

L.A. Care *Cal MediConnect Plan* *(Medicare-Medicaid Plan)*

2018

Dental Benefits Guide



LIBERTY Dental Plan of California, Inc.

L.A. Care Health Plan is a health plan that contracts with both Medicare and Medi-Cal to provide benefits of both programs to its members. In addition to the Medicare and Medi-Cal benefits, L.A. Care Health Plan offers dental benefits to its Cal MediConnect Plan members. LIBERTY Dental Plan is providing your dental benefits under an agreement with L.A. Care Health Plan. This Dental Benefits booklet is in addition to your L.A. Care Cal MediConnect Plan *Member Handbook*. This booklet will help you with information you should know about your Dental Plan. It explains how it works and the dental benefits of L.A. Care Cal MediConnect Plan.

This booklet includes a list of covered dental services, plan limits, and services that are not covered. You should also look at your L.A. Care Cal MediConnect Plan *Member Handbook* for more information about your benefits and coverage, including additional dental benefits. To help you coordinate benefits, this booklet includes a list of the services offered by the State of California for Denti-Cal and PHP members.

L.A. Care Health Plan is a health plan that contracts with both Medicare and Medi-Cal to provide benefits of both programs to enrollees.

You can get this information for free in other formats, such as large print, braille, and/or audio. Call **1-888-522-1298** (TTY: 711), 24 hours a day, 7 days a week, including holidays. The call is free.

L.A. Care Health Plan complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

If you speak English, language assistance services, free of charge, are available to you. Call **1-888-522-1298** (TTY: 711), 24 hours a day, 7 days a week, including holidays. The call is free.

Si usted habla español, los servicios de asistencia con el idioma estarán disponibles para usted sin costo. Llame al **1-888-522-1298** (TTY: 711), las 24 horas del día, los 7 días de la semana, incluso los días festivos. La llamada es gratuita.

如果您說中文，您可免費獲得語言協助服務。請致電 **1-888-522-1298** (TTY: 711)，服務時間為每週7天，每天24小時（包含假日）。這是免費電話。

Nếu quý vị nói Tiếng Việt, hiện có các dịch vụ hỗ trợ ngôn ngữ miễn phí cho quý vị. Gọi **1-888-522-1298** (TTY: 711), 24 giờ một ngày, 7 ngày một tuần, kể cả các ngày lễ. Cuộc gọi là miễn phí.

한국어를 사용하실 경우 언어지원서비스를 무료로 이용하실 수 있습니다. 연중무휴로 이용할 수 있는 **1-888-522-1298** (TTY: 711) 번으로 전화하십시오. 통화료는 무료입니다.

Եթե խոսում եք հայերեն, լեզվական աջակցության ծառայությունները հասանելի են Ձեզ անվճար: Ձանգահարեք **1-888-522-1298** հեռախոսահամարով (TTY՝ 711), օրը 24 ժամ, շաբաթը 7 օր, ներառյալ տոն օրերը: Հեռախոսագանգն անվճար է:

إذا كنت تتحدث اللغة العربية، فإن خدمات المساعدة اللغوية، متوفرة لك، مجاناً. اتصل على **1-888-522-1298** (TTY: 711) 24 ساعة في اليوم و7 أيام في الأسبوع، بما في ذلك أيام العطلات. هذه المكالمات مجانية.

Если вы говорите по-русски, вы можете воспользоваться бесплатными услугами переводчика. Звоните по телефону **1-888-522-1298** (TTY: 711), круглосуточно, без выходных, включая праздничные дни. Звонок бесплатный.

日本語のサービスを無料でご利用いただけます。 **1-888-522-1298** (TTY: 711) までお電話ください。このサービスは年中無休(祝祭日を含む)でご利用いただけます。通話料は無料です。

اگر به زبان فارسی صحبت می کنید، خدمات کمک در زمینه زبان بطور رایگان در اختیار شما قرار دارد. می توانید در تمام 24 ساعت شبانه روز و 7 روز هفته، حتی روزهای تعطیل با **1-888-522-1298** (TTY: 711) تماس بگیرید. تماس رایگان می باشد.

अगर आप हिंदी बोलते हैं, तो मुफ्त में भाषा सहायता सेवाएं, आपके लिए उपलब्ध हैं। अवकाश के दिनों समेत, दिन के 24 घंटे, सप्ताह के 7 दिन **1-888-522-1298** (TTY: 711) पर कॉल करें। कॉल निःशुल्क है।

បើអ្នកនិយាយភាសា ខ្មែរ, សេវាជំនួយភាសា គ្មានបង់ថ្លៃ គឺមានស្រាប់ជួយអ្នក។ សូមទូរស័ព្ទទៅ **1-888-522-1298** (TTY: 711), 24 ម៉ោងក្នុងមួយថ្ងៃ 7 ថ្ងៃក្នុងមួយសប្តាហ៍រួមទាំងថ្ងៃឈប់ស្រមាក។ ការហៅទូរស័ព្ទនេះគឺមិនគិតថ្លៃទេ។

Kung nagsasalita ka ng Tagalog, magagamit mo ang mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa **1-888-522-1298** (TTY: 711), 24 na oras sa isang araw, 7 araw sa isang linggo, kabilang ang mga piyesta opisyal. Libre ang pagtawag.

หากท่านพูดภาษาไทย เรามีบริการช่วยเหลือด้านภาษาให้คุณโดยไม่เสียค่าใช้จ่าย โปรดโทรฟรี ที่หมายเลข **1-888-522-1298** (TTY: 711) ได้ตลอด 24 ชั่วโมง ทุกวัน ไม่เว้นวันหยุด

ຖ້າວ່າ ທ່ານເວົ້າພາສາລາວ, ມີບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາໃຫ້ທ່ານໂດຍບໍ່ເສັຍຄ່າ. ໂທ **1-888-522-1298** (TTY: 711), ໄດ້ຕະຫຼອດ 24 ຊົ່ວໂມງ, 7 ວັນຕໍ່ອາທິດ, ລວມເຖິງ ວັນພັກຕ່າງໆ. ເບີໂທນີ້ແມ່ນບໍ່ເສັຍຄ່າ.

Yog koj hais lus Hmoob, muaj kev pab txhais lus pub dawb rau koj, hu rau **1-888-522-1298** (TTY: 711), 24 teev zhauv ib hnuv, 7 hnuv hauv ib asthiv, suav nrog cov hnuv so tib si. Qhov hu no yog hu dawb xwb.

ਜੇ ਤੁਸੀਂ ਪੰਜਾਬੀ ਬੋਲਦੇ ਹੋ, ਤਾਂ ਤੁਹਾਡੇ ਲਈ ਮੁਫਤ ਭਾਸ਼ਾ ਸਹਾਇਤਾ ਸੇਵਾਵਾਂ ਉਪਲਬਧ ਹਨ। ਛੁੱਟੀ ਵਾਲੇ ਦਿਨਾਂ ਸਮੇਤ 24 ਘੰਟੇ, 7 ਦਿਨ **1-888-522-1298** (TTY: 711) 'ਤੇ ਕਾਲ ਕਰੋ। ਕਾਲ ਮੁਫਤ ਹੈ।

Nondiscrimination statement for significant publications and significant communications that are large-size:

L.A. Care Health Plan complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. L.A. Care Health Plan does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

L.A. Care Health Plan:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
 - o Qualified sign language interpreters
 - o Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
 - o Qualified interpreters
 - o Information written in other languages

If you need these services, contact our Member Services Department at **1-888-522-1298** (TTY: **711**).

If you believe that L.A. Care Health Plan has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance/complaint with the Civil Rights Coordinator of L.A. Care Health Plan. You have two options in which you may file a grievance/complaint:

You may call in a grievance/complaint at:

Member Services Department – **1-888-522-1298** (TTY: **711**)

Or you may send in a written complaint to:

Civil Rights Coordinator
c/o Compliance Department
L.A. Care Health Plan
1055 West 7th Street, 10th Floor
Los Angeles, CA 90017
Email: civilrightscordinator@lacare.org

You can file a grievance/complaint in person, by mail, by telephone, or by email. If you need help filing a grievance/complaint, the Civil Rights Coordinator via the Member Services Department is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue SW., Room 509F, HHH Building
Washington, DC 20201
1-800-368-1019, 800-537-7697 (TDD).

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

What Is a Primary Care Dentist?

A Primary Care Dentist will help with your dental care, including a referral to a specialist if needed. You do not need a prior authorization to receive dental services from your Primary Care Dentist. Your Primary Care Dentist makes most coverage determinations. Coverage determinations are obtained through oral exams which are covered by LIBERTY Dental Plan with some limitations. Your Primary Care Dentist is responsible for telling you the results of your oral exam, and advising you of your benefits and any costs.

Be sure to tell your dentist you are a member of L.A. Care Cal MediConnect Plan when you call for an appointment.

How Do You Choose Your Primary Care Dentist?

You must choose a Primary Care Dentist from the LIBERTY Dental Plan for any dental services covered by L.A. Care Cal MediConnect Plan. If you do not choose a dentist when you enroll or before your coverage date, a dentist will be assigned to you. You may be assigned to any of LIBERTY Dental Plan's network dentists listed in the Provider Directory. You may choose to keep the dentist you already use if the dentist participates with LIBERTY Dental Plan. You may also choose a new Primary Care Dentist.

If you have been going to a non-network dentist, you should ask to be assigned to a network dentist. When you find a Primary Care Dentist, write their information on your enrollment form or call LIBERTY Dental Plan's Member Services before your coverage date. In some cases, when approved by L.A. Care Cal MediConnect Plan, you may get services from non-network providers.

You will need to see your assigned LIBERTY Dental Plan Primary Care Dentist for dental services covered by L.A. Care Cal MediConnect Plan. For help in finding a Primary Care Dentist, contact LIBERTY Dental Plan's Member Services at **1-888-700-5243** between the hours of 8:00 a.m. to 8:00 p.m. (PT), Monday through Friday. TTY users should call **711**.

Changing Your Primary Care Dentist

You can change your Primary Care Dentist at any time. If you want to change your Primary Care Dentist, you may call LIBERTY Dental Plan's Member Services. If you call by the 20th day of the month, your change will be effective the first day of the following month. LIBERTY Dental Plan's Member Services will change your record to show the name of your new Primary Care Dentist and tell you when the change will take place. For help in finding a Primary Care Dentist, contact LIBERTY Dental Plan's Member Services at **1-888-700-5243** between the hours of 8:00 a.m. to 8:00 p.m. (PT), Monday through Friday. TTY users should call **711**.

What should you do if you have bills from non-network providers that you think should be paid by LIBERTY Dental Plan?

If you get a bill from a non-network provider for dental care, you should not pay the bill. Send the bill with information on the type of services you had done to LIBERTY Dental Plan for processing.

We will let you know if you have to pay any portion of the bill. If you do not agree that you have to pay for your services, please refer to your *Member Handbook* for more information about requesting an appeal or filing a complaint.

What is the service area for LIBERTY Dental Plan?

LIBERTY Dental Plan serves all of Los Angeles County, except zip code 90704.

Is Prior Benefit Authorization Necessary?

If you require care from a specialist, LIBERTY Dental Plan needs a prior authorization submission from your dentist. LIBERTY Dental Plan will respond to the request within five business days after receiving the form, unless it is an emergency.

If your dentist finds an urgent or serious threat to your health, or the normal time for the decision-making process would be harmful to your life or health, the request for referral should not be more than 72 hours. The decision will be communicated to your Primary Care Dentist within 24 hours. In some cases, the decision will be communicated to the member within 30 calendar days after the information is received. If your service is approved, you will also be refunded within 30 calendar days after the information is received.

All dental benefits are covered only if provided by a contracted LIBERTY Dental Plan Primary Care Dentist or specialist. You must use LIBERTY Dental Plan providers, except in emergency situations. The only time you may receive care outside of the network is for emergencies as listed in the **Emergency Dental Care** section of this booklet.

Emergency Dental Care

All LIBERTY Dental Plan primary care dentists can provide emergency dental services 24 hours a day, 7 days a week.

If you require emergency dental care, contact your Primary Care Dentist to schedule an appointment.

If you cannot reach your Primary Care Dentist for emergency dental services that may occur after hours or on weekends, please contact LIBERTY Dental Plan's Member Services at **1-888-700-5243**, 24 hours a day, 7 days a week. TTY users should call **711**.

Out-of-area emergency dental service

If you have an out-of-area emergency within the United States, contact any licensed dentist to get care. LIBERTY Dental will refund you for qualifying emergency dental expenses up to \$75.

The plan provides coverage for out-of-area emergency dental services only if the services are required to relieve severe pain or bleeding, or if an enrollee reasonably believes that the condition, if not diagnosed or treated, may lead to disability, dysfunction, and/or permanent damage to your health or death.

Out-of-area emergency dental service and care covered by LIBERTY Dental Plan include dental screenings, exams, and a check-up by a dentist or Dental Specialist. The dentist will let you know if an emergency

dental condition exists, and will give you care in order to relieve any emergency symptoms in a dental office. Other types of emergencies are not covered by LIBERTY Dental Plan if the services are done in a hospital setting and are covered by a medical plan. LIBERTY Dental Plan will determine if the services were not dental in nature.

Refunds for out-of-area emergency dental care

If emergency dental care is needed, LIBERTY Dental Plan will cover up to \$75 for services each year. If you pay a bill for emergency dental care, submit a copy of the paid bill to the address below:

LIBERTY Dental Plan
Attn: Claims Department
P.O. Box 26110
Santa Ana, CA 92799-6110

Please include a copy of the claim from the provider's office or an easy-to read statement of services/invoice. Send your copy or statement to LIBERTY Dental Plan with the following information:

- Your membership information
- The name of the person who received emergency care
- Name and address of the dentist providing the emergency dental care
- A statement explaining the emergency visit

If more information is needed, you will be notified in writing. If your claim is approved, you will receive a refund within 30 calendar days. If any part of your claim is not approved, you will receive a written explanation of benefits (EOB) within 30 calendar days after LIBERTY Dental Plan's receives your claim. The EOB will include the following information:

- The reason why the claim was denied.
- Reference to the pertinent Dental Benefit Information Booklet provisions on which the denial is based.
- Information on your right to request reconsideration of the denial and the process to file a grievance.

Second Opinion

You may request a second dental opinion at no cost to you, by calling LIBERTY Dental Plan's Member Services at **1-888-700-5243** TTY users should call **711** or by writing to:

LIBERTY Dental Plan
P.O. Box 26110
Santa Ana, CA 92799-6110

Your Primary Care Dentist may also request a second dental opinion on your behalf. All requests for a second dental opinion are reviewed by LIBERTY Dental Plan within five days after receiving

the request. Once approved, LIBERTY Dental Plan will make the arrangements for your second dental opinion and let the dentist know your concerns. You will be advised of the arrangement so an appointment can be made.

What to Do If You Have a Problem or Complaint

You can ask for a coverage decision or make an appeal or complaint about your dental care. You can call L.A. Care Cal MediConnect Plan Member Services at **1-888-522-1298**, 24 hours a day, 7 days a week, including holidays, or see your L.A. Care Cal MediConnect Plan *Member Handbook*. TTY users should call **711**.

Answers to Common Questions

Does the plan include Dental Specialists?

Yes. LIBERTY Dental Plan has a network of Dental Specialists. If specialty care is needed you will be referred to a specialist after coordinating your needs with your Primary Care Dentist.

How will I know what my co-payment will be?

There are no co-payments for covered services. If you have any questions, ask your dentist before you receive your dental care and/or call LIBERTY Dental Plan's Member Services.

What If I Have a Question About My Dental Plan?

Call LIBERTY Dental Plan's Member Services at **1-888-700-5243** between the hours of 8:00 a.m. to 8:00 p.m. (PT), Monday through Friday. TTY users should call **711**. LIBERTY Dental Plan's Member Services representatives will be glad to help you answer any questions you may have.

NEW Effective January 1, 2018: Adult Denti-Cal Benefits have been fully restored to include more covered services. LIBERTY Dental Plan supplemental services will be your primary source of dental coverage and Denti-Cal services will be your secondary source of coverage. Pages viii-xii has guidelines, limitations and services covered by LIBERTY Dental Plan. Pages xiii-xxv has guidelines, limitations and services covered by Denti-Cal.

The following benefits are covered when provided by an in-network, LIBERTY Dental Plan network provider. All rules including assignment to a Primary Care Dentist, referral to a specialist and Prior Authorization requirements apply as stated above:

DIAGNOSTIC		
D0140	Limited oral evaluation	\$0
D0180	Comprehensive periodontal evaluation	\$0
D0240	Intraoral, occlusal film	\$0
D0273	Bitewings, 3 films	\$0
PREVENTIVE		
D1310	Nutritional counseling for control of dental disease	\$0
D1320	Tobacco counseling, control/prevention oral disease	\$0
D1330	Oral hygiene instruction	\$0
RESTORATIVE		
D2720	Crown, resin with high noble metal	\$0*
D2721	Crown, resin with predominantly base metal	\$0
D2722	Crown, resin with noble metal	\$0*
D2750	Crown, porcelain fused to high noble metal	\$0*
D2751	Crown, porcelain fused to predominantly base metal	\$0
D2752	Crown, porcelain fused to noble metal	\$0*
D2790	Crown, full cast high noble metal	\$0*
D2791	Crown, full cast predominantly base metal	\$0
D2792	Crown, full cast noble metal	\$0*
D2933	Prefabricated stainless steel crown with resin window	\$0
D2950	Core buildup, including any pins	\$0
D2951	Pin retention, per tooth, in addition to restoration	\$0
D2953	Each additional indirect fabricated post, same tooth	\$0*
ENDODONTIC		
D3110	Pulp cap, direct (excluding final restoration)	\$0
D3120	Pulp cap, indirect (excluding final restoration)	\$0
D3320	Bicuspid (excluding final restoration)	\$0
D3330	Molar (excluding final restoration)	\$0
D3331	Treatment of root canal obstruction; non-surgical	\$0
D3332	Incomplete endodontic therapy, unrestorable	\$0
ENDODONTIC (Cont.)		

CDT Code	Description	Co-Payment
D3347	Retreatment of previous root canal, bicuspid	\$0
D3348	Retreatment of previous root canal, molar	\$0
D3410	Apicoectomy/periradicular surgery, anterior	\$0
D3421	Apicoectomy/periradicular surgery, bicuspid	\$0
D3425	Apicoectomy/periradicular surgery, molar	\$0
D3426	Apicoectomy/periradicular surgery, ea. add. root	\$0
PERIODONTIC		
D4341	Periodontal scaling & root planing, 4+ teeth/quad.	\$0
D4342	Periodontal scaling & root planing, 1–3 teeth/quad.	\$0
D4355	Full mouth debridement (removes buildup around teeth, below gums)	\$0
D4381	Localized delivery of antimicrobial agent/per tooth	\$0
D4910	Periodontal maintenance	\$0
D4999	Unspecified periodontal procedure, by report	\$0
REMOVABLE PROSTHODONTICS (Dentures)		
D5211	Maxillary (upper) partial denture, resin base	\$0
D5212	Mandibular (lower) partial denture, resin base	\$0
D5213	Maxillary (upper) partial denture, cast metal framework/resin base	\$0
D5214	Mandibular (lower) partial denture, cast metal framework/resin base	\$0
D5421	Adjust partial denture, maxillary (upper)	\$0
D5422	Adjust partial denture, mandibular (lower)	\$0
D5640	Replace broken teeth, per tooth	\$0
D5650	Add tooth to existing partial denture	\$0
D5660	Add clasp to existing partial denture	\$0
D5740	Reline maxillary (upper) partial denture, chairside	\$0
D5741	Reline mandibular partial denture, chairside	\$0
FIXED PROSTHODONTICS (Bridges)		
D6240	Pontic, porcelain fused to high noble metal	\$0**
D6241	Pontic, porcelain fused to predominantly base metal	\$0†
D6242	Pontic, porcelain fused to noble metal	\$0**
D6750	Crown, porcelain fused to high noble metal	\$0**
D6751	Crown, porcelain fused to predominantly base metal	\$0†
D6752	Crown, porcelain fused to noble metal	\$0**
EXTRACTIONS & ORAL SURGERY		

CDT Code	Description	Co-Payment
D7310	Alveoloplasty (smoothing the jaw ridge) with extractions, 4+ teeth, quadrant	\$0
D7311	Alveoloplasty with extractions, 1–3 teeth, quadrant	\$0
D7320	Alveoloplasty without extractions, 4+ teeth, quad.	\$0
D7321	Alveoloplasty without extractions, 1–3 teeth, quad.	\$0
D7910	Suture of recent small wounds up to 5 cm	\$0
ADJUNCTIVE GENERAL SERVICES		
D9310	Consultation, other than requesting dentist	\$0

***GUIDELINES:**

If the covered benefit is upgraded to include noble or high noble metal, the provider may charge the member the additional lab cost of the upgraded metal.

Porcelain/resin fused to metal crowns on molar teeth is considered an upgrade. If a porcelain/resin fused to metal crown on a molar tooth is provided, the provider may charge the member the additional lab cost of the porcelain/resin.

Porcelain/resin fused to base metal crowns are covered benefits for anterior and bicuspid teeth.

Cast base metal restorations are covered benefits for molar teeth.

No more than two (2) quadrants of periodontal scaling and root planing per appointment/per day are allowable.

†GUIDELINES for Pontics and Abutment Crowns:

Fixed bridges are only covered as described below:

An anterior fixed bridge (porcelain fused to predominantly base metal) is covered subsequent to the recent extraction of up to two anterior teeth when:

- Those extracted teeth are the only missing teeth in the arch (other than 3rd molars), and;
- The attachment teeth immediately adjacent to the extraction site(s) have a good prognosis.

Appropriate procedure codes for an anterior fixed bridge are:

- D6751: an attachment crown for one tooth next to the extraction space
- D6241: the replacement tooth (pontic)
- D6751: an attachment crown for the tooth on the other side of the extraction space

If the covered anterior fixed bridge is upgraded to include noble or high noble metal, the provider may charge the member the additional lab cost of the upgraded metal.

LIMITATIONS:

1. Oral examinations are covered once every six (6) consecutive months.
2. Periodontal maintenance is covered once every six (6) consecutive months.
3. Crowns and pontics are benefits on the same tooth only once every five (5) years, and consistent with professionally recognized standards of dental practice.
4. Replacement of full and partial denture are covered once per arch every five (5) years, except when they cannot be made functional through reline or repair.
5. Denture relines are covered two (2) times per year, and only when consistent with professionally recognized standards of dental practice.

EXCLUSIONS:

1. Any procedure not specifically listed as a covered benefit.
2. Replacement of lost or stolen prosthetics or appliances including crowns, bridges, partial dentures and full dentures.
3. Any treatment requested, or appliances made, which are either not necessary for maintaining or improving dental health, or are for cosmetic purposes unless otherwise covered as a benefit.
4. Orthodontic treatment.
5. Procedures considered experimental, treatment involving implants or pharmacological regimens.
6. Oral surgery requiring the setting of bone fractures or bone dislocations.
7. Hospitalization.
8. General anesthesia, analgesia, intravenous/intramuscular sedation or the services of an anesthesiologist.
9. Treatment started before the member was eligible, or after the member was no longer eligible.
10. Procedures which are determined not to be dentally necessary consistent with professionally recognized standards of dental practice.
11. Appliances needed to increase vertical dimension or restore occlusion.
12. Procedures, appliances, or restorations to correct congenital, developmental or medically induced dental disorder, including but not limited to: myofunctional (e.g. speech therapy), myoskeletal, or temporomandibular joint dysfunctions (e.g. adjustments/corrections to the facial bones).
13. Treatment of malignancies, cysts, or neoplasms.
14. Any services performed outside of the assigned dental office, unless expressly authorized by LIBERTY Dental Plan, or unless as outlined and covered as “Emergency Dental Care” in your *Member Handbook*.

Questions About Exclusions and Limitations

If you have any questions about these benefit Exclusions and Limitations, talk to your Primary Care Dentist or call LIBERTY Dental Plan’s Member Services before receiving treatment. Call LIBERTY Dental Plan’s Member Services at **1-888-700-5243** between the hours of 8:00 a.m. to 8:00 p.m. (PT), Monday through Friday. TTY users should call **1-800-735-2929**. LIBERTY Dental Plan’s Member Service representatives will be glad to provide you with information or answer your questions.

LIBERTY Dental Plan will arrange for you to receive services from a Contracted Dental Specialist if the necessary treatment is outside the scope of General Dentistry. Your Primary Care Dentist will initiate the referral process with LIBERTY Dental Plan. The proper referral process must be utilized for specialty services to be covered under your plan. X-rays for diagnostic purposes are benefits in the Primary Care Dentist’s office only.

The following benefits are covered when provided by a Denti-Cal/PHP provider, effective January 1, 2018. Please refer to your Denti-Cal/PHP handbook or Evidence of Coverage (EOC) for complete coverage details, including guidelines, exclusions and limitations:

DIAGNOSTIC		
D0120	Periodic oral evaluation	\$0
D0150	Comprehensive oral evaluation	\$0
D0160	Oral evaluation, problem focused	\$0
D0170	Re-evaluation, limited, problem focused	\$0
D0180	Comprehensive periodontal evaluation	\$0
D0210	Intraoral, complete series (includes bitewings)	\$0
D0220	Intraoral, periapical, first film	\$0
D0230	Intraoral, periapical, each additional film	\$0
D0240	Intraoral, occlusal radiographic image	\$0
D0250	Extraoral, first film	\$0
D0260	Extraoral, each additional film	\$0
D0270	Bitewing, single film	\$0
D0272	Bitewings, 2 films	\$0
D0274	Bitewings, 4 films	\$0
D0290	Posterior - anterior or lateral skull and facial bone survey film	\$0
D0310	Sialography	\$0
D0320	Temporomandibular joint arthrogram, including injection	\$0
D0322	Tomographic survey	\$0
DIAGNOSTIC (Cont.)		

CDT Code	Description	Co-Payment
D0330	Panoramic film	\$0
D0340	2D cephalometric radiographic image, measurement and analysis	\$0
D0350	Oral/facial photographic images	\$0
D0460	Pulp vitality tests	\$0
D0502	Other oral pathology procedures, by report	\$0
D0999	Unspecified diagnostic procedure, by report	\$0
PREVENTIVE		
D1110	Prophylaxis, adult, once every six months	\$0
D1204	Topical application of fluoride, adult	\$0
D1206	Topical fluoride varnish; therapeutic application for moderate to high caries risk patients	\$0
D1208	Fluoride	\$0
D1310	Nutritional counseling for control of dental disease	\$0
D1320	Tobacco counseling, control/prevention oral disease	\$0
D1330	Oral hygiene instruction	\$0
D1555	Removal of fixed space maintainer	\$0
RESTORATIVE		
D2140	Amalgam, 1 surface, primary or permanent	\$0
D2150	Amalgam, 2 surfaces, primary or permanent	\$0
D2160	Amalgam, 3 surfaces, primary or permanent	\$0
D2161	Amalgam, 4 or more surfaces, primary or permanent	\$0
D2330	Resin-based composite, 1 surface, anterior	\$0
D2331	Resin-based composite, 2 surfaces, anterior	\$0
D2332	Resin-based composite, 3 surfaces, anterior	\$0
D2335	Resin-based composite, 4+ surfaces/incisal angle	\$0
D2390	Resin-based composite crown, anterior	\$0
D2391	Resin-based composite - one surface, posterior	\$0
D2392	Resin-based composite - two surfaces, posterior	\$0
D2393	Resin-based composite - three surfaces, posterior	\$0
D2394	Resin-based composite - four or more surfaces, posterior	\$0
D2710	Crown, resin-based composite (indirect)	\$0
D2712	Crown, ¾ resin-based composite (indirect)	\$0
D2721	Crown, resin with predominantly base metal	\$0
RESTORATIVE (Cont.)		

CDT Code	Description	Co-Payment
D2740	Crown, porcelain/ceramic substrate	\$0
D2751	Crown, porcelain fused to predominantly base metal	\$0
D2781	Crown, ¾ cast predominantly base metal	\$0
D2783	Crown, ¾ porcelain/ceramic	\$0
D2791	Crown, full cast predominantly base metal	\$0
D2910	Re-cement inlay, onlay or partial coverage restoration	\$0
D2915	Re-cement or re-bond indirectly fabricated/prefabricated post and core	\$0
D2920	Re-cement crown	\$0
D2931	Prefabricated stainless steel crown, permanent tooth	\$0
D2932	Prefabricated resin crown	\$0
D2933	Prefabricated stainless steel crown with resin window	\$0
D2940	Sedative filling	\$0
D2950	Core buildup, including any pins when required	\$0
D2951	Pin retention, per tooth, in addition to restoration	\$0
D2952	Post & core in addition to crown, indirect fabricated	\$0*
D2953	Each additional indirectly fabricated post, same tooth	\$0
D2954	Prefabricated post & core in addition to crown	\$0
D2955	Post removal	\$0
D2957	Each additional prefabricated post, same tooth	\$0
D2970	Temporary crown (fractured tooth)	\$0
D2971	Additional procedure to construct new crown, existing partial denture frame	\$0
D2980	Crown repair necessitated by restorative material failure	\$0
D2999	Unspecified restorative procedure, by report	\$0
ENDODONTIC		
D3110	Pulp cap, direct (excluding final restoration)	\$0
D3120	Pulp cap, indirect (excluding final restoration)	\$0
D3221	Pulpal debridement, primary and permanent teeth	\$0
D3310	Endodontic therapy, anterior tooth (excluding final restoration)	\$0
D3320	Endodontic therapy, bicuspid tooth (excluding final restoration)	\$0
D3330	Endodontic therapy, molar (excluding final restoration)	\$0
D3331	Treatment of root canal obstruction; non-surgical access	\$0
D3332	Incomplete endodontic therapy; inoperable, unrestorable, fractured tooth	\$0
D3333	Internal root repair of perforation defects	\$0
ENDODONTIC (Cont.)		

CDT Code	Description	Co-Payment
D3346	Retreatment of previous root canal, anterior	\$0
D3347	Retreatment of previous root canal therapy, bicuspid	\$0
D3348	Retreatment of previous root canal therapy, molar	\$0
D3410	Apicoectomy, anterior	\$0
D3421	Apicoectomy, bicuspid (first root)	\$0
D3425	Apicoectomy, molar (first root)	\$0
D3426	Apicoectomy, (each additional root)	\$0
D3430	Retrograde filling, per root	\$0
D3910	Surgical procedure for isolation of tooth with rubber dam	\$0
D3999	Unspecified endodontic procedure, by report	\$0
PERIODONTIC		
D4210	Gingivectomy or gingivoplasty - four or more contiguous teeth or tooth bounded spaces per quadrant	\$0
D4211	Gingivectomy or gingivoplasty - one to three contiguous teeth or tooth bounded spaces per quadrant	\$0
D4249	Clinical crown lengthening, hard tissue	\$0
D4260	Osseous surgery (including flap entry and closure) - four or more contiguous teeth or tooth bounded spaces per quadrant	\$0
D4261	Osseous surgery (including flap entry and closure) - one to three contiguous teeth or tooth bounded spaces per quadrant	\$0
D4265	Biologic materials to aid in soft and osseous tissue regeneration	\$0
D4341	Periodontal scaling and root planing, four or more teeth per quadrant	\$0
D4342	Periodontal scaling and root planing, one to three teeth per quadrant	\$0
D4355	Full mouth debridement	\$0
D4381	Localized delivery of antimicrobial agent/per tooth	\$0
D4910	Periodontal maintenance	\$0
D4920	Unscheduled dressing change (by someone other than treating dentist)	\$0
D4999	Unspecified periodontal procedure, by report	\$0
REMOVABLE PROSTHODONTICS (Dentures)		
D5110	Complete denture, maxillary (upper)	\$0
D5120	Complete denture, mandibular (lower)	\$0
D5130	Immediate denture, maxillary (upper)	\$0
D5140	Immediate denture, mandibular (lower)	\$0
REMOVABLE PROSTHODONTICS (Dentures) (Cont.)		

CDT Code	Description	Co-Payment
D5211	Maxillary partial denture, resin base	\$0
D5212	Mandibular partial denture, resin base	\$0
D5213	Maxillary partial denture, cast metal, resin base	\$0
D5214	Mandibular partial denture, cast metal, resin base	\$0
D5410	Adjust complete denture, maxillary (upper)	\$0
D5411	Adjust complete denture, mandibular (lower)	\$0
D5421	Adjust partial denture, maxillary	\$0
D5422	Adjust partial denture, mandibular	\$0
D5510	Repair broken complete denture base	\$0
D5520	Replace missing/broken teeth, complete denture	\$0
D5610	Repair resin denture base	\$0
D5620	Repair cast framework	\$0
D5630	Repair or replace broken clasp, per tooth	\$0
D5640	Replace broken teeth, per tooth	\$0
D5650	Add tooth to existing partial denture	\$0
D5660	Add clasp to existing partial denture, per tooth	\$0
D5730	Reline complete maxillary (upper) denture, chairside	\$0
D5731	Reline complete mandibular (lower) denture, chairside	\$0
D5740	Reline maxillary partial denture, chairside	\$0
D5741	Reline mandibular partial denture, chairside	\$0
D5750	Reline complete maxillary (upper) denture, laboratory	\$0
D5751	Reline complete mandibular (lower) denture, laboratory	\$0
D5760	Reline maxillary partial denture, laboratory	\$0
D5761	Reline mandibular partial denture, laboratory	\$0
D5850	Tissue conditioning, maxillary (upper)	\$0
D5851	Tissue conditioning, mandibular (lower)	\$0
D5860	Overdenture - complete, by report	\$0
D5862	Precision attachment, by report	\$0
D5899	Unspecified removable prosthodontic procedure, by report	\$0
D5911	Facial moulage (sectional)	\$0
D5912	Facial moulage (complete)	\$0
D5913	Nasal prosthesis	\$0

REMOVABLE PROSTHODONTICS (Dentures) (Cont.)

CDT Code	Description	Co-Payment
D5914	Auricular prosthesis	\$0
D5915	Orbital prosthesis	\$0
D5916	Ocular prosthesis	\$0
D5919	Facial prosthesis	\$0
D5922	Nasal septal prosthesis	\$0
D5923	Ocular prosthesis, interim	\$0
D5924	Cranial prosthesis	\$0
D5925	Facial augmentation implant prosthesis	\$0
D5926	Nasal prosthesis, replacement	\$0
D5927	Auricular prosthesis, replacement	\$0
D5928	Orbital prosthesis, replacement	\$0
D5929	Facial prosthesis, replacement	\$0
D5931	Obturator prosthesis, surgical	\$0
D5932	Obturator prosthesis, definitive	\$0
D5933	Obturator prosthesis, modification	\$0
D5934	Mandibular resection prosthesis with guide flange	\$0
D5935	Mandibular resection prosthesis without guide flange	\$0
D5936	Obturator prosthesis, interim	\$0
D5937	Trismus appliance (not for TMD treatment)	\$0
D5953	Speech aid prosthesis, adult	\$0
D5954	Palatal augmentation prosthesis	\$0
D5955	Palatal lift prosthesis, definitive	\$0
D5958	Palatal lift prosthesis, interim	\$0
D5959	Palatal lift prosthesis, modification	\$0
D5960	Speech aid prosthesis, modification	\$0
D5982	Surgical stent	\$0
D5983	Radiation carrier	\$0
D5984	Radiation shield	\$0
D5985	Radiation cone locator	\$0
D5986	Fluoride gel carrier	\$0
D5987	Commissure splint	\$0
D5988	Surgical splint	\$0
D5991	Vesiculobullous disease medicament carrier	\$0

CDT Code	Description	Co-Payment
D5999	Unspecified maxillofacial prosthesis, by report	\$0
FIXED PROSTHODONTICS (Bridges)		
D6010	Surgical placement of implant body, endosteal	\$0
D6040	Surgical placement: eposteal implant	\$0
D6050	Surgical placement: transosteal implant	\$0
D6053	Implant/abutment supported removable denture, complete arch	\$0
D6054	Implant/abutment supported removable denture, partial arch	\$0
D6055	Connecting bar, implant supported or abutment supported	\$0
D6056	Prefabricated abutment, includes modification and placement	\$0
D6057	Custom fabricated abutment, includes placement	\$0
D6058	Abutment supported porcelain/ceramic crown	\$0
D6059	Abutment supported porcelain fused to high noble crown	\$0
D6060	Abutment supported porcelain fused to base metal crown	\$0
D6061	Abutment supported porcelain fused to noble metal crown	\$0
D6062	Abutment supported cast metal crown, high noble	\$0
D6063	Abutment supported cast metal crown, base metal	\$0
D6064	Abutment supported cast metal crown, noble metal	\$0
D6065	Implant supported porcelain/ceramic crown	\$0
D6066	Implant supported porcelain fused to high noble crown	\$0
D6067	Implant supported metal crown	\$0
D6068	Abutment supported retainer, porcelain/ceramic FPD	\$0
D6069	Abutment supported retainer, metal FPD, high noble	\$0
D6070	Abutment supported retainer, porcelain fused to metal FPD, base metal	\$0
D6071	Abutment supported retainer, porcelain fused to metal FPD, noble	\$0
D6072	Abutment supported retainer, cast metal FPD, high noble	\$0
D6073	Abutment supported retainer, cast metal FPD, base metal	\$0
D6074	Abutment supported retainer, cast metal FPD, noble	\$0
D6075	Implant supported retainer for ceramic FPD	\$0
D6076	Implant supported retainer for porcelain fused metal FPD	\$0
D6077	Implant supported retainer for cast metal FPD	\$0
D6078	Implant/abutment supported fixed denture, complete edentulous arch	\$0
D6079	Implant/abutment supported fixed denture, partial edentulous arch	\$0
D6080	Implant maintenance procedures, prosthesis removed/reinserted, including cleansing	\$0
FIXED PROSTHODONTICS (Bridges) (Cont.)		

CDT Code	Description	Co-Payment
D6090	Repair implant supported prosthesis, by report	\$0
D6091	Replacement of semi-precision, precision attachment, implant/abutment supported prosthesis, per attachment	\$0
D6092	Re-cement implant/abutment supported crown	\$0
D6093	Re-cement implant/abutment supported fixed partial denture	\$0
D6094	Abutment supported crown, titanium	\$0
D6095	Repair implant abutment, by report	\$0
D6100	Implant removal, by report	\$0
D6190	Radiographic/surgical implant index, by report	\$0
D6194	Abutment supported retainer crown, FPD, titanium	\$0
D6199	Unspecified implant procedure, by report	\$0
D6211	Pontic, cast predominantly base metal	\$0
D6241	Pontic, porcelain fused to predominantly base metal	\$0
D6245	Pontic, porcelain/ceramic	\$0
D6251	Pontic, resin with predominantly base metal	\$0
D6721	Retainer crown, resin with predominantly base metal	\$0
D6740	Retainer crown, porcelain/ceramic	\$0
D6751	Retainer crown, porcelain fused to predominantly base metal	\$0
D6781	Retainer crown, ¾ cast predominantly base metal	\$0
D6783	Retainer crown, ¾ porcelain/ceramic	\$0
D6791	Retainer crown, full cast predominantly base metal	\$0
D6930	Re-cement fixed partial denture	\$0
D6980	Fixed partial denture repair, restorative material failure	\$0
D6999	Unspecified fixed prosthodontic procedure, by report	\$0
EXTRACTIONS & ORAL SURGERY		
D7111	Extraction, coronal remnants - deciduous tooth	\$0
D7140	Extraction, erupted tooth or exposed root	\$0
D7210	Surgical removal of erupted tooth	\$0
D7220	Removal of impacted tooth, soft tissue	\$0
D7230	Removal of impacted tooth, partially bony	\$0
D7240	Removal of impacted tooth, completely bony	\$0
D7241	Removal of impacted tooth, complete bony, complication	\$0
EXTRACTIONS & ORAL SURGERY (Cont.)		

CDT Code	Description	Co-Payment
D7250	Surgical removal residual tooth roots, cutting proc.	\$0
D7260	Oroantral fistula closure	\$0
D7261	Primary closure of a sinus perforation	\$0
D7270	Tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth	\$0
D7285	Biopsy of oral tissue - hard (bone, tooth)	\$0
D7286	Biopsy of oral tissue - soft (all others)	\$0
D7310	Alveoloplasty with extractions, four or more teeth per quadrant	\$0
D7311	Alveoloplasty with extractions, one to three teeth per quadrant	\$0
D7320	Alveoloplasty, w/o extractions, four or more teeth per quadrant	\$0
D7321	Alveoloplasty, w/o extractions, one to three teeth per quadrant	\$0
D7340	Vestibuloplasty, ridge extension (2nd epithelialization)	\$0
D7350	Vestibuloplasty, ridge extension	\$0
D7410	Excision of benign lesion up to 1.25 cm	\$0
D7411	Excision of benign lesion greater than 1.25 cm	\$0
D7412	Excision of benign lesion, complicated	\$0
D7413	Excision of malignant lesion up to 1.25 cm	\$0
D7414	Excision of malignant lesion greater than 1.25 cm	\$0
D7415	Excision of malignant lesion, complicated	\$0
D7440	Excision of malignant tumor - lesion diameter up to 1.25 cm	\$0
D7441	Excision of malignant tumor - lesion diameter greater than 1.25 cm	\$0
D7450	Removal of benign odontogenic cyst or tumor - lesion diameter up to 1.25 cm	\$0
D7451	Removal of benign odontogenic cyst or tumor - lesion diameter greater than 1.25 cm	\$0
D7460	Removal of benign nonodontogenic cyst or tumor - lesion diameter up to 1.25 cm	\$0
D7461	Removal of benign nonodontogenic cyst or tumor - lesion diameter greater than 1.25 cm	\$0
D7465	Destruction of lesion(s) by physical or chemical method, by report	\$0
D7471	Removal of lateral exostosis, maxilla or mandible	\$0
D7472	Removal of torus palatinus	\$0
D7473	Removal of torus mandibularis	\$0
D7485	Surgical reduction of osseous tuberosity	\$0
EXTRACTIONS & ORAL SURGERY (Cont.)		

CDT Code	Description	Co-Payment
D7490	Radical resection of maxilla or mandible	\$0
D7510	Incision and drainage of abscess - intraoral soft tissue	\$0
D7511	Incision and drainage of abscess, intraoral soft tissue, complicated	\$0
D7520	Incision and drainage of abscess - extraoral soft tissue	\$0
D7521	Incision and drainage of abscess, extraoral soft tissue, complicated	\$0
D7530	Removal of foreign body from mucosa, skin, or subcutaneous alveolar tissue	\$0
D7540	Removal of reaction producing foreign bodies, musculoskeletal system	\$0
D7550	Partial ostectomy/sequestrectomy for removal of non-vital bone	\$0
D7560	Maxillary sinusotomy for removal of tooth fragment or foreign body	\$0
D7610	Maxilla - open reduction (teeth immobilized, if present)	\$0
D7620	Maxilla - closed reduction (teeth immobilized, if present)	\$0
D7630	Mandible - open reduction (teeth immobilized, if present)	\$0
D7640	Mandible - closed reduction (teeth immobilized, if present)	\$0
D7650	Malar and/or zygomatic arch - open reduction	\$0
D7660	Malar and/or zygomatic arch - closed reduction	\$0
D7670	Alveolus - closed reduction, may include stabilization of teeth	\$0
D7671	Alveolus - open reduction, may include stabilization of teeth	\$0
D7680	Facial bones - complicated reduction with fixation and multiple surgical approaches	\$0
D7710	Maxilla - open reduction	\$0
D7720	Maxilla - closed reduction	\$0
D7730	Mandible - open reduction	\$0
D7740	Mandible - closed reduction	\$0
D7750	Malar and/or zygomatic arch - open reduction	\$0
D7760	Malar and/or zygomatic arch - closed reduction	\$0
D7770	Alveolus - open reduction stabilization of teeth	\$0
D7771	Alveolus - closed reduction stabilization of teeth	\$0
D7780	Facial bones - complicated reduction with fixation and multiple surgical approaches	\$0
D7810	Open reduction of dislocation	\$0
D7820	Closed reduction of dislocation	\$0
D7830	Manipulation under anesthesia	\$0
D7840	Condylectomy	\$0
D7850	Surgical discectomy, with/without implant	\$0

EXTRACTIONS & ORAL SURGERY (Cont.)

CDT Code	Description	Co-Payment
D7852	Disc repair	\$0
D7854	Synovectomy	\$0
D7856	Myotomy	\$0
D7858	Joint reconstruction	\$0
D7860	Arthrotomy	\$0
D7865	Arthroplasty	\$0
D7870	Arthrocentesis	\$0
D7871	Non-arthroscopic lysis and lavage	\$0
D7872	Arthroscopy - diagnosis, with or without biopsy	\$0
D7873	Arthroscopy - surgical: lavage and lysis of adhesions	\$0
D7874	Arthroscopy - surgical: disc repositioning and stabilization	\$0
D7875	Arthroscopy - surgical: synovectomy	\$0
D7876	Arthroscopy - surgical: debridement	\$0
D7877	Arthroscopy - surgical: debridement	\$0
D7880	Occlusal orthotic device, by report	\$0
D7899	Unspecified TMD therapy, by report	\$0
D7910	Suture of recent small wounds up to 5cm	\$0
D7911	Complicated suture - up to 5 cm	\$0
D7912	Complicated suture - greater than 5 cm	\$0
D7920	Skin graft (identify defect covered, location and type of graft)	\$0
D7940	Osteoplasty - for orthognathic deformities	\$0
D7941	Osteotomy - mandibular rami	\$0
D7943	Osteotomy - mandibular rami with bone graft; includes obtaining the graft	\$0
D7944	Osteotomy - segmented or subapical - per sextant or quadrant	\$0
D7945	Osteotomy - body of mandible	\$0
D7946	Le Fort I (maxilla - total)	\$0
D7947	Le Fort I (maxilla - segmented)	\$0
D7948	Le Fort II or Le Fort III (osteoplasty of facial bones for midface hypoplasia or retrusion) - without bone graft	\$0
D7949	Le Fort II or Le Fort III - with bone graft	\$0
D7950	Osseous, osteoperiosteal, or cartilage graft of mandible or facial bones - autogenous or nonautogenous, by report	\$0
D7951	Sinus augmentation with bone or bone substitutes via a lateral open approach	\$0

EXTRACTIONS & ORAL SURGERY (Cont.)

CDT Code	Description	Co-Payment
D7952	Sinus augmentation via a vertical approach	\$0
D7955	Repair of maxillofacial soft and/or hard tissue defect	\$0
D7960	Frenulectomy (frenectomy or frenotomy), separate procedure	\$0
D7963	Frenoplasty	\$0
D7970	Excision of hyperplastic tissue, per arch	\$0
D7971	Excision of pericoronal gingiva	\$0
D7972	Surgical reduction of fibrous tuberosity	\$0
D7980	Sialolithotomy	\$0
D7981	Excision of salivary gland, by report	\$0
D7982	Sialodochoplasty	\$0
D7983	Closure of salivary fistula	\$0
D7990	Emergency tracheotomy	\$0
D7991	Coronoidectomy	\$0
D7995	Synthetic graft - mandible or facial bones, by report	\$0
D7997	Appliance removal (not by dentist who placed appliance), includes removal of archbar	\$0
D7999	Unspecified oral surgery procedure, by report	\$0
ADJUNCTIVE GENERAL SERVICES		
D9110	Palliative (emergency) treatment of dental pain - minor procedure	\$0
D9120	Fixed partial denture sectioning	\$0
D9210	Local anesthesia not in conjunction with operative or surgical procedures	\$0
D9211	Regional block anesthesia	\$0
D9212	Trigeminal division block anesthesia	\$0
D9215	Local anesthesia in conjunction with operative or surgical procedures	\$0
D9220	Deep sedation/general anesthesia - first 30 minutes	\$0
D9221	Deep sedation/general anesthesia - each additional 15 minutes	\$0
D9230	Analgesia/analxiolysis, inhalation of nitrous oxide	\$0
D9241	Intravenous conscious sedation/analgesia - first 30 minutes	\$0
D9242	Intravenous conscious sedation/analgesia - each additional 15 minutes	\$0
D9248	Non-intravenous conscious sedation	\$0
D9410	House/extended care facility call	\$0
D9420	Hospital call	\$0
ADJUNCTIVE GENERAL SERVICES (Cont.)		

CDT Code	Description	Co-Payment
D9430	Office visit for observation (during regularly scheduled hours) - no other services performed	\$0
D9440	Office visit - after regularly scheduled hours	\$0
D9610	Therapeutic drug injection, by report	\$0
D9910	Application of desensitizing medicament	\$0
D9930	Treatment of complications (post - surgical) - unusual circumstances, by report	\$0
D9950	Occlusion analysis, mounted case	\$0
D9951	Occlusal adjustment – limited	\$0
D9952	Occlusal adjustment, complete	\$0
D9999	Unspecified adjunctive procedure, by report	\$0



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