

# 2024 Liberty Dental Benefits Addendum

MEMORIAL<sup>®</sup>  
HERMANN  
Health Plan  
Medicare *Advantage* Plans



## Memorial Hermann Advantage Golden Triangle HMO

### \$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                                |
|----------------------------|--|----------------------------------|--------------------------------------|--|
| <b>Diagnostic Services</b> |  |                                  |                                      |  |
| 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           |
| 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%                                  |  |
| 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%                                  |  |



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|-----------------------------|---|----------------------------------|--------------------------------------|--|
| D0480                       | Accession of exfoliative cytologic smears                             | \$0.00                           | 20%                                  | 1 of (D0472-D0486) every calendar year                                       |
| 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%                                  |  |
| <b>Preventive Services</b>  |   |                                  |                                      |  |
| 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  |
| <b>Restorative Services</b> |   |                                  |                                      |  |
| 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%                                  |  |
| 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%                                  |  |
| D2335                       | Resin-based composite, four or more surfaces, involving incisal angle | \$45.00                          | 50%                                  |  |
| D2390                       | Resin-based composite crown, anterior                                 | \$43.00                          | 50%                                  | 1 (D2390) per tooth every 3 calendar years                                   |
| D2391                       | Resin-based composite, one surface, posterior                         | \$23.00                          | 50%                                  | 1 of (D2140-D2335, D2391-D2394) per surface 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%                                  |  |
| 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%                                  |  |
| D2664                       | Onlay, resin-based composite, four or more surfaces                   | \$126.00                         | 50%                                  |  |



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|----------------------------|---|----------------------------------|--------------------------------------|--|
| D2710                      | Crown, resin-based composite (indirect)                                     | \$79.00                          | 50%                                  | 1 of (D2510-D2792, D6205-D6792) per tooth every 5 calendar years |
| 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%                                  |  |
| 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%                                  |  |
| 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%                                  |  |
| D2980                      | Crown repair necessitated by restorative material failure                   | \$29.00                          | 50%                                  |  |
| D2999                      | Unspecified restorative procedure, by report                                | By Report                        | 50%                                  |  |
| <b>Endodontic Services</b> |   |                                  |                                      |  |
| 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                       |



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|-----------------------------|---|----------------------------------|--------------------------------------|--|
| D3347                       | Retreatment of previous root canal therapy, premolar                              | \$166.00                         | 50%                                  | 1 of (D3346-D3348) per tooth in a lifetime               |
| 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                        |
| 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%                                  |  |
| <b>Periodontal Services</b> |   |                                  |                                      |  |
| 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%                                  |  |
| D4274                       | Mesial/distal wedge procedure, single tooth                                       | \$41.00                          | 50%                                  |  |
| 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%                                  |  |



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|---|---|----------------------------------|--------------------------------------|---|
| D4341                                   | Periodontal scaling and root planing, four or more teeth per quadrant                                 | \$36.00                          | 50%                                  | 1 of (D4341, D4342) per site/quad every 2 calendar years                      |
| 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%                                  | 2 of (D1110, D4346, D4910) every calendar year                                |
| D4355                                   | Full mouth debridement to enable comprehensive periodontal evaluation and diagnosis, subsequent visit | \$21.00                          | 50%                                  | 1 (D4355) every 3 calendar years  |
| D4381                                   | Localized delivery of antimicrobial agent/per tooth   | \$11.00                          | 50%                                  | 1 (D4381) per tooth every calendar year                                       |
| D4910                                   | Periodontal maintenance   | \$21.00                          | 50%                                  | 2 of (D1110, D4346, D4910) every calendar year                                |
| 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   |
| <b>Removable Prosthodontic Services</b> |   |                                  |                                      |   |
| 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%                                  |   |
| D5221                                   | Immediate maxillary partial denture, resin base   | \$348.00                         | 50%                                  |   |
| 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%                                  |   |
| 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                            |





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| CDT Code                            | Description   | In Network Member Responsibility | Out of Network Member Responsibility | Limitations   |
|-------------------------------------|---|----------------------------------|--------------------------------------|---|
| D5711                               | Rebase complete mandibular denture  | \$172.00                         | 50%                                  | 1 of (D5710-D5761) per arch every 2 calendar years                            |
| D5720                               | Rebase maxillary partial denture  | \$174.00                         | 50%                                  |   |
| D5721                               | Rebase mandibular partial denture   | \$170.00                         | 50%                                  |   |
| D5730                               | Reline complete maxillary denture, direct                                   | \$104.00                         | 50%                                  |   |
| 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%                                  | 1 of (D5110-D5226, D5282, D5283, D5863-D5866) per arch every 5 calendar years |
| 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%                                  |   |
| <b>Fixed Prosthodontic Services</b> |   |                                  |                                      |   |
| 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%                                  |   |
| D6252                               | Pontic, resin with noble metal  | \$275.00                         | 50%                                  | 1 of (D6253, D6793) per tooth every 5 calendar years                          |
| D6253                               | Interim pontic  | \$125.00                         | 50%                                  |   |
| D6545                               | Retainer, cast metal for resin bonded fixed prosthesis                      | \$150.00                         | 50%                                  | 1 of (D2510-D2792, D6205-D6792) per tooth every 5 calendar years              |
| D6548                               | Retainer, porcelain/ceramic, resin bonded fixed prosthesis                  | \$158.00                         | 50%                                  |   |
| 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%                                  |   |



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| CDT Code | Description  | In Network Member Responsibility | Out of Network Member Responsibility | Limitations  |
|----------|--|----------------------------------|--------------------------------------|--|
| D6608    | Retainer onlay, porcelain/ceramic, two surfaces                                | \$300.00                         | 50%                                  | 1 of (D2510-D2792, D6205-D6792) per tooth every 5 calendar years |
| 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%                                  |  |
| D6793    | Interim retainer crown   | \$135.00                         | 50%                                  |  |
| 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%                                  |  |
| D6999    | Unspecified fixed prosthodontic procedure, by report                           | By Report                        | 50%                                  |  |
|          | <b>Oral &amp; Maxillofacial Services</b>                                       |                                  |                                      |  |
| 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%                                  |  |





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| CDT Code                           | Description  | In Network Member Responsibility | Out of Network Member Responsibility | Limitations   |
|------------------------------------|--|----------------------------------|--------------------------------------|---|
| D7292                              | Placement of temporary anchorage device [screw retained plate] requiring flap        | \$94.00                          | 50%                                  | 1 of (D7290-D7294) per site/quad every 5 calendar years |
| D7293                              | Placement of temporary anchorage device requiring flap                               | \$60.00                          | 50%                                  |   |
| D7294                              | Placement of temporary anchorage device without flap                                 | \$43.00                          | 50%                                  |   |
| D7310                              | Alveoplasty with extractions, four or more teeth per quadrant                        | \$46.00                          | 50%                                  | 1 of (D7310-D7350) per site/quad every 5 calendar years |
| D7311                              | Alveoplasty with extractions, one to three teeth per quadrant                        | \$31.00                          | 50%                                  |   |
| D7320                              | Alveoplasty, w/o extractions, four or more teeth per quadrant                        | \$72.00                          | 50%                                  |   |
| D7321                              | Alveoplasty, 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%                                  |   |
| 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%                                  |   |
| <b>Adjunctive General Services</b> |  |                                  |                                      |   |
| 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%                                  |   |



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|----------|--|----------------------------------|--------------------------------------|--|
| 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                             |
| 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%                                  |  |
| 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 reline 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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