

Embedded Pediatric Dental - IEHP Silver 73 HMO

Individual Out of Pocket Maximum: \$8,100 per 2026 Calendar Year Family Out of Pocket Maximum: \$16,200 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.
- ✓ Dental procedures not listed on this Benefit Schedule may be available at the dental office's usual and customary fees

CDT		Patient	
Code	Description	Responsibility	Limitation
	Diagnostic Services		
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 D0170	Oral evaluation, problem focused	no charge	1 (D0160) per patient per provider
D0170	Re-evaluation, limited, problem focused Re-evaluation, post operative office visit	no charge no charge	up to 6 of (D0170, D0171) in a 3 month period, no more than 12 in 12 months
D0171	Comprehensive periodontal evaluation	no charge	only be billed as D0150
D0190	Screening of a patient	not covered	
D0191	Assessment of a patient	not covered	
D0210	Intraoral, comprehensive series of radiographic images	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	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
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 D0274	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
D0274	Vertical bitewings, 7 to 8 radiographic images	no charge	downcode to D0274
D0277	Sialography	no charge	downcode to D02/4
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	14 (20470)
D0470	Diagnostic casts	no charge	1 (D0470) per provider, only a benefit with covered Orthodontic services, for permanent
D0502	Other oral pathology procedures, by report	no charge	dentition
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 D0803	3D dental surface scan, indirect 3D facial surface scan, direct	no charge no charge	
D0803	3D facial surface scan, indirect	no charge	
D0999	Unspecified diagnostic procedure, by report	no charge	
	Preventive Services	thange	
D1110	Prophylaxis, adult	no charge	1 of (D1110 D1120 D424C)
	Prophylaxis, child	no charge	1 of (D1110, D1120, D4346) every 6 months
D1206	Topical application of fluoride varnish	no charge	1 of (D1206, D1208) every 6 months
D1208	Topical application of fluoride, excluding varnish	no charge	ב טו (מבנטט, מבנטס) פעפוץ ס וווטוונווג
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	no charge	
	substance use		
D1330	Oral hygiene instruction	no charge	
D1351	Sealant, per tooth	no charge	1 of (D1351,D1352) every 36 months 1st, 2nd, 3rd molars
D1352	Preventive resin restoration, permanent tooth	no charge	4 (04353)
D1353 D1354	Sealant repair, per tooth Application of caries arresting medicament, per tooth	no charge no charge	1 (D1353) every 36 months 1st, 2nd, 3rd molars 1 (D1354) per tooth every 6 months, subject to medical necessity review for the first
D1355	Caries preventive medicament application, per tooth	no charge	treatment only 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, utiliateral, per quadrant Space maintainer, fixed, bilateral, maxillary	no charge	1 of (D1510, D1520) per quadrant per patient, under age 18
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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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D3240 Pulpal therapy, posterior, primary tooth (excluding finale restoration) \$55						
	D3240	Pulpal therapy, posterior, primary tooth (excluding finale restoration)	\$55	1 01 (D3230, D3240) per tootii		
	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 CDT-2025: Current Dental Terminology, © 2024 American Dental Association. All rights reserved. Making members shine, one s						



DENTAL PLA					
CDT	Description	Patient	Limitation		
Code		Responsibility	Emitation		
	Endodontic therapy, molar tooth (excluding final restoration)	\$300			
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			
D2246	Endodontic Services (continued)	¢240			
D3346	Retreatment of previous root canal therapy, anterior	\$240	1 -f (D224C D2240) -ft 12		
D3347	Retreatment of previous root canal therapy, premolar	\$295	1 of (D3346-D3348) after 12 months of initial treatment		
D3348	Retreatment of previous root canal therapy, molar	\$350 \$85	1 (02251)		
D3351 D3352	Apexification/recalcification, initial visit	\$85 \$45	1 (D3351) per tooth 1 (D3352) per tooth		
D3352	Apexification/recalcification, interim medication replacement Apexification/recalcification, final visit	not covered	1 (D3332) per tootii		
D3333	Apicoectomy, anterior	\$240			
D3410	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 Periodontal Services	\$100			
D4210		\$150			
D4210 D4211	Gingivectomy or gingivoplasty, four or more teeth per quadrant Gingivectomy or gingivoplasty, one to three teeth per quadrant	\$150 \$50	1 of (D4210, D4211, D4260, D4261) per site/quad every 36 months, age 13 and over		
D4211	Gingivel flap procedure, four or more teeth per quadrant	not covered			
D4240	Gingival flap procedure, not of more 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, one to three teeth per quadrant	\$140	1 of (D4210, D4211, D4260, D4261) per site/quad every 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 GUIDELINI	Removal of non-resorbable barrier	not covered			
	:: nan 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			
	Periodontal scaling and root planing, root of those teeth per quadrant	\$30	1 of (D4341, D4342) per site quad, every 24 months, age 13 and over		
D4346	Scaling in presence of moderate or severe inflammation, full mouth after evaluation	\$40	1 of (D1110, D1120, D4346) every 6 months		
	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			
	Removable Prosthodontic Services				
D5110	Complete denture, maxillary	\$300	1 of (D5110-D5120, D5211-D5214, D5863-D5866) per arch every 5 year period. A benefit		
D5120	Complete denture, mandibular	\$300	once in a five year period from a previous complete, immediate or overdenture -		
03120	complete dentale, manaibulai	2300	complete denture.		
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		
D5211	Maxillary partial denture, resin base	\$300	dentures are not a benefit within a five-year period of an immediate denture.		
D5211	Mandibular partial denture, resin base	\$300	1 of (D5110-D5120, D5211-D5214, D5863-D5866) per arch every 5 year period. A benefit		
D5212	Maxillary partial denture, cast metal, resin base	\$335	once in a five year period from a previous complete, immediate or overdenture -		
D5213	Mandibular partial denture, cast metal, resin base	\$335	complete denture.		
D5221	Immediate maxillary partial denture, resin base	\$275	1 of (DE221 DE224) per areh		
D5222	Immediate mandibular partial denture, resin base	\$275	1 of (D5221-D5224) per arch per patient. Not a benefit as a temporary denture.		
D5223	Immediate maxillary partial denture, cast metal framework, resin denture base	\$330	Subsequent complete dentures are not a benefit within a five-year period of an		
D5224	Immediate mandibular partial denture, cast metal framework, resin denture base	\$330	immediate denture.		
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 (DS/10-DS/22) per arch event 12 months 1 per arch per data of conditions		
D5411 D5421	Adjust complete denture, mandibular	\$20 \$20	2 of (D5410-D5422) per arch every 12 months, 1 per arch per date of service per		
D5421 D5422	Adjust partial denture, maxillary Adjust partial denture, mandibular	\$20 \$20	provider		
D5422 D5511	Adjust partial denture, mandibular Repair broken complete denture base, mandibular	\$40	1 (D5511) per date of service per provider, 2 every 12 months per provider		
	mepan proven complete dentare pase, mandibular				
D5511	Repair broken complete denture base, maxillary	\$40	1 (D5512) per date of service per provider, 2 every 12 months per provider		



Embedded Pediatric Dental - IEHP Silver 73 HMO

	Embedded Pediatric Dental - IEHP Silver 73 HMO		
CDT Code	Description	Patient Responsibility	Limitation
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 month
		· ·	per provider
05611 05612	Repair resin partial denture base, mandibular Repair resin partial denture base, maxillary	\$40 \$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
5621	Repair cast partial framework, mandibular	\$40	1 (D5621) per date of service per provider, 2 every 12 months per provider
	Removable Prosthodontic Services (continued)		
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 pe
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 pe 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 provide
05670	Replace all teeth & acrylic on cast metal frame, maxillary	not covered	
05671 05710	Replace all teeth & acrylic on cast metal frame, mandibular Rebase complete maxillary denture	not covered not covered	
D5711	Rebase complete mandibular denture	not covered	
5720	Rebase maxillary partial denture	not covered	
5721	Rebase mandibular partial denture	not covered	4 (105730 05764) 42 41 6 41 6 41 6 41 6
)5730)5731	Reline complete maxillary denture, direct	\$60 \$60	1 of (D5730-D5761) every 12 months. Covered 6 months after initial placement o appliance if extractions were required, 12 months after initial placement of appliance
05740	Reline complete mandibular denture, direct Reline maxillary partial denture, direct	\$60	extractions were not required.
05741	Reline mandibular partial denture, direct	\$60	extractions were not required.
05750	Reline complete maxillary denture, indirect	\$90	1 of (D5730-D5761) every 12 months. Covered 6 months after initial placement of
5751	Reline complete mandibular denture, indirect	\$90	appliance if extractions were required, 12 months after initial placement of applianc
5760	Reline maxillary partial denture, indirect	\$80	extractions were not required.
5761 5850	Reline mandibular partial denture, indirect Tissue conditioning, maxillary	\$80 \$30	2 (D5850) every 36 months
05850	Tissue conditioning, maxillary Tissue conditioning, mandibular	\$30	2 (D5850) every 36 months 2 (D5851) every 36 months
05862	Precision attachment, by report	\$90	2 (BBBS) every 50 months
5863	Overdenture, complete, maxillary	\$300	1 of (D5110-D5120, D5211-D5214, D5863-D5866) per arch every 5 year period. A ber
5864	Overdenture, partial, maxillary	\$300	once in a five year period from a previous complete, immediate or overdenture -
)5865)5866	Overdenture, complete, mandibular	\$300 \$300	complete denture.
05876	Overdenture, partial, mandibular Add metal substructure to acrylic full denture (per arch)	not covered	
5899	Unspecified removable prosthodontic procedure, by report	\$350	
	Maxillofacial Prosthetic Services		
5911	Facial moulage (sectional)	\$285	
5912		\$350	
05913 05914	Nasal prosthesis Auricular prosthesis	\$350 \$350	
05915	Orbital prosthesis	\$350	
D5916		\$350	
D5919	Facial prosthesis	\$350	
D5922	Nasal septal prosthesis	\$350	
05923 05924	Ocular prosthesis, interim Cranial prosthesis	\$350 \$350	
D5925	Facial augmentation implant prosthesis	\$200	
D5926		\$200	
D5927	Auricular prosthesis, replacement	\$200	
05928		\$200	
D5929 D5931	Facial prosthesis, replacement Obturator prosthesis, surgical	\$200 \$350	
05932	Obturator prosthesis, definitive	\$350	
05933		\$150	2 (D5933) every 12 months
D5934	Mandibular resection prosthesis with guide flange	\$350	
D5935	Mandibular resection prosthesis without guide flange	\$350	
05936 05937	Obturator prosthesis, interim Trismus appliance (not for TMD treatment)	\$350 \$85	
05951	Feeding aid	\$135	under age 18
05952		\$350	under age 18
5953	Speech aid prosthesis, adult	\$350	age 18 and over
5954	Palatal augmentation prosthesis	\$135	
)5955)5958	Palatal lift prosthesis, definitive Palatal lift prosthesis, interim	\$350 \$350	
5959	Palatal lift prostnesis, interim Palatal lift prostnesis, modification	\$145	2 (D5959) every 12 months
05960	Speech aid prosthesis, modification	\$145	2 (D5960) every 12 months
5982	Surgical stent	\$70	
5983	Radiation carrier	\$55	
05984 05985	Radiation shield Radiation cone locator	\$85 \$135	
5985	Fluoride gel carrier	\$35	
5987	Commissure splint	\$85	
5988	9	\$95	
5991	Vesiculobullous disease medicament carrier	\$70	
5999	Unspecified maxillofacial prosthesis, by report	\$350	
06010	Implant Services Surgical placement of implant body, endosteal	\$350	
06011	Surgical access to an implant body (second state implant surgery)	\$350]
06012	Surgical placement of interim implant body, transitional prosthesis: endosteal implant	\$350	
06013	Surgical placement of mini implant	\$350	
6040	Surgical placement: eposteal implant	\$350	
06050	Surgical placement: transosteal implant Connecting bar, implant supported or abutment supported	\$350 \$350	1
D6055	Prefabricated abutment, includes modification and placement	\$135	
06057		\$180	Only a Plan Benefit when exceptional medical conditions are met
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06058	Abutment supported porcelain/ceramic crown Abutment supported porcelain fused to high noble crown	\$320 \$315	



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 D6251 Pontic, resin with predominantly base metal \$300 D6252 Pontic, resin with noble metal not covered D6254 Retainer, cast metal for resin bonded fixed prosthesis not covered D6348 Retainer, porcelain/ceramic, resin bonded fixed prosthesis not covered D6348 Retainer onlay, porcelain/ceramic, two surfaces not covered D6348 Retainer onlay, porcelain/ceramic, two surfaces not covered	DENTAL PLA	Embedded Fediatric Bental -		
Annexed approximate price for any factor (but a most crosses)	CDT	Description	Patient	Limitation
Section Sect	Code	Description	Responsibility	Limitation
Company Comp	D6060	Abutment supported porcelain fused to base metal crown	\$295	
Manual Register Section Content Cont	D6061	Abutment supported porcelain fused to noble metal crown	\$300	
Maries Segretaria cal mediatroma cubic model 9313	D6062	Abutment supported cast metal crown, high noble	\$315	
Company Comp	D6063	Abutment supported cast metal crown, base metal	\$300	
Proceedings 1.535	D6064	Abutment supported cast metal crown, noble metal	\$315	
1905				
DECK Aphtheter designated protection, proceeds industrial PTD 1920 192	D6065	Implant supported porcelain/ceramic crown	\$340	
Decoration Compart support common in principal contents (Compart support common in principal contents) (Compart support common in pri	D6066	Implant supported crown, porcelain fused to high noble alloys	\$335	
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Solidade Calestring	D6080	Implant maintenance procedures, full arch fixed hybrid prosthesis, removed/reinserted, including cleansing	\$30	
Solidade Calestring			·	
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Implant/abutment supported removable denture, manifuluar \$350	D6100	Surgical removal of implant body	\$110	
Implant/abutment supported removable denture, mandibular	D6105	Removal of implant body not requiring bone removal or flap elevation	\$110	
Implant/abutment supported removable denture, partial, mandibular \$350	D6110	Implant/abutment supported removable denture, maxillary	\$350	
mplant/aburnent supported fremovable denture, partial, mandibular \$350	D6111	Implant/abutment supported removable denture, mandibular	\$350	
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D6194 Abutment supported retainer crown for FPD titanium, titanium and titanium alloys S265				
D6195 Abutment supported retainer, porcelain fused to titanium and titanium alloys S315				
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D6210 Pontic, cast high noble metal	D6198 D6199	per implant Remove interim implant component Unspecified implant procedure, by report		
D6211 Pontic, cast predominantly base metal D6212 Pontic, cast noble metal D6214 Pontic, titanium, and titanium alloys D6204 Pontic, porcelain fused to high noble metal D6205 Pontic, porcelain fused to predominantly base metal D6206 Pontic, porcelain fused to mote overed D6207 Pontic, porcelain fused to titanium and titanium alloys D6208 Pontic, porcelain fused to titanium and titanium alloys D6209 Pontic, porcelain/ceramic D6209 Pontic, porcelain/ceramic D6209 Pontic, resin with high noble metal D6209 Pontic, resin with predominantly base metal D6209 Pontic, resin with predominantly base metal D6209 Pontic, resin with noble metal D6209 Pontic, resin with noble metal D6200 Pontic, porcelain/ceramic, resin bonded fixed prosthesis D6200 Pontic, porcelain/ceramic, two surfaces D	D6198 D6199	per implant Remove interim implant component Unspecified implant procedure, by report Fixed Prosthodontic Services	\$350	
D6212 Pontic, cast noble metal D6214 Pontic, porcelain fused to high noble metal D6240 Pontic, porcelain fused to predominantly base metal D6241 Pontic, porcelain fused to noble metal D6242 Pontic, porcelain fused to noble metal D6243 Pontic, porcelain fused to noble metal D6244 Pontic, porcelain fused to titanium and titanium alloys D6245 Pontic, porcelain fused to titanium and titanium alloys D6246 Pontic, porcelain/ceramic D6250 Pontic, resin with predominantly base metal D6251 Pontic, resin with predominantly base metal D6252 Pontic, resin with predominantly base metal D6253 Pontic, resin with noble metal D6254 Retainer, cast metal for resin bonded fixed prosthesis D6548 Retainer, porcelain/ceramic, resin bonded fixed prosthesis D6549 Resin retainer, for resin bonded fixed prosthesis D6540 Retainer, porcelain/ceramic, two surfaces D6608 Retainer onlay, porcelain/ceramic, two surfaces D6608 Retainer onlay, porcelain/ceramic, two surfaces D6608 Retainer onlay, porcelain/ceramic, two surfaces D6608 Pontic, titanium, and titanium alloys D6619 Pontic, porcelain/ceramic, description and towered D6610 Pontic, porcelain/ceramic, two surfaces D6610 Pontic, porcelain/ceramic, two surfaces D6610 Pontic, porcelain/ceramic, two surfaces D6611 Pontic, porcelain/ceramic, two surfaces D6612 Pontic, porcelain/ceramic, two surfaces D6613 Pontic, porcelain/ceramic, two surfaces D6614 Pontic, porcelain/ceramic, two surfaces D6615 Pontic, porcelain/ceramic, two surfaces D6616 Pontic, porcelain/ceramic, two surfaces D6617 Pontic, porcelain/ceramic, two surfaces D6618 Pontic, porcelain/ceramic, two surfaces D6618 Pontic, porcelain/ceramic, two surfaces D6619 Pontic, porcelain/ceramic, two surfaces D6610 Pontic, porcelain/ceramic, two surfaces D6611 Pontic, porcelain/ceramic, two surfaces D6611 Pontic, porcelain/ceramic, two surf	D6198 D6199 D6205	per implant Remove interim implant component Unspecified implant procedure, by report Fixed Prosthodontic Services Pontic, indirect resin based composite	\$350 not covered	
D6214 Pontic, porcelain fused to high noble metal D6240 Pontic, porcelain fused to high noble metal D6241 Pontic, porcelain fused to predominantly base metal D6242 Pontic, porcelain fused to predominantly base metal D6243 Pontic, porcelain fused to titanium and titanium alloys D6245 Pontic, porcelain fused to titanium and titanium alloys D6246 Pontic, porcelain fused to titanium and titanium alloys D6247 Pontic, porcelain fused to titanium and titanium alloys D6248 Pontic, porcelain/ceramic D6249 Pontic, resin with high noble metal D6250 Pontic, resin with predominantly base metal D6251 Pontic, resin with predominantly base metal D6252 Pontic, resin with noble metal D6253 Pontic, resin with noble metal D6346 Retainer, cast metal for resin bonded fixed prosthesis D6347 Retainer, for resin bonded fixed prosthesis D6348 Retainer, porcelain/ceramic, resin bonded fixed prosthesis D6349 Resin retainer, for resin bonded fixed prosthesis D6348 Retainer onlay, porcelain/ceramic, two surfaces D6348 Retainer onlay, porcelain/ceramic, two surfaces D6349 Retainer onlay, porcelain/ceramic, two surfaces D6349 Retainer onlay, porcelain/ceramic, two surfaces D6340 Pontic, porcelain/ceramic, two surfaces D6340 Pontic	D6198 D6199 D6205 D6210	per implant Remove interim implant component Unspecified implant procedure, by report Fixed Prosthodontic Services Pontic, indirect resin based composite Pontic, cast high noble metal	\$350 not covered not covered	
D6240 Pontic, porcelain fused to high noble metal	D6198 D6199 D6205 D6210 D6211	per implant Remove interim implant component Unspecified implant procedure, by report Fixed Prosthodontic Services Pontic, indirect resin based composite Pontic, cast high noble metal Pontic, cast predominantly base metal	\$350 not covered not covered \$300	
D6241 Pontic, porcelain fused to predominantly base metal D6242 Pontic, porcelain fused to noble metal D6243 Pontic, porcelain fused to titanium and titanium alloys D6245 Pontic, porcelain/ceramic D6246 Pontic, porcelain/ceramic D6247 Pontic, porcelain/ceramic D6248 Pontic, porcelain/ceramic D6250 Pontic, resin with high noble metal D6251 Pontic, resin with predominantly base metal D6252 Pontic, resin with noble metal D6253 Pontic, resin with noble metal D6254 Retainer, cast metal for resin bonded fixed prosthesis D6255 Retainer, porcelain/ceramic, resin bonded fixed prosthesis D6364 Retainer, porcelain/ceramic, resin bonded fixed prosthesis D6368 Retainer onlay, porcelain/ceramic, two surfaces 1 of (D2710-D2791, D6211-D6791) per tooth every 5 year period age 13 and over and to covered D6210 not covered D6210 not covered D6210 not covered D6211 not covered D6221 not covered D6222 not covered D6232 not covered D6333 not covered D6343 Retainer, or resin bonded fixed prosthesis D6349 Retainer, or resin bonded fixed prosthesis D6340 Retainer, for resin bonded fixed prosthesis D6340 Retain	D6198 D6199 D6205 D6210 D6211 D6212	per implant Remove interim implant component Unspecified implant procedure, by report Fixed Prosthodontic Services Pontic, indirect resin based composite Pontic, cast high noble metal Pontic, cast predominantly base metal Pontic, cast noble metal	not covered not covered \$300 not covered	
D6242 Pontic, porcelain fused to noble metal not covered D6243 Pontic, porcelain/ceramic D6254 Pontic, porcelain/ceramic D6250 Pontic, resin with high noble metal not covered D6251 Pontic, resin with predominantly base metal \$300 D6252 Pontic, resin with predominantly base metal \$300 D6252 Pontic, resin with noble metal not covered D6354 Retainer, cast metal for resin bonded fixed prosthesis not covered D6358 Retainer, porcelain/ceramic, resin bonded fixed prosthesis not covered D6369 Resin retainer, for resin bonded fixed prosthesis not covered D6360 Retainer onlay, porcelain/ceramic, two surfaces not covered	D6198 D6199 D6205 D6210 D6211 D6212 D6214	per implant Remove interim implant component Unspecified implant procedure, by report Fixed Prosthodontic Services Pontic, indirect resin based composite Pontic, cast high noble metal Pontic, cast predominantly base metal Pontic, cast noble metal Pontic, tast noble metal Pontic, tast noble metal Pontic, titanium, and titanium alloys	\$350 not covered not covered \$300 not covered 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 D6251 Pontic, resin with predominantly base metal \$300 D6252 Pontic, resin with noble metal not covered D6253 Pontic, resin with noble metal not covered D6354 Retainer, cast metal for resin bonded fixed prosthesis not covered D6358 Retainer, porcelain/ceramic, resin bonded fixed prosthesis not covered D6369 Resin retainer, for resin bonded fixed prosthesis not covered D6360 Retainer onlay, porcelain/ceramic, two surfaces not covered	D6198 D6199 D6205 D6210 D6211 D6212 D6214 D6240	per implant Remove interim implant component Unspecified implant procedure, by report Fixed Prosthodontic Services Pontic, indirect resin based composite Pontic, cast high noble metal Pontic, cast predominantly base metal Pontic, cast noble metal Pontic, tast noble metal Pontic, titanium, and titanium alloys Pontic, porcelain fused to high noble metal	\$350 not covered not covered \$300 not covered not covered not covered	
D6245 Pontic, porcelain/ceramic \$300 D6250 Pontic, resin with high noble metal not covered D6251 Pontic, resin with predominantly base metal \$300 D6252 Pontic, resin with noble metal not covered D6545 Retainer, cast metal for resin bonded fixed prosthesis not covered D6548 Retainer, porcelain/ceramic, resin bonded fixed prosthesis not covered D6549 Resin retainer, for resin bonded fixed prosthesis not covered D6608 Retainer onlay, porcelain/ceramic, two surfaces not covered	D6198 D6199 D6205 D6210 D6211 D6212 D6214 D6240 D6241	per implant Remove interim implant component Unspecified implant procedure, by report Fixed Prosthodontic Services Pontic, indirect resin based composite Pontic, cast high noble metal Pontic, cast predominantly base metal Pontic, cast noble metal Pontic, titanium, and titanium alloys Pontic, porcelain fused to high noble metal Pontic, porcelain fused to predominantly base metal	\$350 not covered not covered \$300 not covered not covered not covered s300	1 of (D2710-D2791, D6211-D6791) per tooth every 5 year period age 13 and over
D6250 Pontic, resin with high noble metal not covered D6251 Pontic, resin with predominantly base metal \$300 D6252 Pontic, resin with noble metal not covered D6545 Retainer, cast metal for resin bonded fixed prosthesis not covered D6546 Retainer, porcelain/ceramic, resin bonded fixed prosthesis not covered D6547 Retainer, for resin bonded fixed prosthesis not covered D6548 Retainer not covered D6549 Resin retainer, for resin bonded fixed prosthesis not covered D6608 Retainer onlay, porcelain/ceramic, two surfaces not covered	D6198 D6199 D6205 D6210 D6211 D6212 D6214 D6240 D6241 D6242	per implant Remove interim implant component Unspecified implant procedure, by report Fixed Prosthodontic Services Pontic, indirect resin based composite Pontic, cast high noble metal Pontic, cast predominantly base metal Pontic, cast noble metal Pontic, tan indirect resin based composite Pontic, porcelain fused to high noble metal Pontic, porcelain fused to predominantly base metal Pontic, porcelain fused to predominantly base metal Pontic, porcelain fused to noble metal	s350 not covered not covered \$300 not covered not covered not covered s300 not covered s300 not covered	1 of (D2710-D2791, D6211-D6791) per tooth every 5 year period age 13 and over
D6251 Pontic, resin with predominantly base metal \$300 D6252 Pontic, resin with noble metal not covered D6545 Retainer, cast metal for resin bonded fixed prosthesis not covered D6548 Retainer, porcelain/ceramic, resin bonded fixed prosthesis not covered D6549 Resin retainer, for resin bonded fixed prosthesis not covered D6549 Resin retainer, for resin bonded fixed prosthesis not covered D6549 Retainer onlay, porcelain/ceramic, two surfaces not covered	D6198 D6199 D6205 D6210 D6211 D6212 D6214 D6240 D6241 D6242 D6243	per implant Remove interim implant component Unspecified implant procedure, by report Fixed Prosthodontic Services Pontic, indirect resin based composite Pontic, cast high noble metal Pontic, cast predominantly base metal Pontic, cast noble metal Pontic, itianium, and titanium alloys Pontic, porcelain fused to high noble metal Pontic, porcelain fused to noble metal Pontic, porcelain fused to redominantly base metal Pontic, porcelain fused to noble metal Pontic, porcelain fused to noble metal	s350 not covered not covered s300 not covered	1 of (D2710-D2791, D6211-D6791) per tooth every 5 year period age 13 and over
D6252 Pontic, resin with noble metal not covered D6545 Retainer, cast metal for resin bonded fixed prosthesis not covered D6548 Retainer, porcelain/ceramic, resin bonded fixed prosthesis not covered D6549 Resin retainer, for resin bonded fixed prosthesis not covered D6608 Retainer onlay, porcelain/ceramic, two surfaces not covered	D6198 D6199 D6205 D6210 D6211 D6212 D6214 D6240 D6241 D6242 D6243 D6243	per implant Remove interim implant component Unspecified implant procedure, by report Fixed Prosthodontic Services Pontic, indirect resin based composite Pontic, cast high noble metal Pontic, cast predominantly base metal Pontic, cast noble metal Pontic, tast noble metal Pontic, titanium, and titanium alloys Pontic, porcelain fused to high noble metal Pontic, porcelain fused to predominantly base metal Pontic, porcelain fused to predominantly base metal Pontic, porcelain fused to titanium alloys Pontic, porcelain fused to titanium and titanium alloys Pontic, porcelain fused to titanium and titanium alloys Pontic, porcelain/ceramic	\$350 not covered not covered \$300 not covered not covered not covered not covered s300 stovered not covered s300	1 of (D2710-D2791, D6211-D6791) per tooth every 5 year period age 13 and over
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	D6198 D6205 D6210 D6211 D6212 D6214 D6240 D6241 D6242 D6243 D6243 D6245 D6250	per implant Remove interim implant component Unspecified implant procedure, by report Fixed Prosthodontic Services Pontic, indirect resin based composite Pontic, cast high noble metal Pontic, cast predominantly base metal Pontic, cast noble metal Pontic, toat noble metal Pontic, toat noble metal Pontic, porcelain fused to high noble metal Pontic, porcelain fused to predominantly base metal Pontic, porcelain fused to noble metal Pontic, porcelain fused to titanium alloys Pontic, porcelain fused to titanium and titanium alloys Pontic, porcelain fused to noble metal Pontic, porcelain fused to titanium and titanium alloys Pontic, porcelain/ceramic Pontic, resin with high noble metal	\$350 not covered not covered \$300 not covered not covered soo not covered \$300 not covered \$300 not covered \$300 not covered \$300 not covered	1 of (D2710-D2791, D6211-D6791) per tooth every 5 year period age 13 and over
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	D6198 D6205 D6210 D6211 D6212 D6214 D6240 D6241 D6242 D6245 D6250 D6251	per implant Remove interim implant component Unspecified implant procedure, by report Fixed Prosthodontic Services Pontic, indirect resin based composite Pontic, cast high noble metal Pontic, cast predominantly base metal Pontic, cast predominantly base metal Pontic, titanium, and titanium alloys Pontic, porcelain fused to high noble metal Pontic, porcelain fused to noble metal Pontic, porcelain fused to noble metal Pontic, porcelain fused to titanium and titanium alloys Pontic, resin with high noble metal Pontic, resin with predominantly base metal	s350 not covered not covered \$300 not covered not covered s300 not covered s300 not covered not covered not covered s300 not covered \$300 s300 s300 s300	1 of (D2710-D2791, D6211-D6791) per tooth every 5 year period age 13 and over
D6549 Resin retainer, for resin bonded fixed prosthesis not covered D6608 Retainer onlay, porcelain/ceramic, two surfaces not covered	D6198 D6205 D6210 D6211 D6212 D6214 D6240 D6241 D6242 D6243 D6245 D6250 D6251	per implant Remove interim implant component Unspecified implant procedure, by report Fixed Prosthodontic Services Pontic, indirect resin based composite Pontic, cast high noble metal Pontic, cast predominantly base metal Pontic, cast noble metal Pontic, tan indirect resin based to high noble metal Pontic, porcelain fused to high noble metal Pontic, porcelain fused to predominantly base metal Pontic, porcelain fused to noble metal Pontic, porcelain fused to titanium and titanium alloys Pontic, porcelain fused to titanium and titanium alloys Pontic, porcelain/ceramic Pontic, resin with high noble metal Pontic, resin with predominantly base metal Pontic, resin with predominantly base metal Pontic, resin with noble metal	s350 not covered not covered \$300 not covered not covered not covered not covered s300 socored not covered s300 not covered s300 not covered \$300 not covered s300 not covered	1 of (D2710-D2791, D6211-D6791) per tooth every 5 year period age 13 and over
D6608 Retainer onlay, porcelain/ceramic, two surfaces not covered	D6198 D6205 D6205 D6210 D6211 D6212 D6214 D6240 D6241 D6242 D6243 D6245 D6250 D6250 D6252 D6545	per implant Remove interim implant component Unspecified implant procedure, by report Fixed Prosthodontic Services Pontic, indirect resin based composite Pontic, cast high noble metal Pontic, cast predominantly base metal Pontic, cast noble metal Pontic, tast noble metal Pontic, titanium, and titanium alloys Pontic, porcelain fused to high noble metal Pontic, porcelain fused to predominantly base metal Pontic, porcelain fused to moble metal Pontic, porcelain fused to titanium and titanium alloys Pontic, porcelain fused to titanium and titanium alloys Pontic, porcelain fused to titanium and titanium alloys Pontic, resin with high noble metal Pontic, resin with predominantly base metal Pontic, resin with predominantly base metal Pontic, resin with noble metal Retainer, cast metal for resin bonded fixed prosthesis	s350 not covered not covered s300 not covered not covered not covered not covered not covered s300 not covered not covered not covered s300 not covered s300 not covered not covered not covered	1 of (D2710-D2791, D6211-D6791) per tooth every 5 year period age 13 and over
	D6198 D6205 D6210 D6211 D6211 D6212 D6241 D6241 D6243 D6245 D6250 D6251 D6255 D6255 D65548	per implant Remove interim implant component Unspecified implant procedure, by report Fixed Prosthodontic Services Pontic, indirect resin based composite Pontic, cast high noble metal Pontic, cast predominantly base metal Pontic, cast noble metal Pontic, tast noble metal Pontic, titanium, and titanium alloys Pontic, porcelain fused to high noble metal Pontic, porcelain fused to predominantly base metal Pontic, porcelain fused to insole metal Pontic, porcelain fused to insole metal Pontic, porcelain fused to insole metal Pontic, porcelain fused to titanium and titanium alloys Pontic, rescalin fused to itianium and titanium alloys Pontic, resin with high noble metal Pontic, resin with predominantly base metal Pontic, resin with noble metal Retainer, cast metal for resin bonded fixed prosthesis Retainer, porcelain/ceramic, resin bonded fixed prosthesis	s350 not covered s300 not covered not covered not covered s300 not covered s300 not covered not covered not covered not covered not covered	1 of (D2710-D2791, D6211-D6791) per tooth every 5 year period age 13 and over
	D6198 D6205 D6205 D6210 D6211 D6212 D6214 D6240 D6241 D6242 D6243 D6245 D6250 D6251 D6252 D6545 D6548	per implant Remove interim implant component Unspecified implant procedure, by report Fixed Prosthodontic Services Pontic, indirect resin based composite Pontic, cast high noble metal Pontic, cast predominantly base metal Pontic, cast predominantly base metal Pontic, titanium, and titanium alloys Pontic, porcelain fused to high noble metal Pontic, porcelain fused to predominantly base metal Pontic, porcelain fused to noble metal Pontic, porcelain fused to itanium and titanium alloys Pontic, porcelain fused to titanium and titanium alloys Pontic, porcelain fused to noble metal Pontic, porcelain fused to titanium and titanium alloys Pontic, porcelain fused to metal Pontic, resin with high noble metal Pontic, resin with predominantly base metal Pontic, resin with predominantly base metal Pontic, resin with noble metal Retainer, cast metal for resin bonded fixed prosthesis Retainer, porcelain/ceramic, resin bonded fixed prosthesis	s350 not covered s300 not covered not covered not covered s300 not covered s300 not covered not covered not covered not covered not covered	1 of (D2710-D2791, D6211-D6791) per tooth every 5 year period age 13 and over
D6609 Retainer onlay, porcelain/ceramic, three or more surfaces not covered	D6198 D6205 D6205 D6210 D6211 D6212 D6214 D6240 D6241 D6242 D6243 D6245 D6250 D6251 D6252 D6545 D6548	per implant Remove interim implant component Unspecified implant procedure, by report Fixed Prosthodontic Services Pontic, indirect resin based composite Pontic, cast high noble metal Pontic, cast predominantly base metal Pontic, cast predominantly base metal Pontic, titanium, and titanium alloys Pontic, porcelain fused to high noble metal Pontic, porcelain fused to predominantly base metal Pontic, porcelain fused to noble metal Pontic, porcelain fused to itanium and titanium alloys Pontic, porcelain fused to titanium and titanium alloys Pontic, porcelain fused to noble metal Pontic, porcelain fused to titanium and titanium alloys Pontic, porcelain fused to metal Pontic, resin with high noble metal Pontic, resin with predominantly base metal Pontic, resin with predominantly base metal Pontic, resin with noble metal Retainer, cast metal for resin bonded fixed prosthesis Retainer, porcelain/ceramic, resin bonded fixed prosthesis	s350 not covered not covered s300 not covered not covered not covered s300 not covered not covered not covered not covered not covered	1 of (D2710-D2791, D6211-D6791) per tooth every 5 year period age 13 and over



CDT	Description	Patient	Limitation
Code		Responsibility	
	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 73 HMO		
CDT	Description	Patient	Limitation
Code	Fixed Prosthodontic Services (continued)	Responsibility	
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 D6751	Retainer crown, porcelain fused to high noble metal Retainer crown, porcelain fused to predominantly base metal	not covered \$300	
D6752	Retainer crown, porcelain rused to predominantly base metal	not covered	4 ((00740 00704 00704)
D6753	Retainer crown, porcelain fused to titanium and titanium alloys	not covered	1 of (D2710-D2791, D6211-D6791) per tooth every 5 year period age 13 and over
D6781	Retainer crown, ¾ cast predominantly base metal	\$300	
D6782 D6783	Retainer crown, % cast noble metal Retainer crown, % porcelain/ceramic	not covered \$300	
D6784	Retainer crown, % porceiann/cerannic Retainer crown %, 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 D6999	Fixed partial denture repair, restorative material failure Unspecified fixed prosthodontic procedure, by report	\$95 \$350	
	Oral & Maxillofacial Services	7000	
GUIDELINI			
	al removal of impacted teeth is a covered benefit only when evidence of pathology exists	\$40	
	Extraction, coronal remnants, primary tooth Extraction, erupted tooth or exposed root	\$65	
	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 D7241	Removal of impacted tooth, completely bony Removal impacted tooth, complete bony, complication	\$160 \$175	
D7250	Removal impacted tooth, complete bony, completation 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.
D7260	Oroantral fistula closure	\$280	Must be performed by licensed Oral Surgeon.
	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 D7285	Excisional biopsy of minor salivary glands Incisional biopsy of oral tissue, hard (bone, tooth)	\$115 \$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 D7291	Surgical repositioning of teeth Transcontal fiberatomy/curra crostal fiberatomy, by capart	\$185 \$80	1 (D7290) per arch, for active orthodontic treatment only 1 (D7291) per arch, for active orthodontic treatment only
D7310	Transseptal fiberotomy/supra crestal fiberotomy, by report Alveoloplasty with extractions, four or more teeth per quadrant	\$85	1 (D7291) per arch, for active orthodornic treatment only
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	4 (07340)
D7340 D7350	Vestibuloplasty, ridge extension (2nd epithelialization) Vestibuloplasty, ridge extension	\$350 \$350	1 (D7340) per arch every 5 year period 1 (D7350) per arch
D7410	Excision of benign lesion, up to 1.25 cm	\$75	1 (57550) per aran
	Excision of benign lesion, greater than 1.25 cm	\$115	
	Excision of benign lesion, complicated	\$175	
	Excision of malignant lesion, up to 1.25 cm Excision of malignant lesion, greater than 1.25 cm	\$95 \$120	
	Excision of malignant lesion, greater than 1.23 cm	\$255	
	Excision of malignant tumor, up to 1.25 cm	\$105	
D7441	Excision of malignant tumor, greater than 1.25 cm	\$185	
	Removal, benign odontogenic cyst/tumor, up to 1.25 cm	\$180	
D7451 D7460	Removal, benign odontogenic cyst/tumor, greater than 1.25 cm Removal, benign nonodontogenic cyst/tumor, up to 1.25 cm	\$330 \$155	
D7460 D7461	Removal, benign nonodontogenic cyst/tumor, up to 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 D7473	Removal of torus palatinus Removal of torus mandibularis	\$145 \$140	1 (D7472) per lifetime 1 (D7473) per quadrant
D7473	Reduction of osseous tuberosity	\$140	1 (D7473) per quadrant 1 (D7485) per quadrant
	Radical resection of maxilla or mandible	\$350	A STATE TO STATE OF
D7509	Marsupialization of odontogenic cyst	\$180	
D7510	Incision & drainage of abscess, intraoral soft tissue	\$70	1 (D7510) per quadrant, same date of service
D7511 D7520	Incision & drainage of abscess, intraoral soft tissue, complicated Incision & drainage of abscess, extraoral soft tissue	\$70 \$70	1 (D7511) per quadrant, same date of service
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 D7560	Partial ostectomy/sequestrectomy for removal of non-vital bone Maxillary sinusotomy for removal of tooth fragment or foreign body	\$125 \$235	1 (D7550) per quadrant per date of service
D7560 D7610	Maxilla, open reduction (teeth immobilized, if present)	\$235 \$140	
D7620	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	
D7650 D7660	Malar and/or zygomatic arch, open reduction Malar and/or zygomatic arch, closed reduction	\$350 \$350	
	Alveolus, closed reduction, may include stabilization of teeth	\$170	
D7671	Alveolus, open reduction, may include stabilization of teeth	\$230	
	Facial bones, complicated reduction with fixation, multiple surgical approaches	\$350	
	Maxilla, open reduction Maxilla, closed reduction	\$110 \$180	
D7720	Mandible, open reduction	\$180	
[CDHMOS -20			All rights reserved Making members shine, one smile at a time ¹¹



LIBERT DENTAL PLA	Embedded Pediatric Dental - IEHP Silver 73 HMO			
CDT	Description	Patient	Limitation	
Code D7740	Mandible, closed reduction	Responsibility \$290		
D7750	Malar and/or zygomatic arch, open reduction	\$220		
	Malar and/or zygomatic arch, closed reduction Alveolus, open reduction stabilization of teeth	\$350 \$135		
<i>D7770</i>	Oral & Maxillofacial Services (continued)	\$133		
	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		
	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		
	Arthrotomy	\$350		
D7865 D7870	Arthroplasty Arthrocentesis	\$350 \$90		
	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 D7877	Arthroscopy: discectomy	\$350 \$350		
D7877	Arthroscopy: debridement Occlusal orthotic device, by report	\$350 \$120		
D7881	Occlusal orthotic device adjustment	\$30		
D7899 D7910	Unspecified TMD therapy, by report	\$350 \$35		
	Suture of recent small wounds up to 5 cm Complicated suture, up to 5 cm	\$55		
	Complicated suture, greater than 5 cm	\$130		
D7920 D7922	Skin graft (identify defect covered, location and type of graft) Placement of intra-socket biological dressing to aid in hemostasis or clot, stabilization, per site	\$120 \$80		
D7939	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 D7950	LeFort II or LeFort III, with bone graft	\$350 \$190		
D7951	Osseous, osteoperiosteal, cartilage graft, mandible or maxilla, by report Sinus augmentation with bone or bone substitutes via a lateral open approach	\$290		
D7952	Sinus augmentation via a vertical approach	\$175		
D7955 D7956	Repair of maxillofacial soft and/or hard tissue defect Guided tissue regeneration, edentulous area, resorbable barrier, per site	\$200 not covered		
	Guided tissue regeneration, edentulous area, non-resorbable barrier, per site	not covered		
	Buccal / labial frenectomy (frenulectomy)	\$120	1 (D7961) per arch per date of service	
D7962 D7963	Lingual frenectomy (frenulectomy) Frenuloplasty	\$120 \$120	1 (D7962) per arch per date of service 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	1 (D7972) per arch per date of service	
D7972 D7979	Surgical reduction of fibrous tuberosity Non – surgical sialolithotomy	\$100 \$155	1 (0/3/2) per arch per date of Service	
D7980	Surgical Sialolithotomy	\$155		
D7981 D7982	Excision of salivary gland, by report Sialodochoplasty	\$120 \$215		
D7982 D7983	Closure of salivary fistula	\$140		
D7990	Emergency tracheotomy	\$350		
D7991 D7995	Coronoidectomy Synthetic graft, mandible or facial bones, by report	\$345 \$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		
For Pediatr	Orthodontic Services ic Dental, orthodontic treatment is a benefit of this Dental Plan ONLY when the patient's orthodontic needs meet m	edically necessary r	equirements as determined by a verified score of 26 or higher (or other qualify conditions)	
on Handica	pping Labio-Lingual Deviation (HLD) Index analysis. All treatment must be prior authorized by the Plan prior to band			
D8080 D8091	Comprehensive orthodontic treatment of the adolescent dentition Comprehensive orthodontic treatment with orthognathic surgery	-	age 13 and over	
	Comprehensive orthodontic treatment with orthognathic surgery Removable appliance therapy	•	1 (D8210) per patient, age 6 through 12	
D8220	Fixed appliance therapy		1 (D8220) per patient, age 6 through 12	
D8660 D8670	Pre-orthodontic treatment examination to monitor growth and development Periodic orthodontic treatment visit		1 (D8660) every 3 months for a maximum of 6 1 (D8670) per calendar quarter	
D8670	Periodic orthodoritic treatment visit Periodic orthodontic treatment visit associated with orthognathic surgery	\$350 per course of treatment,	1/20070) per calendar qualiter	
D8680	Orthodontic retention (removal of appliances, construction and placement of retainer(s))	regardless of	1 (D8680) per arch for each authorized phase of orthodontic treatment	
D8681 D8696	Removable orthodontic retainer adjustment Repair of orthodontic appliance, maxillary	plan year, as		
D8697	Repair of orthodoritic appliance, maximaly Repair of orthodontic appliance, mandibular	long as member remains enrolled	1 of (D8696, D8697) per arch, per appliance	
D8698	Re-cement or re-bond fixed retainer, maxillary	in the plan	1 of (D8698, D8699) per arch, per provider	
D8699 D8701	Re-cement or re-bond fixed retainer, mandibular Repair of fixed retainer, includes reattachment, maxillary	•		
D8702	Repair of fixed retainer, includes reattachment, mandibular]		
	Replacement of lost or broken retainer, maxillary	-	1 of (D8703, D8704) per arch	
D8704 D8999	Replacement of lost or broken retainer, mandibular Unspecified orthodontic procedure, by report			
	Adjunctive General Services			
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Embedded Pediatric Dental - IEHP Silver 73 HMO

CDT Description		Patient Responsibility	Limitation
D9110 Palliative treatment of dental pain, per visit		\$30	1 (D9110) per date of service
09120 Fixed partial denture sectioning		\$95	
D9210 Local anesthesia not in conjunction, operative or surgical proced	ures	\$10	1 (D9210) per date of service
09211 Regional block anesthesia		\$20	
09212 Trigeminal division block anesthesia		\$60	
D9215 Local anesthesia in conjunction with operative or surgical procedure	dures	\$15	
D9219 Evaluation for moderate sedation, deep sedation or general ane	sthesia	\$45	
Adjunctive General Services (continued)			
JIDELINE:			
ep Sedation and IV Conscious Sedation are covered benefits when it is docu	mented local anesthesia is not possible, in such	cases as a severe me	ental or physical handicap, extensive surgical procedures, an uncooperative child, an ac
ection at the injection site, or a failure of a local anesthetic to control pain. S	Services covered when dispensed in a dental offi	ice by a practitioner a	acting within the scope of his/her licensure. Patient apprehension and/or nervousness
t of themselves sufficient justification.			
Deep sedation/general anesthesia, first 15 minute increment		\$45	
Deep sedation/general anesthesia, each subsequent 15 minute i	ncrement	\$45	
09230 Inhalation of nitrous oxide/analgesia, anxiolysis		\$15	
19239 Intravenous moderate (conscious) sedation/analgesia, first 15 m	inute increment	\$60	
D9243 Intravenous moderate (conscious) sedation/analgesia, each subs	sequent 15 minute increment	\$60	
Non-intravenous (conscious) sedation, includes non-IV minimal a	and moderate sedation	\$65	
09310 Consultation, other than requesting dentist		\$50	
09311 Consultation with a medical health care professional		no charge	
99410 House/extended care facility call		\$50	
19420 Hospital or ambulatory surgical center call		\$135	
O9430 Office visit, observation, regular hours, no other services		\$20	1 (D9430) per date of service per provider
09440 Office visit, after regularly scheduled hours		\$45	1 (D9440) per date of service per provider
D9450 Case presentation, subsequent, detailed, extensive treatment pl	anning	not covered	
D9610 Therapeutic parenteral drug, single administration		\$30	4 (D9610) per date of service
D9612 Therapeutic parenteral drugs, two or more administrations, diffe	erent meds.	\$40	4 (D9612) per date of service
09910 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
9942 Repair and/or reline of occlusal guard		not covered	
09943 Occlusal guard adjustment		not covered	
09944 Occlusal guard, hard appliance, full arch		not covered	
O9945 Occlusal guard, soft appliance, full arch		not covered	
D9946 Occlusal guard, hard appliance, partial arch		not covered	
09950 Occlusion analysis, mounted case		\$120	1 (D9950) every 12 months, age 13 and over
DODE1 Occlused adjustment limited		ĊΛΕ	1 (DOOE1) nor good every 12 months nor provider ago 12 and ever

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

Occlusal adjustment, limited

Occlusal adjustment, complete

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

D9951

D9952

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.

\$45

\$210

no charge

no charge

no charge

no charge

1 (D9951) per quad every 12 months per provider, age 13 and over 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