

# 2025 Liberty Dental Benefits Addendum



## Memorial Hermann Advantage HMO

### \$3000 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%	
D0480	Accession of exfoliative cytologic smears	\$0.00	20%	
D0481	Electron microscopy	\$0.00	20%	
D0482	Direct immunofluorescence	\$0.00	20%	
D0483	Indirect immunofluorescence	\$0.00	20%	



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D0484	Consultation on slides prepared elsewhere	\$0.00	20%	1 of (D0472-D0486) every calendar year
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	\$8.80	50%	1 (D1351) per tooth every 5 calendar years
D1510	Space maintainer, fixed, unilateral, per quadrant	\$52.80	50%	4 (D1510) in a lifetime
<b>Restorative Services</b>				
D2140	Amalgam, one surface, primary or permanent	\$18.70	50%	1 of (D2140-D2335, D2391-D2394) per surface per tooth every 3 calendar years
D2150	Amalgam, two surfaces, primary or permanent	\$25.30	50%	
D2160	Amalgam, three surfaces, primary or permanent	\$31.90	50%	1 of (D2140-D2335, D2391-D2394) per surface per tooth every 3 calendar years
D2161	Amalgam, four or more surfaces, primary or permanent	\$37.40	50%	
D2330	Resin-based composite, one surface, anterior	\$23.10	50%	
D2331	Resin-based composite, two surfaces, anterior	\$30.80	50%	
D2332	Resin-based composite, three surfaces, anterior	\$39.60	50%	
D2335	Resin-based composite, four or more surfaces	\$49.50	50%	
<b>Restorative Services (continued)</b>				
D2390	Resin-based composite crown, anterior	\$47.30	50%	1 (D2390) per tooth every 3 calendar years
D2391	Resin-based composite, one surface, posterior	\$25.30	50%	1 of (D2140-D2335, D2391-D2394) per surface per tooth every 3 calendar years
D2392	Resin-based composite, two surfaces, posterior	\$34.10	50%	
D2393	Resin-based composite, three surfaces, posterior	\$45.10	50%	
D2394	Resin-based composite, four or more surfaces, posterior	\$51.70	50%	
D2510	Inlay, metallic, one surface	\$130.90	50%	1 of (D2510-D2792, D6205-D6792) per tooth every 5 calendar years
D2520	Inlay, metallic, two surfaces	\$145.20	50%	
D2530	Inlay, metallic, three or more surfaces	\$166.10	50%	
D2542	Onlay, metallic, two surfaces	\$169.40	50%	
D2543	Onlay, metallic, three surfaces	\$177.10	50%	
D2544	Onlay, metallic, four or more surfaces	\$187.00	50%	
D2610	Inlay, porcelain/ceramic, one surface	\$156.20	50%	
D2620	Inlay, porcelain/ceramic, two surfaces	\$166.10	50%	
D2630	Inlay, porcelain/ceramic, three or more surfaces	\$169.40	50%	
D2642	Onlay, porcelain/ceramic, two surfaces	\$165.00	50%	
D2643	Onlay, porcelain/ceramic, three surfaces	\$172.70	50%	
D2644	Onlay, porcelain/ceramic, four or more surfaces	\$184.80	50%	
D2650	Inlay, resin-based composite, one surface	\$116.60	50%	
D2651	Inlay, resin-based composite, two surfaces	\$138.60	50%	
D2652	Inlay, resin-based composite, three or more surfaces	\$144.10	50%	
D2662	Onlay, resin-based composite, two surfaces	\$116.60	50%	
D2663	Onlay, resin-based composite, three surfaces	\$133.10	50%	
D2664	Onlay, resin-based composite, four or more surfaces	\$138.60	50%	
D2710	Crown, resin-based composite (indirect)	\$86.90	50%	
D2712	Crown, ¾ resin-based composite (indirect)	\$80.30	50%	
D2721	Crown, resin with predominantly base metal	\$152.90	50%	
D2722	Crown, resin with noble metal	\$156.20	50%	
D2740	Crown, porcelain/ceramic	\$220.00	50%	
D2751	Crown, porcelain fused to predominantly base metal	\$194.70	50%	
D2752	Crown, porcelain fused to noble metal	\$210.10	50%	



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D2781	Crown, ¾ cast predominantly base metal	\$199.10	50%	1 of (D2510-D2792, D6205-D6792) per tooth every 5 calendar years
D2782	Crown, ¾ cast noble metal	\$202.40	50%	
D2783	Crown, ¾ porcelain/ceramic	\$217.80	50%	
D2791	Crown, full cast predominantly base metal	\$205.70	50%	
D2792	Crown, full cast noble metal	\$210.10	50%	
D2910	Re-cement or re-bond inlay, onlay, veneer, or partial coverage	\$16.50	50%	1 of (D2910, D2920) per tooth every calendar year
D2920	Re-cement or re-bond crown	\$16.50	50%	
D2915	Re-cement or re-bond indirectly fabricated/prefabricated post & core	\$15.40	50%	1 (D2915) per tooth every calendar year
D2931	Prefabricated stainless steel crown, permanent tooth	\$50.60	50%	1 of (D2931-D2934) per tooth every 3 calendar years
D2932	Prefabricated resin crown	\$48.40	50%	
D2933	Prefabricated stainless steel crown with resin window	\$55.00	50%	
D2934	Prefabricated esthetic coated stainless steel crown, primary tooth	\$70.40	50%	
D2940	Protective restoration	\$15.40	50%	
D2950	Core buildup, including any pins when required	\$41.80	50%	
D2951	Pin retention, per tooth, in addition to restoration	\$8.80	50%	
D2952	Post and core in addition to crown, indirectly fabricated	\$70.40	50%	
D2953	Each additional indirectly fabricated post, same tooth	\$30.80	50%	
D2954	Prefabricated post and core in addition to crown	\$53.90	50%	
D2955	Post removal	\$37.40	50%	
D2957	Each additional prefabricated post, same tooth	\$24.20	50%	
D2971	Additional procedure to customize new crown, existing partial denture frame	\$33.00	50%	
D2975	Coping	\$70.40	50%	
D2980	Crown repair necessitated by restorative material failure	\$31.90	50%	
D2999	Unspecified restorative procedure, by report	By Report	50%	
<b>Endodontic Services</b>				
D3110	Pulp cap, direct (excluding final restoration)	\$12.10	50%	1 of (D3110, D3120) per tooth in a lifetime
D3120	Pulp cap, indirect (excluding final restoration)	\$9.90	50%	
D3220	Therapeutic pulpotomy (excluding final restoration)	\$27.50	50%	
D3221	Pulpal debridement, primary and permanent teeth	\$29.70	50%	1 (D3221) per tooth in a lifetime
D3230	Pulpal therapy, anterior, primary tooth (excluding final restoration)	\$27.50	50%	1 of (D3230, D3240) per tooth in a lifetime
D3240	Pulpal therapy, posterior, primary tooth (excluding final restoration)	\$23.10	50%	
D3310	Endodontic therapy, anterior tooth (excluding final restoration)	\$118.80	50%	1 of (D3310-D3330) per tooth in a lifetime
D3320	Endodontic therapy, premolar tooth (excluding final restoration)	\$138.60	50%	
D3330	Endodontic therapy, molar tooth (excluding final restoration)	\$202.40	50%	
D3331	Treatment of root canal obstruction; non-surgical access	\$41.80	50%	1 (D3331) per tooth in a lifetime
D3332	Incomplete endodontic therapy; inoperable, unrestorable, fractured tooth	\$97.90	50%	1 (D3332) per tooth in a lifetime
D3333	Internal root repair of perforation defects	\$34.10	50%	1 (D3333) per tooth in a lifetime
D3346	Retreatment of previous root canal therapy, anterior	\$160.60	50%	1 of (D3346-D3348) per tooth in a lifetime
D3347	Retreatment of previous root canal therapy, premolar	\$182.60	50%	
D3348	Retreatment of previous root canal therapy, molar	\$229.90	50%	
<b>Endodontic Services (continued)</b>				
D3351	Apexification/recalcification, initial visit	\$63.80	50%	1 (D3351) per tooth in a lifetime
D3352	Apexification/recalcification, interim medication replacement	\$27.50	50%	1 (D3352) per tooth in a lifetime
D3353	Apexification/recalcification, final visit	\$96.80	50%	1 (D3353) per tooth in a lifetime
D3410	Apicoectomy, anterior	\$133.10	50%	1 of (D3410-D3425) per tooth in a lifetime
D3421	Apicoectomy, premolar (first root)	\$152.90	50%	
D3425	Apicoectomy, molar (first root)	\$173.80	50%	
D3426	Apicoectomy, (each additional root)	\$52.80	50%	1 (D3426) per tooth in a lifetime
D3430	Retrograde filling, per root	\$41.80	50%	1 (D3430) per tooth in a lifetime
D3450	Root amputation, per root	\$80.30	50%	1 (D3450) per tooth in a lifetime



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D3460	Endodontic endosseous implant	\$364.10	50%	1 (D3460) per tooth in a lifetime
D3470	Intentional reimplantation (including necessary splinting)	\$150.70	50%	1 (D3470) per tooth in a lifetime
D3910	Surgical procedure for isolation of tooth with rubber dam	\$19.80	50%	1 (D3910) per tooth in a lifetime
D3920	Hemisection, not including root canal therapy	\$67.10	50%	1 (D3920) per tooth in a lifetime
D3950	Canal preparation and fitting of preformed dowel or post	\$27.50	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	\$111.10	50%	1 of (D4210-D4245) per site/quad every 2 calendar years
D4211	Gingivectomy or gingivoplasty, one to three teeth per quadrant	\$40.70	50%	
D4230	Anatomical crown exposure, four or more contiguous teeth per quadrant	\$147.40	50%	
D4231	Anatomical crown exposure, one to three teeth per quadrant	\$93.50	50%	
D4240	Gingival flap procedure, four or more teeth per quadrant	\$119.90	50%	
D4241	Gingival flap procedure, one to three teeth per quadrant	\$73.70	50%	
D4245	Apically positioned flap	\$85.80	50%	
D4249	Clinical crown lengthening, hard tissue	\$128.70	50%	1 (D4249) per tooth in a lifetime
D4260	Osseous surgery, four or more teeth per quadrant	\$189.20	50%	1 of (D4260, D4261) per site/quad every 2 calendar years
D4261	Osseous surgery, one to three teeth per quadrant	\$117.70	50%	
D4263	Bone replacement graft, retained natural tooth, first site, quadrant	\$60.50	50%	1 of (D4263, D4264) per site/quad every 2 calendar years
D4264	Bone replacement graft, retained natural tooth, each additional site	\$31.90	50%	
D4265	Biologic materials to aid in soft and osseous tissue regeneration, per site	\$60.50	50%	1 of (D4265-D4267) per site/quad every 2 calendar years
D4266	Guided tissue regeneration, natural teeth, resorbable barrier, per site	\$80.30	50%	
D4267	Guided tissue regeneration, natural teeth, non-resorbable barrier, per site	\$94.60	50%	
D4268	Surgical revision procedure, per tooth	\$0.00	50%	1 (D4268) per tooth every 2 calendar years
D4270	Pedicle soft tissue graft procedure	\$150.70	50%	1 of (D4270-D4285) per site/quad every 2 calendar years
D4273	Autogenous connective tissue graft procedure, first tooth	\$158.40	50%	
D4274	Mesial/distal wedge procedure, single tooth	\$45.10	50%	
D4275	Non-autogenous connective tissue graft, first tooth	\$167.20	50%	
D4276	Combined connective tissue and pedicle graft	\$201.30	50%	
D4277	Free soft tissue graft, first tooth	\$150.70	50%	
D4278	Free soft tissue graft, each additional tooth	\$75.90	50%	
D4283	Autogenous connective tissue graft procedure, each additional tooth, per site	\$97.90	50%	
D4285	Non-autogenous connective tissue graft procedure, each additional tooth, per site	\$97.90	50%	
D4322	Splint, intra-coronal; natural teeth or prosthetic crowns	\$82.50	50%	1 of (D4322, D4323) per arch every 2 calendar years
D4323	Splint, extra-coronal; natural teeth or prosthetic crowns	\$82.50	50%	
D4341	Periodontal scaling and root planing, four or more teeth per quadrant	\$39.60	50%	1 of (D4341, D4342) per site/quad every 2 calendar years
D4342	Periodontal scaling and root planing, one to three teeth per quadrant	\$23.10	50%	
D4346	Scaling in presence of moderate or severe inflammation, full mouth after evaluation	\$18.70	50%	2 of (D1110, D4346, D4910) every calendar year
D4355	Full mouth debridement to enable comprehensive periodontal evaluation and diagnosis, subsequent visit	\$23.10	50%	1 (D4355) every 3 calendar years
D4381	Localized delivery of antimicrobial agent/per tooth	\$12.10	50%	1 (D4381) per tooth every calendar year
D4910	Periodontal maintenance	\$23.10	50%	2 of (D1110, D4346, D4910) every calendar year
D4920	Unscheduled dressing change (other than treating dentist or staff)	\$19.80	50%	1 (D4920) every calendar year
D4921	Gingival irrigation with a medicinal agent, per quadrant	\$5.50	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	\$466.40	50%	1 of (D5110-D5226, D5282, D5283, D5863-D5866) per arch every 5 calendar years
D5120	Complete denture, mandibular	\$464.20	50%	
D5130	Immediate denture, maxillary	\$536.80	50%	
D5140	Immediate denture, mandibular	\$496.10	50%	



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CDT Code	Description	In Network Member Responsibility	Out of Network Member Responsibility	Limitations
D5211	Maxillary partial denture, resin base	\$382.80	50%	1 of (D5110-D5226, D5282, D5283, D5863-D5866) per arch every 5 calendar years
D5212	Mandibular partial denture, resin base	\$454.30	50%	
D5213	Maxillary partial denture, cast metal, resin base	\$491.70	50%	
D5214	Mandibular partial denture, cast metal, resin base	\$520.30	50%	
D5221	Immediate maxillary partial denture, resin base	\$382.80	50%	
D5222	Immediate mandibular partial denture, resin base	\$454.30	50%	
D5223	Immediate maxillary partial denture, cast metal framework, resin denture base	\$491.70	50%	
D5224	Immediate mandibular partial denture, cast metal framework, resin denture base	\$520.30	50%	
D5225	Maxillary partial denture, flexible base	\$559.90	50%	
D5226	Mandibular partial denture, flexible base	\$528.00	50%	
D5282	Removable unilateral partial denture, one piece cast metal, maxillary	\$312.40	50%	
D5283	Removable unilateral partial denture, one piece cast metal, mandibular	\$312.40	50%	
<b>Removable Prosthodontic Services (continued)</b>				
D5410	Adjust complete denture, maxillary	\$26.40	50%	1 of (D5410-D5422) per arch every calendar year
D5411	Adjust complete denture, mandibular	\$27.50	50%	
D5421	Adjust partial denture, maxillary	\$25.30	50%	
D5422	Adjust partial denture, mandibular	\$25.30	50%	
D5511	Repair broken complete denture base, mandibular	\$51.70	50%	1 of (D5511, D5512) per arch every calendar year
D5512	Repair broken complete denture base, maxillary	\$51.70	50%	
D5520	Replace missing or broken teeth, complete denture	\$42.90	50%	1 (D5520) per tooth every calendar year
D5611	Repair resin partial denture base, mandibular	\$70.40	50%	1 of (D5611-D5622) per arch every calendar year
D5612	Repair resin partial denture base, maxillary	\$70.40	50%	
D5621	Repair cast partial framework, mandibular	\$74.80	50%	
D5622	Repair cast partial framework, maxillary	\$74.80	50%	
D5630	Repair or replace broken retentive clasping materials, per tooth	\$78.10	50%	1 (D5630) per tooth every calendar year
D5640	Replace broken teeth, per tooth	\$44.00	50%	1 (D5640) per tooth every calendar year
D5650	Add tooth to existing partial denture	\$61.60	50%	1 (D5650) per tooth every calendar year
D5660	Add clasp to existing partial denture, per tooth	\$81.40	50%	1 (D5660) per tooth every calendar year
D5670	Replace all teeth & acrylic on cast metal frame, maxillary	\$271.70	50%	1 of (D5670, D5671) per arch every 2 calendar years
D5671	Replace all teeth & acrylic on cast metal frame, mandibular	\$266.20	50%	
D5710	Rebase complete maxillary denture	\$183.70	50%	1 of (D5710-D5761) per arch every 2 calendar years
D5711	Rebase complete mandibular denture	\$189.20	50%	
D5720	Rebase maxillary partial denture	\$191.40	50%	
D5721	Rebase mandibular partial denture	\$187.00	50%	
D5730	Reline complete maxillary denture, direct	\$114.40	50%	
D5731	Reline complete mandibular denture, direct	\$108.90	50%	
D5740	Reline maxillary partial denture, direct	\$100.10	50%	
D5741	Reline mandibular partial denture, direct	\$97.90	50%	
D5750	Reline complete maxillary denture, indirect	\$139.70	50%	
D5751	Reline complete mandibular denture, indirect	\$136.40	50%	
D5760	Reline maxillary partial denture, indirect	\$147.40	50%	
D5761	Reline mandibular partial denture, indirect	\$141.90	50%	
D5810	Interim complete denture, maxillary	\$233.20	50%	
D5811	Interim complete denture, mandibular	\$240.90	50%	
D5820	Interim partial denture, maxillary	\$169.40	50%	
D5821	Interim partial denture, mandibular	\$180.40	50%	
D5850	Tissue conditioning, maxillary	\$46.20	50%	1 of (D5850, D5851) per arch every calendar year
D5851	Tissue conditioning, mandibular	\$46.20	50%	
D5863	Overdenture, complete, maxillary	\$462.00	50%	1 of (D5110-D5226, D5282, D5283, D5863-D5866) per arch every 5 calendar years



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D5864	Overdenture, partial, maxillary	\$436.70	50%	1 of (D5110-D5226, D5282, D5283, D5863-D5866) per arch every 5 calendar years
D5865	Overdenture, complete, mandibular	\$462.00	50%	
D5866	Overdenture, partial, mandibular	\$436.70	50%	
D5867	Replacement of part of semi-precision, precision attachment, per attachment	\$74.80	50%	1 of (D5867-D5899) per arch every 5 calendar years
D5875	Modification of removable prosthesis following implant surgery	\$74.80	50%	
D5899	Unspecified removable prosthodontic procedure, by report	By Report	50%	
<b>Fixed Prosthodontic Services</b>				
D6205	Pontic, indirect resin based composite	\$350.90	50%	1 of (D2510-D2792, D6205-D6792) per tooth every 5 calendar years
D6210	Pontic, cast high noble metal	\$358.60	50%	
D6211	Pontic, cast predominantly base metal	\$346.50	50%	
D6212	Pontic, cast noble metal	\$361.90	50%	
D6241	Pontic, porcelain fused to predominantly base metal	\$355.30	50%	
D6242	Pontic, porcelain fused to noble metal	\$355.30	50%	
D6245	Pontic, porcelain/ceramic	\$333.30	50%	
D6251	Pontic, resin with predominantly base metal	\$293.70	50%	
D6252	Pontic, resin with noble metal	\$302.50	50%	1 of (D6253, D6793) per tooth every 5 calendar years
D6253	Interim pontic	\$137.50	50%	
D6545	Retainer, cast metal for resin bonded fixed prosthesis	\$165.00	50%	1 of (D2510-D2792, D6205-D6792) per tooth every 5 calendar years
D6548	Retainer, porcelain/ceramic, resin bonded fixed prosthesis	\$173.80	50%	
D6549	Resin retainer, for resin bonded fixed prosthesis	\$173.80	50%	
D6600	Retainer inlay, porcelain/ceramic, two surfaces	\$304.70	50%	
D6601	Retainer inlay, porcelain/ceramic, three or more surfaces	\$336.60	50%	
D6602	Retainer inlay, cast high noble metal, two surfaces	\$303.60	50%	
D6603	Retainer inlay, cast high noble metal, three or more surfaces	\$336.60	50%	
D6604	Retainer inlay, cast base metal, two surfaces	\$299.20	50%	
D6605	Retainer inlay, cast base metal, three or more surfaces	\$323.40	50%	
D6606	Retainer inlay, cast noble metal, two surfaces	\$281.60	50%	
D6607	Retainer inlay, cast noble metal, three or more surfaces	\$352.00	50%	
D6608	Retainer onlay, porcelain/ceramic, two surfaces	\$330.00	50%	
D6609	Retainer onlay, porcelain/ceramic, three or more surfaces	\$344.30	50%	
D6612	Retainer onlay, cast base metal, two surfaces	\$325.60	50%	
D6613	Retainer onlay, cast base metal, three or more surfaces	\$355.30	50%	
D6614	Retainer onlay, cast noble metal, two surfaces	\$320.10	50%	
D6615	Retainer onlay, cast noble metal three or more surfaces	\$337.70	50%	
<b>Fixed Prosthodontic Services (continued)</b>				
D6710	Retainer crown, indirect resin based composite	\$368.50	50%	1 of (D2510-D2792, D6205-D6792) per tooth every 5 calendar years
D6721	Retainer crown, resin with predominantly base metal	\$341.00	50%	
D6722	Retainer crown, resin with noble metal	\$346.50	50%	
D6740	Retainer crown, porcelain/ceramic	\$416.90	50%	
D6751	Retainer crown, porcelain fused to predominantly base metal	\$389.40	50%	
D6752	Retainer crown, porcelain fused to noble metal	\$383.90	50%	
D6781	Retainer crown, ¾ cast predominantly base metal	\$363.00	50%	
D6782	Retainer crown, ¾ cast noble metal	\$378.40	50%	
D6783	Retainer crown, ¾ porcelain/ceramic	\$409.20	50%	
D6791	Retainer crown, full cast predominantly base metal	\$370.70	50%	
D6792	Retainer crown, full cast noble metal	\$396.00	50%	
D6793	Interim retainer crown	\$148.50	50%	1 of (D6253, D6793) per tooth every 5 calendar years
D6920	Connector bar	\$82.50	50%	
D6930	Re-cement or re-bond fixed partial denture	\$48.40	50%	



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CDT Code	Description	In Network Member Responsibility	Out of Network Member Responsibility	Limitations
D6940	Stress breaker	\$97.90	50%	1 (D6940) per arch every 2 calendar years
D6950	Precision attachment	\$202.40	50%	1 of (D6950-D6999) per arch every 5 calendar years
D6980	Fixed partial denture repair, restorative material failure	\$86.90	50%	
D6999	Unspecified fixed prosthodontic procedure, by report	By Report	50%	
<b>Oral &amp; Maxillofacial Services</b>				
D7140	Extraction, erupted tooth or exposed root	\$24.20	50%	
D7210	Extraction, erupted tooth requiring removal of bone and/or sectioning of tooth	\$42.90	50%	
D7220	Removal of impacted tooth, soft tissue	\$50.60	50%	
D7230	Removal of impacted tooth, partially bony	\$71.50	50%	
D7240	Removal of impacted tooth, completely bony	\$86.90	50%	
D7241	Removal impacted tooth, complete bony, complication	\$103.40	50%	
D7250	Removal of residual tooth roots (cutting procedure)	\$46.20	50%	
D7260	Oroantral fistula closure	\$320.10	50%	1 of (D7260, D7261) site/quad every 5 calendar years
D7261	Primary closure of a sinus perforation	\$103.40	50%	
D7270	Tooth reimplantation and/or stabilization, accident	\$77.00	50%	1 of (D7270, D7272) per tooth every 5 calendar years
D7272	Tooth transplantation	\$108.90	50%	
D7280	Exposure of an unerupted tooth	\$86.90	50%	1 (D7280) per tooth every 5 calendar years
D7282	Mobilization of erupted/malpositioned tooth	\$30.80	50%	1 of (D7282, D7283) per tooth every 5 calendar years
D7283	Placement, device to facilitate eruption, impaction	\$20.90	50%	
D7285	Incisional biopsy of oral tissue, hard (bone, tooth)	\$159.50	50%	1 of (D7285-D7288) per site every 5 calendar years
D7286	Incisional biopsy of oral tissue, soft	\$68.20	50%	
D7287	Exfoliative cytological sample collection	\$20.90	50%	
D7288	Brush biopsy, transepithelial sample collection	\$22.00	50%	
D7290	Surgical repositioning of teeth	\$69.30	50%	1 of (D7290-D7294) per site/quad every 5 calendar years
D7291	Transseptal fiberotomy/supra crestal fiberotomy, by report	\$0.00	50%	
D7292	Placement of temporary anchorage device [screw retained plate] requiring flap	\$103.40	50%	
D7293	Placement of temporary anchorage device requiring flap	\$66.00	50%	
D7294	Placement of temporary anchorage device without flap	\$47.30	50%	
D7310	Alveoloplasty with extractions, four or more teeth per quadrant	\$50.60	50%	1 of (D7310-D7350) per site/quad every 5 calendar years
D7311	Alveoloplasty with extractions, one to three teeth per quadrant	\$34.10	50%	
D7320	Alveoloplasty, w/o extractions, four or more teeth per quadrant	\$79.20	50%	
D7321	Alveoloplasty, w/o extractions, one to three teeth per quadrant	\$61.60	50%	
D7340	Vestibuloplasty, ridge extension (2nd epithelialization)	\$338.80	50%	
D7350	Vestibuloplasty, ridge extension	\$1,059.30	50%	
D7410	Excision of benign lesion, up to 1.25 cm	\$135.30	50%	
D7411	Excision of benign lesion, greater than 1.25 cm	\$231.00	50%	
D7412	Excision of benign lesion, complicated	\$256.30	50%	
D7413	Excision of malignant lesion, up to 1.25 cm	\$173.80	50%	
D7414	Excision of malignant lesion, greater than 1.25 cm	\$258.50	50%	
D7415	Excision of malignant lesion, complicated	\$277.20	50%	
D7440	Excision of malignant tumor, up to 1.25 cm	\$238.70	50%	
D7441	Excision of malignant tumor, greater than 1.25 cm	\$370.70	50%	
D7450	Removal, benign odontogenic cyst/tumor, up to 1.25 cm	\$135.30	50%	
D7451	Removal, benign odontogenic cyst/tumor, greater than 1.25 cm	\$212.30	50%	
D7460	Removal, benign nonodontogenic cyst/tumor, up to 1.25 cm	\$135.30	50%	
D7461	Removal, benign nonodontogenic cyst/tumor, greater than 1.25 cm	\$217.80	50%	
D7465	Destruction of lesion(s) by physical or chemical method, by report	\$77.00	50%	
D7471	Removal of lateral exostosis, maxilla or mandible	\$161.70	50%	1 of (D7471-D7473) in a lifetime
D7472	Removal of torus palatinus	\$166.10	50%	
D7473	Removal of torus mandibularis	\$157.30	50%	





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CDT Code	Description	In Network Member Responsibility	Out of Network Member Responsibility	Limitations
D7485	Reduction of osseous tuberosity	\$139.70	50%	1 (D7485) in a lifetime
D7490	Radical resection of maxilla or mandible	\$1,129.70	50%	1 (D7490) per arch in a lifetime
D7510	Incision & drainage of abscess, intraoral soft tissue	\$27.50	50%	
D7511	Incision & drainage of abscess, intraoral soft tissue, complicated	\$50.60	50%	
D7520	Incision & drainage of abscess, extraoral soft tissue	\$192.50	50%	
D7521	Incision & drainage of abscess, extraoral soft tissue, complicated	\$212.30	50%	
<b>Oral &amp; Maxillofacial Services (continued)</b>				
D7530	Remove foreign body, mucosa, skin, tissue	\$69.30	50%	
D7540	Removal of reaction producing foreign bodies, musculoskeletal system	\$77.00	50%	
D7961	Buccal/labial frenectomy (frenulectomy)	\$97.90	50%	1 (D7961) per arch every 5 calendar years
D7962	Lingual frenectomy (frenulectomy)	\$97.90	50%	1 (D7962) every 5 calendar years
D7963	Frenuloplasty	\$100.10	50%	1 (D7963) every 5 calendar years
D7970	Excision of hyperplastic tissue, per arch	\$105.60	50%	1 (D7970) per arch every 5 calendar years
D7971	Excision of pericoronal gingiva	\$28.60	50%	1 (D7971) in a lifetime
D7972	Surgical reduction of fibrous tuberosity	\$124.30	50%	1 (D7972) in a lifetime
D7997	Appliance removal (not by dentist who placed appliance), includes removal of archbar	\$50.60	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	\$15.40	50%	1 (D9110) every calendar year
D9120	Fixed partial denture sectioning	\$16.50	50%	1 (D9120) every calendar year
D9210	Local anesthesia not in conjunction, operative or surgical procedures	\$4.40	50%	
D9211	Regional block anesthesia	\$6.60	50%	
D9212	Trigeminal division block anesthesia	\$14.30	50%	
D9215	Local anesthesia in conjunction with operative or surgical procedures	\$5.50	50%	
D9219	Evaluation for moderate sedation, deep sedation or general anesthesia	\$0.00	50%	
D9222	Deep sedation/general anesthesia, first 15 minute increment	\$30.80	50%	
D9223	Deep sedation/general anesthesia, each subsequent 15 minute increment	\$30.80	50%	
D9230	Inhalation of nitrous oxide/analgesia, anxiolysis	\$8.80	50%	
D9239	Intravenous moderate (conscious) sedation/analgesia, first 15 minute increment	\$24.20	50%	
D9243	Intravenous moderate (conscious) sedation/analgesia, each subsequent 15 minute increment	\$24.20	50%	
D9248	Non-intravenous (conscious) sedation, includes non-IV minimal and moderate sedation	\$37.40	50%	
D9310	Consultation, other than requesting dentist	\$30.80	50%	1 (D9310) every 6 months
D9311	Consultation with a medical health care professional	\$30.80	50%	
D9410	House/extended care facility call	\$28.60	50%	1 of (D9410-D9440) every 6 months
D9420	Hospital or ambulatory surgical center call	\$33.00	50%	
D9430	Office visit, observation, regular hours, no other services	\$12.10	50%	
D9440	Office visit, after regularly scheduled hours	\$20.90	50%	
D9450	Case presentation, subsequent, detailed, extensive treatment planning	\$9.90	50%	
D9610	Therapeutic parenteral drug, single administration	\$9.90	50%	1 of (D9610-D9630) every 6 months
D9612	Therapeutic parenteral drugs, two or more administrations, different meds.	\$15.40	50%	
D9630	Drugs or medicaments dispensed in the office for home use	\$15.40	50%	
D9910	Application of desensitizing medicament	\$6.60	50%	1 of (D9910, D9911) per tooth every 2 calendar years
D9911	Application of desensitizing resin for cervical, root surface, per tooth	\$11.00	50%	
D9920	Behavior management, by report	\$11.00	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	\$30.80	50%	1 (D9942) every 2 calendar years
D9944	Occlusal guard, hard appliance, full arch	\$117.70	50%	1 of (D9944-D9946) every 2 calendar years



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CDT Code	Description	In Network Member Responsibility	Out of Network Member Responsibility	Limitations
D9945	Occlusal guard, soft appliance, full arch	\$117.70	50%	1 of (D9944-D9946) every 2 calendar years
D9946	Occlusal guard, hard appliance, partial arch	\$117.70	50%	
D9950	Occlusion analysis, mounted case	\$41.80	50%	1 of (D9950-D9952) every 2 calendar years
D9951	Occlusal adjustment, limited	\$20.90	50%	
D9952	Occlusal adjustment, complete	\$118.80	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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