

2022 Dental Fee Schedule

MEMORIAL[®]
HERMANN
Health Plan

MEMORIAL HERMANN ADVANTAGE
HMO

Memorial Hermann Advantage Plus PPO

\$2,500 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, complete series of radiographic images	0%	20%	1 (D0210) every 36 months
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 12 months
D0250	Extra-oral 2D projection radiographic image, stationary radiation source	0%	20%	1 (D0250) every 12 months
D0251	Extra-oral posterior dental radiographic image	0%	20%	2 (D0251) every 12 months
D0270	Bitewing, single radiographic image	0%	20%	4 (D0270) every 12 months
D0272	Bitewings, two radiographic images	0%	20%	2 (D0272) every 12 months
D0273	Bitewings, three radiographic images	0%	20%	1 (D0273) every 12 months
D0274	Bitewings, four radiographic images	0%	20%	1 (D0274) every 12 months
D0277	Vertical bitewings, 7 to 8 radiographic images	0%	20%	1 (D0277) every 36 months
D0330	Panoramic radiographic image	0%	20%	1 (D0330) every 36 months
D0310	Sialography	0%	20%	1 of (D0310-D0322) every 36 months
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 36 months
D0350	2D oral/facial photographic image, intra-orally/extra-orally	0%	20%	1 (D0350) every 36 months
D0414	Laboratory process of microbial specimen, culture, sensitivity, prep, report	0%	20%	1 of (D0414-D0425) every 12 months
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 12 months
D0460	Pulp vitality tests	0%	20%	1 (D0460) every 12 months
D0470	Diagnostic casts	0%	20%	1 (D0470) every 12 months
D0472	Accession of tissue, gross exam, prep & report	0%	20%	1 of (D0472-D0486) every 12 months
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 12 months
D0999	Unspecified diagnostic procedure, by report	0%	20%	
	Preventive Services			
D1110	Prophylaxis, adult	0%	20%	2 of (D1110, D4346, D4910) every 12 months
D1208	Topical application of fluoride, excluding varnish	0%	20%	1 (D1208) every 12 months
D1351	Sealant, per tooth	20%	50%	1 per tooth every 60 months
D1510	Space maintainer, fixed, unilateral	20%	50%	4 of in lifetime any provider
D1999	Unspecified preventive procedure, by report	0%	0%	1 (D1999) per date of service per office, covered for Personal Protective Equipment (PPE) – VAL
	Restorative Services			
D2140	Amalgam, one surface, primary or permanent	20%	50%	1 of (D2140-D2335, D2391-D2394) per surface per tooth every 36 months
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%	
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%	1 (D2390) per tooth every 36 months
D2390	Resin-based composite crown, anterior	20%	50%	
D2391	Resin-based composite, one surface, posterior	20%	50%	1 of (D2140-D2335, D2391-D2394) per surface per tooth every 36 months
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%	1 of (D2510-D2792, D6205-D6792) per tooth every 60 months
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%	1 of (D2510-D2792, D6205-D6792) per tooth every 60 months
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%	1 of (D2910, D2920) per tooth every 12 months
D2920	Re-cement or re-bond crown	20%	50%	1 (D2915) per tooth every 12 months
D2915	Re-cement or re-bond indirectly fabricated/prefabricated post & core	20%	50%	
D2931	Prefabricated stainless steel crown, permanent tooth	20%	50%	1 of (D2931-D2934) per tooth every 36 months
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 construct 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%	1 of (D3110, D3120) per tooth in a lifetime
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%	1 (D3221) per tooth in a lifetime
D3230	Pulpal therapy, anterior, primary tooth (excluding final restoration)	20%	50%	1 of (D3230, D3240) per tooth in a lifetime
D3240	Pulpal therapy, posterior, primary tooth (excluding finale restoration)	20%	50%	
D3310	Endodontic therapy, anterior tooth (excluding final restoration)	20%	50%	1 of (D3310-D3330) per tooth in a lifetime
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%	1 (D3331) per tooth in a lifetime
D3332	Incomplete endodontic therapy; inoperable, unrestorable, fractured tooth	20%	50%	1 (D3332) per tooth in a lifetime
D3333	Internal root repair of perforation defects	20%	50%	1 (D3333) per tooth in a lifetime
D3346	Retreatment of previous root canal therapy, anterior	20%	50%	1 of (D3346-D3348) per tooth in a lifetime
D3347	Retreatment of previous root canal therapy, premolar	20%	50%	
D3348	Retreatment of previous root canal therapy, molar	20%	50%	
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 24 months
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%	
D4249	Clinical crown lengthening, hard tissue	20%	50%	1 (D4249) per tooth in a lifetime
D4260	Osseous surgery, four or more teeth per quadrant	20%	50%	1 of (D4260, D4261) per site/quad every 24 months
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 24 months
D4264	Bone replacement graft, retained natural tooth, each additional site	20%	50%	
D4265	Biologic materials to aid in soft and osseous tissue regeneration	20%	50%	1 of (D4265-D4267) per site/quad every 24 months
D4266	Guided tissue regeneration, resorbable barrier, per site	20%	50%	
D4267	Guided tissue regeneration, non-resorbable barrier, per site	20%	50%	
D4268	Surgical revision procedure, per tooth	20%	50%	1 (D4268) per tooth every 24 months
D4270	Pedicle soft tissue graft procedure	20%	50%	1 of (D4270-D4285) per site/quad every 24 months
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 & double 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%	
D4320	Provisional splinting, intracoronal	20%	50%	1 of (D4320, D4321) per arch every 24 months
D4321	Provisional splinting, extracoronal	20%	50%	
D4341	Periodontal scaling and root planing, four or more teeth per quadrant	20%	50%	1 of (D4341, D4342) per site/quad every 24 months
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 12 months
D4355	Full mouth debridement to enable comprehensive evaluation and diagnosis, subsequent visit	20%	50%	1 (D4355) every 36 months
D4381	Localized delivery of antimicrobial agent/per tooth	20%	50%	1 (D4381) per tooth every 12 months
D4910	Periodontal maintenance	20%	50%	2 of (D1110, D4346, D4910) every 12 months
D4920	Unscheduled dressing change (other than treating dentist or staff)	20%	50%	1 (D4920) every 12 months
D4921	Gingival irrigation, per quadrant	20%	50%	1 (D4921) per quad every 12 months
D4999	Unspecified periodontal procedure, by report	20%	50%	1 (D4999) every 12 months
	Removable Prosthodontic Services			
D5110	Complete denture, maxillary	50%	50%	1 of (D5110-D5226, D5282, D5283, D5863-D5866) per arch every 60 months
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%	
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%	
D5410	Adjust complete denture, maxillary	50%	50%	1 of (D5410-D5422) per arch every 12 months
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 12 months
D5512	Repair broken complete denture base, maxillary	50%	50%	
D5520	Replace missing or broken teeth, complete denture	50%	50%	1 (D5520) per arch every 12 months
D5611	Repair resin partial denture base, mandibular	50%	50%	1 of (D5611-D5622) per arch every 12 months
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 12 months
D5640	Replace broken teeth, per tooth	50%	50%	1 (D5640) per tooth every 12 months
D5650	Add tooth to existing partial denture	50%	50%	1 (D5650) per tooth every 12 months
D5660	Add clasp to existing partial denture, per tooth	50%	50%	1 (D5660) per tooth every 12 months
D5670	Replace all teeth & acrylic on cast metal frame, maxillary	50%	50%	1 of (D5670, D5671) per arch every 24 months
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 24 months
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%	1 of (D5710-D5761) per arch every 24 months
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 60 months
D5811	Interim complete denture, mandibular	50%	50%	
D5820	Interim partial denture, maxillary	50%	50%	
D5821	Interim partial denture, mandibular	50%	50%	
D5850	Tissue conditioning, maxillary	50%	50%	1 of (D5850, D5851) per arch every 12 months
D5851	Tissue conditioning, mandibular	50%	50%	
D5863	Overdenture, complete, maxillary	50%	50%	1 of (D5110-D5226, D5282, D5283, D5863-D5866)
D5864	Overdenture, partial, maxillary	50%	50%	

D5865	Overdenture, complete, mandibular	50%	50%	per arch every 60 months
D5866	Overdenture, partial, mandibular	50%	50%	
D5867	Replacement of replaceable part of semi-precision or precision attachment	50%	50%	1 of (D5867-D5899) per arch every 60 months
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 60 months
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%	
D6253	Provisional pontic	50%	50%	1 of (D6253, D6793) per tooth every 60 months
D6545	Retainer, cast metal for resin bonded fixed prosthesis	50%	50%	1 of (D2510-D2792, D6205-D6792) per tooth every 60 months
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%	
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%	
D6710	Retainer crown, indirect resin based composite	50%	50%	
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	Provisional retainer crown	50%	50%	1 of (D6253, D6793) per tooth every 60 months
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 24 months
D6950	Precision attachment	50%	50%	1 of (D6950-D6999) per arch every 60 months
D6980	Fixed partial denture repair, restorative material failure	50%	50%	1 of (D6950-D6999) per arch every 60 months
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 60 months
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 60 months
D7272	Tooth transplantation	20%	50%	1 of (D7270, D7272) per tooth every 60 months
D7280	Exposure of an unerupted tooth	20%	50%	1 (D7280) per tooth every 60 months
D7282	Mobilization of erupted/malpositioned tooth	20%	50%	1 of (D7282, D7283) per tooth every 60 months
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 60 months
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 60 months
D7291	Transseptal fiberotomy/supra crestal fiberotomy, 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; includes device removal	20%	50%	
D7294	Placement of temporary anchorage device without flap; includes device removal	20%	50%	
D7310	Alveoloplasty with extractions, four or more teeth per quadrant	20%	50%	1 of (D7310-D7350) per site/quad every 60 months
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) per lifetime
D7472	Removal of torus palatinus	20%	50%	
D7473	Removal of torus mandibularis	20%	50%	
D7485	Reduction of osseous tuberosity	20%	50%	1 (D7485) per lifetime
D7490	Radical resection of maxilla or mandible	20%	50%	1 (D7490) per arch per 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%	
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 of (D7961, D7962) every 60 months
D7962	Lingual frenectomy (frenulectomy)	20%	50%	
D7963	Frenuloplasty	20%	50%	1 (D7963) every 60 months
D7970	Excision of hyperplastic tissue, per arch	20%	50%	1 (D7970) per arch every 60 months
D7971	Excision of pericoronal gingiva	20%	50%	1 (D7971) per lifetime
D7972	Surgical reduction of fibrous tuberosity	20%	50%	1 (D7972) per lifetime
D7997	Appliance removal (not by dentist who placed appliance), includes removal of archbar	20%	50%	1 of (D7997, D7999) every 60 months
D7999	Unspecified oral surgery procedure, by report	20%	50%	
	Adjunctive General Services			
D9110	Palliative (emergency) treatment, minor procedure	20%	50%	1 (D9110) every 12 months
D9120	Fixed partial denture sectioning	20%	50%	1 (D9120) every 12 months
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, detailed & extensive treatment	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 24 months
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 24 months
D9942	Repair and/or reline of occlusal guard	20%	50%	1 (D9942) every 24 months
D9944	Occlusal guard, hard appliance, full arch	20%	50%	1 of (D9944-D9946) every 24 months
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 24 months
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%	

THIS PAGE IS INTENTIONALLY LEFT BLANK

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)

**MEMORIAL[®]
HERMANN**
Health Plan

Copyright © 2021 Memorial Hermann. All rights reserved.

**MEMORIAL HERMANN ADVANTAGE
HMO**