

2023 Liberty Dental Benefits Addendum

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HERMANN
Health Plan
MEDICARE ADVANTAGE PLANS

Memorial Hermann

Dual Advantage D-SNP

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 (No Out-of-Network Benefits)
DIAGNOSTIC & PREVENTIVE SERVICES Oral Exams, Radiographic Images (X-rays), Tests and Diagnostic Casts, Cleanings, Fluoride	0% Member Responsibility
RESTORATIVE SERVICES Fillings (Amalgam, Resin-Based Composite), Single Crowns, Inlays, Onlays, Crown Related Services, Prefabricated Crowns, Protective Restoration	0% Member Responsibility
ENDODONTIC SERVICES Root Canal, Retreatment of Previous Root Canal Therapy, Treatment of Root Obstruction, Pulpal Therapy, Apexification/Recalcification, Apicoectomy	0% 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)	0% Member Responsibility
REMOVABLE PROSTHODONTIC SERVICES Complete and Partial Dentures, Denture Related Services, Interim Dentures, Tissue Conditioning	0% Member Responsibility
FIXED PROSTHODONTIC SERVICES Bridges (Pontic, Retainer Inlay, Retainer Onlay, Retainer Crown) and Bridge Related Services	0% 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	0% 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	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.



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 (2) 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

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, including bridges
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 Dual Advantage D-SNP Dental

\$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. 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
	Diagnostic Services		
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, comprehensive series of radiographic images	0%	1 (D0210) 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
D0250	Extra-oral 2D projection radiographic image, stationary radiation source	0%	1 (D0250) every 12 months
D0251	Extra-oral posterior dental radiographic image	0%	2 (D0251) 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 (D0330) every 36 months
D0310	Sialography	0%	1 of (D0310-D0322) every 36 months
D0320	TMJ arthrogram, including injection	0%	
D0321	Other TMJ radiographic images, by report	0%	
D0322	Tomographic survey	0%	
D0340	2D cephalometric radiographic image, measurement and analysis	0%	1 (D0340) every 36 months
D0350	2D oral/facial photographic image, intra-orally/extra-orally	0%	1 (D0350) every 36 months
D0414	Laboratory process of microbial specimen, culture, sensitivity, prep, report	0%	1 of (D0414-D0425) every 12 months
D0415	Collection of microorganisms for culture	0%	
D0416	Viral culture	0%	
D0425	Caries susceptibility tests	0%	
D0431	Adjunctive pre-diagnostic test	0%	1 (D0431) every 12 months
D0460	Pulp vitality tests	0%	1 (D0460) every 12 months
D0470	Diagnostic casts	0%	1 (D0470) every 12 months
D0472	Accession of tissue, gross exam, prep & report	0%	1 of (D0472-D0486) every 12 months
D0473	Accession of tissue, gross/micro. exam, prep, report	0%	
D0474	Accession of tissue, gross/micro. exam, report	0%	
D0475	Decalcification procedure	0%	
D0476	Special stains, for microorganisms	0%	
D0477	Special stains, not for microorganisms	0%	
D0478	Immunohistochemical stains	0%	
D0479	Tissue in-situ hybridization, including interpretation	0%	
D0480	Accession of exfoliative cytologic smears	0%	
D0481	Electron microscopy	0%	
D0482	Direct immunofluorescence	0%	
D0483	Indirect immunofluorescence	0%	
D0484	Consultation on slides prepared elsewhere	0%	
D0485	Consultation, including prep of slides, biopsy, referring source	0%	
D0486	Accession of transepithelial cytologic sample, prep, written report	0%	
D0502	Other oral pathology procedures, by report	0%	1 of (D0502, D0999) every 12 months
D0999	Unspecified diagnostic procedure, by report	0%	
	Preventive Services		
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
	Restorative Services		
D2140	Amalgam, one surface, primary or permanent	0%	



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D2150	Amalgam, two surfaces, primary or permanent	0%	1 of (D2140-D2335, D2391-D2394) per surface per tooth every 36 months
D2160	Amalgam, three surfaces, primary or permanent	0%	
D2161	Amalgam, four or more surfaces, primary or permanent	0%	
D2330	Resin-based composite, one surface, anterior	0%	
D2331	Resin-based composite, two surfaces, anterior	0%	1 of (D2140-D2335, D2391-D2394) per surface per tooth every 36 months
D2332	Resin-based composite, three surfaces, anterior	0%	
D2335	Resin-based composite, four or more surfaces, involving incisal angle	0%	
D2390	Resin-based composite crown, anterior	0%	
D2391	Resin-based composite, one surface, posterior	0%	1 of (D2140-D2335, D2391-D2394) per surface per tooth every 36 months
D2392	Resin-based composite, two surfaces, posterior	0%	
D2393	Resin-based composite, three surfaces, posterior	0%	
D2394	Resin-based composite, four or more surfaces, posterior	0%	
D2510	Inlay, metallic, one surface	0%	1 of (D2510-D2792, D6205-D6792) per tooth every 60 months
D2520	Inlay, metallic, two surfaces	0%	
D2530	Inlay, metallic, three or more surfaces	0%	
D2542	Onlay, metallic, two surfaces	0%	
D2543	Onlay, metallic, three surfaces	0%	
D2544	Onlay, metallic, four or more surfaces	0%	
D2610	Inlay, porcelain/ceramic, one surface	0%	
D2620	Inlay, porcelain/ceramic, two surfaces	0%	
D2630	Inlay, porcelain/ceramic, three or more surfaces	0%	
D2642	Onlay, porcelain/ceramic, two surfaces	0%	
D2643	Onlay, porcelain/ceramic, three surfaces	0%	
D2644	Onlay, porcelain/ceramic, four or more surfaces	0%	
D2650	Inlay, resin-based composite, one surface	0%	
D2651	Inlay, resin-based composite, two surfaces	0%	
D2652	Inlay, resin-based composite, three or more surfaces	0%	
D2662	Onlay, resin-based composite, two surfaces	0%	
D2663	Onlay, resin-based composite, three surfaces	0%	
D2664	Onlay, resin-based composite, four or more surfaces	0%	
D2710	Crown, resin-based composite (indirect)	0%	
D2712	Crown, ¾ resin-based composite (indirect)	0%	
D2721	Crown, resin with predominantly base metal	0%	
D2722	Crown, resin with noble metal	0%	
D2740	Crown, porcelain/ceramic	0%	
D2751	Crown, porcelain fused to predominantly base metal	0%	
D2752	Crown, porcelain fused to noble metal	0%	
D2781	Crown, ¾ cast predominantly base metal	0%	
D2782	Crown, ¾ cast noble metal	0%	
D2783	Crown, ¾ porcelain/ceramic	0%	
D2791	Crown, full cast predominantly base metal	0%	
D2792	Crown, full cast noble metal	0%	
D2910	Re-cement or re-bond inlay, onlay, veneer, or partial coverage	0%	1 of (D2910, D2920) per tooth every 12 months
D2920	Re-cement or re-bond crown	0%	
D2915	Re-cement or re-bond indirectly fabricated/prefabricated post & core	0%	1 (D2915) per tooth every 12 months
D2931	Prefabricated stainless steel crown, permanent tooth	0%	1 of (D2931-D2934) per tooth every 36 months
D2932	Prefabricated resin crown	0%	
D2933	Prefabricated stainless steel crown with resin window	0%	
D2934	Prefabricated esthetic coated stainless steel crown, primary tooth	0%	
D2940	Protective restoration	0%	
D2950	Core buildup, including any pins when required	0%	
D2951	Pin retention, per tooth, in addition to restoration	0%	
D2952	Post and core in addition to crown, indirectly fabricated	0%	
D2953	Each additional indirectly fabricated post, same tooth	0%	
D2954	Prefabricated post and core in addition to crown	0%	
D2955	Post removal	0%	
D2957	Each additional prefabricated post, same tooth	0%	
D2971	Additional procedure to customize new crown, existing partial denture frame	0%	
D2975	Coping	0%	
D2980	Crown repair necessitated by restorative material failure	0%	
D2999	Unspecified restorative procedure, by report	0%	
Endodontic Services			
D3110	Pulp cap, direct (excluding final restoration)	0%	1 of (D3110, D3120) per tooth in a lifetime
D3120	Pulp cap, indirect (excluding final restoration)	0%	
D3220	Therapeutic pulpotomy (excluding final restoration)	0%	



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D3221	Pulpal debridement, primary and permanent teeth	0%	1 (D3221) per tooth in a lifetime
D3230	Pulpal therapy, anterior, primary tooth (excluding final restoration)	0%	1 of (D3230, D3240) per tooth in a lifetime
D3240	Pulpal therapy, posterior, primary tooth (excluding finale restoration)	0%	
	Endodontic Services (continued)		
D3310	Endodontic therapy, anterior tooth (excluding final restoration)	0%	1 of (D3310-D3330) per tooth in a lifetime
D3320	Endodontic therapy, premolar tooth (excluding final restoration)	0%	
D3330	Endodontic therapy, molar tooth (excluding final restoration)	0%	
D3331	Treatment of root canal obstruction; non-surgical access	0%	1 (D3331) per tooth in a lifetime
D3332	Incomplete endodontic therapy; inoperable, unrestorable, fractured tooth	0%	1 (D3332) per tooth in a lifetime
D3333	Internal root repair of perforation defects	0%	1 (D3333) per tooth in a lifetime
D3346	Retreatment of previous root canal therapy, anterior	0%	1 of (D3346-D3348) per tooth in a lifetime
D3347	Retreatment of previous root canal therapy, premolar	0%	
D3348	Retreatment of previous root canal therapy, molar	0%	
D3351	Apexification/recalcification, initial visit	0%	1 (D3351) per tooth in a lifetime
D3352	Apexification/recalcification, interim medication replacement	0%	1 (D3352) per tooth in a lifetime
D3353	Apexification/recalcification, final visit	0%	1 (D3353) per tooth in a lifetime
D3410	Apicoectomy, anterior	0%	1 of (D3410-D3425) per tooth in a lifetime
D3421	Apicoectomy, premolar (first root)	0%	
D3425	Apicoectomy, molar (first root)	0%	
D3426	Apicoectomy, (each additional root)	0%	1 (D3426) per tooth in a lifetime
D3430	Retrograde filling, per root	0%	1 (D3430) per tooth in a lifetime
D3450	Root amputation, per root	0%	1 (D3450) per tooth in a lifetime
D3460	Endodontic endosseous implant	0%	1 (D3460) per tooth in a lifetime
D3470	Intentional reimplantation (including necessary splinting)	0%	1 (D3470) per tooth in a lifetime
D3910	Surgical procedure for isolation of tooth with rubber dam	0%	1 (D3910) per tooth in a lifetime
D3920	Hemisection, not including root canal therapy	0%	1 (D3920) per tooth in a lifetime
D3950	Canal preparation and fitting of preformed dowel or post	0%	1 of (D3950, D3999) per tooth in a lifetime
D3999	Unspecified endodontic procedure, by report	0%	
	Periodontal Services		
D4210	Gingivectomy or gingivoplasty, four or more teeth per quadrant	0%	1 of (D4210-D4245) per site/quad every 24 months
D4211	Gingivectomy or gingivoplasty, one to three teeth per quadrant	0%	
D4230	Anatomical crown exposure, four or more contiguous teeth per quadrant	0%	
D4231	Anatomical crown exposure, one to three teeth per quadrant	0%	
D4240	Gingival flap procedure, four or more teeth per quadrant	0%	
D4241	Gingival flap procedure, one to three teeth per quadrant	0%	
D4245	Apically positioned flap	0%	
D4249	Clinical crown lengthening, hard tissue	0%	1 (D4249) per tooth in a lifetime
D4260	Osseous surgery, four or more teeth per quadrant	0%	1 of (D4260, D4261) per site/quad every 24 months
D4261	Osseous surgery, one to three teeth per quadrant	0%	
D4263	Bone replacement graft, retained natural tooth, first site, quadrant	0%	1 of (D4263, D4264) per site/quad every 24 months
D4264	Bone replacement graft, retained natural tooth, each additional site	0%	
D4265	Biologic materials to aid in soft and osseous tissue regeneration, per site	0%	1 of (D4265-D4267) per site/quad every 24 months
D4266	Guided tissue regeneration, natural teeth, resorbable barrier, per site	0%	
D4267	Guided tissue regeneration, natural teeth, non-resorbable barrier, per site	0%	1 (D4268) per tooth every 24 months
D4268	Surgical revision procedure, per tooth	0%	
D4270	Pedicle soft tissue graft procedure	0%	1 of (D4270-D4285) per site/quad every 24 months
D4273	Autogenous connective tissue graft procedure, first tooth	0%	
D4274	Mesial/distal wedge procedure, single tooth	0%	
D4275	Non-autogenous connective tissue graft, first tooth	0%	
D4276	Combined connective tissue and pedicle graft	0%	
D4277	Free soft tissue graft, first tooth	0%	
D4278	Free soft tissue graft, each additional tooth	0%	
D4283	Autogenous connective tissue graft procedure, each additional tooth, per site	0%	
D4285	Non-autogenous connective tissue graft procedure, each additional tooth, per site	0%	1 of (D4322, D4323) per arch every 24 months
D4322	Splint, intra-coronal; natural teeth or prosthetic crowns	0%	
D4323	Splint, extra-coronal; natural teeth or prosthetic crowns	0%	1 of (D4341, D4342) per site/quad every 24 months
D4341	Periodontal scaling and root planing, four or more teeth per quadrant	0%	
D4342	Periodontal scaling and root planing, one to three teeth per quadrant	0%	2 of (D1110, D4346, D4910) every 12 months
D4346	Scaling in presence of moderate or severe inflammation, full mouth after evaluation	0%	
D4355	Full mouth debridement to enable comprehensive periodontal evaluation and diagnosis, subsequent visit	0%	1 (D4355) every 36 months
D4381	Localized delivery of antimicrobial agent/per tooth	0%	1 (D4381) per tooth every 12 months
D4910	Periodontal maintenance	0%	2 of (D1110, D4346, D4910) every 12 months
D4920	Unscheduled dressing change (other than treating dentist or staff)	0%	1 (D4920) every 12 months



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D4921	Gingival irrigation with a medicinal agent, per quadrant	0%	1 (D4921) per quad every 12 months
D4999	Unspecified periodontal procedure, by report	0%	1 (D4999) every 12 months
	Removable Prosthodontic Services		
D5110	Complete denture, maxillary	0%	1 of (D5110-D5226, D5282, D5283, D5863-D5866) per arch every 60 months
D5120	Complete denture, mandibular	0%	
D5130	Immediate denture, maxillary	0%	
D5140	Immediate denture, mandibular	0%	
D5211	Maxillary partial denture, resin base	0%	
D5212	Mandibular partial denture, resin base	0%	
D5213	Maxillary partial denture, cast metal, resin base	0%	
D5214	Mandibular partial denture, cast metal, resin base	0%	
D5221	Immediate maxillary partial denture, resin base	0%	
D5222	Immediate mandibular partial denture, resin base	0%	
D5223	Immediate maxillary partial denture, cast metal framework, resin denture base	0%	
D5224	Immediate mandibular partial denture, cast metal framework, resin denture base	0%	
D5225	Maxillary partial denture, flexible base	0%	
D5226	Mandibular partial denture, flexible base	0%	
D5282	Removable unilateral partial denture, one piece cast metal, maxillary	0%	
D5283	Removable unilateral partial denture, one piece cast metal, mandibular	0%	
D5410	Adjust complete denture, maxillary	0%	1 of (D5410-D5422) per arch every 12 months
D5411	Adjust complete denture, mandibular	0%	
D5421	Adjust partial denture, maxillary	0%	
D5422	Adjust partial denture, mandibular	0%	1 of (D5511, D5512) per arch every 12 months
D5511	Repair broken complete denture base, mandibular	0%	
D5512	Repair broken complete denture base, maxillary	0%	1 (D5520) per tooth every 12 months
D5520	Replace missing or broken teeth, complete denture	0%	
D5611	Repair resin partial denture base, mandibular	0%	1 of (D5611-D5622) per arch every 12 months
D5612	Repair resin partial denture base, maxillary	0%	
D5621	Repair cast partial framework, mandibular	0%	
D5622	Repair cast partial framework, maxillary	0%	
D5630	Repair or replace broken retentive clasping materials, per tooth	0%	1 (D5630) per tooth every 12 months
D5640	Replace broken teeth, per tooth	0%	1 (D5640) per tooth every 12 months
D5650	Add tooth to existing partial denture	0%	1 (D5650) per tooth every 12 months
D5660	Add clasp to existing partial denture, per tooth	0%	1 (D5660) per tooth every 12 months
D5670	Replace all teeth & acrylic on cast metal frame, maxillary	0%	1 of (D5670, D5671) per arch every 24 months
D5671	Replace all teeth & acrylic on cast metal frame, mandibular	0%	
D5710	Rebase complete maxillary denture	0%	1 of (D5710-D5761) per arch every 24 months
D5711	Rebase complete mandibular denture	0%	
D5720	Rebase maxillary partial denture	0%	
D5721	Rebase mandibular partial denture	0%	
D5730	Reline complete maxillary denture, direct	0%	
D5731	Reline complete mandibular denture, direct	0%	
D5740	Reline maxillary partial denture, direct	0%	
D5741	Reline mandibular partial denture, direct	0%	
D5750	Reline complete maxillary denture, indirect	0%	
D5751	Reline complete mandibular denture, indirect	0%	
D5760	Reline maxillary partial denture, indirect	0%	1 of (D5810-D5821) per arch every 60 months
D5761	Reline mandibular partial denture, indirect	0%	
D5810	Interim complete denture, maxillary	0%	
D5811	Interim complete denture, mandibular	0%	
D5820	Interim partial denture, maxillary	0%	1 of (D5850, D5851) per arch every 12 months
D5821	Interim partial denture, mandibular	0%	
D5850	Tissue conditioning, maxillary	0%	1 of (D5110-D5226, D5282, D5283, D5863-D5866) per arch every 60 months
D5851	Tissue conditioning, mandibular	0%	
D5863	Overdenture, complete, maxillary	0%	
D5864	Overdenture, partial, maxillary	0%	
D5865	Overdenture, complete, mandibular	0%	1 of (D5867-D5899) per arch every 60 months
D5866	Overdenture, partial, mandibular	0%	
D5867	Replacement of part of semi-precision, precision attachment, per attachment	0%	
D5875	Modification of removable prosthesis following implant surgery	0%	
D5899	Unspecified removable prosthodontic procedure, by report	0%	
	Fixed Prosthodontic Services		
D6205	Pontic, indirect resin based composite	0%	1 of (D6210, D6703, D6205, D6703) per tooth every 60 months
D6210	Pontic, cast high noble metal	0%	



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D6211	Pontic, cast predominantly base metal	0%	1 of (D6210-D6792, D6205-D6792) per tooth every 60 months
D6212	Pontic, cast noble metal	0%	
D6241	Pontic, porcelain fused to predominantly base metal	0%	
Fixed Prosthodontic Services (continued)			
D6242	Pontic, porcelain fused to noble metal	0%	1 of (D2510-D2792, D6205-D6792) per tooth every 60 months
D6245	Pontic, porcelain/ceramic	0%	
D6251	Pontic, resin with predominantly base metal	0%	
D6252	Pontic, resin with noble metal	0%	1 of (D6253, D6793) per tooth every 60 months
D6253	Interim pontic	0%	
D6545	Retainer, cast metal for resin bonded fixed prosthesis	0%	1 of (D2510-D2792, D6205-D6792) per tooth every 60 months
D6548	Retainer, porcelain/ceramic, resin bonded fixed prosthesis	0%	
D6549	Resin retainer, for resin bonded fixed prosthesis	0%	
D6600	Retainer inlay, porcelain/ceramic, two surfaces	0%	
D6601	Retainer inlay, porcelain/ceramic, three or more surfaces	0%	
D6602	Retainer inlay, cast high noble metal, two surfaces	0%	
D6603	Retainer inlay, cast high noble metal, three or more surfaces	0%	
D6604	Retainer inlay, cast base metal, two surfaces	0%	
D6605	Retainer inlay, cast base metal, three or more surfaces	0%	
D6606	Retainer inlay, cast noble metal, two surfaces	0%	
D6607	Retainer inlay, cast noble metal, three or more surfaces	0%	
D6608	Retainer onlay, porcelain/ceramic, two surfaces	0%	
D6609	Retainer onlay, porcelain/ceramic, three or more surfaces	0%	
D6612	Retainer onlay, cast base metal, two surfaces	0%	
D6613	Retainer onlay, cast base metal, three or more surfaces	0%	
D6614	Retainer onlay, cast noble metal, two surfaces	0%	
D6615	Retainer onlay, cast noble metal three or more surfaces	0%	
D6710	Retainer crown, indirect resin based composite	0%	
D6721	Retainer crown, resin with predominantly base metal	0%	
D6722	Retainer crown, resin with noble metal	0%	
D6740	Retainer crown, porcelain/ceramic	0%	1 of (D6253, D6793) per tooth every 60 months
D6751	Retainer crown, porcelain fused to predominantly base metal	0%	
D6752	Retainer crown, porcelain fused to noble metal	0%	1 (D6940) per arch every 24 months
D6781	Retainer crown, ¾ cast predominantly base metal	0%	
D6782	Retainer crown, ¾ cast noble metal	0%	1 of (D6950-D6999) per arch every 60 months
D6783	Retainer crown, ¾ porcelain/ceramic	0%	
D6791	Retainer crown, full cast predominantly base metal	0%	
D6792	Retainer crown, full cast noble metal	0%	1 of (D6950-D6999) per arch every 60 months
D6793	Interim retainer crown	0%	
D6920	Connector bar	0%	
D6930	Re-cement or re-bond fixed partial denture	0%	1 of (D6950-D6999) per arch every 60 months
D6940	Stress breaker	0%	
D6950	Precision attachment	0%	
D6980	Fixed partial denture repair, restorative material failure	0%	1 of (D7280) per tooth every 60 months
D6999	Unspecified fixed prosthodontic procedure, by report	0%	
Oral & Maxillofacial Services			
D7140	Extraction, erupted tooth or exposed root	0%	1 of (D7260, D7261) site/quad every 60 months
D7210	Extraction, erupted tooth requiring removal of bone and/or sectioning of tooth	0%	
D7220	Removal of impacted tooth, soft tissue	0%	
D7230	Removal of impacted tooth, partially bony	0%	1 of (D7270, D7272) per tooth every 60 months
D7240	Removal of impacted tooth, completely bony	0%	
D7241	Removal impacted tooth, complete bony, complication	0%	
D7250	Removal of residual tooth roots (cutting procedure)	0%	1 of (D7280) per tooth every 60 months
D7260	Oroantral fistula closure	0%	
D7261	Primary closure of a sinus perforation	0%	
D7270	Tooth reimplantation and/or stabilization, accident	0%	1 of (D7282, D7283) per tooth every 60 months
D7272	Tooth transplantation	0%	
D7280	Exposure of an unerupted tooth	0%	
D7282	Mobilization of erupted/malpositioned tooth	0%	1 of (D7285-D7288) per site every 60 months
D7283	Placement, device to facilitate eruption, impaction	0%	
D7285	Incisional biopsy of oral tissue, hard (bone, tooth)	0%	
D7286	Incisional biopsy of oral tissue, soft	0%	1 of (D7285-D7288) per site every 60 months
D7287	Exfoliative cytological sample collection	0%	
D7288	Brush biopsy, transepithelial sample collection	0%	
D7290	Surgical repositioning of teeth	0%	



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D7291	Transseptal fibrotomy/supra crestal fibrotomy, by report	0%	1 of (D7290-D7294) per site/quad every 60 months
D7292	Placement of temporary anchorage device [screw retained plate] requiring flap	0%	
D7293	Placement of temporary anchorage device requiring flap	0%	
D7294	Placement of temporary anchorage device without flap	0%	
Oral & Maxillofacial Services (continued)			
D7310	Alveoloplasty with extractions, four or more teeth per quadrant	0%	1 of (D7310-D7350) per site/quad every 60 months
D7311	Alveoloplasty with extractions, one to three teeth per quadrant	0%	
D7320	Alveoloplasty, w/o extractions, four or more teeth per quadrant	0%	
D7321	Alveoloplasty, w/o extractions, one to three teeth per quadrant	0%	
D7340	Vestibuloplasty, ridge extension (2nd epithelialization)	0%	
D7350	Vestibuloplasty, ridge extension	0%	
D7410	Excision of benign lesion, up to 1.25 cm	0%	
D7411	Excision of benign lesion, greater than 1.25 cm	0%	
D7412	Excision of benign lesion, complicated	0%	
D7413	Excision of malignant lesion, up to 1.25 cm	0%	
D7414	Excision of malignant lesion, greater than 1.25 cm	0%	
D7415	Excision of malignant lesion, complicated	0%	
D7440	Excision of malignant tumor, up to 1.25 cm	0%	
D7441	Excision of malignant tumor, greater than 1.25 cm	0%	
D7450	Removal, benign odontogenic cyst/tumor, up to 1.25 cm	0%	
D7451	Removal, benign odontogenic cyst/tumor, greater than 1.25 cm	0%	
D7460	Removal, benign nonodontogenic cyst/tumor, up to 1.25 cm	0%	
D7461	Removal, benign nonodontogenic cyst/tumor, greater than 1.25 cm	0%	
D7465	Destruction of lesion(s) by physical or chemical method, by report	0%	
D7471	Removal of lateral exostosis, maxilla or mandible	0%	1 of (D7471-D7473) in a lifetime
D7472	Removal of torus palatinus	0%	
D7473	Removal of torus mandibularis	0%	
D7485	Reduction of osseous tuberosity	0%	1 (D7485) in a lifetime
D7490	Radical resection of maxilla or mandible	0%	1 (D7490) per arch in a lifetime
D7510	Incision & drainage of abscess, intraoral soft tissue	0%	
D7511	Incision & drainage of abscess, intraoral soft tissue, complicated	0%	
D7520	Incision & drainage of abscess, extraoral soft tissue	0%	
D7521	Incision & drainage of abscess, extraoral soft tissue, complicated	0%	
D7530	Remove foreign body, mucosa, skin, tissue	0%	
D7540	Removal of reaction producing foreign bodies, musculoskeletal system	0%	
D7961	Buccal/labial frenectomy (frenulectomy)	0%	1 (D7961) per arch every 60 months
D7962	Lingual frenectomy (frenulectomy)	0%	1 (D7962) every 60 months
D7963	Frenuloplasty	0%	1 (D7963) every 60 months
D7970	Excision of hyperplastic tissue, per arch	0%	1 (D7970) per arch every 60 months
D7971	Excision of pericoronal gingiva	0%	1 (D7971) in a lifetime
D7972	Surgical reduction of fibrous tuberosity	0%	1 (D7972) in a lifetime
D7997	Appliance removal (not by dentist who placed appliance), includes removal of archbar	0%	1 of (D7997, D7999) every 60 months
D7999	Unspecified oral surgery procedure, by report	0%	
Adjunctive General Services			
D9110	Palliative treatment of dental pain, per visit	0%	1 (D9110) every 12 months
D9120	Fixed partial denture sectioning	0%	1 (D9120) every 12 months
D9210	Local anesthesia not in conjunction, operative or surgical procedures	0%	
D9211	Regional block anesthesia	0%	
D9212	Trigeminal division block anesthesia	0%	
D9215	Local anesthesia in conjunction with operative or surgical procedures	0%	
D9219	Evaluation for moderate sedation, deep sedation or general anesthesia	0%	
D9222	Deep sedation/general anesthesia, first 15 minute increment	0%	
D9223	Deep sedation/general anesthesia, each subsequent 15 minute increment	0%	
D9230	Inhalation of nitrous oxide/analgesia, anxiolysis	0%	
D9239	Intravenous moderate (conscious) sedation/analgesia, first 15 minute increment	0%	
D9243	Intravenous moderate (conscious) sedation/analgesia, each subsequent 15 minute increment	0%	
D9248	Non-intravenous (conscious) sedation, includes non-IV minimal and moderate sedation	0%	
D9310	Consultation, other than requesting dentist	0%	1 (D9310) every 6 months
D9311	Consultation with a medical health care professional	0%	
D9410	House/extended care facility call	0%	1 of (D9410-D9440) every 6 months
D9420	Hospital or ambulatory surgical center call	0%	
D9430	Office visit, observation, regular hours, no other services	0%	
D9440	Office visit, after regularly scheduled hours	0%	
D9450	Case presentation, subsequent, detailed, extensive treatment planning	0%	



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D9610	Therapeutic parenteral drug, single administration	0%	1 of (D9610-D9630) every 6 months
D9612	Therapeutic parenteral drugs, two or more administrations, different meds.	0%	
D9630	Drugs or medicaments dispensed in the office for home use	0%	
D9910	Application of desensitizing medicament	0%	1 of (D9910, D9911) per tooth every 24 months
D9911	Application of desensitizing resin for cervical, root surface, per tooth	0%	
Adjunctive General Services (continued)			
D9920	Behavior management, by report	0%	
D9930	Treatment of complications, post surgical, unusual, by report	0%	1 (D9930) every 24 months
D9942	Repair and/or reline of occlusal guard	0%	1 (D9942) every 24 months
D9944	Occlusal guard, hard appliance, full arch	0%	1 of (D9944-D9946) every 24 months
D9945	Occlusal guard, soft appliance, full arch	0%	
D9946	Occlusal guard, hard appliance, partial arch	0%	
D9950	Occlusion analysis, mounted case	0%	1 of (D9950-D9952) every 24 months
D9951	Occlusal adjustment, limited	0%	
D9952	Occlusal adjustment, complete	0%	
D9985	Sales Tax	0%	
D9986	Missed appointment	0%	
D9987	Cancelled appointment	0%	
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 literacy	0%	
D9995	Teledentistry, synchronous; real-time encounter	0%	2 of (D9995, D9996) every calendar year
D9996	Teledentistry, asynchronous; information stored and forwarded to dentist for subsequent review	0%	

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