

2023 Liberty Dental Benefits Addendum

MEMORIAL[®]
HERMANN
Health Plan
MEDICARE ADVANTAGE PLANS

Memorial Hermann Comprehensive Dental PPO BENEFITS HIGHLIGHT SHEET



LIBERTY Dental Plan Corporation
PO Box 401086 Las Vegas, NV 89140
Member Services: 866.674.0114

		DENTAL PLAN BENEFITS	
CALENDAR YEAR MAXIMUM:		\$2,500	
CALENDAR YEAR DEDUCTIBLE:		None	
COVERED SERVICES	In Network Benefits	Out-of-Network Benefits ¹	
DIAGNOSTIC & PREVENTIVE SERVICES Oral Exams, Radiographic Images (X-rays), Tests and Diagnostic Casts, Cleanings, Fluoride, Sealant*, and Space Maintainer*	0% Member Responsibility 20% Member Responsibility*	20% Member Responsibility 50% Member Responsibility*	
RESTORATIVE SERVICES Fillings (Amalgam, Resin-Based Composite), Single Crowns, Inlays, Onlays, Crown Related Services, Prefabricated Crowns, Protective Restoration	20% Member Responsibility	50% Member Responsibility	
ENDODONTIC SERVICES Root Canal, Retreatment of Previous Root Canal Therapy, Treatment of Root Obstruction, Pulpal Therapy, Apexification/Recalcification, Apicoectomy	20% Member Responsibility	50% Member Responsibility	
PERIODONTAL SERVICES Surgical Periodontal Services (including but not limited to Gingivectomy or Gingivoplasty, Gingival Flap Procedure, Osseous Surgery, Tissue Graft Procedures, Crown Lengthening), Non-Surgical Periodontal Services (including but not limited to Scaling and Root Planing, Full Mouth Debridement, Periodontal Maintenance)	20% Member Responsibility	50% Member Responsibility	
REMOVABLE PROSTHODONTIC SERVICES Complete and Partial Dentures, Denture Related Services, Interim Dentures, Tissue Conditioning	50% Member Responsibility	50% Member Responsibility	
FIXED PROSTHODONTIC SERVICES Bridges (Pontic, Retainer Inlay, Retainer Onlay, Retainer Crown) and Bridge Related Services	50% Member Responsibility	50% Member Responsibility	
ORAL AND MAXILLOFACIAL SURGICAL SERVICES Extractions, Tooth Reimplantation, Placement of Anchor Device, Alveoloplasty, Vestibuloplasty, Excision of Lesion and Tumor, Incision & Drainage of Abscess, Frenuloplasty, Buccal/Labial Frenectomy, Lingual Frenectomy	20% Member Responsibility	50% Member Responsibility	
ADJUNCTIVE GENERAL SERVICES Palliative Treatment, Local Anesthesia, Deep Sedation/General Anesthesia, IV Sedation, Consultation, Office Visit, Occlusal Guard, Occlusal Adjustment, Dental Case Management, Teledentistry*	20% Member Responsibility 0% Member Responsibility*	50% Member Responsibility 0% Member Responsibility*	

Fees are based on contracted fees for in-network dentists. Reimbursement is paid on LIBERTY Dental Plan's contract allowances and not necessarily the dentists actual fees.

¹ This plan allows for Out-of-Network Benefits, the member will be responsible for the applicable patient responsibility plus the difference between the providers billed amount and the contracted allowances.

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COVERED SERVICES & LIMITATIONS

DIAGNOSTIC & PREVENTIVE SERVICES

Oral Exams	One (1) every six (6) months
Cleanings (Prophylaxis)	Two (2) every calendar year, including Scaling with Inflammation and Periodontal Maintenance
Topical Fluoride Treatment	Two (1) every calendar year
Full-Mouth X-Ray and Panoramic Image	One (1) every three (3) calendar years
Bitewings, Two Radiographic Images	Two (2) images every calendar year
Bitewings, Four Radiographic Images	One (1) every calendar year
Sealants	One (1) per tooth every five (5) calendar years

RESTORATIVE SERVICES

Fillings	One (1) Filling per tooth, per surface every three (3) calendar years
Crowns/Inlays/Onlays	One (1) per tooth every five (5) calendar years
Prefabricated Crowns	One (1) per tooth every three (3) calendar years

ENDODONTIC SERVICES

Root Canal and Retreatment	One (1) per tooth in a lifetime
Retreatment of Root Canal	One (1) per tooth in a lifetime
Apexification/Recalcification	One (1) per tooth in a lifetime
Apicoectomy	One (1) per tooth in a lifetime

PERIODONTAL SERVICES – Prior Authorization Required for Surgical Periodontal Services

Gingivectomy or Gingivoplasty	One (1) per site/quadrant every two (2) calendar years
Osseous Surgery	One (1) per site/quadrant every two (2) calendar years
Tissue Graft Procedures	One (1) per site/quadrant every two (2) calendar years
Crown Lengthening	One (1) per tooth/site in a lifetime
Scaling and Root Planing	One (1) per site/quadrant every two (2) calendar years
Full Mouth Debridement	One (1) every three (3) calendar years
Periodontal Maintenance	Two (2) every calendar year, including Prophylaxis and Scaling with Inflammation

REMOVABLE PROSTHODONTIC SERVICES

Complete and Partial Dentures	One (1) per arch every five (5) calendar years
Denture Adjustments and Repairs	One (1) per site/arch every calendar year, Not payable within six (6) months if performed by same provider
Denture Rebase or Reline	One (1) per arch every two (2) calendar years, Not payable within six (6) months if performed by same provider

FIXED PROSTHODONTIC SERVICES

Pontic, Retainer Inlay, Retainer Onlay, Retainer Crown	One (1) per tooth every five (5) calendar years, including Crowns, Inlays and Onlays
Fixed Partial Denture Repair	One (1) per tooth every five (5) calendar years

ORAL AND MAXILLOFACIAL SURGICAL SERVICES

Extractions	Subject to Dental Necessity
Alveoloplasty	One (1) per quad/site every five (5) calendar years
Excision of Lesion and Tumor, Incision & Drainage of Abscess	Subject to Dental Necessity

ADJUNCTIVE GENERAL SERVICES

Palliative Treatment	One (1) every calendar year
General Anesthesia/IV Sedation	Subject to Dental Necessity
Occlusal Guard	One (1) every two (2) calendar years

This document provides a summary of the plan's benefits only. For a complete description of benefits, pre-authorization requirements, limitations, and exclusions, refer to the plan's documents.

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

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Memorial Hermann Advantage Golden Triangle Dental PPO

\$2500 CALENDAR YEAR MAXIMUM

The following is a **complete** list of dental procedures for which benefits are payable under this Plan. Non-listed procedures are not covered. This Plan does not allow alternate benefits.

If elected, Member is responsible for all non-covered procedures.

CDT Code	Description	In Network Member Responsibility	Out of Network Member Responsibility	Limitations
Diagnostic Services				
D0120	Periodic oral evaluation	0%	20%	1 of (D0120-D0180) every 6 months
D0140	Limited oral evaluation	0%	20%	
D0150	Comprehensive oral evaluation	0%	20%	
D0160	Oral evaluation, problem focused	0%	20%	
D0170	Re-evaluation, limited, problem focused	0%	20%	
D0171	Re-evaluation, post operative office visit	0%	20%	
D0180	Comprehensive periodontal evaluation	0%	20%	
D0210	Intraoral, comprehensive series of radiographic images	0%	20%	1 (D0210) every 3 calendar years
D0220	Intraoral, periapical, first radiographic image	0%	20%	
D0230	Intraoral, periapical, each add 'l radiographic image	0%	20%	
D0240	Intraoral, occlusal radiographic image	0%	20%	2 (D0240) every calendar year
D0250	Extra-oral 2D projection radiographic image, stationary radiation source	0%	20%	1 (D0250) every calendar year
D0251	Extra-oral posterior dental radiographic image	0%	20%	2 (D0251) every calendar year
D0270	Bitewing, single radiographic image	0%	20%	4 (D0270) every calendar year
D0272	Bitewings, two radiographic images	0%	20%	2 (D0272) every calendar year
D0273	Bitewings, three radiographic images	0%	20%	1 (D0273) every calendar year
D0274	Bitewings, four radiographic images	0%	20%	1 (D0274) every calendar year
D0277	Vertical bitewings, 7 to 8 radiographic images	0%	20%	1 (D0277) every 3 calendar years
D0330	Panoramic radiographic image	0%	20%	1 (D0330) every 3 calendar years
D0310	Sialography	0%	20%	1 of (D0310-D0322) every 3 calendar years
D0320	TMJ arthrogram, including injection	0%	20%	
D0321	Other TMJ radiographic images, by report	0%	20%	
D0322	Tomographic survey	0%	20%	
D0340	2D cephalometric radiographic image, measurement and analysis	0%	20%	1 (D0340) every 3 calendar years
D0350	2D oral/facial photographic image, intra-orally/extra-orally	0%	20%	1 (D0350) every 3 calendar years
D0414	Laboratory process of microbial specimen, culture, sensitivity, prep, report	0%	20%	1 of (D0414-D0425) every calendar year
D0415	Collection of microorganisms for culture	0%	20%	
D0416	Viral culture	0%	20%	
D0425	Caries susceptibility tests	0%	20%	
D0431	Adjunctive pre-diagnostic test	0%	20%	1 (D0431) every calendar year
D0460	Pulp vitality tests	0%	20%	1 (D0460) every calendar year
D0470	Diagnostic casts	0%	20%	1 (D0470) every calendar year
D0472	Accession of tissue, gross exam, prep & report	0%	20%	1 of (D0472-D0486) every calendar year
D0473	Accession of tissue, gross/micro. exam, prep, report	0%	20%	
D0474	Accession of tissue, gross/micro. exam, report	0%	20%	
D0475	Decalcification procedure	0%	20%	
D0476	Special stains, for microorganisms	0%	20%	
D0477	Special stains, not for microorganisms	0%	20%	
D0478	Immunohistochemical stains	0%	20%	
D0479	Tissue in-situ hybridization, including interpretation	0%	20%	
D0480	Accession of exfoliative cytologic smears	0%	20%	
D0481	Electron microscopy	0%	20%	
D0482	Direct immunofluorescence	0%	20%	
D0483	Indirect immunofluorescence	0%	20%	
D0484	Consultation on slides prepared elsewhere	0%	20%	
D0485	Consultation, including prep of slides, biopsy, referring source	0%	20%	
D0486	Accession of transepithelial cytologic sample, prep, written report	0%	20%	
D0502	Other oral pathology procedures, by report	0%	20%	1 of (D0502, D0999) every calendar year
D0999	Unspecified diagnostic procedure, by report	0%	20%	
Preventive Services				
D1110	Prophylaxis, adult	0%	20%	2 of (D1110, D4346, D4910) every calendar year
D1208	Topical application of fluoride, excluding varnish	0%	20%	2 (D1208) every calendar year
D1351	Sealant, per tooth	20%	50%	1 (D1351) per tooth every 5 calendar years
D1510	Space maintainer, fixed, unilateral, per quadrant	20%	50%	4 (D1510) in a lifetime
Restorative Services				
D2140	Amalgam, one surface, primary or permanent	20%	50%	1 of (D2140-D2335, D2391-D2394) per surface per tooth every 3 calendar years
D2150	Amalgam, two surfaces, primary or permanent	20%	50%	
D2160	Amalgam, three surfaces, primary or permanent	20%	50%	
D2161	Amalgam, four or more surfaces, primary or permanent	20%	50%	
D2330	Resin-based composite, one surface, anterior	20%	50%	



Memorial Hermann Advantage Golden Triangle Dental PPO

D2331	Resin-based composite, two surfaces, anterior	20%	50%	
D2332	Resin-based composite, three surfaces, anterior	20%	50%	
D2335	Resin-based composite, four or more surfaces, involving incisal angle	20%	50%	
D2390	Resin-based composite crown, anterior	20%	50%	1 (D2390) per tooth every 3 calendar years
D2391	Resin-based composite, one surface, posterior	20%	50%	
D2392	Resin-based composite, two surfaces, posterior	20%	50%	
D2393	Resin-based composite, three surfaces, posterior	20%	50%	
D2394	Resin-based composite, four or more surfaces, posterior	20%	50%	
D2510	Inlay, metallic, one surface	20%	50%	
D2520	Inlay, metallic, two surfaces	20%	50%	
D2530	Inlay, metallic, three or more surfaces	20%	50%	
D2542	Onlay, metallic, two surfaces	20%	50%	
D2543	Onlay, metallic, three surfaces	20%	50%	
D2544	Onlay, metallic, four or more surfaces	20%	50%	
D2610	Inlay, porcelain/ceramic, one surface	20%	50%	
D2620	Inlay, porcelain/ceramic, two surfaces	20%	50%	
D2630	Inlay, porcelain/ceramic, three or more surfaces	20%	50%	
D2642	Onlay, porcelain/ceramic, two surfaces	20%	50%	
D2643	Onlay, porcelain/ceramic, three surfaces	20%	50%	
D2644	Onlay, porcelain/ceramic, four or more surfaces	20%	50%	
D2650	Inlay, resin-based composite, one surface	20%	50%	
D2651	Inlay, resin-based composite, two surfaces	20%	50%	
D2652	Inlay, resin-based composite, three or more surfaces	20%	50%	
D2662	Onlay, resin-based composite, two surfaces	20%	50%	
D2663	Onlay, resin-based composite, three surfaces	20%	50%	
D2664	Onlay, resin-based composite, four or more surfaces	20%	50%	
D2710	Crown, resin-based composite (indirect)	20%	50%	
D2712	Crown, ¾ resin-based composite (indirect)	20%	50%	
D2721	Crown, resin with predominantly base metal	20%	50%	
D2722	Crown, resin with noble metal	20%	50%	
D2740	Crown, porcelain/ceramic	20%	50%	
D2751	Crown, porcelain fused to predominantly base metal	20%	50%	
D2752	Crown, porcelain fused to noble metal	20%	50%	
D2781	Crown, ¾ cast predominantly base metal	20%	50%	
D2782	Crown, ¾ cast noble metal	20%	50%	
D2783	Crown, ¾ porcelain/ceramic	20%	50%	
D2791	Crown, full cast predominantly base metal	20%	50%	
D2792	Crown, full cast noble metal	20%	50%	
D2910	Re-cement or re-bond inlay, onlay, veneer, or partial coverage	20%	50%	
D2920	Re-cement or re-bond crown	20%	50%	
D2915	Re-cement or re-bond indirectly fabricated/prefabricated post & core	20%	50%	
D2931	Prefabricated stainless steel crown, permanent tooth	20%	50%	
D2932	Prefabricated resin crown	20%	50%	
D2933	Prefabricated stainless steel crown with resin window	20%	50%	
D2934	Prefabricated esthetic coated stainless steel crown, primary tooth	20%	50%	
D2940	Protective restoration	20%	50%	
D2950	Core buildup, including any pins when required	20%	50%	
D2951	Pin retention, per tooth, in addition to restoration	20%	50%	
D2952	Post and core in addition to crown, indirectly fabricated	20%	50%	
D2953	Each additional indirectly fabricated post, same tooth	20%	50%	
D2954	Prefabricated post and core in addition to crown	20%	50%	
D2955	Post removal	20%	50%	
D2957	Each additional prefabricated post, same tooth	20%	50%	
D2971	Additional procedure to customize new crown, existing partial denture frame	20%	50%	
D2975	Coping	20%	50%	
D2980	Crown repair necessitated by restorative material failure	20%	50%	
D2999	Unspecified restorative procedure, by report	20%	50%	
Endodontic Services				
D3110	Pulp cap, direct (excluding final restoration)	20%	50%	
D3120	Pulp cap, indirect (excluding final restoration)	20%	50%	
D3220	Therapeutic pulpotomy (excluding final restoration)	20%	50%	
D3221	Pulpal debridement, primary and permanent teeth	20%	50%	
D3230	Pulpal therapy, anterior, primary tooth (excluding final restoration)	20%	50%	
D3240	Pulpal therapy, posterior, primary tooth (excluding final restoration)	20%	50%	
D3310	Endodontic therapy, anterior tooth (excluding final restoration)	20%	50%	
D3320	Endodontic therapy, premolar tooth (excluding final restoration)	20%	50%	
D3330	Endodontic therapy, molar tooth (excluding final restoration)	20%	50%	
D3331	Treatment of root canal obstruction; non-surgical access	20%	50%	
D3332	Incomplete endodontic therapy; inoperable, unrestorable, fractured tooth	20%	50%	
D3333	Internal root repair of perforation defects	20%	50%	
D3346	Retreatment of previous root canal therapy, anterior	20%	50%	



Memorial Hermann Advantage Golden Triangle Dental PPO

D3347	Retreatment of previous root canal therapy, premolar	20%	50%	1 of (D3346-D3348) per tooth in a lifetime
D3348	Retreatment of previous root canal therapy, molar	20%	50%	
Endodontic Services (continued)				
D3351	Apexification/recalcification, initial visit	20%	50%	1 (D3351) per tooth in a lifetime
D3352	Apexification/recalcification, interim medication replacement	20%	50%	1 (D3352) per tooth in a lifetime
D3353	Apexification/recalcification, final visit	20%	50%	1 (D3353) per tooth in a lifetime
D3410	Apicoectomy, anterior	20%	50%	1 of (D3410-D3425) per tooth in a lifetime
D3421	Apicoectomy, premolar (first root)	20%	50%	
D3425	Apicoectomy, molar (first root)	20%	50%	
D3426	Apicoectomy, (each additional root)	20%	50%	1 (D3426) per tooth in a lifetime
D3430	Retrograde filling, per root	20%	50%	1 (D3430) per tooth in a lifetime
D3450	Root amputation, per root	20%	50%	1 (D3450) per tooth in a lifetime
D3460	Endodontic endosseous implant	20%	50%	1 (D3460) per tooth in a lifetime
D3470	Intentional reimplantation (including necessary splinting)	20%	50%	1 (D3470) per tooth in a lifetime
D3910	Surgical procedure for isolation of tooth with rubber dam	20%	50%	1 (D3910) per tooth in a lifetime
D3920	Hemisection, not including root canal therapy	20%	50%	1 (D3920) per tooth in a lifetime
D3950	Canal preparation and fitting of preformed dowel or post	20%	50%	1 of (D3950, D3999) per tooth in a lifetime
D3999	Unspecified endodontic procedure, by report	20%	50%	
Periodontal Services				
D4210	Gingivectomy or gingivoplasty, four or more teeth per quadrant	20%	50%	1 of (D4210-D4245) per site/quad every 2 calendar years
D4211	Gingivectomy or gingivoplasty, one to three teeth per quadrant	20%	50%	
D4230	Anatomical crown exposure, four or more contiguous teeth per quadrant	20%	50%	
D4231	Anatomical crown exposure, one to three teeth per quadrant	20%	50%	
D4240	Gingival flap procedure, four or more teeth per quadrant	20%	50%	
D4241	Gingival flap procedure, one to three teeth per quadrant	20%	50%	
D4245	Apically positioned flap	20%	50%	1 (D4249) per tooth in a lifetime
D4249	Clinical crown lengthening, hard tissue	20%	50%	
D4260	Osseous surgery, four or more teeth per quadrant	20%	50%	1 of (D4260, D4261) per site/quad every 2 calendar years
D4261	Osseous surgery, one to three teeth per quadrant	20%	50%	
D4263	Bone replacement graft, retained natural tooth, first site, quadrant	20%	50%	1 of (D4263, D4264) per site/quad every 2 calendar years
D4264	Bone replacement graft, retained natural tooth, each additional site	20%	50%	
D4265	Biologic materials to aid in soft and osseous tissue regeneration, per site	20%	50%	1 of (D4265-D4267) per site/quad every 2 calendar years
D4266	Guided tissue regeneration, natural teeth, resorbable barrier, per site	20%	50%	
D4267	Guided tissue regeneration, natural teeth, non-resorbable barrier, per site	20%	50%	
D4268	Surgical revision procedure, per tooth	20%	50%	1 (D4268) per tooth every 2 calendar years
D4270	Pedicle soft tissue graft procedure	20%	50%	1 of (D4270-D4285) per site/quad every 2 calendar years
D4273	Autogenous connective tissue graft procedure, first tooth	20%	50%	
D4274	Mesial/distal wedge procedure, single tooth	20%	50%	
D4275	Non-autogenous connective tissue graft, first tooth	20%	50%	
D4276	Combined connective tissue and pedicle graft	20%	50%	
D4277	Free soft tissue graft, first tooth	20%	50%	
D4278	Free soft tissue graft, each additional tooth	20%	50%	
D4283	Autogenous connective tissue graft procedure, each additional tooth, per site	20%	50%	
D4285	Non-autogenous connective tissue graft procedure, each additional tooth, per site	20%	50%	
D4322	Splint, intra-coronal; natural teeth or prosthetic crowns	20%	50%	1 of (D4322, D4323) per arch every 2 calendar years
D4323	Splint, extra-coronal; natural teeth or prosthetic crowns	20%	50%	
D4341	Periodontal scaling and root planing, four or more teeth per quadrant	20%	50%	1 of (D4341, D4342) per site/quad every 2 calendar years
D4342	Periodontal scaling and root planing, one to three teeth per quadrant	20%	50%	
D4346	Scaling in presence of moderate or severe inflammation, full mouth after evaluation	20%	50%	2 of (D1110, D4346, D4910) every calendar year
D4355	Full mouth debridement to enable comprehensive periodontal evaluation and diagnosis, subsequent visit	20%	50%	1 (D4355) every 3 calendar years
D4381	Localized delivery of antimicrobial agent/per tooth	20%	50%	1 (D4381) per tooth every calendar year
D4910	Periodontal maintenance	20%	50%	2 of (D1110, D4346, D4910) every calendar year
D4920	Unscheduled dressing change (other than treating dentist or staff)	20%	50%	1 (D4920) every calendar year
D4921	Gingival irrigation with a medicinal agent, per quadrant	20%	50%	1 (D4921) per quad every calendar year
D4999	Unspecified periodontal procedure, by report	20%	50%	1 (D4999) every calendar year
Removable Prosthodontic Services				
D5110	Complete denture, maxillary	50%	50%	1 of (D5110-D5226, D5282, D5283, D5863-D5866) per arch every 5 calendar years
D5120	Complete denture, mandibular	50%	50%	
D5130	Immediate denture, maxillary	50%	50%	
D5140	Immediate denture, mandibular	50%	50%	
D5211	Maxillary partial denture, resin base	50%	50%	
D5212	Mandibular partial denture, resin base	50%	50%	
D5213	Maxillary partial denture, cast metal, resin base	50%	50%	
D5214	Mandibular partial denture, cast metal, resin base	50%	50%	
D5221	Immediate maxillary partial denture, resin base	50%	50%	
D5222	Immediate mandibular partial denture, resin base	50%	50%	
D5223	Immediate maxillary partial denture, cast metal framework, resin denture base	50%	50%	
D5224	Immediate mandibular partial denture, cast metal framework, resin denture base	50%	50%	
D5225	Maxillary partial denture, flexible base	50%	50%	



Memorial Hermann Advantage Golden Triangle Dental PPO

D5226	Mandibular partial denture, flexible base	50%	50%	
D5282	Removable unilateral partial denture, one piece cast metal, maxillary	50%	50%	
D5283	Removable unilateral partial denture, one piece cast metal, mandibular	50%	50%	
Removable Prosthodontic Services (continued)				
D5410	Adjust complete denture, maxillary	50%	50%	1 of (D5410-D5422) per arch every calendar year
D5411	Adjust complete denture, mandibular	50%	50%	
D5421	Adjust partial denture, maxillary	50%	50%	
D5422	Adjust partial denture, mandibular	50%	50%	
D5511	Repair broken complete denture base, mandibular	50%	50%	1 of (D5511, D5512) per arch every calendar year
D5512	Repair broken complete denture base, maxillary	50%	50%	
D5520	Replace missing or broken teeth, complete denture	50%	50%	1 (D5520) per tooth every calendar year
D5611	Repair resin partial denture base, mandibular	50%	50%	1 of (D5611-D5622) per arch every calendar year
D5612	Repair resin partial denture base, maxillary	50%	50%	
D5621	Repair cast partial framework, mandibular	50%	50%	
D5622	Repair cast partial framework, maxillary	50%	50%	
D5630	Repair or replace broken retentive clasping materials, per tooth	50%	50%	1 (D5630) per tooth every calendar year
D5640	Replace broken teeth, per tooth	50%	50%	1 (D5640) per tooth every calendar year
D5650	Add tooth to existing partial denture	50%	50%	1 (D5650) per tooth every calendar year
D5660	Add clasp to existing partial denture, per tooth	50%	50%	1 (D5660) per tooth every calendar year
D5670	Replace all teeth & acrylic on cast metal frame, maxillary	50%	50%	1 of (D5670, D5671) per arch every 2 calendar years
D5671	Replace all teeth & acrylic on cast metal frame, mandibular	50%	50%	
D5710	Rebase complete maxillary denture	50%	50%	1 of (D5710-D5761) per arch every 2 calendar years
D5711	Rebase complete mandibular denture	50%	50%	
D5720	Rebase maxillary partial denture	50%	50%	
D5721	Rebase mandibular partial denture	50%	50%	
D5730	Reline complete maxillary denture, direct	50%	50%	
D5731	Reline complete mandibular denture, direct	50%	50%	
D5740	Reline maxillary partial denture, direct	50%	50%	
D5741	Reline mandibular partial denture, direct	50%	50%	
D5750	Reline complete maxillary denture, indirect	50%	50%	
D5751	Reline complete mandibular denture, indirect	50%	50%	
D5760	Reline maxillary partial denture, indirect	50%	50%	
D5761	Reline mandibular partial denture, indirect	50%	50%	
D5810	Interim complete denture, maxillary	50%	50%	1 of (D5810-D5821) per arch every 5 calendar years
D5811	Interim complete denture, mandibular	50%	50%	
D5820	Interim partial denture, maxillary	50%	50%	
D5821	Interim partial denture, mandibular	50%	50%	1 of (D5850, D5851) per arch every calendar year
D5850	Tissue conditioning, maxillary	50%	50%	
D5851	Tissue conditioning, mandibular	50%	50%	1 of (D5110-D5226, D5282, D5283, D5863-D5866) per arch every 5 calendar years
D5863	Overdenture, complete, maxillary	50%	50%	
D5864	Overdenture, partial, maxillary	50%	50%	
D5865	Overdenture, complete, mandibular	50%	50%	
D5866	Overdenture, partial, mandibular	50%	50%	1 of (D5867-D5899) per arch every 5 calendar years
D5867	Replacement of part of semi-precision, precision attachment, per attachment	50%	50%	
D5875	Modification of removable prosthesis following implant surgery	50%	50%	
D5899	Unspecified removable prosthodontic procedure, by report	50%	50%	
Fixed Prosthodontic Services				
D6205	Pontic, indirect resin based composite	50%	50%	1 of (D2510-D2792, D6205-D6792) per tooth every 5 calendar years
D6210	Pontic, cast high noble metal	50%	50%	
D6211	Pontic, cast predominantly base metal	50%	50%	
D6212	Pontic, cast noble metal	50%	50%	
D6241	Pontic, porcelain fused to predominantly base metal	50%	50%	
D6242	Pontic, porcelain fused to noble metal	50%	50%	
D6245	Pontic, porcelain/ceramic	50%	50%	
D6251	Pontic, resin with predominantly base metal	50%	50%	
D6252	Pontic, resin with noble metal	50%	50%	1 of (D6253, D6793) per tooth every 5 calendar years
D6253	Interim pontic	50%	50%	
D6545	Retainer, cast metal for resin bonded fixed prosthesis	50%	50%	1 of (D2510-D2792, D6205-D6792) per tooth every 5 calendar years
D6548	Retainer, porcelain/ceramic, resin bonded fixed prosthesis	50%	50%	
D6549	Resin retainer, for resin bonded fixed prosthesis	50%	50%	
D6600	Retainer inlay, porcelain/ceramic, two surfaces	50%	50%	
D6601	Retainer inlay, porcelain/ceramic, three or more surfaces	50%	50%	
D6602	Retainer inlay, cast high noble metal, two surfaces	50%	50%	
D6603	Retainer inlay, cast high noble metal, three or more surfaces	50%	50%	
D6604	Retainer inlay, cast base metal, two surfaces	50%	50%	
D6605	Retainer inlay, cast base metal, three or more surfaces	50%	50%	
D6606	Retainer inlay, cast noble metal, two surfaces	50%	50%	
D6607	Retainer inlay, cast noble metal, three or more surfaces	50%	50%	
D6608	Retainer onlay, porcelain/ceramic, two surfaces	50%	50%	
D6609	Retainer onlay, porcelain/ceramic, three or more surfaces	50%	50%	



Memorial Hermann Advantage Golden Triangle Dental PPO

D6612	Retainer onlay, cast base metal, two surfaces	50%	50%	
D6613	Retainer onlay, cast base metal, three or more surfaces	50%	50%	
D6614	Retainer onlay, cast noble metal, two surfaces	50%	50%	
D6615	Retainer onlay, cast noble metal three or more surfaces	50%	50%	
	Fixed Prosthodontic Services (continued)			
D6710	Retainer crown, indirect resin based composite	50%	50%	1 of (D2510-D2792, D6205-D6792) per tooth every 5 calendar years
D6721	Retainer crown, resin with predominantly base metal	50%	50%	
D6722	Retainer crown, resin with noble metal	50%	50%	
D6740	Retainer crown, porcelain/ceramic	50%	50%	
D6751	Retainer crown, porcelain fused to predominantly base metal	50%	50%	
D6752	Retainer crown, porcelain fused to noble metal	50%	50%	
D6781	Retainer crown, ¾ cast predominantly base metal	50%	50%	
D6782	Retainer crown, ¾ cast noble metal	50%	50%	
D6783	Retainer crown, ¾ porcelain/ceramic	50%	50%	
D6791	Retainer crown, full cast predominantly base metal	50%	50%	
D6792	Retainer crown, full cast noble metal	50%	50%	
D6793	Interim retainer crown	50%	50%	1 of (D6253, D6793) per tooth every 5 calendar years
D6920	Connector bar	50%	50%	
D6930	Re-cement or re-bond fixed partial denture	50%	50%	
D6940	Stress breaker	50%	50%	1 (D6940) per arch every 2 calendar years
D6950	Precision attachment	50%	50%	1 of (D6950-D6999) per arch every 5 calendar years
D6980	Fixed partial denture repair, restorative material failure	50%	50%	
D6999	Unspecified fixed prosthodontic procedure, by report	50%	50%	
	Oral & Maxillofacial Services			
D7140	Extraction, erupted tooth or exposed root	20%	50%	
D7210	Extraction, erupted tooth requiring removal of bone and/or sectioning of tooth	20%	50%	
D7220	Removal of impacted tooth, soft tissue	20%	50%	
D7230	Removal of impacted tooth, partially bony	20%	50%	
D7240	Removal of impacted tooth, completely bony	20%	50%	
D7241	Removal impacted tooth, complete bony, complication	20%	50%	
D7250	Removal of residual tooth roots (cutting procedure)	20%	50%	
D7260	Oroantral fistula closure	20%	50%	1 of (D7260, D7261) site/quad every 5 calendar years
D7261	Primary closure of a sinus perforation	20%	50%	
D7270	Tooth reimplantation and/or stabilization, accident	20%	50%	1 of (D7270, D7272) per tooth every 5 calendar years
D7272	Tooth transplantation	20%	50%	
D7280	Exposure of an unerupted tooth	20%	50%	1 (D7280) per tooth every 5 calendar years
D7282	Mobilization of erupted/malpositioned tooth	20%	50%	1 of (D7282, D7283) per tooth every 5 calendar years
D7283	Placement, device to facilitate eruption, impaction	20%	50%	
D7285	Incisional biopsy of oral tissue, hard (bone, tooth)	20%	50%	1 of (D7285-D7288) per site every 5 calendar years
D7286	Incisional biopsy of oral tissue, soft	20%	50%	
D7287	Exfoliative cytological sample collection	20%	50%	
D7288	Brush biopsy, transepithelial sample collection	20%	50%	
D7290	Surgical repositioning of teeth	20%	50%	1 of (D7290-D7294) per site/quad every 5 calendar years
D7291	Transseptal fibrotomy/supra crestal fibrotomy, by report	20%	50%	
D7292	Placement of temporary anchorage device [screw retained plate] requiring flap	20%	50%	
D7293	Placement of temporary anchorage device requiring flap	20%	50%	
D7294	Placement of temporary anchorage device without flap	20%	50%	
D7310	Alveoloplasty with extractions, four or more teeth per quadrant	20%	50%	1 of (D7310-D7350) per site/quad every 5 calendar years
D7311	Alveoloplasty with extractions, one to three teeth per quadrant	20%	50%	
D7320	Alveoloplasty, w/o extractions, four or more teeth per quadrant	20%	50%	
D7321	Alveoloplasty, w/o extractions, one to three teeth per quadrant	20%	50%	
D7340	Vestibuloplasty, ridge extension (2nd epithelialization)	20%	50%	
D7350	Vestibuloplasty, ridge extension	20%	50%	
D7410	Excision of benign lesion, up to 1.25 cm	20%	50%	
D7411	Excision of benign lesion, greater than 1.25 cm	20%	50%	
D7412	Excision of benign lesion, complicated	20%	50%	
D7413	Excision of malignant lesion, up to 1.25 cm	20%	50%	
D7414	Excision of malignant lesion, greater than 1.25 cm	20%	50%	
D7415	Excision of malignant lesion, complicated	20%	50%	
D7440	Excision of malignant tumor, up to 1.25 cm	20%	50%	
D7441	Excision of malignant tumor, greater than 1.25 cm	20%	50%	
D7450	Removal, benign odontogenic cyst/tumor, up to 1.25 cm	20%	50%	
D7451	Removal, benign odontogenic cyst/tumor, greater than 1.25 cm	20%	50%	
D7460	Removal, benign nonodontogenic cyst/tumor, up to 1.25 cm	20%	50%	
D7461	Removal, benign nonodontogenic cyst/tumor, greater than 1.25 cm	20%	50%	
D7465	Destruction of lesion(s) by physical or chemical method, by report	20%	50%	
D7471	Removal of lateral exostosis, maxilla or mandible	20%	50%	1 of (D7471-D7473) in a lifetime
D7472	Removal of torus palatinus	20%	50%	
D7473	Removal of torus mandibularis	20%	50%	
D7485	Reduction of osseous tuberosity	20%	50%	1 (D7485) in a lifetime



Memorial Hermann Advantage Golden Triangle Dental PPO

D7490	Radical resection of maxilla or mandible	20%	50%	1 (D7490) per arch in a lifetime
D7510	Incision & drainage of abscess, intraoral soft tissue	20%	50%	
D7511	Incision & drainage of abscess, intraoral soft tissue, complicated	20%	50%	
D7520	Incision & drainage of abscess, extraoral soft tissue	20%	50%	
D7521	Incision & drainage of abscess, extraoral soft tissue, complicated	20%	50%	
	Oral & Maxillofacial Services (continued)			
D7530	Remove foreign body, mucosa, skin, tissue	20%	50%	
D7540	Removal of reaction producing foreign bodies, musculoskeletal system	20%	50%	
D7961	Buccal/labial frenectomy (frenulectomy)	20%	50%	1 (D7961) per arch every 5 calendar years
D7962	Lingual frenectomy (frenulectomy)	20%	50%	1 (D7962) every 5 calendar years
D7963	Frenuloplasty	20%	50%	1 (D7963) every 5 calendar years
D7970	Excision of hyperplastic tissue, per arch	20%	50%	1 (D7970) per arch every 5 calendar years
D7971	Excision of pericoronal gingiva	20%	50%	1 (D7971) in a lifetime
D7972	Surgical reduction of fibrous tuberosity	20%	50%	1 (D7972) in a lifetime
D7997	Appliance removal (not by dentist who placed appliance), includes removal of archbar	20%	50%	1 of (D7997, D7999) every 5 calendar years
D7999	Unspecified oral surgery procedure, by report	20%	50%	
	Adjunctive General Services			
D9110	Palliative treatment of dental pain, per visit	20%	50%	1 (D9110) every calendar year
D9120	Fixed partial denture sectioning	20%	50%	1 (D9120) every calendar year
D9210	Local anesthesia not in conjunction, operative or surgical procedures	20%	50%	
D9211	Regional block anesthesia	20%	50%	
D9212	Trigeminal division block anesthesia	20%	50%	
D9215	Local anesthesia in conjunction with operative or surgical procedures	20%	50%	
D9219	Evaluation for moderate sedation, deep sedation or general anesthesia	20%	50%	
D9222	Deep sedation/general anesthesia, first 15 minute increment	20%	50%	
D9223	Deep sedation/general anesthesia, each subsequent 15 minute increment	20%	50%	
D9230	Inhalation of nitrous oxide/analgesia, anxiolysis	20%	50%	
D9239	Intravenous moderate (conscious) sedation/analgesia, first 15 minute increment	20%	50%	
D9243	Intravenous moderate (conscious) sedation/analgesia, each subsequent 15 minute increment	20%	50%	
D9248	Non-intravenous (conscious) sedation, includes non-IV minimal and moderate sedation	20%	50%	
D9310	Consultation, other than requesting dentist	20%	50%	1 (D9310) every 6 months
D9311	Consultation with a medical health care professional	20%	50%	
D9410	House/extended care facility call	20%	50%	1 of (D9410-D9440) every 6 months
D9420	Hospital or ambulatory surgical center call	20%	50%	
D9430	Office visit, observation, regular hours, no other services	20%	50%	
D9440	Office visit, after regularly scheduled hours	20%	50%	
D9450	Case presentation, subsequent, detailed, extensive treatment planning	20%	50%	
D9610	Therapeutic parenteral drug, single administration	20%	50%	1 of (D9610-D9630) every 6 months
D9612	Therapeutic parenteral drugs, two or more administrations, different meds.	20%	50%	
D9630	Drugs or medicaments dispensed in the office for home use	20%	50%	
D9910	Application of desensitizing medicament	20%	50%	1 of (D9910, D9911) per tooth every 2 calendar years
D9911	Application of desensitizing resin for cervical, root surface, per tooth	20%	50%	
D9920	Behavior management, by report	20%	50%	
D9930	Treatment of complications, post surgical, unusual, by report	20%	50%	1 (D9930) every 2 calendar years
D9942	Repair and/or relines of occlusal guard	20%	50%	1 (D9942) every 2 calendar years
D9944	Occlusal guard, hard appliance, full arch	20%	50%	1 of (D9944-D9946) every 2 calendar years
D9945	Occlusal guard, soft appliance, full arch	20%	50%	
D9946	Occlusal guard, hard appliance, partial arch	20%	50%	
D9950	Occlusion analysis, mounted case	20%	50%	1 of (D9950-D9952) every 2 calendar years
D9951	Occlusal adjustment, limited	20%	50%	
D9952	Occlusal adjustment, complete	20%	50%	
D9985	Sales Tax	0%	0%	
D9986	Missed appointment	0%	0%	
D9987	Cancelled appointment	0%	0%	
D9991	Dental case management, addressing appointment compliance barriers	20%	50%	
D9992	Dental case management, care coordination	20%	50%	
D9993	Dental case management, motivational interviewing	20%	50%	
D9994	Dental case management, patient education to improve oral health literacy	20%	50%	
D9995	Teledentistry, synchronous; real-time encounter	0%	0%	2 of (D9995, D9996) every calendar year
D9996	Teledentistry, asynchronous; information stored and forwarded to dentist for subsequent review	0%	0%	

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