





Medicare Advantage	Medicare
 No Deductible Frequencies and Limitations Apply* In-Network Benefits Only 	Calendar Year Maximum: \$2,000
Covered Services	Member Cost
Diagnostic Services Oral evaluations, full mouth radiographic images, bitewings, periapical radiographs	\$0
Preventive Services Prophylaxis	\$0
Restorative Services Amalgam restorations, resin-based composites, crowns, core buildup	\$O
Endodontic Services Endodontic therapy, retreatment of endodontic therapy	\$0
Periodontal Services Periodontal scaling and root planing, full mouth debridement, periodontal maintenance	\$0
Removable Prosthodontics Services Complete dentures, partial dentures, denture repair, relines, tissue conditioning, overdentures	\$0
Oral & Maxillofacial Services Extractions, impacted tooth removal, alveoloplasty	\$0
Adjunctive General Services Palliative procedure, sedation, specialty consultation, teledentistry	\$0

This Benefits Highlight Sheet is only a summary of the dental plan.
*Please see your Evidence of Coverage for a full list of dental benefits, frequencies
(annual coverage limits), and limitations.

Dental benefits are only available if they are provided by a contracted LIBERTY provider. Please check with your dental office before receiving services to make sure the office is a LIBERTY provider.



To find a network dentist near you, go to: www.libertydentalplan.com/SCP



	\$2,000 CALENDAR YEAR MAXIMUM - Comprehensive Services Only	
CDT Code	Description	Limitations
	c Services	
D0120	Periodic oral evaluation	
D0140	Limited oral evaluation	
D0150	Comprehensive oral evaluation	
D0160	Oral evaluation, problem focused	1 of (D0120-D0180) every calendar year
D0170	Re-evaluation, limited, problem focused	
D0171	Re-evaluation, post operative office visit	
D0180	Comprehensive periodontal evaluation	
D0210	Intraoral, comprehensive series of radiographic images	1 of (D0210, D0330) every 3 calendar years
D0220	Intraoral, periapical, first radiographic image	
D0230	Intraoral, periapical, each add 'I radiographic image	
D0240	Intraoral, occlusal radiographic image	1 (D0240) every calendar year
D0270	Bitewing, single radiographic image	
D0272	Bitewings, two radiographic images	1 of (D0270-D0274) every calendar year
D0273	Bitewings, three radiographic images	1 of (boz70-boz74) every calefidal year
D0274	Bitewings, four radiographic images	
D0277	Vertical bitewings, 7 to 8 radiographic images	1 (D0277) every 3 calendar years
D0330	Panoramic radiographic image	1 of (D0210, D0330) every 3 calendar years
	e Services	
D1110	Prophylaxis, adult	2 of (D1110, D4346, D4910) every calendar year
	Year Maximum: \$2,000 Applies to All Comprehensive Services Below (Diagnostic Services and Preventive Services Waived)
Restorativ	ve Services	
D2140	Amalgam, one surface, primary or permanent	
D2150	Amalgam, two surfaces, primary or permanent	
D2160	Amalgam, three surfaces, primary or permanent	
D2161	Amalgam, four or more surfaces, primary or permanent	
D2330	Resin-based composite, one surface, anterior	
D2331	Resin-based composite, two surfaces, anterior	1 - C (D0140 D0005 D0004 D0004)
D2332	Resin-based composite, three surfaces, anterior	1 of (D2140-D2335, D2391-D2394) per surface per
D2335	Resin-based composite, four or more surfaces, involving incisal	tooth every 3 calendar years
	angle	
D2391	Resin-based composite, one surface, posterior	
D2392	Resin-based composite, two surfaces, posterior	
D2393	Resin-based composite, three surfaces, posterior	
D2394	Resin-based composite, four or more surfaces, posterior	
D2510	Inlay, metallic, one surface	
D2520	Inlay, metallic, two surfaces	
D2530	Inlay, metallic, three or more surfaces	
D2542	Onlay, metallic, two surfaces	
D2543	Onlay, metallic, three surfaces	
D2544	Onlay, metallic, four or more surfaces	
D2610 D2620	Inlay, porcelain/ceramic, one surface Inlay, porcelain/ceramic, two surfaces	-
D2620		1 of (D2510-D2792) per tooth every 5 calendar
D2630	Inlay, porcelain/ceramic, three or more surfaces Onlay, porcelain/ceramic, two surfaces	years
D2642 D2643	Onlay, porcelain/ceramic, two surfaces Onlay, porcelain/ceramic, three surfaces	years
D2643	Onlay, porcelain/ceramic, friee surfaces Onlay, porcelain/ceramic, four or more surfaces	1
D2644 D2650	Inlay, resin-based composite, one surface	1
D2650 D2651	Inlay, resin-based composite, one surfaces	
D2652	Inlay, resin-based composite, two surfaces Inlay, resin-based composite, three or more surfaces	
D2652 D2662	Onlay, resin-based composite, two surfaces	1
D2663	Onlay, resin-based composite, two surfaces Onlay, resin-based composite, three surfaces	
D2003	Oniay, resin-pased composite, tillee sunaces	



CDT Code	Description	Limitations
D2664	Onlay, resin-based composite, four or more surfaces	
D2710	Crown, resin-based composite (indirect)	
D2712	Crown, ¾ resin-based composite (indirect)	
D2721	Crown, resin with predominantly base metal	
D2722	Crown, resin with noble metal	
D2740	Crown, porcelain/ceramic	
D2750	Crown, porcelain fused to high noble metal	1 of (D2510-D2792) per tooth every 5 calendar
D2751	Crown, porcelain fused to predominantly base metal	years
D2752	Crown, porcelain fused to noble metal	, J
D2781	Crown, ¾ cast predominantly base metal	
D2782	Crown, ¾ cast noble metal	
D2783	Crown, ¾ porcelain/ceramic	
D2791	Crown, full cast predominantly base metal	
D2792	Crown, full cast noble metal	
D2910	Re-cement or re-bond inlay, onlay, veneer, or partial coverage	1 -f (D2010 D2020) t th
D2920	Re-cement or re-bond crown	1 of (D2910, D2920) per tooth every calendar year
	Re-cement or re-bond indirectly fabricated/prefabricated post	. (5)
D2915	& core	1 (D2915) per tooth every calendar year
D2940	Protective restoration	
D2950	Core buildup, including any pins when required	
D2951	Pin retention, per tooth, in addition to restoration	
D2952	Post and core in addition to crown, indirectly fabricated	
D2953	Each additional indirectly fabricated post, same tooth	
D2954	Prefabricated post and core in addition to crown	
D2955	Post removal	
	ic Services	
D3310	Endodontic therapy, anterior tooth (excluding final restoration)	
D3320	Endodontic therapy, premolar tooth (excluding final restoration)	1 of (D3310-D3330) per tooth in a lifetime
D3330	Endodontic therapy, molar tooth (excluding final restoration)	, , , , , ,
D3331	Treatment of root canal obstruction; non-surgical access	1 (D3331) per tooth in a lifetime
	Incomplete endodontic therapy; inoperable, unrestorable,	
D3332	fractured tooth	1 (D3332) per tooth in a lifetime
D3333	Internal root repair of perforation defects	1 (D3333) per tooth in a lifetime
D3346	Retreatment of previous root canal therapy, anterior	
D3347	Retreatment of previous root canal therapy, premolar	1 of (D3346-D3348) per tooth in a lifetime
D3348	Retreatment of previous root canal therapy, molar	
D3351	Apexification/recalcification, initial visit	1 (D3351) per tooth in a lifetime
D3352	Apexification/recalcification, interim medication replacement	1 (D3352) per tooth in a lifetime
D3353	Apexification/recalcification, final visit	1 (D3353) per tooth in a lifetime
D3410	Apicoectomy, anterior	
D3421	Apicoectomy, premolar (first root)	1 of (D3410-D3425) per tooth in a lifetime
D3425	Apicoectomy, molar (first root)	· · · · · ·
D3426	Apicoectomy, (each additional root)	1 (D3426) per tooth in a lifetime
D3430	Retrograde filling, per root	1 (D3430) per tooth in a lifetime
D3450	Root amputation, per root	1 (D3450) per tooth in a lifetime
D3920	Hemisection, not including root canal therapy	1 (D3920) per tooth in a lifetime
Periodont	al Services	
D4210	Gingivectomy or gingivoplasty, four or more teeth per quadrant	1 of (D4210, D4211) per site/quad every 2
D4211	Gingivectomy or gingivoplasty, one to three teeth per quadrant	calendar years
D4240	Gingival flap procedure, four or more teeth per quadrant	
D4241	Gingival flap procedure, one to three teeth per quadrant	
D4260	Osseous surgery, four or more teeth per quadrant	1 -6 (D40/0 D40/1) 1 - 6
D4261	Osseous surgery, one to three teeth per quadrant	1 of (D4260, D4261) per site/quad every 2 calendar years
D7201	5335543 341gcty, one to tilled teeth pel quadrant	Calcinati years



CDT Code	Description	Limitations
D4270	Pedicle soft tissue graft procedure	
D4273	Autogenous connective tissue graft procedure, first tooth	
D4275	Non-autogenous connective tissue graft, first tooth	1 of (D4270-D4285) per site/quad every 2 calendar
	Autogenous connective tissue graft procedure, each additional	years
D4283	tooth, per	, , , , , , , , , , , , , , , , , , , ,
D4285	Non-autogenous connective tissue graft procedure, each	
	additional tooth,	
D4341	Periodontal scaling and root planing, four or more teeth per	
D4342	quadrant Periodontal scaling and root planing, one to three teeth per	1 of (D4341, D4342) per site/quad every 2
D4342	quadrant	calendar years
	Scaling in presence of moderate or severe inflammation, full	(
D4346	mouth after evaluation	2 of (D1110, D4346, D4910) every calendar year
DAGEE	Full mouth debridement to enable comprehensive periodontal	1 (D4255) 2
D4355	evaluation and diagnosis, subsequent visit	1 (D4355) every 3 calendar years
D4910	Periodontal maintenance	2 of (D1110, D4346, D4910) every calendar year
	ple Prosthodontic Services	
D5110	Complete denture, maxillary	
D5120	Complete denture, mandibular	
D5130	Immediate denture, maxillary	
D5140	Immediate denture, mandibular	
D5211	Maxillary partial denture, resin base	
D5212	Mandibular partial denture, resin base	
D5213 D5214	Maxillary partial denture, cast metal, resin base	-
D5214 D5221	Mandibular partial denture, cast metal, resin base Immediate maxillary partial denture, resin base	
D5221	Immediate mandibular partial denture, resin base	
	Immediate maxillary partial denture, cast metal framework,	1 of (D5110-D5226, D5282, D5283, D5863-D5866)
D5223	resin denture base	per arch every 5 calendar years
D5224	Immediate mandibular partial denture, cast metal framework,	
D5224	resin denture base	
D5225	Maxillary partial denture, flexible base	
D5226	Mandibular partial denture, flexible base	
D5282	Removable unilateral partial denture, one piece cast metal,	
	maxillary	
D5283	Removable unilateral partial denture, one piece cast metal,	
DE 410	mandibular Adjust complete denture, mavillany	1 -f (DE 410 DE 422)
D5410 D5411	Adjust complete denture, maxillary Adjust complete denture, mandibular	1 of (D5410-D5422) per arch every calendar year; not payable within 6 months of initial
D5411	Adjust complete dentale, mandibular Adjust partial denture, maxillary	appliance performed by same
D5422	Adjust partial denture, mandibular	provider/location
		1 of (D5511, D5512) per arch every calendar
D5511	Repair broken complete denture base, mandibular	year; not payable within 6 months of initial appliance performed by same provider/location
D5512	Repair broken complete denture base, maxillary	
	.,,	·
D5520	Replace missing or broken teeth, complete denture	1 (D5520) per arch every calendar year; not payable within 6 months of initial appliance
		performed by same provider/location
D5611	Repair resin partial denture base, mandibular	
D5612	Repair resin partial denture base, maxillary	1 of (D5611-D5622) per arch every calendar year;
D5621	Repair cast partial framework, mandibular	not payable within 6 months of initial appliance
D5622	Repair cast partial framework, maxillary	performed by same provider/location
20022		



CDT Code	Description	Limitations
D5630	Repair or replace broken retentive clasping materials, per tooth	(D5630) per tooth every calendar year; not payable within 6 months of initial appliance performed by same provider/location
D5640	Replace broken teeth, per tooth	(D5640) per tooth every calendar year; not payable within 6 months of initial appliance performed by same provider/location
D5650	Add tooth to existing partial denture	(D5650) per tooth every calendar year; not payable within 6 months of initial appliance performed by same provider/location
D5660	Add clasp to existing partial denture, per tooth	(D5660) per tooth every calendar year; not payable within 6 months of initial appliance performed by same provider/location
D5670	Replace all teeth & acrylic on cast metal frame, maxillary	1 of (D5670, D5671) per arch every 2 calendar years; not payable within 6 months of initial
D5671	Replace all teeth & acrylic on cast metal frame, mandibular	appliance performed by same provider/location
D5710	Rebase complete maxillary denture	
D5711	Rebase complete mandibular denture	
D5720	Rebase maxillary partial denture	
D5721	Rebase mandibular partial denture	
D5730	Reline complete maxillary denture, direct	
D5731	Reline complete mandibular denture, direct	1 of (D5710-D5761) per arch every 2 calendar
D5740	Reline maxillary partial denture, direct	years; not payable within 6 months of initial
D5741	Reline mandibular partial denture, direct	appliance performed by same provider/location
D5750	Reline complete maxillary denture, indirect	
D5751	Reline complete mandibular denture, indirect	
D5760	Reline maxillary partial denture, indirect	
D5761	Reline mandibular partial denture, indirect	
D5810	Interim complete denture, maxillary	
D5811	Interim complete denture, mandibular	1 of (D5810-D5821) per arch every 5 calendar
D5820	Interim partial denture, maxillary	years
D5821	Interim partial denture, mandibular	4 C(DE0E0 DE0E4)
D5850	Tissue conditioning, maxillary	1 of (D5850, D5851) per arch every calendar year; not payable within 6 months of initial appliance performed by same
D5851	Tissue conditioning, mandibular	provider/location
D5863	Overdenture, complete, maxillary	4 . C /DE440 DE00/ DE000 DE000 DE000 DE000
D5864	Overdenture, partial, maxillary	1 of (D5110-D5226, D5282, D5283, D5863-D5866)
D5865	Overdenture, complete, mandibular	per arch every 5 calendar years
D5866	Overdenture, partial, mandibular axillofacial Services	
D7140 D7210	Extraction, erupted tooth or exposed root Extraction, erupted tooth requiring removal of bone and/or	
	sectioning of tooth	
D7220	Removal of impacted tooth, soft tissue	
D7230	Removal of impacted tooth, partially bony	
D7240 D7241	Removal of impacted tooth, completely bony Removal impacted tooth, complete bony, complication	
D7241	Removal impacted tooth, complete bony, complication Removal of residual tooth roots (cutting procedure)	
D7260		
	Oroantral fistula closure	1 of (D7260, D7261) site/quad every 5 calendar
D7261	Primary closure of a sinus perforation	years
D7270	Tooth reimplantation and/or stabilization, accident	1 of (D7270, D7272) per tooth every 5 calendar years
D7272	Tooth transplantation	
D7280	Exposure of an unerupted tooth	1 (D7280) per tooth every 5 calendar years



D7293 Placement of temporary anchorage device without flap Placement of temporary anchorage device without flap Placement of temporary anchorage device without flap Placement of temporary anchorage device (screw retained plate), requiring flap Plate	CDT Code	Description	Limitations
D7285 Placement, device to facilitate eruption, impaction D7285 Incisional biopsy of oral listue, and (pone, tooth)	D7282	Mobilization of erupted/malpositioned tooth	1 of (D7282 D7283) per tooth every 5 calendar
107285 Incisional bidgowy of oral itsue, bard (bone, tooth)	D7283	Placement, device to facilitate eruption, impaction	, , , , , , , , , , , , , , , , , , , ,
1 of (D7285-D7288) per site every 5 calendar years	D7285	<u> </u>	J
Excitative cytological sample collection 10,7288 Paus biopsy, transepthallel sample collection 10,7290 10,7290 10,7290 10,7291 10,7290 10,7291 10,			1 - f /D7205 D7200)
107290 Surgical repositioning of teeth 1 (D7290) per site/quad every 5 calendar years 107291 Per site/quad every 5 calendar years 107291 Per site/quad every 5 calendar years 107291 Per site/quad every 5 calendar years 107292 Per site/quad every 5 calendar years 107293 Per site/quad every 5 calendar years 107294 Per site/quad every 5 calendar years 107295 Per site/quad every 5 calendar years 107296 Per site/quad every 5 calendar years 107298 Per site/quad every 5 calendar years 107298 Per site/quad every 5 calendar years 107298 Per site/quad every 5 calendar years 107299 Per site/quad every 5 calendar years 107299 Per site/quad every 5 calendar years 107299 Per site/quad every 5 c	D7287		1 For (D7285-D7288) per site every 5 calendar years
D7291 Transseptal fiberotomy/supra crestal fiberotomy, by report 1 (D7291) per site/quad every 5 calendar years D7292 Placement of temporary anchorage device (screw retained plate) Temporary anchorage device equiring flap Placement of temporary anchorage device equiring flap Placement of temporary anchorage device (screw retained plate), requiring flap Temporary anchorage device without flap Temporary ancho		Brush biopsy, transepithelial sample collection	
Placement of temporary anchorage device (screw retained D7293 Placement of temporary anchorage device requiring flap Placement of temporary anchorage device without flap Placement of temporary anchorage without flap Placement of temporary anchorage device without flap Place			
D7293 Placement of temporary anchorage device requiring flap D7294 Placement of temporary anchorage device without flap D7298 Removal of temporary anchorage device (screw retained plate), requiring flap D7390 Removal of temporary anchorage device (screw retained plate), requiring flap D7300 Removal of temporary anchorage device, requiring flap D7300 Removal of temporary anchorage device, requiring flap D7310 Alveoloplasty with extractions, four or more teeth per quadrant D7311 Alveoloplasty with extractions, one to three teeth per quadrant D7320 Alveoloplasty, w/o extractions, four or more teeth per quadrant D7321 Alveoloplasty, w/o extractions, four or more teeth per quadrant D7320 Alveoloplasty, w/o extractions (2nd epithelialization) D73410 Excision of benign lesion, up to 1.25 cm D7411 Excision of benign lesion, up to 1.25 cm D7411 Excision of benign lesion, up to 1.25 cm D7412 Excision of benign lesion, greater than 1.25 cm D7413 Excision of malignant lesion, greater than 1.25 cm D7414 Excision of malignant lesion, greater than 1.25 cm D7415 Removal, benign odontogenic cyst/tumor, up to 1.25 cm D7460 Removal, benign nondontogenic cyst/tumor, greater than 1.25 cm D7461 Removal, benign nondontogenic cyst/tumor, greater than 1.25 cm D7461 Removal, benign nondontogenic cyst/tumor, greater than 1.25 cm D7461 Removal, benign nondontogenic cyst/tumor, greater than 1.25 cm D7461 Removal, benign nondontogenic cyst/tumor, greater than 1.25 cm D7461 Removal, benign nondontogenic cyst/tumor, greater than 1.25 cm D7460 Removal, benign nondontogenic cyst/tumor, greater than 1.25 cm D7461 Removal of lateral exostosis, maxilla or mandible D7471 Removal of lorus palatitus D7472 Removal of lorus palatitus D7473 Removal of lorus palatitus D7474 Removal of lorus palatitus D7475 Removal of lorus palatitus D7476 Removal of lorus palatitus D7477 Removal of lorus palatitus D7478 Removal of lorus pala	D7291	Transseptal fiberotomy/supra crestal fiberotomy, by report	1 (D7291) per site/quad every 5 calendar years
D7294 Placement of temporary anchorage device without flap		plate] requiring flap	1 of (D7292-D7294) per site/quad every 5 calendar
Removal of temporary anchorage device (screw retained plate), requiring flap 70799 Removal of temporary anchorage device, requiring flap 70790 Removal of temporary anchorage device without flap 70730			years
D7299 plate), requiring flap D7290 Removal of temporary anchorage device, requiring flap D7310 Alveoloplasty with extractions, four or more teeth per quadrant D7310 Alveoloplasty with extractions, four or more teeth per quadrant D7320 Alveoloplasty with extractions, four or more teeth per quadrant D7321 Alveoloplasty, w/o extractions, one to three teeth per quadrant D7321 Alveoloplasty, w/o extractions, one to three teeth per quadrant D7321 Alveoloplasty, w/o extractions, one to three teeth per quadrant D7322 Alveoloplasty, w/o extractions, one to three teeth per quadrant D7323 Vestibuloplasty, ridge extension D7330 Vestibuloplasty, ridge extension D73410 Excision of benign lesion, up to 1.25 cm D7411 Excision of benign lesion, up to 1.25 cm D7412 Excision of benign lesion, up to 1.25 cm D7413 Excision of malignant lesion, up to 1.25 cm D7414 Excision of malignant lesion, complicated D7440 Excision of malignant lesion, complicated D7440 Excision of malignant lesion, greater than 1.25 cm D7451 Removal, benign odontogenic cyst/tumor, up to 1.25 cm D7461 Removal, benign nonodontogenic cyst/tumor, greater than 1.25 cm D7460 Removal, benign nonodontogenic cyst/tumor, greater than 1.25 cm D7471 Removal of lateral exostosis, maxillia or mandible D7472 Removal of torus palatinus D7480 Removal of torus palatinus D7490 Raduction of oseous tuberosity D7490 Raducti	D7294		
D7300 Removal of temporary anchorage device without flap D7310 Alveoloplasty with extractions, four or more teeth per quadrant D7311 Alveoloplasty with extractions, one to three teeth per quadrant D7320 Alveoloplasty, w/o extractions, one to three teeth per quadrant D7321 Alveoloplasty, w/o extractions, one to three teeth per quadrant D7321 Alveoloplasty, w/o extractions, one to three teeth per quadrant D7340 Vestibuloplasty, ridge extension (2nd epithelialization) D7350 Vestibuloplasty, ridge extension (2nd epithelialization) D7410 Excision of benign lesion, up to 1.25 cm D7411 Excision of benign lesion, up to 1.25 cm D7411 Excision of benign lesion, complicated D7413 Excision of mailgnant lesion, up to 1.25 cm D7414 Excision of mailgnant lesion, up to 1.25 cm D7415 Excision of mailgnant lesion, complicated D7416 Excision of mailgnant lesion, complicated D7417 Excision of mailgnant lesion, complicated D7418 Excision of mailgnant tumor, up to 1.25 cm D7450 Removal, benign odontogenic cyst/tumor, up to 1.25 cm D7451 Removal, benign nonodontogenic cyst/tumor, greater than 1.25 D7460 Removal, benign nonodontogenic cyst/tumor, greater than 1.25 cm D7461 Removal of lateral exostosis, maxilla or mandible D7472 Removal of lateral exostosis, maxilla or mandible D7473 Removal of torus mandibularis D7474 Removal of torus mandibularis D74750 Incision & drainage of abscess, intraoral soft tissue D7510 Incision & drainage of abscess, intraoral soft tissue D7511 Incision & drainage of abscess, extraoral soft tissue D7521 Incision & drainage of abscess, extraoral soft tissue D7530 Removel foreign body, mucosa, skin, tissue D7540 Removel of reaction producing foreign bodies, musculoskeletal system D7540 Incision & drainage of abscess, extraoral soft tissue D7541 Incision & drainage of abscess, extraoral soft tissue D7542 Incision & drainage of abscess, extraoral soft tissue D7543 Removel of treaction producing foreign bodies, musculoskeletal system D7544 Incignal frenectomy (frenulectomy) D7545 Incignal frenectomy (frenulectom	D7298		1 of (D7298-D7300) per site/quad every 5 calendar
D7310 Alveoloplasty with extractions, four or more teeth per quadrant D7311 Alveoloplasty, w/o extractions, one to three teeth per quadrant D7321 Alveoloplasty, w/o extractions, four or more teeth per quadrant D7321 Alveoloplasty, w/o extractions, one to three teeth per quadrant D7321 Alveoloplasty, w/o extractions, one to three teeth per quadrant D7321 Alveoloplasty, w/o extractions, one to three teeth per quadrant D7322 Evisibuloplasty, idige extension D7330 Vestibuloplasty, idige extension D7410 Excision of benign lesion, up to 1.25 cm D7411 Excision of benign lesion, greater than 1.25 cm D7412 Excision of benign lesion, greater than 1.25 cm D7413 Excision of malignant lesion, complicated D7414 Excision of malignant lesion, complicated D7415 Excision of malignant lesion, greater than 1.25 cm D7416 Excision of malignant lesion, complicated D7410 Excision of malignant lesion, complicated D7411 Excision of malignant lumor, up to 1.25 cm D7412 Excision of malignant lumor, up to 1.25 cm D7441 Excision of malignant lumor, greater than 1.25 cm D7441 Excision of malignant lumor, up to 1.25 cm D7441 Excision of malignant lumor, greater than 1.25 cm D7442 Removal, benign nonodontogenic cyst/tumor, up to 1.25 cm D7443 Removal, benign nonodontogenic cyst/tumor, greater than 1.25 D7440 Removal of lorus palatinus D7472 Removal of torus palatinus D7473 Removal of torus palatinus D7473 Removal of torus palatinus D7474 Removal of torus palatinus D7475 Removal of torus palatinus D7485 Reduction of osseous tuberosity 1 (D7485) in a lifetime D7510 Incision & drainage of abscess, intraoral soft tissue D7511 Incision & drainage of abscess, extraoral soft tissue D7521 Incision & drainage of abscess, extraoral soft tissue D7530 Removal for reaction producing foreign bodies, musculoskeletal system D7540 Buccal / labial frenectomy (frenulectomy) 1 (D7961) per arch every 5 calendar years D7962 Lingual frenectomy (frenulectomy) 1 (D7962) every 5 calendar years			years
D7311 Alveoloplasty with extractions, one to three teeth per quadrant D7320 Alveoloplasty, w/o extractions, four or more teeth per quadrant D7321 Alveoloplasty, w/o extractions, one to three teeth per quadrant D7340 Vestibuloplasty, ridge extension (2nd epithelialization) D7340 Vestibuloplasty, ridge extension (2nd epithelialization) D7350 Vestibuloplasty, ridge extension (2nd epithelialization) D7410 Excision of benign lesion, up to 1.25 cm D7411 Excision of benign lesion, up to 1.25 cm D7411 Excision of benign lesion, complicated D7412 Excision of benign lesion, complicated D7413 Excision of malignant lesion, up to 1.25 cm D7414 Excision of malignant lesion, up to 1.25 cm D7415 Excision of malignant lesion, complicated D7440 Excision of malignant tumor, up to 1.25 cm D7450 Removal, benign odontogenic cyst/tumor, up to 1.25 cm D7461 Removal, benign nonodontogenic cyst/tumor, up to 1.25 cm D7461 Removal, benign nonodontogenic cyst/tumor, up to 1.25 cm D7461 Postruction of lesion(s) by physical or chemical method, by report D7471 Removal of torus mandibularis D7485 Reduction of osseous tuberosity D7490 Radical resection of maxilla or mandible D7510 Incision & drainage of abscess, intraoral soft tissue D7521 Incision & drainage of abscess, extraoral soft tissue D7530 Removal freedom of reaction producing foreign bodies, musculoskeletal system D750 Buccal / labial frenectomy (frenulectomy) D750 Lingual frenectomy (frenulectomy)			
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D7461 Removal, benign nonodontogenic cyst/tumor, greater than 1.25 cm D7465 Destruction of lesion(s) by physical or chemical method, by report D7471 Removal of lateral exostosis, maxilla or mandible D7472 Removal of torus palatinus D7473 Removal of torus mandibularis D7485 Reduction of osseous tuberosity D7490 Radical resection of maxilla or mandible D7510 Incision & drainage of abscess, intraoral soft tissue D7511 Incision & drainage of abscess, extraoral soft tissue D7520 Incision & drainage of abscess, extraoral soft tissue D7521 Complicated D7520 Remove foreign body, mucosa, skin, tissue D7540 Removal of reaction producing foreign bodies, musculoskeletal system D7961 Buccal / labial frenectomy (frenulectomy) D7962 Lingual frenectomy (frenulectomy) 1 (D7961) per arch every 5 calendar years			
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D7485 Reduction of osseous tuberosity 1 (D7485) in a lifetime D7490 Radical resection of maxilla or mandible 1 (D7490) per arch in a lifetime D7510 Incision & drainage of abscess, intraoral soft tissue D7511 Incision & drainage of abscess, intraoral soft tissue, complicated D7520 Incision & drainage of abscess, extraoral soft tissue D7521 Incision & drainage of abscess, extraoral soft tissue D7521 Remove foreign body, mucosa, skin, tissue D7530 Remove foreign body, mucosa, skin, tissue D7540 Removal of reaction producing foreign bodies, musculoskeletal system D7961 Buccal / labial frenectomy (frenulectomy) 1 (D7961) per arch every 5 calendar years D7962 Lingual frenectomy (frenulectomy) 1 (D7962) every 5 calendar years			
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[1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	D7963	Frenuloplasty	1 (D7963) every 5 calendar years



CDT Code	Description	Limitations
Adjunctiv	ve General Services	
D9110	Palliative treatment of dental pain, per visit	1 (D9110) every calendar year
D9120	Fixed partial denture sectioning	1 (D9120) every calendar year
D9210	Local anesthesia not in conjunction, operative or surgical procedures	
D9211	Regional block anesthesia	
D9212	Trigeminal division block anesthesia	
D9215	Local anesthesia in conjunction with operative or surgical procedures	
D9219	Evaluation for moderate sedation, deep sedation or general	
D9222	Deep sedation/general anesthesia, first 15 minute increment	Covered when performed in conjunction with complex oral surgery or with documented medical conditions. Patient apprehension and/or nervousness is not sufficient justification for deep
D9223	Deep sedation/general anesthesia, each subsequent 15 minute increment	sedation/general anesthesia or IV sedation. Not payable with other sedation services on same date of service.
D9230	Inhalation of nitrous oxide/analgesia, anxiolysis	Not payable with general anesthesia, IV
D9239	Intravenous moderate (conscious) sedation/analgesia, first 15 minute increment	Covered when performed in conjunction with complex oral surgery or with documented medical conditions. Patient apprehension and/or
D9243	Intravenous moderate (conscious) sedation/analgesia, each subsequent 15 minute increment	nervousness is not sufficient justification for deep sedation/general anesthesia or IV sedation. Not payable with other sedation services on same date of service.
D9248	Non-intravenous (conscious) sedation, includes non-IV minimal and moderate sedation	Not payable with general anesthesia, IV sedation or nitrous.
D9310	Consultation, other than requesting dentist	2 (D9310) every calendar year
D9995	Teledentistry, synchronous; real-time encounter	
D9996	Teledentistry, asynchronous; information stored and forwarded to dentist	2 of (D9995, D9996) every calendar year

Exclusions

- Any service not specifically listed as a Covered Benefit on the Benefit Plan Summary.
- Dental services for aesthetics only and/or cosmetic dental care unless otherwise listed as a covered benefit.
- Dental conditions arising out of and due to a member's employment or for which the Member is entitled to Workers' Compensation benefits.
- Replacement of lost or stolen dentures, partials or other appliances (e.g. crowns, bridges, full or partial dentures).
- Services which are normally reimbursed by a third party or liability insurance and/or under the medical portion of a group health plan.
- Dental procedures for which treatment was rendered after the member was no longer eligible.
- Any treatment which, in the opinion of LIBERTY's Dental Director, is not necessary for the Member's dental health.
- Replacement of an existing bridge, partial or denture which, in the opinion of LIBERTY's Dental Director, is satisfactory or that can be made satisfactory.
- Any experimental, investigational, or exotic procedure not approved by the ADA Council on Dental Therapeutics.