | Commissure splint                                                                                        | \$85                   |                                                                                                                                                                                                          |
| D5988    | Surgical splint                                                                                          | \$95                   |                                                                                                                                                                                                          |
| D5991    | Vesiculobullous disease medicament carrier                                                               | \$70                   |                                                                                                                                                                                                          |
| D5999    | Unspecified maxillofacial prosthesis procedure, by report                                                | \$350                  |                                                                                                                                                                                                          |



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| CDT Code | Description                                                                                                           | Patient Responsibility | Limitation                                                                    |
|----------|-----------------------------------------------------------------------------------------------------------------------|------------------------|-------------------------------------------------------------------------------|
|          | Implant Services                                                                                                      |                        |                                                                               |
| D6010    | Surgical placement of implant body, endosteal                                                                         | \$350                  | Only a Plan Benefit when exceptional medical conditions are met               |
| D6011    | Surgical access to an implant body (second state implant surgery)                                                     | \$350                  |                                                                               |
| D6012    | Surgical placement of interim implant body, transitional prosthesis: endosteal implant                                | \$350                  |                                                                               |
| D6013    | Surgical placement of mini implant                                                                                    | \$350                  |                                                                               |
| D6040    | Surgical placement: eposteal implant                                                                                  | \$350                  |                                                                               |
| D6049    | Scaling and debridement in the presence of peri-implantitis inflammation, single implant                              | \$35                   |                                                                               |
| D6050    | Surgical placement: transosteal implant                                                                               | \$350                  |                                                                               |
| D6055    | Connecting bar, implant supported or abutment supported                                                               | \$350                  |                                                                               |
| D6056    | Prefabricated abutment, includes modification and placement                                                           | \$135                  |                                                                               |
| D6057    | Custom fabricated abutment, includes placement                                                                        | \$180                  |                                                                               |
| D6058    | Abutment supported porcelain/ceramic crown                                                                            | \$320                  |                                                                               |
| D6059    | Abutment supported porcelain fused to high noble crown                                                                | \$315                  |                                                                               |
| D6060    | Abutment supported porcelain fused to base metal crown                                                                | \$295                  |                                                                               |
| D6061    | Abutment supported porcelain fused to noble metal crown                                                               | \$300                  |                                                                               |
| D6062    | Abutment supported cast metal crown, high noble                                                                       | \$315                  |                                                                               |
| D6063    | Abutment supported cast metal crown, base metal                                                                       | \$300                  |                                                                               |
| D6064    | Abutment supported cast metal crown, noble metal                                                                      | \$315                  |                                                                               |
| D6065    | Implant supported porcelain/ceramic crown                                                                             | \$340                  |                                                                               |
| D6066    | Implant supported crown, porcelain fused to high noble alloys                                                         | \$335                  |                                                                               |
| D6067    | Implant supported crown, high noble alloys                                                                            | \$340                  |                                                                               |
| D6068    | Abutment supported retainer, porcelain/ceramic FPD                                                                    | \$320                  |                                                                               |
| D6069    | Abutment supported retainer, metal FPD, high noble                                                                    | \$315                  |                                                                               |
| D6070    | Abutment supported retainer, porcelain fused to metal FPD, base metal                                                 | \$290                  |                                                                               |
| D6071    | Abutment supported retainer, porcelain fused to metal FPD, noble                                                      | \$300                  |                                                                               |
| D6072    | Abutment supported retainer, cast metal FPD, high noble                                                               | \$315                  |                                                                               |
| D6073    | Abutment supported retainer, cast metal FPD, base metal                                                               | \$290                  |                                                                               |
| D6074    | Abutment supported retainer, cast metal FPD, noble                                                                    | \$320                  |                                                                               |
| D6075    | Implant supported retainer for ceramic FPD                                                                            | \$335                  |                                                                               |
| D6076    | Implant supported retainer for FPD, porcelain fused to high noble alloys                                              | \$330                  |                                                                               |
| D6077    | Implant supported retainer for metal FPD, high noble alloys                                                           | \$350                  |                                                                               |
| D6080    | Implant maintenance procedures, full arch fixed hybrid prosthesis removed/reinserted, including cleansing             | \$30                   |                                                                               |
| D6081    | Scaling and debridement in the presence of inflammation or mucositis of a single implant                              | \$30                   |                                                                               |
| D6082    | Implant supported crown, porcelain fused to predominantly base alloys                                                 | \$335                  |                                                                               |
| D6083    | Implant supported crown, porcelain fused to noble alloys                                                              | \$335                  |                                                                               |
| D6084    | Implant supported crown, porcelain fused to titanium and titanium alloys                                              | \$335                  |                                                                               |
| D6085    | Interim implant crown                                                                                                 | \$300                  |                                                                               |
| D6086    | Implant supported crown, predominantly base alloys                                                                    | \$340                  |                                                                               |
| D6087    | Implant supported crown, noble alloys                                                                                 | \$340                  |                                                                               |
| D6088    | Implant supported crown, titanium and titanium alloys                                                                 | \$340                  |                                                                               |
| D6089    | Accessing and retorquing loose implant screw, per screw                                                               | \$60                   |                                                                               |
| D6090    | Repair of implant/abutment supported prosthesis                                                                       | \$65                   |                                                                               |
| D6091    | Replacement part of semi-precision attachment of implant/abutment retained prosthesis, per attachment                 | \$40                   |                                                                               |
| D6092    | Re-cement or re-bond implant/abutment supported crown                                                                 | \$25                   |                                                                               |
| D6093    | Re-cement or re-bond implant/abutment supported FPD                                                                   | \$35                   |                                                                               |
| D6094    | Abutment supported crown, titanium, and titanium alloys                                                               | \$295                  |                                                                               |
| D6096    | Remove broken implant retaining screw                                                                                 | \$60                   |                                                                               |
| D6097    | Abutment supported crown, porcelain fused to titanium and titanium alloys                                             | \$315                  |                                                                               |
| D6098    | Implant supported retainer, porcelain fused to predominantly base alloys                                              | \$330                  |                                                                               |
| D6099    | Implant supported retainer for FPD, porcelain fused to noble alloys                                                   | \$330                  |                                                                               |
| D6100    | Surgical removal of implant body                                                                                      | \$110                  |                                                                               |
| D6105    | Removal of implant body not requiring bone removal or flap elevation                                                  | \$110                  |                                                                               |
| D6110    | Implant/abutment retained removable denture for edentulous arch, maxillary                                            | \$350                  |                                                                               |
| D6111    | Implant/abutment retained removable denture for edentulous arch, mandibular                                           | \$350                  |                                                                               |
| D6112    | Implant/abutment retained removable denture for partially edentulous arch, maxillary                                  | \$350                  |                                                                               |
| D6113    | Implant/abutment retained removable denture for partially edentulous arch, mandibular                                 | \$350                  |                                                                               |
| D6114    | Implant/abutment supported fixed denture, maxillary                                                                   | \$350                  |                                                                               |
| D6115    | Implant/abutment supported fixed denture, mandibular                                                                  | \$350                  |                                                                               |
| D6116    | Implant/abutment supported fixed denture for partial, maxillary                                                       | \$350                  |                                                                               |
| D6117    | Implant/abutment supported fixed denture for partial, mandibular                                                      | \$350                  |                                                                               |
| D6118    | Implant/abutment supported interim fixed denture, mandibular                                                          | \$350                  |                                                                               |
| D6119    | Implant/abutment supported interim fixed denture, maxillary                                                           | \$350                  |                                                                               |
| D6120    | Implant supported retainer, porcelain fused to titanium and titanium alloys                                           | \$330                  |                                                                               |
| D6121    | Implant supported retainer for metal FPD, predominantly base alloys                                                   | \$350                  |                                                                               |
| D6122    | Implant supported retainer for metal FPD, noble alloys                                                                | \$350                  |                                                                               |
| D6123    | Implant supported retainer for metal FPD, titanium and titanium alloys                                                | \$350                  |                                                                               |
| D6180    | Implant maintenance procedures, full arch fixed hybrid prosthesis is not removed, including cleansing                 | \$30                   |                                                                               |
| D6190    | Radiographic/surgical implant index, by report                                                                        | \$75                   |                                                                               |
| D6191    | Placement of semi-precision abutment, implant body                                                                    | \$350                  |                                                                               |
| D6192    | Semi-precision attachment, placement                                                                                  | \$350                  |                                                                               |
| D6194    | Abutment supported retainer crown for FPD titanium, titanium and titanium alloys                                      | \$265                  |                                                                               |
| D6195    | Abutment supported retainer, porcelain fused to titanium and titanium alloys                                          | \$315                  |                                                                               |
| D6197    | Replacement of restorative material, close access opening of screw-retained implant supported prosthesis, per implant | \$95                   |                                                                               |
| D6198    | Remove interim implant component                                                                                      | \$110                  |                                                                               |
| D6199    | Unspecified implant procedure, by report                                                                              | \$350                  |                                                                               |
|          | Fixed Prosthodontic Services                                                                                          |                        |                                                                               |
| D6205    | Pontic, indirect resin based composite                                                                                | not covered            | 1 of (D2710-D2791, D6211-D6791) per tooth every 5 year period age 13 and over |
| D6210    | Pontic, cast high noble metal                                                                                         | not covered            |                                                                               |
| D6211    | Pontic, cast predominantly base metal                                                                                 | \$300                  |                                                                               |
| 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                                                                   | \$300                  |                                                                               |
| D6242    | Pontic, porcelain fused to noble metal                                                                                | not covered            |                                                                               |
| D6243    | Pontic, porcelain fused to titanium and titanium alloys                                                               | not covered            |                                                                               |
| D6245    | Pontic, porcelain/ceramic                                                                                             | \$300                  |                                                                               |
| D6250    | Pontic, resin with high noble metal                                                                                   | not covered            |                                                                               |



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| CDT Code                                                                                           | Description                                                                                                | Patient Responsibility | Limitation                                                                                                                         |
|----------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------|------------------------|------------------------------------------------------------------------------------------------------------------------------------|
| <b>Fixed Prosthodontic Services (continued)</b>                                                    |                                                                                                            |                        |                                                                                                                                    |
| D6251                                                                                              | Pontic, resin with predominantly base metal                                                                | \$300                  | 1 of (D7210-D7291, D6211-D6791) per tooth every 5 year period age 13 and over                                                      |
| D6252                                                                                              | Pontic, resin with noble metal                                                                             | not covered            |                                                                                                                                    |
| D6280                                                                                              | Implant maintenance procedures, full arch removable implant/abutment retained denture, cleansing, per arch | \$20                   |                                                                                                                                    |
| 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                                                        | \$300                  | 1 of (D7210-D7291, 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                                                                          | \$300                  |                                                                                                                                    |
| D6750                                                                                              | Retainer crown, porcelain fused to high noble metal                                                        | not covered            |                                                                                                                                    |
| D6751                                                                                              | Retainer crown, porcelain fused to predominantly base metal                                                | \$300                  |                                                                                                                                    |
| 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                                                            | \$300                  |                                                                                                                                    |
| D6782                                                                                              | Retainer crown, ¾ cast noble metal                                                                         | not covered            |                                                                                                                                    |
| D6783                                                                                              | Retainer crown, ¾ porcelain/ceramic                                                                        | \$300                  |                                                                                                                                    |
| D6784                                                                                              | Retainer crown, ¾ titanium and titanium alloys                                                             | \$300                  |                                                                                                                                    |
| D6791                                                                                              | Retainer crown, full cast predominantly base metal                                                         | \$300                  |                                                                                                                                    |
| D6794                                                                                              | Retainer crown, titanium and titanium alloys                                                               | not covered            |                                                                                                                                    |
| D6930                                                                                              | Re-cement or re-bond fixed partial denture                                                                 | \$40                   |                                                                                                                                    |
| D6980                                                                                              | Fixed partial denture repair, restorative material failure                                                 | \$95                   |                                                                                                                                    |
| D6999                                                                                              | Unspecified fixed prosthodontic procedure, by report                                                       | \$350                  |                                                                                                                                    |
| <b>Oral &amp; Maxillofacial Services</b>                                                           |                                                                                                            |                        |                                                                                                                                    |
| <b>GUIDELINE:</b>                                                                                  |                                                                                                            |                        |                                                                                                                                    |
| The surgical removal of impacted teeth is a covered benefit only when evidence of pathology exists |                                                                                                            |                        |                                                                                                                                    |
| D7111                                                                                              | Extraction, coronal remnants, primary tooth                                                                | \$40                   |                                                                                                                                    |
| D7140                                                                                              | Extraction, erupted tooth or exposed root                                                                  | \$65                   |                                                                                                                                    |
| D7210                                                                                              | Extraction, erupted tooth requiring removal of bone and/or sectioning of tooth                             | \$120                  |                                                                                                                                    |
| D7220                                                                                              | Removal of impacted tooth, soft tissue                                                                     | \$95                   |                                                                                                                                    |
| D7230                                                                                              | Removal of impacted tooth, partially bony                                                                  | \$145                  |                                                                                                                                    |
| D7240                                                                                              | Removal of impacted tooth, completely bony                                                                 | \$160                  |                                                                                                                                    |
| D7241                                                                                              | Removal impacted tooth, complete bony, complication                                                        | \$175                  |                                                                                                                                    |
| D7250                                                                                              | Removal of residual tooth roots (cutting procedure)                                                        | \$80                   |                                                                                                                                    |
| D7252                                                                                              | Partial extraction for immediate implant placement                                                         | \$80                   |                                                                                                                                    |
| D7259                                                                                              | Nerve dissection                                                                                           | \$280                  | 1 (D7259) per tooth in a lifetime; limited to teeth #17 and #32. Inclusive with D7241. Must be performed by licensed Oral Surgeon. |
| D7260                                                                                              | Oroantral fistula closure                                                                                  | \$280                  |                                                                                                                                    |
| D7261                                                                                              | Primary closure of a sinus perforation                                                                     | \$285                  |                                                                                                                                    |
| D7270                                                                                              | Tooth reimplantation and/or stabilization, accident                                                        | \$185                  | 1 (D7270) per arch                                                                                                                 |
| D7280                                                                                              | Exposure of an unerupted tooth                                                                             | \$220                  |                                                                                                                                    |
| D7283                                                                                              | Placement, device to facilitate eruption, impaction                                                        | \$85                   |                                                                                                                                    |
| D7284                                                                                              | Excisional biopsy of minor salivary glands                                                                 | \$115                  |                                                                                                                                    |
| D7285                                                                                              | Incisional biopsy of oral tissue, hard (bone, tooth)                                                       | \$180                  | 1 (D7285) per arch per date of service                                                                                             |
| D7286                                                                                              | Incisional biopsy of oral tissue, soft                                                                     | \$110                  | 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                                                                            | \$185                  | 1 (D7290) per arch, for active orthodontic treatment only                                                                          |
| D7291                                                                                              | Transseptal fibrotomy/supra crestal fibrotomy, by report                                                   | \$80                   | 1 (D7291) per arch, for active orthodontic treatment only                                                                          |
| D7310                                                                                              | Alveoloplasty with extractions, four or more teeth per quadrant                                            | \$85                   |                                                                                                                                    |
| D7311                                                                                              | Alveoloplasty with extractions, one to three teeth per quadrant                                            | \$50                   |                                                                                                                                    |
| D7320                                                                                              | Alveoloplasty, w/o extractions, four or more teeth per quadrant                                            | \$120                  |                                                                                                                                    |
| D7321                                                                                              | Alveoloplasty, w/o extractions, one to three teeth per quadrant                                            | \$65                   |                                                                                                                                    |
| D7340                                                                                              | Vestibuloplasty, ridge extension (2nd epithelialization)                                                   | \$350                  | 1 (D7340) per arch every 5 year period                                                                                             |
| D7350                                                                                              | Vestibuloplasty, ridge extension                                                                           | \$350                  | 1 (D7350) per arch                                                                                                                 |
| D7410                                                                                              | Excision of benign lesion, up to 1.25 cm                                                                   | \$75                   |                                                                                                                                    |
| D7411                                                                                              | Excision of benign lesion, greater than 1.25 cm                                                            | \$115                  |                                                                                                                                    |
| D7412                                                                                              | Excision of benign lesion, complicated                                                                     | \$175                  |                                                                                                                                    |
| D7413                                                                                              | Excision of malignant lesion, up to 1.25 cm                                                                | \$95                   |                                                                                                                                    |
| D7414                                                                                              | Excision of malignant lesion, greater than 1.25 cm                                                         | \$120                  |                                                                                                                                    |
| D7415                                                                                              | Excision of malignant lesion, complicated                                                                  | \$255                  |                                                                                                                                    |
| D7440                                                                                              | Excision of malignant tumor, up to 1.25 cm                                                                 | \$105                  |                                                                                                                                    |
| D7441                                                                                              | Excision of malignant tumor, greater than 1.25 cm                                                          | \$185                  |                                                                                                                                    |
| D7450                                                                                              | Removal, benign odontogenic cyst/tumor, up to 1.25 cm                                                      | \$180                  |                                                                                                                                    |
| D7451                                                                                              | Removal, benign odontogenic cyst/tumor, greater than 1.25 cm                                               | \$330                  |                                                                                                                                    |
| D7460                                                                                              | Removal, benign nonodontogenic cyst/tumor, up to 1.25 cm                                                   | \$155                  |                                                                                                                                    |
| D7461                                                                                              | Removal, benign nonodontogenic cyst/tumor, greater than 1.25 cm                                            | \$250                  |                                                                                                                                    |
| D7465                                                                                              | Destruction of lesion(s) by physical or chemical method, by report                                         | \$40                   |                                                                                                                                    |
| D7471                                                                                              | Removal of lateral exostosis, maxilla or mandible                                                          | \$140                  | 1 (D7471) per quadrant                                                                                                             |
| D7472                                                                                              | Removal of torus palatinus                                                                                 | \$145                  | 1 (D7472) per lifetime                                                                                                             |
| D7473                                                                                              | Removal of torus mandibularis                                                                              | \$140                  | 1 (D7473) per quadrant                                                                                                             |
| D7485                                                                                              | Reduction of osseous tuberosity                                                                            | \$105                  | 1 (D7485) per quadrant                                                                                                             |
| D7490                                                                                              | Radical resection of maxilla or mandible                                                                   | \$350                  |                                                                                                                                    |
| D7509                                                                                              | Marsupialization of odontogenic cyst                                                                       | \$180                  |                                                                                                                                    |
| D7510                                                                                              | Incision & drainage of abscess, intraoral soft tissue                                                      | \$70                   | 1 (D7510) per quadrant, same date of service                                                                                       |
| D7511                                                                                              | Incision & drainage of abscess, intraoral soft tissue, complicated                                         | \$70                   | 1 (D7511) per quadrant, same date of service                                                                                       |



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| CDT Code | Description                                                                                         | Patient Responsibility | Limitation                                 |
|----------|-----------------------------------------------------------------------------------------------------|------------------------|--------------------------------------------|
|          | <b>Oral &amp; Maxillofacial Services (continued)</b>                                                |                        |                                            |
| D7520    | Incision & drainage of abscess, extraoral soft tissue                                               | \$70                   |                                            |
| D7521    | Incision & drainage of abscess, extraoral soft tissue, complicated                                  | \$80                   |                                            |
| D7530    | Remove foreign body, mucosa, skin, tissue                                                           | \$45                   | 1 (D7530) per date of service              |
| D7540    | Removal of reaction producing foreign bodies, musculoskeletal system                                | \$75                   | 1 (D7540) per date of service              |
| D7550    | Partial osteotomy/sequestrectomy for removal of non-vital bone                                      | \$125                  | 1 (D7550) per quadrant per date of service |
| D7560    | Maxillary sinusotomy for removal of tooth fragment or foreign body                                  | \$235                  |                                            |
| D7610    | Maxilla, open reduction (teeth immobilized, if present)                                             | \$140                  |                                            |
| D7620    | Maxilla, closed reduction (teeth immobilized, if present)                                           | \$250                  |                                            |
| D7630    | Mandible, open reduction (teeth immobilized, if present)                                            | \$350                  |                                            |
| D7640    | Mandible, closed reduction (teeth immobilized, if present)                                          | \$350                  |                                            |
| D7650    | Malar and/or zygomatic arch, open reduction                                                         | \$350                  |                                            |
| D7660    | Malar and/or zygomatic arch, closed reduction                                                       | \$350                  |                                            |
| D7670    | Alveolus, closed reduction, may include stabilization of teeth                                      | \$170                  |                                            |
| D7671    | Alveolus, open reduction, may include stabilization of teeth                                        | \$230                  |                                            |
| D7680    | Facial bones, complicated reduction with fixation, multiple surgical approaches                     | \$350                  |                                            |
| D7710    | Maxilla, open reduction                                                                             | \$110                  |                                            |
| D7720    | Maxilla, closed reduction                                                                           | \$180                  |                                            |
| D7730    | Mandible, open reduction                                                                            | \$350                  |                                            |
| D7740    | Mandible, closed reduction                                                                          | \$290                  |                                            |
| D7750    | Malar and/or zygomatic arch, open reduction                                                         | \$220                  |                                            |
| D7760    | Malar and/or zygomatic arch, closed reduction                                                       | \$350                  |                                            |
| D7770    | Alveolus, open reduction stabilization of teeth                                                     | \$135                  |                                            |
| D7771    | Alveolus, closed reduction stabilization of teeth                                                   | \$160                  |                                            |
| D7780    | Facial bones, complicated reduction with fixation and multiple approaches                           | \$350                  |                                            |
| D7810    | Open reduction of dislocation                                                                       | \$350                  |                                            |
| D7820    | Closed reduction of dislocation                                                                     | \$80                   |                                            |
| D7830    | Manipulation under anesthesia                                                                       | \$85                   |                                            |
| D7840    | Condylectomy                                                                                        | \$350                  |                                            |
| D7850    | Surgical discectomy, with/without implant                                                           | \$350                  |                                            |
| D7852    | Disc repair                                                                                         | \$350                  |                                            |
| D7854    | Synovectomy                                                                                         | \$350                  |                                            |
| D7856    | Myotomy                                                                                             | \$350                  |                                            |
| D7858    | Joint reconstruction                                                                                | \$350                  |                                            |
| D7860    | Arthrotomy                                                                                          | \$350                  |                                            |
| D7865    | Arthroplasty                                                                                        | \$350                  |                                            |
| D7870    | Arthrocentesis                                                                                      | \$90                   |                                            |
| D7871    | Non-arthroscopic lysis and lavage                                                                   | \$150                  |                                            |
| D7872    | Arthroscopy, diagnosis, with or without biopsy                                                      | \$350                  |                                            |
| D7873    | Arthroscopy: lavage and lysis of adhesions                                                          | \$350                  |                                            |
| D7874    | Arthroscopy: disc repositioning and stabilization                                                   | \$350                  |                                            |
| D7875    | Arthroscopy: synovectomy                                                                            | \$350                  |                                            |
| D7876    | Arthroscopy: discectomy                                                                             | \$350                  |                                            |
| D7877    | Arthroscopy: debridement                                                                            | \$350                  |                                            |
| D7880    | Occlusal orthotic device, by report                                                                 | \$120                  |                                            |
| D7881    | Occlusal orthotic device adjustment                                                                 | \$30                   |                                            |
| D7899    | Unspecified TMD therapy, by report                                                                  | \$350                  |                                            |
| D7910    | Suture of recent small wounds up to 5 cm                                                            | \$35                   |                                            |
| D7911    | Complicated suture, up to 5 cm                                                                      | \$55                   |                                            |
| D7912    | Complicated suture, greater than 5 cm                                                               | \$130                  |                                            |
| D7920    | Skin graft (identify defect covered, location and type of graft)                                    | \$120                  |                                            |
| D7922    | Placement of intra-socket biological dressing to aid in hemostasis or clot, stabilization, per site | \$80                   |                                            |
| D7939    | Indexing for osteotomy using dynamic robotic assisted or dynamic navigation                         | \$350                  |                                            |
| D7940    | Osteoplasty, for orthognathic deformities                                                           | \$160                  |                                            |
| D7941    | Osteotomy, mandibular rami                                                                          | \$350                  |                                            |
| D7943    | Osteotomy, mandibular rami with bone graft; includes obtaining the graft                            | \$350                  |                                            |
| D7944    | Osteotomy, segmented or subapical                                                                   | \$275                  |                                            |
| D7945    | Osteotomy, body of mandible                                                                         | \$350                  |                                            |
| D7946    | LeFort I (maxilla, total)                                                                           | \$350                  |                                            |
| D7947    | LeFort I (maxilla, segmented)                                                                       | \$350                  |                                            |
| D7948    | LeFort II or LeFort III, without bone graft                                                         | \$350                  |                                            |
| D7949    | LeFort II or LeFort III, with bone graft                                                            | \$350                  |                                            |
| D7950    | Osseous, osteoperiosteal, cartilage graft, mandible or maxilla, by report                           | \$190                  |                                            |
| D7951    | Sinus augmentation with bone or bone substitutes via a lateral open approach                        | \$290                  |                                            |
| D7952    | Sinus augmentation via a vertical approach                                                          | \$175                  |                                            |
| D7955    | Repair of maxillofacial soft and/or hard tissue defect                                              | \$200                  |                                            |
| 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)                                                             | \$120                  | 1 (D7961) per arch per date of service     |
| D7962    | Lingual frenectomy (frenulectomy)                                                                   | \$120                  | 1 (D7962) per arch per date of service     |
| D7963    | Frenuloplasty                                                                                       | \$120                  | 1 (D7963) per arch per date of service     |
| D7970    | Excision of hyperplastic tissue, per arch                                                           | \$175                  | 1 (D7970) per arch per date of service     |
| D7971    | Excision of pericoronal gingiva                                                                     | \$80                   |                                            |
| D7972    | Surgical reduction of fibrous tuberosity                                                            | \$100                  | 1 (D7972) per arch per date of service     |
| D7979    | Non – surgical sialolithotomy                                                                       | \$155                  |                                            |
| D7980    | Surgical sialolithotomy                                                                             | \$155                  |                                            |
| D7981    | Excision of salivary gland, by report                                                               | \$120                  |                                            |
| D7982    | Sialodochoplasty                                                                                    | \$215                  |                                            |
| D7983    | Closure of salivary fistula                                                                         | \$140                  |                                            |
| D7990    | Emergency tracheotomy                                                                               | \$350                  |                                            |
| D7991    | Coronoidectomy                                                                                      | \$345                  |                                            |
| D7995    | Synthetic graft, mandible or facial bones, by report                                                | \$150                  |                                            |
| D7997    | Appliance removal (not by dentist who placed appliance), includes removal of archbar                | \$60                   | 1 (D7997) per arch per date of service     |
| D7999    | Unspecified oral surgery procedure, by report                                                       | \$350                  |                                            |



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| CDT Code                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Description                                                                                                                  | Patient Responsibility                                                                                   | Limitation                                                                               |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|
| <b>Orthodontic Services</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                              |                                                                                                          |                                                                                          |
| 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                                                              | \$1,000 per course of treatment, regardless of plan year, as long as member remains enrolled in the plan | age 13 and over                                                                          |
| D8091                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Comprehensive orthodontic treatment with orthognathic surgery                                                                |                                                                                                          |                                                                                          |
| D8210                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Adjunctive orthodontic therapy, removable appliance                                                                          |                                                                                                          | 1 (D8210) per patient, age 6 through 12                                                  |
| D8220                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Adjunctive orthodontic therapy, fixed appliance                                                                              |                                                                                                          | 1 (D8220) per patient, age 6 through 12                                                  |
| D8660                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Pre-orthodontic treatment examination to monitor growth and development                                                      |                                                                                                          | 1 (D8660) every 3 months for a maximum of 6                                              |
| D8670                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Periodic orthodontic treatment visit                                                                                         |                                                                                                          | 1 (D8670) per calendar quarter                                                           |
| D8671                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Periodic orthodontic treatment visit associated with orthognathic surgery                                                    |                                                                                                          |                                                                                          |
| D8680                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Orthodontic retention (removal of appliances, construction and placement of retainer(s))                                     |                                                                                                          | 1 (D8680) per arch for each authorized phase of orthodontic treatment                    |
| D8681                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Removable orthodontic retainer adjustment                                                                                    |                                                                                                          |                                                                                          |
| D8696                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Repair of orthodontic appliance, includes reattachment, maxillary                                                            |                                                                                                          | 1 of (D8696, D8697) per arch, per appliance                                              |
| D8697                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Repair of orthodontic appliance, includes reattachment, mandibular                                                           |                                                                                                          |                                                                                          |
| D8698                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Re-cement or re-bond fixed retainer, maxillary                                                                               |                                                                                                          | 1 of (D8698, D8699) per arch, per provider                                               |
| D8699                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Re-cement or re-bond fixed retainer, mandibular                                                                              |                                                                                                          |                                                                                          |
| D8701                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Repair of fixed retainer, includes reattachment, maxillary                                                                   |                                                                                                          |                                                                                          |
| D8702                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Repair of fixed retainer, includes reattachment, mandibular                                                                  |                                                                                                          |                                                                                          |
| D8703                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Replacement of lost or broken retainer, maxillary                                                                            |                                                                                                          | 1 of (D8703, D8704) per arch                                                             |
| D8704                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Replacement of lost or broken retainer, mandibular                                                                           |                                                                                                          |                                                                                          |
| D8999                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Unspecified orthodontic procedure, by report                                                                                 |                                                                                                          |                                                                                          |
| <b>Adjunctive General Services</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                              |                                                                                                          |                                                                                          |
| D9110                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Palliative treatment of dental pain, per visit                                                                               | \$30                                                                                                     | 1 (D9110) per date of service                                                            |
| D9120                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Fixed partial denture sectioning                                                                                             | \$95                                                                                                     |                                                                                          |
| D9210                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Local anesthesia not in conjunction, operative or surgical procedures                                                        | \$10                                                                                                     | 1 (D9210) per date of service                                                            |
| D9211                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Regional block anesthesia                                                                                                    | \$20                                                                                                     |                                                                                          |
| D9212                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Trigeminal division block anesthesia                                                                                         | \$60                                                                                                     |                                                                                          |
| D9215                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Local anesthesia in conjunction with operative or surgical procedures                                                        | \$15                                                                                                     |                                                                                          |
| D9219                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Evaluation for moderate sedation, deep sedation or general anesthesia                                                        | \$45                                                                                                     |                                                                                          |
| <b>GUIDELINE:</b><br>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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Administration of deep sedation/general anesthesia, first 15 minute increment, or any portion thereof                        | \$45                                                                                                     |                                                                                          |
| D9223                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Administration of deep sedation/general anesthesia, each subsequent 15 minute increment, or any portion thereof              | \$45                                                                                                     |                                                                                          |
| D9224                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Administration of general anesthesia with advanced airway, first 15 minute increment, or any portion thereof                 | \$65                                                                                                     |                                                                                          |
| D9225                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Administration of general anesthesia with advanced airway, each subsequent 15 minute increment, or any portion thereof       | \$65                                                                                                     |                                                                                          |
| D9230                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Administration of nitrous oxide                                                                                              | \$15                                                                                                     |                                                                                          |
| D9239                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Administration of moderate sedation, intravenous, first 15 minute increment, or any portion thereof                          | \$60                                                                                                     |                                                                                          |
| D9243                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Administration of moderate sedation, intravenous, each subsequent 15 minute increment, or any portion thereof                | \$60                                                                                                     |                                                                                          |
| D9244                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | In-office administration of minimal sedation, single drug, enteral                                                           | \$30                                                                                                     |                                                                                          |
| D9245                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Administration of moderate sedation, enteral                                                                                 | \$65                                                                                                     |                                                                                          |
| D9246                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Administration of moderate sedation, non-intravenous parenteral, first 15 minute increment, or any portion thereof           | \$65                                                                                                     |                                                                                          |
| D9247                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Administration of moderate sedation, non-intravenous parenteral, each subsequent 15 minute increment, or any portion thereof | \$65                                                                                                     |                                                                                          |
| D9310                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Consultation, other than requesting dentist                                                                                  | \$50                                                                                                     |                                                                                          |
| D9311                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Consultation with a medical health care professional                                                                         | no charge                                                                                                |                                                                                          |
| D9410                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | House/extended care facility call                                                                                            | \$50                                                                                                     |                                                                                          |
| D9420                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Hospital or ambulatory surgical center call                                                                                  | \$135                                                                                                    |                                                                                          |
| D9430                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Office visit, observation, regular hours, no other services                                                                  | \$20                                                                                                     | 1 (D9430) per date of service per provider                                               |
| D9440                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Office visit, after regularly scheduled hours                                                                                | \$45                                                                                                     | 1 (D9440) per date of service per provider                                               |
| D9450                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Case presentation, subsequent, detailed, extensive treatment planning                                                        | not covered                                                                                              |                                                                                          |
| D9610                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Therapeutic parenteral drug, single administration                                                                           | \$30                                                                                                     | 4 (D9610) per date of service                                                            |
| D9612                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Therapeutic parenteral drugs, two or more administrations, different meds.                                                   | \$40                                                                                                     | 4 (D9612) per date of service                                                            |
| D9910                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Application of desensitizing medicament, per tooth                                                                           | \$20                                                                                                     | 1 (D9910) per tooth every 12 months, for permanent teeth only                            |
| D9930                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Treatment of complications, post surgical, unusual, by report                                                                | \$35                                                                                                     | 1 (D9930) per date of service per provider                                               |
| D9942                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Repair and/or reline 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                                                                                             | \$120                                                                                                    | 1 (D9950) every 12 months, age 13 and over                                               |
| D9951                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Occlusal adjustment, limited                                                                                                 | \$45                                                                                                     | 1 (D9951) per quad every 12 months per provider, age 13 and over                         |
| D9952                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Occlusal adjustment, complete                                                                                                | \$210                                                                                                    | 1 (D9952) every 12 months, age 13 and over                                               |
| D9995                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Teledentistry, synchronous; real-time encounter                                                                              | no charge                                                                                                | 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                               | no charge                                                                                                |                                                                                          |
| D9997                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Dental case management, patients with special health care needs                                                              | no charge                                                                                                |                                                                                          |
| D9999                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Unspecified adjunctive procedure, by report                                                                                  | no charge                                                                                                |                                                                                          |

**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 - CalOptima Health - Silver 87**

These Endnotes do not limit an issuer's obligations to comply with applicable Federal, State, or local laws, rules, or regulations. In the event an issuer is subject to a newly enacted or amended law, rule, or regulation that conflicts with the requirements of these Endnotes, an issuer shall comply with the law, rule, or regulation and any applicable guidance from its regulatory authority. Where these Endnotes exceed requirements imposed by law, an issuer shall comply with the requirements in these Endnotes

**General Exclusions:**

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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 preformed in the dentists 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.