

# 2022 Dental Fee Schedule

MEMORIAL<sup>®</sup>  
HERMANN  
Health Plan

MEMORIAL HERMANN ADVANTAGE  
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Memorial Hermann Advantage

**No 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. Members must visit a contracted provider to utilize covered benefits.

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

CDT Code	Description	Member Responsibility	Limitations
	<b>Diagnostic Services</b>		
D0120	Periodic oral evaluation	0%	1 of (D0120-D0180) every 6 months
D0140	Limited oral evaluation	0%	
D0150	Comprehensive oral evaluation	0%	
D0160	Oral evaluation, problem focused	0%	
D0170	Re-evaluation, limited, problem focused	0%	
D0171	Re-evaluation, post operative office visit	0%	
D0180	Comprehensive periodontal evaluation	0%	
D0210	Intraoral, complete series of radiographic images	0%	1 of (D0210, D0330) every 36 months
D0220	Intraoral, periapical, first radiographic image	0%	
D0230	Intraoral, periapical, each add 'l radiographic image	0%	
D0240	Intraoral, occlusal radiographic image	0%	2 (D0240) every 12 months
D0270	Bitewing, single radiographic image	0%	4 (D0270) every 12 months
D0272	Bitewings, two radiographic images	0%	2 (D0272) every 12 months
D0273	Bitewings, three radiographic images	0%	1 (D0273) every 12 months
D0274	Bitewings, four radiographic images	0%	1 (D0274) every 12 months
D0277	Vertical bitewings, 7 to 8 radiographic images	0%	1 (D0277) every 36 months
D0330	Panoramic radiographic image	0%	1 of (D0210, D0330) every 36 months
	<b>Preventive Services</b>		
D1110	Prophylaxis, adult	0%	2 of (D1110, D4346, D4910) every 12 months
D1208	Topical application of fluoride, excluding varnish	0%	1 (D1208) every 12 months
D1999	Unspecified preventive procedure, by report	0%	1 (D1999) per date of service per office, covered for Personal
	<b>Periodontal Services</b>		
D4341	Periodontal scaling and root planing, four or more teeth per quadrant	20%	1 of (D4341, D4342) per site/quad every 24 months
D4342	Periodontal scaling and root planing, one to three teeth per quadrant	20%	
D4346	Scaling in presence of moderate or severe inflammation, full mouth	20%	2 of (D1110, D4346, D4910) every 12 months
D4355	Full mouth debridement to enable comprehensive evaluation and	20%	1 (D4355) every 36 months
D4910	Periodontal maintenance	20%	2 of (D1110, D4346, D4910) every 12 months
	<b>Adjunctive General Services</b>		
D9110	Palliative (emergency) treatment, minor procedure	0%	1 (D9110) every 12 months
D9991	Dental case management, addressing appointment compliance barriers	0%	
D9992	Dental case management, care coordination	0%	
D9993	Dental case management, motivational interviewing	0%	
D9994	Dental case management, patient education to improve oral health	0%	
D9995	Teledentistry, synchronous; real-time encounter	0%	2 of (D9995, D9996) every calendar year
D9996	Teledentistry, asynchronous; information stored and forwarded to	0%	

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**[healthplan.memorialhermann.org/medicare](https://healthplan.memorialhermann.org/medicare)**

**855.645.8448 (TTY 711)**

8 a.m. to 8 p.m. Central Time, daily (Oct. 1 – March 31)

8 a.m. to 8 p.m. Central Time, Monday – Friday (April 1 – Sept. 30)

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