

Embedded Pediatric Dental - IEHP Silver 70 HMO

Individual Out of Pocket Maximum: \$9,800 per 2026 Calendar Year Family Out of Pocket Maximum: \$19,600 per 2026 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 IEHP Covered. 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.iehp.org or call Member Services at 1.855.433.IEHP (4347) (toll-free).
- ✓ Once your Out-of-Pocket costs for all Medical and Dental covered services reach the combined Out-of-Pocket Maximum, you cannot be charged for covered dental services you receive for the remainder of the calendar 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.

CDT	Description	Patient	Limitation
Code	·	Responsibility	Limitation
	Diagnostic Services		1 (D0120) C
	Periodic oral evaluation Limited oral evaluation	no charge no charge	1 (D0120) every 6 months per provider 1 (D0140) per patient per provider
	Oral evaluation under age 3	no charge	1 (DO140) per patient per provider
	Comprehensive oral evaluation	no charge	1 (D0150) per patient per provider for initial evaluation
	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
	Re-evaluation, post operative office visit	no charge	
	Comprehensive periodontal evaluation	no charge	only be billed as D0150
D0190	Screening of a patient	not covered not covered	
	Assessment of a patient Intraoral, comprehensive series of radiographic images	no charge	1 of (D0210, D0709) every 36 months per provider
	Intraoral, periapical, first radiographic image	no charge	
	Intraoral, periapical, each add 'I radiographic image	no charge	20 of (D0220, D0230, D0707) 12 months, per provider
D0240	Intraoral, occlusal radiographic image	no charge	2 of (D0240, D0706) every 6 months per provider
D0250	Extra-oral 2D projection radiographic image, stationary radiation source	no charge	1 (D0250) per date of service
	Extra-oral posterior dental radiographic image	no charge	1 of (D0251, D0705) per date of service
	Bitewing, single radiographic image	no charge	1 of (D0270, D0708) per date of service
	Bitewings, two radiographic images	no charge	1 (D0272) every 6 months per provider
	Bitewings, three radiographic images Bitewings, four radiographic images	no charge no charge	downcode to D0270 and D0272 1 (D0274) every 6 months per provider, age 10 and over
	Vertical bitewings, 7 to 8 radiographic images	no charge	downcode to D0274
	Sialography	no charge	40111600C to DOL17
	TMJ arthrogram, including injection	no charge	3 (D0320) per date of service
	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
	2D cephalometric radiographic image, measurement and analysis	no charge	2 of (D0340, D0702) every 12 months per provider
	2D oral/facial photographic image, intra-orally/extra-orally	no charge	4 of (D0350, D0703) per date of service
	3D printing of a 3D dental surface scan	no charge	
	Assessment of salivary flow by measurement Adjunctive pre-diagnostic test	not covered not covered	
	Pulp vitality tests	no charge	
		-	1 (D0470) per provider, only a benefit with covered Orthodontic services, for permaner
	Diagnostic casts	no charge	dentition
D0502	Other oral pathology procedures, by report	no charge	
	Caries risk assessment and documentation, low risk	no charge no charge	
	Caries risk assessment and documentation, moderate risk Caries risk assessment and documentation, high risk	no charge	
	Panoramic radiographic image, image capture only	no charge	1 of (D0330, D0701) every 36 months per provider
	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
	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
	Intraoral, comprehensive series of radiographic images, image capture only 3D intraoral surface scan, direct	no charge no charge	1 of (D0210, D0709) every 36 months per provider
	3D dental surface scan, indirect	no charge	
	3D facial surface scan, direct	no charge	
	3D facial surface scan, indirect	no charge	
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D0999	Unspecified diagnostic procedure, by report	no charge	
	Unspecified diagnostic procedure, by report Preventive Services	no charge	
D1110	Preventive Services Prophylaxis, adult	no charge	1 of (D1110, D1120, D4346) every 6 months
D1110 D1120	Preventive Services Prophylaxis, adult Prophylaxis, child	no charge no charge	1 of (D1110, D1120, D4346) every 6 months
D1110 D1120 D1206	Preventive Services Prophylaxis, adult Prophylaxis, child Topical application of fluoride varnish	no charge no charge no charge	1 of (D1110, D1120, D4346) every 6 months 1 of (D1206, D1208) every 6 months
D1110 D1120 D1206 D1208	Preventive Services Prophylaxis, adult Prophylaxis, child Topical application of fluoride varnish Topical application of fluoride, excluding varnish	no charge no charge no charge no charge	
D1110 D1120 D1206 D1208	Preventive Services Prophylaxis, adult Prophylaxis, child Topical application of fluoride varnish Topical application of fluoride, excluding varnish Nutritional counseling for control of dental disease	no charge no charge no charge no charge no charge	
D1110 D1120 D1206 D1208 D1310 D1320	Preventive Services Prophylaxis, adult Prophylaxis, child Topical application of fluoride varnish Topical application of fluoride, excluding varnish	no charge no charge no charge no charge no charge no charge	
D1110 D1120 D1206 D1208 D1310 D1320 D1321	Preventive Services Prophylaxis, adult Prophylaxis, child Topical application of fluoride varnish Topical application of fluoride, excluding varnish Nutritional counseling for control of dental disease Tobacco counseling, control/prevention oral disease Counseling for the control and prevention of adverse oral, behavioral, health effects associated with high-risk substance use	no charge no charge no charge no charge no charge	
D1110 D1120 D1206 D1208 D1310 D1320 D1321	Preventive Services Prophylaxis, adult Prophylaxis, child Topical application of fluoride varnish Topical application of fluoride, excluding varnish Nutritional counseling for control of dental disease Tobacco counseling, control/prevention oral disease Counseling for the control and prevention of adverse oral, behavioral, health effects associated with high-risk substance use Oral hygiene instruction	no charge	
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D1110 D1120 D1206 D1208 D1310 D1320 D1321 D1330 D1351	Preventive Services Prophylaxis, adult Prophylaxis, child Topical application of fluoride varnish Topical application of fluoride, excluding varnish Nutritional counseling for control of dental disease Tobacco counseling, control/prevention oral disease Counseling for the control and prevention of adverse oral, behavioral, health effects associated with high-risk substance use Oral hygiene instruction Sealant, per tooth	no charge	1 of (D1206, D1208) every 6 months 1 of (D1351,D1352) every 36 months 1st, 2nd, 3rd molars 1 (D1353) every 36 months 1st, 2nd, 3rd molars
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D1110 D1120 D1206 D1208 D1310 D1320 D1321 D1330 D1351 D1352 D1353 D1354	Preventive Services Prophylaxis, adult Prophylaxis, child Topical application of fluoride varnish Topical application of fluoride, excluding varnish Nutritional counseling for control of dental disease Tobacco counseling, control/prevention oral disease Counseling for the control and prevention of adverse oral, behavioral, health effects associated with high-risk substance use Oral hygiene instruction Sealant, per tooth Preventive resin restoration, permanent tooth Sealant repair, per tooth Application of caries arresting medicament, per tooth	no charge	1 of (D1206, D1208) every 6 months 1 of (D1351,D1352) every 36 months 1st, 2nd, 3rd molars 1 (D1353) every 36 months 1st, 2nd, 3rd molars 1 (D1354) per tooth every 6 months, subject to medical necessity review for the first treatment only
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D1110 D1120 D1206 D1208 D1310 D1320 D1321 D1330 D1351 D1352 D1353 D1354 D1355 D1355	Preventive Services Prophylaxis, adult Prophylaxis, child Topical application of fluoride varnish Topical application of fluoride, excluding varnish Nutritional counseling for control of dental disease Tobacco counseling, control/prevention oral disease Counseling for the control and prevention of adverse oral, behavioral, health effects associated with high-risk substance use Oral hygiene instruction Sealant, per tooth Preventive resin restoration, permanent tooth Sealant repair, per tooth Application of caries arresting medicament, per tooth	no charge	1 of (D1206, D1208) every 6 months 1 of (D1351,D1352) every 36 months 1st, 2nd, 3rd molars 1 (D1353) every 36 months 1st, 2nd, 3rd molars 1 (D1354) per tooth every 6 months, subject to medical necessity review for the first treatment only 1 (D1355) per tooth every 6 months, subject to medical necessity review for the first
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D1520	Space maintainer, removable, unilateral, per quadrant	no charge	1 of (D1510, D1520) per quadrant per patient under age 18	
D1526	Space maintainer, removable, bilateral, maxillary	no charge	1 of (D1516, D1526) under age 18	
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Separate Composition Separate Composition Separate Separate Composition Separate		Embedded Pediatric Dental - IEHP Silver 70 HiviO			
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	D2782		not covered		
	D2783	Crown, ¾ porcelain/ceramic	\$310		
Crown, full cast noble metal					
Cover, titanium and titanium alloys Re-cement or re-bond inlay, onlay, veneer, or partial coverage \$25			_ _		
Re-cement or re-bond inlay, onlay, wener, or partial coverage 525 1 (D2910) per tooth every 12 months, per provider		,	_		
Re-cement or re-bond indirectly fabricated/prefabricated post & core \$25 Re-cement or re-bond crown \$25 Re-cement or re-bond crown \$25 Re-cement or re-bond crown \$25 After 12 months of initial placement with same provider \$25 Prefabricated procelain/ceramic crown, permanent tooth \$25 Prefabricated procelain/ceramic crown, primary tooth \$25 Prefabricated procelain/ceramic crown, primary tooth \$25 Prefabricated stainless steel crown, permanent tooth \$25 Prefabricated prefabricated permanent tooth every \$6 months Prefabricated prefabricated prefabricated permanent tooth \$25 Prefabricated prefabricated p			_	1 (D2010) per tooth every 12 months, per provider	
Reattachment of tooth fragment, incisal edge or cusp \$45 \$5				1 (02310) per tooth every 12 months, per provider	
Prefabricated porcelain/ceramic crown, permanent tooth \$120				after 12 months of initial placement with same provider	
Prefabricated porcelain/ceramic crown, primary tooth 2939 Prefabricated stainless steel crown, primary tooth 2931 Prefabricated stainless steel crown, permanent tooth 2931 Prefabricated resin crown 2932 Prefabricated resin crown 2933 Prefabricated resin crown 2934 Prefabricated resin crown 2936 Prefabricated resin crown 2937 Prefabricated resin crown 2938 Prefabricated resin crown 2939 Prefabricated resin crown 2930 Prefabricated stainless steel crown with resin window 2930 Prefabricated stainless steel crown with resin window 2930 Prefabricated stainless steel crown with resin window 2930 Prefabricated resin crown 2930 Prefabricated stainless steel crown with resin window 2930 Prefabricated resin crown 2930 Prefabricated stainless steel crown with resin window 2930 Prefabricated resin crown 2930 Prefabricated stainless steel crown with resin window 2930 Prefabricated resin crown 2930 Prefabricated for individual residual	D2921	Reattachment of tooth fragment, incisal edge or cusp	\$45		
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Préabricated stainless steel crown, primary tooth D2931 Préabricated stainless steel crown, permanent tooth D2932 Préabricated stainless steel crown permanent tooth D2933 Préabricated stainless steel crown with resin window D2934 Préabricated stainless steel crown with resin window D2936 Préabricated stainless steel crown with resin window D2937 Préabricated stainless steel crown with resin window D2938 Préabricated stainless steel crown with resin window D2939 Préabricated stainless steel crown with resin window D2940 Placement of interim direct restoration D2950 Core buildup, including any pins when required D2951 Pln retention, per tooth, in addition to restoration D2951 Pln retention, per tooth, in addition to restoration D2952 Pln retention, per tooth, in addition to crown, indirectly fabricated D2953 Each additional pricated post, same tooth D2954 Préabricated post and core in addition to crown D2955 Post removal D2956 Post removal D2957 Each additional prefabricated post, same tooth D2958 Post removal D2959 Post removal D2950 Core additional prefabricated post, same tooth D2950 Core additional prefabricated post, same tooth D2951 Post removal D2950 Core additional prefabricated post, same tooth D2951 Post removal D2952 Each additional prefabricated post, same tooth D2953 Each additional prefabricated post, same tooth D2954 Préabricated post and core in addition to crown D2955 Each additional prefabricated post, same tooth D2956 Post removal D2957 Each additional prefabricated post, same tooth D2958 Core additional prefabricated post, same tooth D2959 Ea				1 of (D2929, D2930) per tooth every 12 months	
Prefabricated resin crown Prefabricated resin crown S80 Prefabricated stainless steel crown with resin window S80 Prefabricated stainless steel crown with resin window S80 Prefabricated stainless steel crown with resin window S80 Premanent - 1 of (D2932, D2933) per tooth every 12 months per months per provider S80 Prefabricated stainless steel crown with resin window S80 Premanent - 1 of (D2932, D2933) per tooth every 36 mont per months per provider S80 D2949 Restorative foundation for an indirect restoration S45 Core buildup, including any pins when required S20 D2951 Post and core in addition to crown, indirectly fabricated S100 S25 Post and core in addition to crown, indirectly fabricated S100 S20 D2952 Post and core in addition to crown, indirectly fabricated post, same tooth S30 D2954 Prefabricated post, same tooth S30 D2955 Post removal S60 D2957 Each additional prefabricated post, same tooth S35 D2968 Each additional prefabricated post, same tooth S35 D2976 Band stabilization, per tooth S40 D2989 Crown repair necessitated by restorative material failure S50 D2989 Application of hydroxyapatite regeneration medicament, per tooth no charge D2989 Unspecified restorative procedure, by report S40 Pulp cap, direct (excluding final restoration) S20 D3110 Pulp cap, direct (excluding final restoration) S40 S20 D3220 Pulpa cap, indirect (excluding final restoration) S40 S20 D3221 Pulpa depridement, primary and permanent teeth S40 S40 S40 S40 S40 S40 S40 S4				` ' ' '	
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Placement of interim direct restoration 2940 Placement of interim direct restoration 2950 Restorative foundation for an indirect restoration 2950 Core buildup, including any pins when required 2951 Pin retention, per tooth, in addition to restoration 2952 Post and core in addition to crown, indirectly fabricated 2953 Each additional indirectly fabricated post, same tooth 2954 Prefabricated post and core in addition to crown 2955 Post removal 2956 Post removal 2957 Each additional prefabricated post, same tooth 2958 Post removal 2959 Additional procedure to customize new crown, existing partial denture frame 2960 Sean adstabilization, per tooth 2971 Additional procedure to customize new crown, existing partial denture frame 2980 Excavation of a tooth resulting in the determination of non-restorability 2991 Application of hydroxyapatite regeneration medicament, per tooth 20299 Unspecified restorative procedure, by report 20290 Pulp cap, indirect (excluding final restoration) 2020 Pulp cap, indirect (excluding final restoration) 2020 Pulp ap, indirect (excluding final restoration) 2021 Pulpal debridement, primary and permanent teeth 2022 Partial pulpotomy, apexogenesis, permanent tooth, incomplete root 2023 Partial pulpotomy, apexogenesis, permanent tooth, incomplete root 2024 Partial pulpotomy, apexogenesis, permanent tooth, incomplete root 2025 Partial pulpotomy, apexogenesis, permanent tooth, incomplete root 2026 Partial pulpotomy, apexogenesis, permanent tooth, incomplete root 2026 Partial pulpotomy, apexogenesis, permanent tooth, incomplete root 2027 Partial pulpotomy, apexogenesis, permanent tooth, incomplete root 2027 Partial pulpotomy, apexogenesis, permanent tooth, incomplete root 2028 Partial pulpotomy, apexogenesis, permanent tooth, incomplete root 2029 Partial				1	
Restorative foundation for an indirect restoration 2930 Core buildup, including any pins when required 250 2951 Pin retention, per tooth, in addition to restoration 2952 Post and core in addition to crown, indirectly fabricated 2953 Each additional indirectly fabricated post, same tooth 2954 Prefabricated post and core in addition to crown 2955 Post removal 2956 Post removal 2957 Each additional prefabricated post, same tooth 2958 Each additional prefabricated post, same tooth 2959 Each additional prefabricated post, same tooth 2950 Post removal 2950 Post removal 2951 Each additional prefabricated post, same tooth 2952 Fost removal 2953 Fost removal 2954 Prefabricated post and core in addition to crown 2955 Each additional prefabricated post, same tooth 2957 Each additional prefabricated post, same tooth 2958 Each additional procedure to customize new crown, existing partial denture frame 2958 Fost removal 2960 Post removal 2970 Band stabilization, per tooth 2980 Crown repair necessitated by restorative material failure 2980 Application of a tooth resulting in the determination of non-restorability 2980 Excavation of a tooth resulting in the determination of non-restorability 2980 Fost removal 2980 Post removal 2980 Po					
Possible Pin retention, per tooth, in addition to restoration \$25 Pin retention, per tooth, in addition to crown, indirectly fabricated \$200	D2949		\$45		
Description					
D2952 Each additional indirectly fabricated post, same tooth \$30				, ,,	
Description			_	1 (D2952) per tooth	
D2957 Each additional prefabricated post, same tooth \$35 D2971 Additional procedure to customize new crown, existing partial denture frame \$35 D2972 Band stabilization, per tooth \$40 D2980 Crown repair necessitated by restorative material failure \$50 after 12 months of initial crown placement with same provice				1 (D2954) per tooth	
D2971 Each additional prefabricated post, same tooth D2972 Additional procedure to customize new crown, existing partial denture frame D2973 Band stabilization, per tooth D2980 Crown repair necessitated by restorative material failure D2980 Excavation of a tooth resulting in the determination of non-restorability D2981 Excavation of a tooth resulting in the determination of non-restorability D2992 Application of hydroxyapatite regeneration medicament, per tooth D2993 Unspecified restorative procedure, by report D2994 Endodontic Services D2995 Pulp cap, direct (excluding final restoration) D290 Pulp cap, indirect (excluding final restoration) D290 Therapeutic pulpotomy (excluding final restoration) D290 Therapeutic pulpotomy (excluding final restoration) D290 Pulpal debridement, primary and permanent teeth D290 Pulpal pulpotomy, apexogenesis, permanent tooth, incomplete root D290 Pulpal plupotomy, apterior, primary notable (excluding final restoration) D290 Pulpal therapy, apterior, primary notable (excluding final restoration) D2910 Pulpal therapy, apterior, primary notable (excluding final restoration) D2910 Pulpal therapy, apterior, primary notable (excluding final restoration) D2911 Pulpal therapy, apterior, primary notable (excluding final restoration) D2912 Partial pulpatomy, approach and permanent tooth, incomplete root D2913 Pulpal therapy, apterior, primary notable (excluding final restoration) D2913 Pulpal therapy, apterior, primary notable (excluding final restoration) D2914 Pulpal therapy, apterior, primary notable (excluding final restoration) D2915 Pulpal therapy, apterior, primary notable (excluding final restoration) D2916 Pulpal therapy, apterior, primary notable (excluding final restoration) D2917 Pulpal therapy, apterior, primary notable (excluding final restoration) D2918 Pulpal therapy, apterior, primary notable (excluding final restoration) D2918 Pulpal therapy, apterior, primary notable (excluding final restoration)				1 (D2304) her room	
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D2991 Excavation of a tooth resulting in the determination of non-restorability \$50 D2991 Application of hydroxyapatite regeneration medicament, per tooth no charge D2990 Unspecified restorative procedure, by report \$40 Endodontic Services D3110 Pulp cap, direct (excluding final restoration) \$20 D3120 Pulp cap, indirect (excluding final restoration) \$25 D3220 Therapeutic pulpotomy (excluding final restoration) \$40 D3221 Pulpal debridement, primary and permanent teeth \$40 D3222 Partial pulpotomy, apexogenesis, permanent tooth, incomplete root \$60 D3230 Pulpal therapy, apterior, primary tooth (excluding final restoration) \$60 D3230 Pulpal therapy, apexogenesis, permanent tooth (social restoration) \$65 D3230 Pulpal therapy, apterior, primary tooth (excluding final restoration) \$65 D32310 Pulpal therapy, apexogenesis, permanent tooth (social restoration) \$65 D32320 Pulpal therapy, apterior, primary tooth (excluding final restoration) \$65 D32330 Pulpal therapy, apterior, primary tooth (excluding final restoration) \$65 D32330 Pulpal therapy, apterior, primary tooth (excluding final restoration) \$65 D32330 Pulpal therapy, apterior, primary tooth (excluding final restoration) \$65 D32330 Pulpal therapy, apterior, primary tooth (excluding final restoration) \$65 D32330 Pulpal therapy, apterior, primary tooth (excluding final restoration) \$65 D32330 Pulpal therapy, apterior, primary tooth (excluding final restoration) \$65 D32330 Pulpal therapy, apterior, primary tooth (excluding final restoration) \$65 D32330 Pulpal therapy, apterior, primary tooth (excluding final restoration) \$65 D32330 Pulpal therapy, apterior, primary tooth (excluding final restoration) \$65 D32330 Pulpal therapy, apterior, primary tooth (excluding final restoration) \$65 D32330 Pulpal therapy, apterior, primary tooth (excluding final restoration) \$65 D32330 Pulpal therapy, apterior, primary tooth (excluding final restoration)	D2976	Band stabilization, per tooth	\$40		
D2991 Application of hydroxyapatite regeneration medicament, per tooth D2990 Unspecified restorative procedure, by report Endodontic Services D3110 Pulp cap, direct (excluding final restoration) S20 D3120 Pulp cap, indirect (excluding final restoration) S25 D3220 Therapeutic pulpotomy (excluding final restoration) S3211 Pulpal debridement, primary and permanent teeth S40 D3221 Pulpal debridement, primary and permanent tooth, incomplete root D3222 Partial pulpotomy, apexogenesis, permanent tooth, incomplete root D3230 Upland therapy, anterior, primary tooth (excluding final restoration) S55 D3230 Pulpal therapy, anterior, primary tooth (excluding final restoration) S55		·		after 12 months of initial crown placement with same provider	
D2999 Unspecified restorative procedure, by report \$40 Endodontic Services \$20 D3110 Pulp cap, direct (excluding final restoration) \$25 D320 Therapeutic pulpotomy (excluding final restoration) \$40 D3211 Pulpa debridement, primary and permanent teeth \$40 D3222 Partial pulpotomy, apexogenesis, permanent tooth, incomplete root \$60 D3230 Pulpa therapy, apterior, primary poth (excluding final restoration) \$60 D3221 Pulpa therapy, apexogenesis, permanent tooth (incomplete root \$60 D3230 Partial pulpotomy, apexogenesis, permanent tooth (incomplete root \$60 D3230 Pulpal therapy, apterior, primary poth (excluding final restoration) \$55		i			
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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	D3110		\$20		
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, apterior, primary tooth (excluding final restoration) \$55			_		
D3222 Partial pulpotomy, apexogenesis, permanent tooth, incomplete root \$60 1 (D3222) per tooth			\$40		
D3230 Pulpal therapy anterior primary tooth (excluding final restoration)			_		
D3230 I Pulnal therapy, anterior, primary tooth (excluding final restoration)				1 (D3222) per tooth	
		Pulpal therapy, anterior, primary tooth (excluding final restoration)	\$55	1 of (D3230, D3240) per tooth	
D3240 Pulpal therapy, posterior, primary tooth (excluding finale restoration) \$55				·	
D3310 Endodontic therapy, anterior tooth (excluding final restoration) \$195 D3320 Endodontic therapy, premolar tooth (excluding final restoration) \$235 1 of (D3310, D3320, D3330) per tooth			_	1 of (D3310_D3320_D3330) per tooth	



Cote Code D3330 Endodontic therapy, molar tooth (excluding final restoration) D3331 Treatment of root canal obstruction; non-surgical access D3332 Incomplete endodontic therapy; inoperable, unrestorable, fractured tooth D3333 Internal root repair of perforation defects D3333 Internal root repair of perforation defects Endodontic Services (continued) D3346 Retreatment of previous root canal therapy, anterior D3347 Retreatment of previous root canal therapy, premolar D3348 Retreatment of previous root canal therapy, premolar D3349 Apaxification/recalcification, initial visit D3351 Apaxification/recalcification, initial visit D3352 Apaxification/recalcification, initial visit D3353 Apaxification/recalcification, initial visit D3354 Apaxification/recalcification, initial visit D3355 Apaxification/recalcification, initial visit D3355 Apaxification/recalcification, initial visit D3356 Apaxification/recalcification in visit D3357 Apaxification/recalcification in visit D3358 Apaxification/recalcification in visit D3359 Apaxification/recalcification in visit D3350 Apicoectomy, anterior D3410 Apicoectomy, premolar (first root) D3411 Apicoectomy, premolar (first root) D3412 Apicoectomy, premolar (first root) D3425 Apicoectomy, wolar (first root) D3426 Apicoectomy, wolar (first root) D3427 Apicoectomy, wolar (first root) D3428 Apicoectomy, wolar (first root) D3429 Bone graft in conjunction with periradicular surgery, each addit tooth, same site D3430 Retrograde filling, per root D3431 Biologic materials, soft osseous tissue regeneration with periradicular surgery D3432 Guided tissue regeneration, per site, with periradicular surgery D3433 Surgical repair of root resorption, pernolar D3434 Surgical repair of root resorption, molar D3435 Surgical repair of root resorption, molar D3436 Retreatment of previous root and therapy D3437 Surgical repair of root resorption, molar D3437 Surgical repair of root resorption, molar D3437 Surgical repair of root resorption, molar D3438 Contamputation and fitting of preformed dowel or post	
Ecote D3310 Endodontic therapy, molar tooth (excluding final restoration) D3311 Treatment of root canal obstruction; non-surgical acces D3321 Incomplete endodontic therapy; inoperable, unrestorable, fractured tooth D3322 Incomplete endodontic therapy; inoperable, unrestorable, fractured tooth D3323 Internal root repair of perforation defects Endodontic Services (continued) D3346 Retreatment of previous root canal therapy, anterior D3347 Retreatment of previous root canal therapy, premolar D3348 Retreatment of previous root canal therapy, molar D3349 Retreatment of previous root canal therapy, molar D3351 Apexification/recalcification, initial visit D3352 Apexification/recalcification, interim medication replacement D3353 Apexification/recalcification, interim medication replacement D3354 Apexification/recalcification, final visit D3355 Apexification/recalcification, final visit D3400 Apicoectomy, anterior D3401 Apicoectomy, premolar (first root) D3402 Apicoectomy, premolar (first root) D3421 Apicoectomy, molar (first root) D3422 Apicoectomy, molar (first root) D3423 Bone graft in conjunction with periradicular surgery, per tooth, single site D3430 Retreatment of previous root towered D3430 Retreatment of previous root towered D3431 Biologic materials, soft osseous tissue regeneration with periradicular surgery D3431 Surgical repair of root resorption, anterior D3432 Surgical repair of root resorption, molar D3433 Surgical repair of root resorption, molar D3434 Surgical repair of root resorption, molar D3435 Surgical repair of root resorption, molar D3436 Retreatment of previous root towered D3437 Surgical repair of root resorption, molar D3439 Surgical repair of root resorption, molar D3430 Hemisection, not including root canal therapy D3450 Root amputation and fitting of preformed dowel or post D3450 Root amputation and fitting of preformed dowel or post D3460 Canal preparation and fitting of preformed dowel or post D3471 Surgical repair of root resorption, molar D3480 Retreatment of previous root canal therap	
D3331 Treatment of root canal obstruction; non-surgical access D3332 Incomplete endodontic therapy; inoperable, unrestorable, fractured tooth D3333 Internal root repair of perforation defects Endodontic Services (continued) D3346 Retreatment of previous root canal therapy, anterior D3347 Retreatment of previous root canal therapy, premolar D3348 Retreatment of previous root canal therapy, molar D3349 Retreatment of previous root canal therapy, molar D3351 Apexification/recalcification, initial visit D3352 Apexification/recalcification, interim medication replacement D3353 Apexification/recalcification, interim medication replacement D3354 Apexification/recalcification, interim medication replacement D3355 Apexification/recalcification, interim medication replacement D3351 Apexification/recalcification, interim medication replacement D3352 Apexification/recalcification, interim medication replacement D3401 Apicoectomy, anterior D3401 Apicoectomy, premolar (first root) D3402 Apicoectomy, premolar (first root) D3403 Apicoectomy, goal and an an an analysis of the premote o	
D3332 Incomplete endodontic therapy; inoperable, unrestorable, fractured tooth not covered	
D3333 Internal root repair of perforation defects Endodontic Services (continued)	
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D3346 Retreatment of previous root canal therapy, anterior \$240	
D3347 Retreatment of previous root canal therapy, premolar D3348 Retreatment of previous root canal therapy, molar D3351 Apexification/recalcification, initial visit D3352 Apexification/recalcification, interim medication replacement D3353 Apexification/recalcification, interim medication replacement D3454 Apicoectomy, anterior D3410 Apicoectomy, premolar (first root) D3421 Apicoectomy, molar (first root) D3422 Apicoectomy, molar (first root) D3423 Apicoectomy, molar (first root) D3424 Apicoectomy, (each additional root) D3425 Apicoectomy, (each additional root) D3426 Apicoectomy, (each additional root) D3427 Apicoectomy (each additional root) D3428 Bone graft in conjunction with periradicular surgery, per tooth, single site D3430 Retrograde filling, per root D3431 Biologic materials, soft osseous tissue regeneration with periradicular surgery D3432 Guided tissue regeneration, per site, with periradicular surgery D3433 Surgical repair of root resorption, neterior D3473 Surgical repair of root resorption, molar D3473 Surgical repair of root resorption, molar D3490 Hemisection, not including root canal therapy D350 Canal preparation and fitting of preformed dowel or post D350 Canal preparation and fitting of preformed dowel or post D350 Canal preparation and fitting of preformed dowel or post D350 Canal preparation and fitting of preformed dowel or post D350 Canal preparation and fitting of preformed dowel or post	
D3348 Retreatment of previous root canal therapy, molar S350	
D3351 Apexification/recalcification, initial visit \$85 1 (D3351) per tooth D3352 Apexification/recalcification, interim medication replacement \$45 1 (D3352) per tooth D3353 Apexification/recalcification, final visit not covered D3410 Apicoectomy, anterior \$240 D3410 Apicoectomy, permolar (first root) \$250 D3421 Apicoectomy, permolar (first root) \$250 D3425 Apicoectomy, molar (first root) \$250 D3426 Apicoectomy, (each additional root) \$210 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 \$160 D3471 Surgical repair of root resorption, anterior \$160 D3472 Surgical repair of root resorption, premolar \$160 D3473 Surgical repair of root resorption, molar \$160 D3473 Surgical procedure for isolation of tooth with rubber dam \$180 D3950 Canal preparation and fitting of preformed dowel or post not covered D3950 Canal preparation and fitting of preformed dowel or post not covered D3950 Canal preparation and fitting of preformed dowel or post not covered D3950 Canal preparation and fitting of preformed dowel or post	
D3352 Apexification/recalcification, interim medication replacement D3353 Apexification/recalcification, final visit D3410 Apicoectomy, anterior D3411 Apicoectomy, premolar (first root) D3425 Apicoectomy, molar (first root) D3426 Apicoectomy, (each additional root) D3427 Apicoectomy, (each additional root) D3428 Bone graft in conjunction with periradicular surgery, per tooth, single site D3429 Bone graft in conjunction with periradicular surgery, each add'l tooth, same site D3430 Retrograde filling, per root D3431 Biologic materials, soft osseous tissue regeneration with periradicular surgery D3432 Guided tissue regeneration, per site, with periradicular surgery D3430 Root amputation, per root D3431 Surgical repair of root resorption, anterior D3432 Surgical repair of root resorption, premolar D3433 Surgical repair of root resorption, molar D3434 Surgical procedure for isolation of tooth with rubber dam D3435 Surgical procedure for isolation of tooth with rubber dam D3450 Canal preparation and fitting of preformed dowel or post D3450 Canal preparation and fitting of preformed dowel or post D3450 Canal preparation and fitting of preformed dowel or post	
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D3920 Hemisection, not including root canal therapy not covered D3950 Canal preparation and fitting of preformed dowel or post not covered	
1 4400	
D3999 Unspecified endodontic procedure, by report \$100	
Periodontal Services	
D4210 Gingivectomy or gingivoplasty, four or more teeth per quadrant \$150 1 of (D4210, D4211, D4260, D4261) per site/quad ev	ery 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	
D4261 Osseous surgery, not to three teeth per quadrant 1 of (D4210, D4211, D4260, D4261) per site/quad ev	ery 36 months, age 13 and over
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 GUIDELINE:	
No more than two (2) quadrants of periodontal scaling and root planing per appointment/ per day are allowable.	
DA341 Periodontal scaling and root planing four or more teeth per guadrant \$55	
D4342 Periodontal scaling and root planing, one to three teeth per quadrant 530 1 of (D4341, D4342) per site quad, every 24	nonths, age 13 and over
D4346 Scaling in presence of moderate or severe inflammation, full mouth after evaluation \$40 1 of (D1110, D1120, D4346) eve	ry 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 mon	:hs
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	
Removable Prosthodontic Services	
D5110 Complete denture, maxillary \$300 1 of (D5110-D5120, D5211-D5214, D5863-D5866) per a	
D5120 Complete denture, mandibular \$300 once in a five year period from a previous complete denture.	s, immediate or overdenture -
200 1 (D5130) per patient. Not a benefit as a temporary	dentura Subsequent complete
D5130 Immediate denture, maxillary \$300 dentures are not a benefit as a temporary dentures are not a benefit within a five-year periods.	· · ·
1 (DS140) per patient. Not a benefit as a temporary	
D5140 Immediate denture, mandibular \$300 dentures are not a benefit within a five-year peri	· · ·
DS211 Maxillany partial denture, racin base \$300	
D5212 Mandibular partial dentura, racin base \$300	z, minieulate of overdenture -
D5212 Mandibular partial denture, resin base \$300 once in a five year period from a previous complet	
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Embedded Pediatric Dental - IEHP Silver 70 HMO

LIBERT DENTAL PL	Embedded Pediatric Dental - IEHP Silver 70 HMO			
CDT	Description	Patient	Limitation	
Code D5520	Replace missing or broken teeth, complete denture, per tooth	Responsibility \$40	up to 4 (D5520) per arch per date of service per provider, 2 per arch every 12 month	
D5611		\$40	per provider	
D5611	Repair resin partial denture base, mandibular Repair resin partial denture base, maxillary	\$40	1 (D5611) per date of service per provider, 2 every 12 months per provider 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	
	Removable Prosthodontic Services (continued)	4.0		
D5622	Repair cast partial framework, maxillary	\$40	1 (D5622) per date of service per provider, 2 every 12 months per provider 3 (D5630) per arch per date of service per provider, 2 per arch every 12 months per	
D5630	Repair or replace broken retentive clasping materials, per tooth	\$50	provider, 2 per arch every 12 months per 4 (D5640) per arch every 12 months per 4 (D5640) per arch per date of service per provider, 2 per arch every 12 months per	
D5640 D5650	Replace missing or broken teeth, partial denture, per tooth	\$35 \$35	provider	
D5660	Add tooth to existing partial denture, per tooth Add clasp to existing partial denture, per tooth	\$60	3 (D5650) per arch per provider per date of service, 1 per tooth 3 (D5660) per date of service per provider, 2 per arch every 12 months per provide	
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 D5720	Rebase complete mandibular denture Rebase maxillary partial denture	not covered 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	
D5731	Reline complete mandibular denture, direct	\$60	appliance if extractions were required, 12 months after initial placement of appliance	
D5740 D5741	Reline maxillary partial denture, direct Reline mandibular partial denture, direct	\$60 \$60	extractions were not required.	
D5741 D5750	Reline complete maxillary denture, indirect	\$90	1 of (D5730-D5761) every 12 months. Covered 6 months after initial placement of	
D5751	Reline complete mandibular denture, indirect	\$90	appliance if extractions were required, 12 months after initial placement of appliance	
D5760	Reline maxillary partial denture, indirect	\$80	extractions were not required.	
D5761	Reline mandibular partial denture, indirect	\$80	2/0000) 20 3	
D5850 D5851	Tissue conditioning, maxillary Tissue conditioning, mandibular	\$30 \$30	2 (D5850) every 36 months 2 (D5851) every 36 months	
D5862	Precision attachment, by report	\$90	2 (D3631) every 30 months	
D5863	Overdenture, complete, maxillary	\$300	1 of (D5110-D5120, D5211-D5214, D5863-D5866) per arch every 5 year period. A ben	
D5864	Overdenture, partial, maxillary	\$300	once in a five year period from a previous complete, immediate or overdenture -	
D5865	Overdenture, complete, mandibular	\$300	complete denture.	
D5866 D5876	Overdenture, partial, mandibular	\$300 not covered	·	
D5899	Add metal substructure to acrylic full denture (per arch) Unspecified removable prosthodontic procedure, by report	\$350		
	Maxillofacial Prosthetic Services	7272		
D5911	Facial moulage (sectional)	\$285		
D5912	Facial moulage (complete)	\$350		
D5913 D5914	Nasal prosthesis	\$350 \$350		
D5915	Auricular prosthesis Orbital prosthesis	\$350		
D5916	Ocular prosthesis	\$350		
D5919	Facial prosthesis	\$350		
D5922	Nasal septal prosthesis	\$350		
D5923 D5924	Ocular prosthesis, interim Cranial prosthesis	\$350 \$350		
D5925	Facial augmentation implant prosthesis	\$200		
D5926	Nasal prosthesis, replacement	\$200		
D5927	Auricular prosthesis, replacement	\$200		
D5928 D5929	Orbital prosthesis, replacement Facial prosthesis, replacement	\$200 \$200		
	Obturator prosthesis, surgical	\$350		
	Obturator prosthesis, definitive	\$350		
	Obturator prosthesis, modification	\$150	2 (D5933) every 12 months	
D5934	Mandibular resection prosthesis with guide flange	\$350		
D5935 D5936	Mandibular resection prosthesis without guide flange Obturator prosthesis, interim	\$350 \$350		
D5936	Trismus appliance (not for TMD treatment)	\$85		
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 D5955	Palatal augmentation prosthesis Palatal lift prosthesis, definitive	\$135 \$350		
D5958	Palatal lift prostnesis, 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	\$70		
D5983 D5984	Radiation carrier Radiation shield	\$55 \$85		
D5985	Radiation cone locator	\$135		
D5986	Fluoride gel carrier	\$35		
D5987	Commissure splint	\$85		
D5988 D5991	Surgical splint Vesiculabullaus disease medicament carrier	\$95 \$70		
D5991 D5999	Vesiculobullous disease medicament carrier Unspecified maxillofacial prosthesis, by report	\$70		
	Implant Services	7550		
D6010	Surgical placement of implant body, endosteal	\$350		
D6011	Surgical access to an implant body (second state implant surgery)	\$350		
D6012	Surgical placement of interim implant body, transitional prosthesis: endosteal implant	\$350 \$350		
	Surgical placement of mini implant Surgical placement: eposteal implant	\$350		
D6013		\$350		
D6012 D6013 D6040 D6050	Surgical placement: transosteal implant		1	
D6013 D6040	Surgical placement: transosteal implant Connecting bar, implant supported or abutment supported	\$350		
D6013 D6040 D6050 D6055 D6056	Connecting bar, implant supported or abutment supported Prefabricated abutment, includes modification and placement	\$135	Only a Plan Benefit when exceptional medical conditions are met	
D6013 D6040 D6050 D6055 D6056 D6057	Connecting bar, implant supported or abutment supported Prefabricated abutment, includes modification and placement Custom fabricated abutment, includes placement	\$135 \$180	Only a Plan Benefit when exceptional medical conditions are met	
D6013 D6040 D6050 D6055 D6056 D6057	Connecting bar, implant supported or abutment supported Prefabricated abutment, includes modification and placement	\$135	Only a Plan Benefit when exceptional medical conditions are met	



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D6608 Retainer onlay, porcelain/ceramic, two surfaces not covered				
		Retainer onlay, porcelain/ceramic, three or more surfaces	not covered	



CDT	Description	Patient	Limitation
Code	Description	Responsibility	Lillitation
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	



LIBERT DENTAL PLA	Embedded Pediatric Dental -	IEHP Silver /	0 HMO
CDT		Patient	
Code	Description	Responsibility	Limitation
	Fixed Prosthodontic Services (continued)		
D6721	Retainer crown, resin with predominantly base metal	\$300	
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 D6753	Retainer crown, porcelain fused to noble metal Retainer crown, porcelain fused to titanium and titanium alloys	not covered not covered	1 of (D2710-D2791, D6211-D6791) per tooth every 5 year period age 13 and over
D6781	Retainer crown, % cast predominantly base metal	\$300	
D6782	Retainer crown, % cast predominantly base 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	
	Oral & Maxillofacial Services		
GUIDELINE			
	al removal of impacted teeth is a covered benefit only when evidence of pathology exists Extraction, coronal remnants, primary tooth	\$40	
	Extraction, coronal rennants, primary tooth Extraction, erupted tooth or exposed root	\$65	
	Extraction, erupted tooth or exposed root Extraction, erupted tooth requiring removal of bone and/or sectioning of tooth	\$120	
D7210	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	4 (07305)
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 D7290	Brush biopsy, transepithelial sample collection Surgical repositioning of teeth	not covered \$185	1 (D7200) nor arch for active orthodontic treatment only
D7290 D7291	Transseptal fiberotomy/supra crestal fiberotomy, by report	\$80	1 (D7290) per arch, for active orthodontic treatment only 1 (D7291) per arch, for active orthodontic treatment only
D7310	Alveoloplasty with extractions, four or more teeth per quadrant	\$85	1 (D7231) per arch, for active orthodoritic treatment only
D7310	Alveoloplasty with extractions, rour of more teeth per quadrant	\$50	
D7311	Alveoloplasty, w/o extractions, four or more teeth per quadrant	\$120	
D7321	Alveoloplasty, w/o extractions, not of these teeth per quadrant	\$65	
	Vestibuloplasty, ridge extension (2nd epithelialization)	\$350	1 (D7340) per arch every 5 year period
	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	
	Excision of malignant tumor, up to 1.25 cm	\$105	
	Excision of malignant tumor, greater than 1.25 cm	\$185	
D7450	Removal, benign odontogenic cyst/tumor, up to 1.25 cm	\$180	
	Removal, benign odontogenic cyst/tumor, greater than 1.25 cm	\$330	
	Removal, benign nonodontogenic cyst/tumor, up to 1.25 cm	\$155	
D7461	Removal, benign nonodontogenic cyst/tumor, greater than 1.25 cm	\$250	
D7465 D7471	Destruction of lesion(s) by physical or chemical method, by report Removal of lateral exostosis, maxilla or mandible	\$40 \$140	1 /D7471\ per quadrant
D7471	Removal of forus palatinus	\$140	1 (D7471) per quadrant 1 (D7472) per lifetime
	Removal of torus mandibularis	\$140	1 (D7472) per metime 1 (D7473) per quadrant
	Reduction of osseous tuberosity	\$140	1 (D7475) per quadrant 1 (D7485) per quadrant
D7483	Radical resection of maxilla or mandible	\$350	= to , too, per dadarant
D7509	Marsupialization of odontogenic cyst	\$180	
	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
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
	Partial ostectomy/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	
	Maxilla, closed reduction (teeth immobilized, if present)	\$250	
D7630	Mandible, open reduction (teeth immobilized, if present)	\$350	
	Mandible, closed reduction (teeth immobilized, if present)	\$350	
	Malar and/or zygomatic arch, open reduction	\$350	
	Malar and/or zygomatic arch, closed reduction Alvaclus, closed reduction, may include stabilization of teeth	\$350	
	Alveolus, closed reduction, may include stabilization of teeth	\$170 \$230	
	Alveolus, open reduction, may include stabilization of teeth Facial bones, complicated reduction with fixation, multiple surgical approaches	\$350	
	Maxilla, open reduction	\$110	
	Maxilla, closed reduction	\$180	
	Mandible, open reduction	\$350	
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CDT	Description	Patient	Limitation
Code D7740	Mandible, closed reduction	Responsibility \$290	
D7750	Malar and/or zygomatic arch, open reduction	\$220	
D7760 D7770	Malar and/or zygomatic arch, closed reduction Alveolus, open reduction stabilization of teeth	\$350 \$135	
D7770	Oral & Maxillofacial Services (continued)	3133	
D7771	Alveolus, closed reduction stabilization of teeth	\$160	
D7780 D7810	Facial bones, complicated reduction with fixation and multiple approaches Open reduction of dislocation	\$350 \$350	
D7820	Closed reduction of dislocation	\$80	
D7830	Manipulation under anesthesia	\$85	
D7840 D7850	Condylectomy Surgical discectomy, with/without implant	\$350 \$350	
D7852	Disc repair	\$350	
D7854 D7856	Synovectomy Myotomy	\$350 \$350	
D7858	Joint reconstruction	\$350	
D7860	Arthrotomy	\$350	
D7865 D7870	Arthroplasty Arthrocentesis	\$350 \$90	
D7871	Non-arthroscopic lysis and lavage	\$150	
D7872	Arthroscopy, diagnosis, with or without biopsy	\$350	
D7873 D7874	Arthroscopy: lavage and lysis of adhesions Arthroscopy: disc repositioning and stabilization	\$350 \$350	
D7875	Arthroscopy: synovectomy	\$350	
D7876	Arthroscopy: discectomy	\$350	
D7877 D7880	Arthroscopy: debridement Occlusal orthotic device, by report	\$350 \$120	
D7881	Occlusal orthotic device adjustment	\$30	
D7899	Unspecified TMD therapy, by report	\$350	
D7910 D7911	Suture of recent small wounds up to 5 cm Complicated suture, up to 5 cm	\$35 \$55	
	Complicated suture, greater than 5 cm	\$130	
D7920 D7922	Skin graft (identify defect covered, location and type of graft)	\$120 \$80	
D7922 D7939	Placement of intra-socket biological dressing to aid in hemostasis or clot, stabilization, per site Indexing for osteotomy using dynamic robotic assisted or dynamic navigation	\$350	
D7940	Osteoplasty, for orthognathic deformities	\$160	
D7941 D7943	Osteotomy, mandibular rami Osteotomy, mandibular rami with bone graft; includes obtaining the graft	\$350 \$350	
D7944	Osteotomy, segmented or subapical	\$275	
D7945	Osteotomy, body of mandible	\$350	
D7946 D7947	LeFort I (maxilla, total) LeFort I (maxilla, segmented)	\$350 \$350	
D7948	LeFort II or LeFort III, without bone graft	\$350	
D7949	LeFort II or LeFort III, with bone graft	\$350	
D7950 D7951	Osseous, osteoperiosteal, cartilage graft, mandible or maxilla, by report Sinus augmentation with bone or bone substitutes via a lateral open approach	\$190 \$290	
D7952	Sinus augmentation via a vertical approach	\$175	
D7955	Repair of maxillofacial soft and/or hard tissue defect	\$200	
D7956 D7957	Guided tissue regeneration, edentulous area, resorbable barrier, per site Guided tissue regeneration, edentulous area, non-resorbable barrier, per site	not covered not covered	
D7961	Buccal / labial frenectomy (frenulectomy)	\$120	1 (D7961) per arch per date of service
D7962	Lingual frenectomy (frenulectomy)	\$120 \$120	1 (D7962) per arch per date of service 1 (D7963) per arch per date of service
D7903	Frenuloplasty Excision of hyperplastic tissue, per arch	\$175	1 (D7965) per arch per date of service
D7971	Excision of pericoronal gingiva	\$80	
D7972 D7979	Surgical reduction of fibrous tuberosity Non – surgical sialolithotomy	\$100 \$155	1 (D7972) per arch per date of service
D7980	Surgical Sialolithotomy	\$155	
D7981	Excision of salivary gland, by report	\$120	
D7982 D7983	Sialodochoplasty Closure of salivary fistula	\$215 \$140	
D7983	Emergency tracheotomy	\$350	
D7991	Coronoidectomy	\$345	
D7995 D7997	Synthetic graft, mandible or facial bones, by report Appliance removal (not by dentist who placed appliance), includes removal of archbar	\$150 \$60	1 (D7997) per arch per date of service
D7999	Unspecified oral surgery procedure, by report	\$350	= 1=
For Dr die	Orthodontic Services	odically need	confirmants as determined by a verified seaso of 25 as high a facility and the season of 25 as high a facility and 25 as high a faci
	ric Dental, orthodontic treatment is a benefit of this Dental Plan ONLY when the patient's orthodontic needs meet m Ipping Labio-Lingual Deviation (HLD) Index analysis. All treatment must be prior authorized by the Plan prior to banc		equirements as determined by a verified score of 26 or higher (or other quality conditions)
D8080	Comprehensive orthodontic treatment of the adolescent dentition		age 13 and over
D8091 D8210	Comprehensive orthodontic treatment with orthognathic surgery Removable appliance therapy		1 (D8210) per patient, age 6 through 12
D8210	Fixed appliance therapy		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 D8671	Periodic orthodontic treatment visit Periodic orthodontic treatment visit associated with orthognathic surgery	\$350 per course	1 (D8670) per calendar quarter
D8680	Orthodontic retention (removal of appliances, construction and placement of retainer(s))	of treatment, regardless of	1 (D8680) per arch for each authorized phase of orthodontic treatment
D8681	Removable orthodontic retainer adjustment	plan year, as	
D8696 D8697	Repair of orthodontic appliance, maxillary Repair of orthodontic appliance, mandibular	long as member	1 of (D8696, D8697) per arch, per appliance
D8698	Re-cement or re-bond fixed retainer, maxillary	remains enrolled in the plan	1 of (D8698, D8699) per arch, per provider
D8699	Re-cement or re-bond fixed retainer, mandibular	in the bian	Tor (50055, 50055) per arch, per provider
D8701 D8702	Repair of fixed retainer, includes reattachment, maxillary Repair of fixed retainer, includes reattachment, mandibular	1	
D8703	Replacement of lost or broken retainer, maxillary		1 of (D8703, D8704) per arch
D8704 D8999	Replacement of lost or broken retainer, mandibular	-	. , , , , , , , , , , , , , , , , , , ,
D8999	Unspecified orthodontic procedure, by report Adjunctive General Services		
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Embedded Pediatric Dental - IEHP Silver 70 HMO

CDT Code	Description	Patient Responsibility	Limitation
	Palliative treatment of dental pain, per visit	\$30	1 (D9110) per date of service
D9120	Fixed partial denture sectioning	\$95	1 (DS110) per date of service
D9210	Local anesthesia not in conjunction, operative or surgical procedures	\$10	1 (D9210) per date of service
D9211	Regional block anesthesia	\$20	1 (DSZ10) per date of service
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	
DJEIJ	Adjunctive General Services (continued)	Ų 13	
UIDELIN			
eep Sed	ation and IV Conscious Sedation are covered benefits when it is documented local anesthesia is not possible, in s	uch cases as a severe me	ental or physical handicap, extensive surgical procedures, an uncooperative child, an acuf
fection a	at the injection site, or a failure of a local anesthetic to control pain. Services covered when dispensed in a denta	l office by a practitioner a	acting within the scope of his/her licensure. Patient apprehension and/or nervousness a
ot of the	mselves sufficient justification.		
D9222	Deep sedation/general anesthesia, first 15 minute increment	\$45	
D9223	Deep sedation/general anesthesia, each subsequent 15 minute increment	\$45	
D9230	Inhalation of nitrous oxide/analgesia, anxiolysis	\$15	
D9239	Intravenous moderate (conscious) sedation/analgesia, first 15 minute increment	\$60	
D9243	Intravenous moderate (conscious) sedation/analgesia, each subsequent 15 minute increment	\$60	
D9248	Non-intravenous (conscious) sedation, includes non-IV minimal and moderate sedation	\$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	\$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
		\$45	

D9999 Unspecified adjunctive procedure, by report Pediatric Benefits – Children to the age of 19

Teledentistry, synchronous; real-time encounter

D9997 Dental case management, patients with special health care needs

Teledentistry, asynchronous; information stored and forwarded to dentist for subsequent review

D9952 Occlusal adjustment, complete

D9995

D9996

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.

\$210

no charge

no charge

no charge

no charge

1 (D9952) every 12 months, age 13 and over

To the extent the dental plans can offer Teledentistry, it would be offered at no charge