

2024 Liberty Dental Benefits Addendum



Memorial Hermann Prime Value MA Only HMO

\$2,000 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	\$0.00	20%	2 of (D0120-D0180) every calendar year
D0140	Limited oral evaluation	\$0.00	20%	
D0150	Comprehensive oral evaluation	\$0.00	20%	
D0160	Oral evaluation, problem focused	\$0.00	20%	
D0170	Re-evaluation, limited, problem focused	\$0.00	20%	
D0171	Re-evaluation, post operative office visit	\$0.00	20%	
D0180	Comprehensive periodontal evaluation	\$0.00	20%	
D0210	Intraoral, comprehensive series of radiographic images	\$0.00	20%	1 of (D0210, D0330) every 3 calendar years
D0220	Intraoral, periapical, first radiographic image	\$0.00	20%	
D0230	Intraoral, periapical, each add 'l radiographic image	\$0.00	20%	
D0240	Intraoral, occlusal radiographic image	\$0.00	20%	2 (D0240) every calendar year
D0250	Extra-oral 2D projection radiographic image, stationary radiation source	\$0.00	20%	1 (D0250) every calendar year
D0251	Extra-oral posterior dental radiographic image	\$0.00	20%	2 (D0251) every calendar year
D0270	Bitewing, single radiographic image	\$0.00	20%	2 of (D0270-D0274) every calendar year
D0272	Bitewings, two radiographic images	\$0.00	20%	
D0273	Bitewings, three radiographic images	\$0.00	20%	
D0274	Bitewings, four radiographic images	\$0.00	20%	
D0277	Vertical bitewings, 7 to 8 radiographic images	\$0.00	20%	1 (D0277) every 3 calendar years
D0330	Panoramic radiographic image	\$0.00	20%	1 of (D0210, D0330) every 3 calendar years
D0310	Sialography	\$0.00	20%	1 of (D0310-D0322) every 3 calendar years
D0320	TMJ arthrogram, including injection	\$0.00	20%	
D0321	Other TMJ radiographic images, by report	\$0.00	20%	
D0322	Tomographic survey	\$0.00	20%	
D0340	2D cephalometric radiographic image, measurement and analysis	\$0.00	20%	1 (D0340) every 3 calendar years
D0350	2D oral/facial photographic image, intra-orally/extra-orally	\$0.00	20%	1 (D0350) every 3 calendar years



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D0414	Laboratory process of microbial specimen, culture, sensitivity, prep, report	\$0.00	20%	1 of (D0414-D0425) every calendar year
D0415	Collection of microorganisms for culture	\$0.00	20%	
D0416	Viral culture	\$0.00	20%	
D0425	Caries susceptibility tests	\$0.00	20%	
D0431	Adjunctive pre-diagnostic test	\$0.00	20%	1 (D0431) every calendar year
D0460	Pulp vitality tests	\$0.00	20%	1 (D0460) every calendar year
D0470	Diagnostic casts	\$0.00	20%	1 (D0470) every calendar year
D0472	Accession of tissue, gross exam, prep & report	\$0.00	20%	1 of (D0472-D0486) every calendar year
D0473	Accession of tissue, gross/micro. exam, prep, report	\$0.00	20%	
D0474	Accession of tissue, gross/micro. exam, report	\$0.00	20%	
D0475	Decalcification procedure	\$0.00	20%	1 of (D0472-D0486) every calendar year
D0476	Special stains, for microorganisms	\$0.00	20%	
D0477	Special stains, not for microorganisms	\$0.00	20%	
D0478	Immunohistochemical stains	\$0.00	20%	
D0479	Tissue in-situ hybridization, including interpretation	\$0.00	20%	
D0480	Accession of exfoliative cytologic smears	\$0.00	20%	
D0481	Electron microscopy	\$0.00	20%	
D0482	Direct immunofluorescence	\$0.00	20%	
D0483	Indirect immunofluorescence	\$0.00	20%	
D0484	Consultation on slides prepared elsewhere	\$0.00	20%	
D0485	Consultation, including prep of slides, biopsy, referring source	\$0.00	20%	
D0486	Accession of transepithelial cytologic sample, prep, written report	\$0.00	20%	
D0502	Other oral pathology procedures, by report	\$0.00	20%	1 of (D0502, D0999) every calendar year
D0999	Unspecified diagnostic procedure, by report	\$0.00	20%	
Preventive Services				
D1110	Prophylaxis, adult	\$0.00	20%	2 of (D1110, D4346, D4910) every calendar year
D1208	Topical application of fluoride, excluding varnish	\$0.00	20%	2 (D1208) every calendar year
D1351	Sealant, per tooth	\$8.00	50%	1 (D1351) per tooth every 5 calendar years
D1510	Space maintainer, fixed, unilateral, per quadrant	\$48.00	50%	4 (D1510) in a lifetime



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CDT Code	Description	In Network Member Responsibility	Out of Network Member Responsibility	Limitations
Restorative Services				
D2140	Amalgam, one surface, primary or permanent	\$17.00	50%	1 of (D2140-D2335, D2391-D2394) per surface per tooth every 3 calendar years
D2150	Amalgam, two surfaces, primary or permanent	\$23.00	50%	1 of (D2140-D2335, D2391-D2394) per surface per tooth every 3 calendar years
D2160	Amalgam, three surfaces, primary or permanent	\$29.00	50%	
D2161	Amalgam, four or more surfaces, primary or permanent	\$34.00	50%	
D2330	Resin-based composite, one surface, anterior	\$21.00	50%	
D2331	Resin-based composite, two surfaces, anterior	\$28.00	50%	
D2332	Resin-based composite, three surfaces, anterior	\$36.00	50%	1 of (D2140-D2335, D2391-D2394) per surface per tooth every 3 calendar years
D2335	Resin-based composite, four or more surfaces, involving incisal angle	\$45.00	50%	
D2390	Resin-based composite crown, anterior	\$43.00	50%	
D2391	Resin-based composite, one surface, posterior	\$23.00	50%	1 (D2390) per tooth every 3 calendar years
D2392	Resin-based composite, two surfaces, posterior	\$31.00	50%	
D2393	Resin-based composite, three surfaces, posterior	\$41.00	50%	
D2394	Resin-based composite, four or more surfaces, posterior	\$47.00	50%	
D2510	Inlay, metallic, one surface	\$119.00	50%	1 of (D2510-D2792, D6205-D6792) per tooth every 5 calendar years
D2520	Inlay, metallic, two surfaces	\$132.00	50%	
D2530	Inlay, metallic, three or more surfaces	\$151.00	50%	
D2542	Onlay, metallic, two surfaces	\$154.00	50%	
D2543	Onlay, metallic, three surfaces	\$161.00	50%	
D2544	Onlay, metallic, four or more surfaces	\$170.00	50%	
D2610	Inlay, porcelain/ceramic, one surface	\$142.00	50%	
D2620	Inlay, porcelain/ceramic, two surfaces	\$151.00	50%	1 of (D2510-D2792, D6205-D6792) per tooth every 5 calendar years
D2630	Inlay, porcelain/ceramic, three or more surfaces	\$154.00	50%	
D2642	Onlay, porcelain/ceramic, two surfaces	\$150.00	50%	
D2643	Onlay, porcelain/ceramic, three surfaces	\$157.00	50%	
D2644	Onlay, porcelain/ceramic, four or more surfaces	\$168.00	50%	
D2650	Inlay, resin-based composite, one surface	\$106.00	50%	
D2651	Inlay, resin-based composite, two surfaces	\$126.00	50%	
D2652	Inlay, resin-based composite, three or more surfaces	\$131.00	50%	
D2662	Onlay, resin-based composite, two surfaces	\$106.00	50%	
D2663	Onlay, resin-based composite, three surfaces	\$121.00	50%	



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D2664	Onlay, resin-based composite, four or more surfaces	\$126.00	50%	1 of (D2510-D2792, D6205-D6792) per tooth every 5 calendar years
D2710	Crown, resin-based composite (indirect)	\$79.00	50%	
D2712	Crown, ¾ resin-based composite (indirect)	\$73.00	50%	
D2721	Crown, resin with predominantly base metal	\$139.00	50%	
D2722	Crown, resin with noble metal	\$142.00	50%	
D2740	Crown, porcelain/ceramic	\$200.00	50%	
D2751	Crown, porcelain fused to predominantly base metal	\$177.00	50%	
D2752	Crown, porcelain fused to noble metal	\$191.00	50%	1 of (D2510-D2792, D6205-D6792) per tooth every 5 calendar years
D2781	Crown, ¾ cast predominantly base metal	\$181.00	50%	
D2782	Crown, ¾ cast noble metal	\$184.00	50%	
D2783	Crown, ¾ porcelain/ceramic	\$198.00	50%	
D2791	Crown, full cast predominantly base metal	\$187.00	50%	
D2792	Crown, full cast noble metal	\$191.00	50%	
D2910	Re-cement or re-bond inlay, onlay, veneer, or partial coverage	\$15.00	50%	1 of (D2910, D2920) per tooth every calendar year
D2920	Re-cement or re-bond crown	\$15.00	50%	
D2915	Re-cement or re-bond indirectly fabricated/prefabricated post & core	\$14.00	50%	1 (D2915) per tooth every calendar year
D2931	Prefabricated stainless steel crown, permanent tooth	\$46.00	50%	1 of (D2931-D2934) per tooth every 3 calendar years
D2932	Prefabricated resin crown	\$44.00	50%	
D2933	Prefabricated stainless steel crown with resin window	\$50.00	50%	
D2934	Prefabricated esthetic coated stainless steel crown, primary tooth	\$64.00	50%	
D2940	Protective restoration	\$14.00	50%	
D2950	Core buildup, including any pins when required	\$38.00	50%	
D2951	Pin retention, per tooth, in addition to restoration	\$8.00	50%	
D2952	Post and core in addition to crown, indirectly fabricated	\$64.00	50%	
D2953	Each additional indirectly fabricated post, same tooth	\$28.00	50%	
D2954	Prefabricated post and core in addition to crown	\$49.00	50%	
D2955	Post removal	\$34.00	50%	
D2957	Each additional prefabricated post, same tooth	\$22.00	50%	
D2971	Additional procedure to customize new crown, existing partial denture frame	\$30.00	50%	
D2975	Coping	\$64.00	50%	



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D2980	Crown repair necessitated by restorative material failure	\$29.00	50%	
D2999	Unspecified restorative procedure, by report	By Report	50%	
Endodontic Services				
D3110	Pulp cap, direct (excluding final restoration)	\$11.00	50%	1 of (D3110, D3120) per tooth in a lifetime
D3120	Pulp cap, indirect (excluding final restoration)	\$9.00	50%	
D3220	Therapeutic pulpotomy (excluding final restoration)	\$25.00	50%	
D3221	Pulpal debridement, primary and permanent teeth	\$27.00	50%	1 (D3221) per tooth in a lifetime
D3230	Pulpal therapy, anterior, primary tooth (excluding final restoration)	\$25.00	50%	1 of (D3230, D3240) per tooth in a lifetime
D3240	Pulpal therapy, posterior, primary tooth (excluding final restoration)	\$21.00	50%	
D3310	Endodontic therapy, anterior tooth (excluding final restoration)	\$108.00	50%	1 of (D3310-D3330) per tooth in a lifetime
D3320	Endodontic therapy, premolar tooth (excluding final restoration)	\$126.00	50%	
D3330	Endodontic therapy, molar tooth (excluding final restoration)	\$184.00	50%	
D3331	Treatment of root canal obstruction; non-surgical access	\$38.00	50%	1 (D3331) per tooth in a lifetime
D3332	Incomplete endodontic therapy; inoperable, unrestorable, fractured tooth	\$89.00	50%	1 (D3332) per tooth in a lifetime
D3333	Internal root repair of perforation defects	\$31.00	50%	1 (D3333) per tooth in a lifetime
D3346	Retreatment of previous root canal therapy, anterior	\$146.00	50%	1 of (D3346-D3348) per tooth in a lifetime
D3347	Retreatment of previous root canal therapy, premolar	\$166.00	50%	
D3348	Retreatment of previous root canal therapy, molar	\$209.00	50%	
D3351	Apexification/recalcification, initial visit	\$58.00	50%	1 (D3351) per tooth in a lifetime
D3352	Apexification/recalcification, interim medication replacement	\$25.00	50%	1 (D3352) per tooth in a lifetime
D3353	Apexification/recalcification, final visit	\$88.00	50%	1 (D3353) per tooth in a lifetime
D3410	Apicoectomy, anterior	\$121.00	50%	1 of (D3410-D3425) per tooth in a lifetime
D3421	Apicoectomy, premolar (first root)	\$139.00	50%	
D3425	Apicoectomy, molar (first root)	\$158.00	50%	
D3426	Apicoectomy, (each additional root)	\$48.00	50%	1 (D3426) per tooth in a lifetime
D3430	Retrograde filling, per root	\$38.00	50%	1 (D3430) per tooth in a lifetime
D3450	Root amputation, per root	\$73.00	50%	1 (D3450) per tooth in a lifetime
D3460	Endodontic endosseous implant	\$331.00	50%	1 (D3460) per tooth in a lifetime



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D3470	Intentional reimplantation (including necessary splinting)	\$137.00	50%	1 (D3470) per tooth in a lifetime
D3910	Surgical procedure for isolation of tooth with rubber dam	\$18.00	50%	1 (D3910) per tooth in a lifetime
D3920	Hemisection, not including root canal therapy	\$61.00	50%	1 (D3920) per tooth in a lifetime
D3950	Canal preparation and fitting of preformed dowel or post	\$25.00	50%	1 of (D3950, D3999) per tooth in a lifetime
D3999	Unspecified endodontic procedure, by report	By Report	50%	
Periodontal Services				
D4210	Gingivectomy or gingivoplasty, four or more teeth per quadrant	\$101.00	50%	1 of (D4210-D4245) per site/quad every 2 calendar years
D4211	Gingivectomy or gingivoplasty, one to three teeth per quadrant	\$37.00	50%	
D4230	Anatomical crown exposure, four or more contiguous teeth per quadrant	\$134.00	50%	
D4231	Anatomical crown exposure, one to three teeth per quadrant	\$85.00	50%	
D4240	Gingival flap procedure, four or more teeth per quadrant	\$109.00	50%	
D4241	Gingival flap procedure, one to three teeth per quadrant	\$67.00	50%	
D4245	Apically positioned flap	\$78.00	50%	
D4249	Clinical crown lengthening, hard tissue	\$117.00	50%	1 (D4249) per tooth in a lifetime
D4260	Osseous surgery, four or more teeth per quadrant	\$172.00	50%	1 of (D4260, D4261) per site/quad every 2 calendar years
D4261	Osseous surgery, one to three teeth per quadrant	\$107.00	50%	
D4263	Bone replacement graft, retained natural tooth, first site, quadrant	\$55.00	50%	1 of (D4263, D4264) per site/quad every 2 calendar years
D4264	Bone replacement graft, retained natural tooth, each additional site	\$29.00	50%	
D4265	Biologic materials to aid in soft and osseous tissue regeneration, per site	\$55.00	50%	1 of (D4265-D4267) per site/quad every 2 calendar years
D4266	Guided tissue regeneration, natural teeth, resorbable barrier, per site	\$73.00	50%	
D4267	Guided tissue regeneration, natural teeth, non-resorbable barrier, per site	\$86.00	50%	
D4268	Surgical revision procedure, per tooth	\$0.00	50%	1 (D4268) per tooth every 2 calendar years
D4270	Pedicle soft tissue graft procedure	\$137.00	50%	1 of (D4270-D4285) per site/quad every 2 calendar years
D4273	Autogenous connective tissue graft procedure, first tooth	\$144.00	50%	



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D4274	Mesial/distal wedge procedure, single tooth	\$41.00	50%	1 of (D4270-D4285) per site/quad every 2 calendar years
D4275	Non-autogenous connective tissue graft, first tooth	\$152.00	50%	
D4276	Combined connective tissue and pedicle graft	\$183.00	50%	
D4277	Free soft tissue graft, first tooth	\$137.00	50%	
D4278	Free soft tissue graft, each additional tooth	\$69.00	50%	
D4283	Autogenous connective tissue graft procedure, each additional tooth, per site	\$89.00	50%	
D4285	Non-autogenous connective tissue graft procedure, each additional tooth, per site	\$89.00	50%	
D4322	Splint, intra-coronal; natural teeth or prosthetic crowns	\$75.00	50%	
D4323	Splint, extra-coronal; natural teeth or prosthetic crowns	\$75.00	50%	
D4341	Periodontal scaling and root planing, four or more teeth per quadrant	\$36.00	50%	
D4342	Periodontal scaling and root planing, one to three teeth per quadrant	\$21.00	50%	
D4346	Scaling in presence of moderate or severe inflammation, full mouth after evaluation	\$17.00	50%	
D4355	Full mouth debridement to enable comprehensive periodontal evaluation and diagnosis, subsequent visit	\$21.00	50%	
D4381	Localized delivery of antimicrobial agent/per tooth	\$11.00	50%	
D4910	Periodontal maintenance	\$21.00	50%	
D4920	Unscheduled dressing change (other than treating dentist or staff)	\$18.00	50%	1 (D4920) every calendar year
D4921	Gingival irrigation with a medicinal agent, per quadrant	\$5.00	50%	1 (D4921) per quad every calendar year
D4999	Unspecified periodontal procedure, by report	By Report	50%	1 (D4999) every calendar year
Removable Prosthodontic Services				
D5110	Complete denture, maxillary	\$424.00	50%	1 of (D5110-D5226, D5282, D5283, D5863-D5866) per arch every 5 calendar years
D5120	Complete denture, mandibular	\$422.00	50%	
D5130	Immediate denture, maxillary	\$488.00	50%	
D5140	Immediate denture, mandibular	\$451.00	50%	
D5211	Maxillary partial denture, resin base	\$348.00	50%	
D5212	Mandibular partial denture, resin base	\$413.00	50%	
D5213	Maxillary partial denture, cast metal, resin base	\$447.00	50%	
D5214	Mandibular partial denture, cast metal, resin base	\$473.00	50%	



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CDT Code	Description	In Network Member Responsibility	Out of Network Member Responsibility	Limitations
D5221	Immediate maxillary partial denture, resin base	\$348.00	50%	1 of (D5110-D5226, D5282, D5283, D5863-D5866) per arch every 5 calendar years
D5222	Immediate mandibular partial denture, resin base	\$413.00	50%	
D5223	Immediate maxillary partial denture, cast metal framework, resin denture base	\$447.00	50%	
D5224	Immediate mandibular partial denture, cast metal framework, resin denture base	\$473.00	50%	
D5225	Maxillary partial denture, flexible base	\$509.00	50%	
D5226	Mandibular partial denture, flexible base	\$480.00	50%	
D5282	Removable unilateral partial denture, one piece cast metal, maxillary	\$284.00	50%	
D5283	Removable unilateral partial denture, one piece cast metal, mandibular	\$284.00	50%	
D5410	Adjust complete denture, maxillary	\$24.00	50%	1 of (D5410-D5422) per arch every calendar year
D5411	Adjust complete denture, mandibular	\$25.00	50%	
D5421	Adjust partial denture, maxillary	\$23.00	50%	
D5422	Adjust partial denture, mandibular	\$23.00	50%	
D5511	Repair broken complete denture base, mandibular	\$47.00	50%	1 of (D5511, D5512) per arch every calendar year
D5512	Repair broken complete denture base, maxillary	\$47.00	50%	
D5520	Replace missing or broken teeth, complete denture	\$39.00	50%	1 (D5520) per tooth every calendar year
D5611	Repair resin partial denture base, mandibular	\$64.00	50%	1 of (D5611-D5622) per arch every calendar year
D5612	Repair resin partial denture base, maxillary	\$64.00	50%	
D5621	Repair cast partial framework, mandibular	\$68.00	50%	
D5622	Repair cast partial framework, maxillary	\$68.00	50%	1 of (D5611-D5622) per arch every calendar year
D5630	Repair or replace broken retentive clasping materials, per tooth	\$71.00	50%	1 (D5630) per tooth every calendar year
D5640	Replace broken teeth, per tooth	\$40.00	50%	1 (D5640) per tooth every calendar year
D5650	Add tooth to existing partial denture	\$56.00	50%	1 (D5650) per tooth every calendar year
D5660	Add clasp to existing partial denture, per tooth	\$74.00	50%	1 (D5660) per tooth every calendar year
D5670	Replace all teeth & acrylic on cast metal frame, maxillary	\$247.00	50%	1 of (D5670, D5671) per arch every 2 calendar years
D5671	Replace all teeth & acrylic on cast metal frame, mandibular	\$242.00	50%	
D5710	Rebase complete maxillary denture	\$167.00	50%	1 of (D5710-D5761) per arch every 2 calendar years
D5711	Rebase complete mandibular denture	\$172.00	50%	
D5720	Rebase maxillary partial denture	\$174.00	50%	
D5721	Rebase mandibular partial denture	\$170.00	50%	



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D5730	Reline complete maxillary denture, direct	\$104.00	50%	1 of (D5710-D5761) per arch every 2 calendar years
D5731	Reline complete mandibular denture, direct	\$99.00	50%	
D5740	Reline maxillary partial denture, direct	\$91.00	50%	
D5741	Reline mandibular partial denture, direct	\$89.00	50%	
D5750	Reline complete maxillary denture, indirect	\$127.00	50%	
D5751	Reline complete mandibular denture, indirect	\$124.00	50%	
D5760	Reline maxillary partial denture, indirect	\$134.00	50%	
D5761	Reline mandibular partial denture, indirect	\$129.00	50%	
D5810	Interim complete denture, maxillary	\$212.00	50%	1 of (D5810-D5821) per arch every 5 calendar years
D5811	Interim complete denture, mandibular	\$219.00	50%	
D5820	Interim partial denture, maxillary	\$154.00	50%	
D5821	Interim partial denture, mandibular	\$164.00	50%	
D5850	Tissue conditioning, maxillary	\$42.00	50%	1 of (D5850, D5851) per arch every calendar year
D5851	Tissue conditioning, mandibular	\$42.00	50%	
D5863	Overdenture, complete, maxillary	\$420.00	50%	1 of (D5110-D5226, D5282, D5283, D5863-D5866) per arch every 5 calendar years
D5864	Overdenture, partial, maxillary	\$397.00	50%	
D5865	Overdenture, complete, mandibular	\$420.00	50%	
D5866	Overdenture, partial, mandibular	\$397.00	50%	
D5867	Replacement of part of semi-precision, precision attachment, per attachment	\$68.00	50%	1 of (D5867-D5899) per arch every 5 calendar years
D5875	Modification of removable prosthesis following implant surgery	\$68.00	50%	
D5899	Unspecified removable prosthodontic procedure, by report	By Report	50%	
Fixed Prosthodontic Services				
D6205	Pontic, indirect resin based composite	\$319.00	50%	1 of (D2510-D2792, D6205-D6792) per tooth every 5 calendar years
D6210	Pontic, cast high noble metal	\$326.00	50%	
D6211	Pontic, cast predominantly base metal	\$315.00	50%	
D6212	Pontic, cast noble metal	\$329.00	50%	
D6241	Pontic, porcelain fused to predominantly base metal	\$323.00	50%	
D6242	Pontic, porcelain fused to noble metal	\$323.00	50%	
D6245	Pontic, porcelain/ceramic	\$303.00	50%	
D6251	Pontic, resin with predominantly base metal	\$267.00	50%	1 of (D2510-D2792, D6205-D6792) per tooth every 5 calendar years
D6252	Pontic, resin with noble metal	\$275.00	50%	



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D6253	Interim pontic	\$125.00	50%	1 of (D6253, D6793) per tooth every 5 calendar years
D6545	Retainer, cast metal for resin bonded fixed prosthesis	\$150.00	50%	
D6548	Retainer, porcelain/ceramic, resin bonded fixed prosthesis	\$158.00	50%	1 of (D2510-D2792, D6205-D6792) per tooth every 5 calendar years
D6549	Resin retainer, for resin bonded fixed prosthesis	\$158.00	50%	
D6600	Retainer inlay, porcelain/ceramic, two surfaces	\$277.00	50%	
D6601	Retainer inlay, porcelain/ceramic, three or more surfaces	\$306.00	50%	
D6602	Retainer inlay, cast high noble metal, two surfaces	\$276.00	50%	
D6603	Retainer inlay, cast high noble metal, three or more surfaces	\$306.00	50%	
D6604	Retainer inlay, cast base metal, two surfaces	\$272.00	50%	
D6605	Retainer inlay, cast base metal, three or more surfaces	\$294.00	50%	
D6606	Retainer inlay, cast noble metal, two surfaces	\$256.00	50%	
D6607	Retainer inlay, cast noble metal, three or more surfaces	\$320.00	50%	
D6608	Retainer onlay, porcelain/ceramic, two surfaces	\$300.00	50%	
D6609	Retainer onlay, porcelain/ceramic, three or more surfaces	\$313.00	50%	
D6612	Retainer onlay, cast base metal, two surfaces	\$296.00	50%	
D6613	Retainer onlay, cast base metal, three or more surfaces	\$323.00	50%	
D6614	Retainer onlay, cast noble metal, two surfaces	\$291.00	50%	
D6615	Retainer onlay, cast noble metal three or more surfaces	\$307.00	50%	
D6710	Retainer crown, indirect resin based composite	\$335.00	50%	
D6721	Retainer crown, resin with predominantly base metal	\$310.00	50%	
D6722	Retainer crown, resin with noble metal	\$315.00	50%	
D6740	Retainer crown, porcelain/ceramic	\$379.00	50%	
D6751	Retainer crown, porcelain fused to predominantly base metal	\$354.00	50%	
D6752	Retainer crown, porcelain fused to noble metal	\$349.00	50%	
D6781	Retainer crown, ¾ cast predominantly base metal	\$330.00	50%	
D6782	Retainer crown, ¾ cast noble metal	\$344.00	50%	
D6783	Retainer crown, ¾ porcelain/ceramic	\$372.00	50%	
D6791	Retainer crown, full cast predominantly base metal	\$337.00	50%	
D6792	Retainer crown, full cast noble metal	\$360.00	50%	



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CDT Code	Description	In Network Member Responsibility	Out of Network Member Responsibility	Limitations
D6793	Interim retainer crown	\$135.00	50%	1 of (D6253, D6793) per tooth every 5 calendar years
D6920	Connector bar	\$75.00	50%	
D6930	Re-cement or re-bond fixed partial denture	\$44.00	50%	
D6940	Stress breaker	\$89.00	50%	1 (D6940) per arch every 2 calendar years
D6950	Precision attachment	\$184.00	50%	1 of (D6950-D6999) per arch every 5 calendar years
D6980	Fixed partial denture repair, restorative material failure	\$79.00	50%	1 of (D6950-D6999) per arch every 5 calendar years
D6999	Unspecified fixed prosthodontic procedure, by report	By Report	50%	
Oral & Maxillofacial Services				
D7140	Extraction, erupted tooth or exposed root	\$22.00	50%	
D7210	Extraction, erupted tooth requiring removal of bone and/or sectioning of tooth	\$39.00	50%	
D7220	Removal of impacted tooth, soft tissue	\$46.00	50%	
D7230	Removal of impacted tooth, partially bony	\$65.00	50%	
D7240	Removal of impacted tooth, completely bony	\$79.00	50%	
D7241	Removal impacted tooth, complete bony, complication	\$94.00	50%	
D7250	Removal of residual tooth roots (cutting procedure)	\$42.00	50%	
D7260	Oroantral fistula closure	\$291.00	50%	1 of (D7260, D7261) site/quad every 5 calendar years
D7261	Primary closure of a sinus perforation	\$94.00	50%	
D7270	Tooth reimplantation and/or stabilization, accident	\$70.00	50%	1 of (D7270, D7272) per tooth every 5 calendar years
D7272	Tooth transplantation	\$99.00	50%	
D7280	Exposure of an unerupted tooth	\$79.00	50%	1 (D7280) per tooth every 5 calendar years
D7282	Mobilization of erupted/malpositioned tooth	\$28.00	50%	1 of (D7282, D7283) per tooth every 5 calendar years
D7283	Placement, device to facilitate eruption, impaction	\$19.00	50%	
D7285	Incisional biopsy of oral tissue, hard (bone, tooth)	\$145.00	50%	1 of (D7285-D7288) per site every 5 calendar years
D7286	Incisional biopsy of oral tissue, soft	\$62.00	50%	
D7287	Exfoliative cytological sample collection	\$19.00	50%	
D7288	Brush biopsy, transepithelial sample collection	\$20.00	50%	
D7290	Surgical repositioning of teeth	\$63.00	50%	1 of (D7290-D7294) per site/quad every 5 calendar years
D7291	Transseptal fiberotomy/supra crestal fiberotomy, by report	\$0.00	50%	
D7292	Placement of temporary anchorage device [screw retained plate] requiring flap	\$94.00	50%	



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CDT Code	Description	In Network Member Responsibility	Out of Network Member Responsibility	Limitations
D7293	Placement of temporary anchorage device requiring flap	\$60.00	50%	1 of (D7290-D7294) per site/quad every 5 calendar years
D7294	Placement of temporary anchorage device without flap	\$43.00	50%	
D7310	Alveoloplasty with extractions, four or more teeth per quadrant	\$46.00	50%	1 of (D7310-D7350) per site/quad every 5 calendar years
D7311	Alveoloplasty with extractions, one to three teeth per quadrant	\$31.00	50%	
D7320	Alveoloplasty, w/o extractions, four or more teeth per quadrant	\$72.00	50%	
D7321	Alveoloplasty, w/o extractions, one to three teeth per quadrant	\$56.00	50%	
D7340	Vestibuloplasty, ridge extension (2nd epithelialization)	\$308.00	50%	
D7350	Vestibuloplasty, ridge extension	\$963.00	50%	
D7410	Excision of benign lesion, up to 1.25 cm	\$123.00	50%	
D7411	Excision of benign lesion, greater than 1.25 cm	\$210.00	50%	
D7412	Excision of benign lesion, complicated	\$233.00	50%	
D7413	Excision of malignant lesion, up to 1.25 cm	\$158.00	50%	
D7414	Excision of malignant lesion, greater than 1.25 cm	\$235.00	50%	
D7415	Excision of malignant lesion, complicated	\$252.00	50%	
D7440	Excision of malignant tumor, up to 1.25 cm	\$217.00	50%	
D7441	Excision of malignant tumor, greater than 1.25 cm	\$337.00	50%	
D7450	Removal, benign odontogenic cyst/tumor, up to 1.25 cm	\$123.00	50%	
D7451	Removal, benign odontogenic cyst/tumor, greater than 1.25 cm	\$193.00	50%	
D7460	Removal, benign nonodontogenic cyst/tumor, up to 1.25 cm	\$123.00	50%	
D7461	Removal, benign nonodontogenic cyst/tumor, greater than 1.25 cm	\$198.00	50%	
D7465	Destruction of lesion(s) by physical or chemical method, by report	\$70.00	50%	
D7471	Removal of lateral exostosis, maxilla or mandible	\$147.00	50%	1 of (D7471-D7473) in a lifetime
D7472	Removal of torus palatinus	\$151.00	50%	
D7473	Removal of torus mandibularis	\$143.00	50%	
D7485	Reduction of osseous tuberosity	\$127.00	50%	1 (D7485) in a lifetime
D7490	Radical resection of maxilla or mandible	\$1,027.00	50%	1 (D7490) per arch in a lifetime
D7510	Incision & drainage of abscess, intraoral soft tissue	\$25.00	50%	
D7511	Incision & drainage of abscess, intraoral soft tissue, complicated	\$46.00	50%	



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CDT Code	Description	In Network Member Responsibility	Out of Network Member Responsibility	Limitations
D7520	Incision & drainage of abscess, extraoral soft tissue	\$175.00	50%	
D7521	Incision & drainage of abscess, extraoral soft tissue, complicated	\$193.00	50%	
D7530	Remove foreign body, mucosa, skin, tissue	\$63.00	50%	
D7540	Removal of reaction producing foreign bodies, musculoskeletal system	\$70.00	50%	
D7961	Buccal/labial frenectomy (frenulectomy)	\$89.00	50%	1 (D7961) per arch every 5 calendar years
D7962	Lingual frenectomy (frenulectomy)	\$89.00	50%	1 (D7962) every 5 calendar years
D7963	Frenuloplasty	\$91.00	50%	1 (D7963) every 5 calendar years
D7970	Excision of hyperplastic tissue, per arch	\$96.00	50%	1 (D7970) per arch every 5 calendar years
D7971	Excision of pericoronal gingiva	\$26.00	50%	1 (D7971) in a lifetime
D7972	Surgical reduction of fibrous tuberosity	\$113.00	50%	1 (D7972) in a lifetime
D7997	Appliance removal (not by dentist who placed appliance), includes removal of archbar	\$46.00	50%	1 of (D7997, D7999) every 5 calendar years
D7999	Unspecified oral surgery procedure, by report	\$0.00	50%	
Adjunctive General Services				
D9110	Palliative treatment of dental pain, per visit	\$14.00	50%	1 (D9110) every calendar year
D9120	Fixed partial denture sectioning	\$15.00	50%	1 (D9120) every calendar year
D9210	Local anesthesia not in conjunction, operative or surgical procedures	\$4.00	50%	
D9211	Regional block anesthesia	\$6.00	50%	
D9212	Trigeminal division block anesthesia	\$13.00	50%	
D9215	Local anesthesia in conjunction with operative or surgical procedures	\$5.00	50%	
D9219	Evaluation for moderate sedation, deep sedation or general anesthesia	\$0.00	50%	
D9222	Deep sedation/general anesthesia, first 15 minute increment	\$28.00	50%	
D9223	Deep sedation/general anesthesia, each subsequent 15 minute increment	\$28.00	50%	
D9230	Inhalation of nitrous oxide/analgesia, anxiolysis	\$8.00	50%	
D9239	Intravenous moderate (conscious) sedation/analgesia, first 15 minute increment	\$22.00	50%	
D9243	Intravenous moderate (conscious) sedation/analgesia, each subsequent 15 minute increment	\$22.00	50%	
D9248	Non-intravenous (conscious) sedation, includes non-IV minimal and moderate sedation	\$34.00	50%	
D9310	Consultation, other than requesting dentist	\$28.00	50%	1 (D9310) every 6 months



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CDT Code	Description	In Network Member Responsibility	Out of Network Member Responsibility	Limitations
D9311	Consultation with a medical health care professional	\$28.00	50%	
D9410	House/extended care facility call	\$26.00	50%	1 of (D9410-D9440) every 6 months
D9420	Hospital or ambulatory surgical center call	\$30.00	50%	
D9430	Office visit, observation, regular hours, no other services	\$11.00	50%	1 of (D9410-D9440) every 6 months
D9440	Office visit, after regularly scheduled hours	\$19.00	50%	
D9450	Case presentation, subsequent, detailed, extensive treatment planning	\$9.00	50%	
D9610	Therapeutic parenteral drug, single administration	\$9.00	50%	1 of (D9610-D9630) every 6 months
D9612	Therapeutic parenteral drugs, two or more administrations, different meds.	\$14.00	50%	
D9630	Drugs or medicaments dispensed in the office for home use	\$14.00	50%	
D9910	Application of desensitizing medicament	\$6.00	50%	1 of (D9910, D9911) per tooth every 2 calendar years
D9911	Application of desensitizing resin for cervical, root surface, per tooth	\$10.00	50%	
D9920	Behavior management, by report	\$10.00	50%	
D9930	Treatment of complications, post surgical, unusual, by report	\$0.00	50%	1 (D9930) every 2 calendar years
D9942	Repair and/or relines of occlusal guard	\$28.00	50%	1 (D9942) every 2 calendar years
D9944	Occlusal guard, hard appliance, full arch	\$107.00	50%	1 of (D9944-D9946) every 2 calendar years
D9945	Occlusal guard, soft appliance, full arch	\$107.00	50%	
D9946	Occlusal guard, hard appliance, partial arch	\$107.00	50%	
D9950	Occlusion analysis, mounted case	\$38.00	50%	1 of (D9950-D9952) every 2 calendar years
D9951	Occlusal adjustment, limited	\$19.00	50%	
D9952	Occlusal adjustment, complete	\$108.00	50%	
D9985	Sales Tax	\$0.00	0%	
D9986	Missed appointment	\$0.00	0%	
D9987	Cancelled appointment	\$0.00	0%	
D9991	Dental case management, addressing appointment compliance barriers	\$0.00	50%	
D9992	Dental case management, care coordination	\$0.00	50%	
D9993	Dental case management, motivational interviewing	\$0.00	50%	
D9994	Dental case management, patient education to improve oral health literacy	\$0.00	50%	
D9995	Teledentistry, synchronous; real-time encounter	\$0.00	0%	2 of (D9995, D9996) every calendar year
D9996	Teledentistry, asynchronous; information stored and forwarded to dentist for subsequent review	\$0.00	0%	



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Limitations & Exclusions

1. Below are some of Liberty's clinical criteria and guidelines. Access to a complete and comprehensive list of LIBERTY's clinical criteria and guidelines is available through Member Services at (866) 610-0282 or search the Liberty Dental member site at libertydentalplan.com. Required documentation for each service is listed in the Schedule of Benefits. Services requested without the required documentation provided will be denied.
2. Requests for crowns, root canals and partial dentures require the tooth/teeth to have a good long-term restorative, endodontic, and periodontal (at least 50% bone support) prognosis for approval.
3. Teeth without root canal treatment must show evidence of decay, fracture, failing restoration, etc., undermining more than 50% of the tooth.
4. Replacement of an existing crown, partial or denture which, in the opinion of LIBERTY's Dental Director, is satisfactory or that can be made satisfactory is not covered.
5. Cosmetic or experimental dental services, and/or procedures not generally performed in a general dentist office. Crowns for the purposes of esthetics, or as a result of normal wear & attrition, recession, abfraction and/or abrasion are not covered.
6. Any procedure not specifically listed as a covered benefit in this Schedule of Benefits. Any requested services that are in conjunction or reliant upon the completion of a denied service will also be denied.
7. Any treatment covered under an individual or group medical plan, auto insurance, no fault auto insurance or uninsured motorist policy, to the extent permitted by federal or state statute, is not covered.
8. Treatment as a result of civil insurrection, duty as a member of the armed forces of any state or country, engaging in an act of declared or undeclared war, intentional or unintentional nuclear explosion or other release of nuclear energy, whether in peacetime or wartime, is not covered.
9. Services for injuries and/or conditions which are paid or payable under Worker's Compensation or Employer Liability Laws, and treatment provided without cost to you by any municipality, county, or other political subdivision is not covered.
10. Fees related to broken appointments, preparing, or copying dental reports, duplication of x rays, itemized bills or claim forms are not covered.
11. Cost of hospitalization and/or pharmaceuticals.
12. Any services performed by a non-network general dentist or non-network specialist.
13. Services that cannot be performed because of the general health of the patient.
14. Services which are not consistent with the usual and customary services provided by a network general dentist or specialist.
15. Any dental treatment started prior to the member's effective date.
16. Treatment related to cysts, neoplasms and/or malignancies.
17. Services which, in the opinion of the network general dentist or specialist, are not necessary for the patient's dental health.

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