

Prominence Plus – H7239-001 \$4,000 Annual Benefit maximum \$0 Annual Deductible

No out-of-network benefits

Coinsurance is the percentage owed by Prominence member to the rendering provider.

For questions please call member services at: 855-969-5882 (TTY: 711).

Listing of covered Dental codes:

Code	Description	Frequency Limitations	Coinsurance	
Preventative				
<i>Exams</i>				
D0120	Periodic oral evaluation - established patient	1 of (D0120 - D0180) every 6 months	0%	
D0140	Limited oral evaluation - problem focused		0%	
D0150	Comprehensive oral evaluation - new or established patient		0%	
D0160	Detailed and extensive oral evaluation - problem focused, by report		0%	
D0180	Comprehensive periodontal evaluation - new or established patient		0%	
D0190	Screening of a patient	1 of (D0190 - D0191) ever 12 months	0%	
D0191	Assessment of a patient		0%	
<i>Radiographs</i>				
D0210	Intraoral - comprehensive series of radiographic images	1 of (D0210 - D0330) every 36 months	0%	
D0220	Intraoral - periapical first radiographic image		0%	
D0230	Intraoral - periapical each additional radiographic image		0%	
D0270	Bitewing - single radiographic image	2 of (D0270 - D0274) every 12 months	0%	
D0272	Bitewing - two radiographic images		0%	
D0273	Bitewing - three radiographic images		0%	
D0274	Bitewing - four radiographic images		0%	
D0277	Vertical bitewings - 7 to 8 radiographic images	1 of (D0210 - D0330) every 36 months	0%	
D0330	Panoramic radiographic image		0%	
D0419	Assessment of salivary flow by measurement		0%	
D0460	Pulp vitality tests		0%	
D0601	Caries risk assessment and documentation, low risk		0%	
D0602	Caries risk assessment and documentation, moderate risk		0%	
D0603	Caries risk assessment and documentation, high risk		0%	
<i>Prophylaxis, Topical Fluoride, Hygiene</i>				
D1110	Prophylaxis - adult	1 of (D1110) every 6 months	0%	
D1206	Topical fluoride - varnish	1 of (D1206 - D1208) every 6 months	0%	
D1208	Topical fluoride - excluding varnish		0%	
D1310	Nutritional counseling for control of dental disease	1 every 12 months	0%	
D1330	Oral hygiene instructions	1 every 12 months	0%	
Restorative Services				
<i>Restorations 2 per year</i>				
D2140	Amalgam - one surface, primary or permanent	2 of (D2140 - D2394) per tooth per 12 months	0%	
D2150	Amalgam - two surfaces, primary or permanent		0%	
D2160	Amalgam - three surfaces, primary or permanent		0%	
D2161	Amalgam - four or more surfaces, primary or permanent		0%	
D2330	Resin based composite - one surface, anterior		0%	
D2331	Resin based composite - two surfaces, anterior		0%	
D2332	Resin based composite - three surfaces, anterior		0%	
D2335	Resin based composite - four or more surfaces, anterior		0%	
D2390	Resin based composite crown, anterior		0%	
D2391	Resin based composite - one surface, posterior		0%	
D2392	Resin based composite - two surfaces, posterior		0%	
D2393	Resin based composite - three surfaces, posterior		0%	
D2394	Resin based composite - four or more surfaces, posterior		0%	
<i>Onlays 1 per year</i>				
D2542	Onlay, metallic - two surfaces		1 of (D2542 - D2644) every calendar year, 1 per tooth per 5	50%
D2543	Onlay, metallic - three surfaces	50%		
D2544	Onlay, metallic - four or more surfaces	50%		

D2642	Onlay, porcelain/ceramic - two surfaces	years	50%	
D2643	Onlay, porcelain/ceramic - three surfaces		50%	
D2644	Onlay, porcelain/ceramic - four or more surfaces		50%	
Crowns 1 per year				
D2710	Crown - resin based composite (indirect)	1 of (D2710 - D2794) per calendar year, *Replacements 1 per tooth per 5 years	50%	
D2712	Crown - 3/4 resin based composite (indirect)		50%	
D2720	Crown - resin with high noble metal		50%	
D2721	Crown - resin with predominantly base metal		50%	
D2722	Crown - resin with noble metal		50%	
D2740	Crown - porcelain/ceramic		50%	
D2750	Crown - porcelain fused to high noble metal		50%	
D2751	Crown - porcelain fused to predominantly base metal		50%	
D2752	Crown - porcelain fused to noble metal		50%	
D2753	Crown - porcelain fused to titanium and titanium alloy		50%	
D2780	Crown - 3/4 cast high noble metal		50%	
D2781	Crown - 3/4 cast predominantly base metal		50%	
D2782	Crown - 3/4 cast noble metal		50%	
D2783	Crown - 3/4 porcelain/ceramic		50%	
D2790	Crown - full cast high noble metal		50%	
D2791	Crown - full cast predominantly base metal		50%	
D2792	Crown - full cast noble metal		50%	
D2794	Crown - titanium and titanium alloys		50%	
D2915	Re-cement cast or re-bond prefabricated post and core			50%
D2920	Re-cement or re-bond crown			50%
D2928	Prefabricated porcelain/ceramic crown - permanent tooth		50%	
D2940	Protective restoration		50%	
D2950	Core buildup, including any pins when required		50%	
D2951	Pin retention - per tooth, in addition to restoration		50%	
D2952	Post and core in addition to crown, indirectly fabricated		50%	
D2953	Each additional indirectly fabricated post - same tooth		50%	
D2954	Prefabricated post and core in addition to crowns		50%	
D2980	Crown repair necessitated by restorative material failure		50%	
Endodontic Services				
D3110	Pulp cap - direct (excluding final restoration)		50%	
D3120	Pulp cap - indirect (excluding final restoration)		50%	
D3220	Therapeutic pulpotomy (excluding final restoration)		50%	
D3221	Pulpal debridement, primary and permanent teeth		50%	
D3310	Endodontic therapy - anterior tooth		50%	
D3320	Endodontic therapy - premolar		50%	
D3330	Endodontic therapy - molar		50%	
D3331	Treatment of root canal obstruction, non-surgical access		50%	
D3346	Retreatment of previous root canal therapy - anterior		50%	
D3347	Retreatment of previous root canal therapy - premolar		50%	
D3348	Retreatment of previous root canal therapy - molar		50%	
D3351	Apexification/recalcification - initial visit		50%	
D3352	Apexification/recalcification - interim visit		50%	
D3353	Apexification/recalcification - final visit		50%	
D3410	Apicoectomy - anterior		50%	
D3421	Apicoectomy - premolar (first root)		50%	
D3425	Apicoectomy - molar (first root)		50%	
D3426	Apicoectomy (each additional root)		50%	
D3430	Retrograde filling - per root		50%	
D3450	Root amputation - per root		50%	
Periodontic Services				
<i>Surgical Periodontics</i>				
D4210	Gingivectomy/gingivoplasty - four or more contiguous teeth or tooth bounded spaces, per quadrant	1 of (D4210 - D4211) per quadrant every 24 months	50%	
D4211	Gingivectomy/gingivoplasty - one to three contiguous teeth or tooth bounded spaces, per quadrant		50%	
D4212	Gingivectomy/gingivoplasty to allow access for restorative procedure, per tooth	1 per tooth per 24 months	50%	
D4240	Gingival flap procedure, including root planing - four or more contiguous teeth or tooth bounded spaces, per quadrant	1 of (D4240 - D4241) per quadrant every 24 months	0%	
D4241	Gingival flap procedure, including root planing - one to three contiguous teeth or tooth bounded spaces, per quadrant		0%	
D4249	Clinical crown lengthening - hard tissue		0%	
D4260	Osseous surgery - four or more contiguous teeth or tooth bounded spaces, per quadrant	1 of (D4260 - D4261) per quadrant per 24 months	0%	
D4261	Osseous surgery - one to three contiguous teeth or tooth bounded spaces, per quadrant		0%	
<i>Non-Surgical Periodontics</i>				
D4341	Scaling and root planing - four or more teeth per quadrant	2 of (D4341 - D4342) per quadrant per year	50%	
D4342	Scaling and root planing - one to three teeth per quadrant		50%	
D4346	Scaling in the presence of generalized moderate or severe gingival inflammation - full mouth, after oral evaluation		0%	
D4355	Fullmouth debridement to enable a comprehensive periodontal evaluation and diagnosis on a	1 of (D4346, D4355) every 24 months	0%	
D4910	Periodontal maintenance	1 of (D4910) every 6 months	0%	
D4921	Gingival irrigation with a medicinal agent - per quadrant		0%	

Prosthodontic Services

Removable prosthetics

D5110	Complete denture - maxillary	1 of (D5110 - D5228) per arch per 60 months	50%
D5120	Complete denture - mandibular		50%
D5130	Immediate denture - maxillary		50%
D5140	Immediate denture - mandibular		50%
D5211	Maxillary partial denture - resin base		50%
D5212	Mandibular partial denture - resin base		50%
D5213	Maxillary partial denture - cast metal framework with resin denture bases		50%
D5214	Mandibular partial denture - cast metal framework with resin denture bases		50%
D5221	Immediate maxillary partial denture - resin base		50%
D5222	Immediate mandibular partial denture - resin base		50%
D5223	Immediate maxillary partial denture - cast metal framework		50%
D5224	Immediate mandibular partial denture - cast metal framework		50%
D5225	Maxillary partial denture - flexible base		50%
D5226	Mandibular partial denture - flexible base		50%
D5227	Immediate maxillary partial denture - flexible base		50%
D5228	Immediate mandibular partial denture - flexible base		50%
D5410	Adjust complete denture - maxillary		0%
D5411	Adjust complete denture - mandibular		0%
D5421	Adjust partial denture - maxillary		0%
D5422	Adjust partial denture - mandibular		0%
D5511	Repair broken complete denture base, mandibular		0%
D5512	Repair broken complete denture base, maxillary		0%

D5520	Replace missing or broken teeth - complete denture (each tooth)	1 of (D5410 - D5761) per arch every calendar year; not payable within 6 months of initial insertion performed by same provider/location	0%
D5611	Repair resin partial denture base, mandibular		0%
D5612	Repair resin partial denture base, maxillary		0%
D5621	Repair cast partial framework, mandibular		0%
D5622	Repair cast partial framework, maxillary		0%
D5630	Repair or replace broken retentive/clasping materials - per tooth		0%
D5640	Replace broken teeth - per tooth		0%
D5650	Add tooth to existing partial denture		0%
D5710	Rebase complete maxillary denture		0%
D5711	Rebase complete mandibular denture		0%
D5720	Rebase maxillary partial denture		0%
D5721	Rebase mandibular partial denture		0%
D5730	Reline complete maxillary denture (direct)		0%
D5731	Reline complete mandibular denture (direct)		0%
D5740	Reline maxillary partial denture (direct)		0%
D5741	Reline mandibular partial denture (direct)		0%
D5750	Reline complete maxillary denture (indirect)		0%
D5751	Reline complete mandibular denture (indirect)		0%
D5760	reline maxillary partial denture (indirect)		0%
D5761	reline mandibular partial denture (indirect)		0%
D5765	Soft liner for complete or partial removable denture (indirect)		50%
D5820	Interim partial denture - maxillary		50%
D5821	Interim partial denture - mandibular	50%	
D5850	Tissue conditioning, maxillary	50%	

D5851	Tissue conditioning, mandibular		50%
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Fixed Prosthetics

D6210	Pontic - cast high noble metal	1 of (D6210 - D6252) per year per 60 months	50%
D6211	Pontic - cast predominantly base metal		50%
D6212	Pontic - cast noble metal		50%
D6214	Pontic - titanium and titanium alloys		50%
D6240	Pontic - porcelain fused to high noble metal		50%
D6241	Pontic - porcelain fused to predominantly base metal		50%
D6242	Pontic - porcelain fused to noble metal		50%
D6243	Pontic - porcelain fused to titanium and titanium alloys		50%
D6245	Pontic - porcelain/ceramic		50%
D6250	Pontic - resin with high noble metal		50%
D6251	Pontic - resin with predominantly base metal		50%
D6252	Pontic - resin with noble metal		50%
D6602	Retainer inlay - cast high noble metal, three or more surfaces		50%
D6603	Retainer inlay - cast high noble metal, three or more surfaces		50%
D6604	Retainer inlay - cast predominantly base metal, two surfaces	50%	
D6605	Retainer inlay - cast predominantly base metal, three or more surfaces	50%	
D6606	Retainer inlay - cast noble metal, two surfaces	50%	
D6607	Retainer inlay - cast noble metal, three or more surfaces	50%	
D6608	Retainer onlay - porcelain/ceramic, two surfaces	50%	
D6609	Retainer onlay - porcelain/ceramic, three or more surfaces	50%	
D6610	Retainer onlay - cast high noble metal, two surfaces	50%	
D6611	Retainer onlay - cast high noble metal, three or more surfaces	50%	

D6612	Retainer onlay - cast predominantly base metal, two surfaces		50%
D6613	Retainer onlay - cast predominantly base metal, three or more surfaces		50%
D6614	Retainer onlay - cast noble metal, two surfaces		50%
D6615	Retainer onlay - cast noble metal, three or more surfaces		50%
D6720	Retainer crown - resin with high noble metal	1 of (D6602 - D6792) per year per 60 months	50%
D6721	Retainer crown - resin with predominantly base metal		50%
D6722	Retainer crown - resin with noble metal		50%
D6740	Retainer crown - porcelain/ceramic		50%
D6750	Retainer crown - porcelain fused to high noble metal		50%
D6751	Retainer crown - porcelain fused to predominantly base metal		50%
D6752	Retainer crown - porcelain fused to noble metal		50%
D6753	Retainer crown - porcelain fused to titanium and titanium alloys		50%
D6780	Retainer crown - 3/4 cast high noble metal		50%
D6781	Retainer crown - 3/4 cast predominantly base metal		50%
D6782	Retainer crown - 3/4 cast noble metal		50%
D6783	Retainer crown - 3/4 porcelain/ceramic		50%
D6784	Retainer crown - 3/4 titanium and titanium alloys		50%
D6790	Retainer crown - full cast high noble metal		50%
D6791	Retainer crown - full cast predominantly base metal	50%	
D6792	Retainer crown - full cast noble metal	50%	
D6930	Re-cement or re-bond fixed partial denture	1 of (D6930 - D6980) per tooth per 12 months	0%
D6940	Stress breaker		50%
D6980	Fixed partial denture repair necessitated by restorative material failure		50%

Oral and Maxillofacial Surgery

D7140	Extraction, erupted tooth or exposed root		0%
D7210	Extraction, erupted tooth requiring removal of bone and/or sectioning of tooth		0%
D7220	Removal of impacted tooth - soft tissue		0%
D7230	Removal of impacted tooth - partially bony		0%
D7240	Removal of impacted tooth - completely bony		0%
D7241	Removal of impacted tooth - completely bony, with unusual surgical complications		0%
D7250	Removal of residual tooth roots		0%
D7251	Coronectomy - intentional partial tooth removal, impacted teeth only		50%
D7270	Tooth re-implantation and/or stabilization of accidentally evulsed or displaced tooth		50%
D7280	Exposure of an unerupted tooth		50%
D7282	Mobilization of erupted or malpositioned tooth to aid eruption		50%
D7286	Incisional biops of oral tissue - soft		50%
D7310	Alveoloplasty in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	1 per quadrant per 5 years	50%
D7311	Alveoloplasty in conjunction with extractions - one to three teeth or tooth spaces, per quadrant	1 per quadrant per 5 years	50%
D7320	Alveoloplasty not in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	1 per quadrant per 5 years	50%
D7321	Alveoloplasty not in conjunction with extractions - one to three teeth or tooth spaces, per quadrant	1 per quadrant per 5 years	50%
D7340	Vestibuloplasty - ridge extension (secondary epithelialization)		50%
D7350	Vestibuloplasty - ridge extension (including soft tissue grafts, muscle reattachment, revision of soft tissue attachment and management of hypertrophied and hyperplastic tissue)		50%
D7450	Removal of benign odontogenic cyst or tumor - lesion diameter up to 1.25 cm		50%
D7451	Removal of benign odontogenic cyst or tumor - lesion diameter greater than 1.25 cm		50%
D7471	Removal of lateral exostosis (maxilla or mandible)		50%
D7472	Removal of torus palatinus		50%
D7473	Removal of torus mandibularis		50%
D7510	Incision and drainage of abscess - intraoral soft tissue		50%
D7922	Placement of intra-socket biological dressing to aid in hemostasis or clot stabilization, per site		50%
D7961	Buccal/labial frenectomy (frenulectomy)		50%
D7962	Lingual frenectomy (frenulectomy)		50%
D7970	Excision of hyperplastic tissue - per arch		50%
D7971	Excision of pericoronal gingiva		50%

Adjunctive General Services

D9110	Palliative treatment of dental pain - per visit		0%
D9211	Regional block anesthesia		0%
D9212	Trigeminal division block anesthesia		50%
D9215	Local anesthesia in conjunction with operative or surgical procedures		50%
D9219	Evaluation for moderate sedation, deep sedation or general anesthesia		0%
D9222	Deep sedation/general anesthesia - first 15 minutes		50%
D9223	Deep sedation/general anesthesia - each subsequent 15 minute increment		50%
D9230	Inhalation of nitrous oxide/analgesia, anxiolysis		50%
D9239	Intravenous moderate (conscious) sedation - first 15 minutes		50%
D9243	Intravenous moderate (conscious) sedation - each subsequent 15 minute increment		50%
D9248	Non-intravenous conscious sedation		50%
D9310	Consultation - diagnostic service provided by dentist or physician other than requesting dentist		0%
D9311	Consultation with a medical health care professional		0%
D9430	Office visit for observation (during regularly scheduled hours) - no other services preformed		0%
D9440	Office visit - after regularly scheduled hours		0%
D9450	Case presentation, subsequent to detailed and extensive treatment planning		0%
D9932	Cleaning and inspection of removable complete denture, maxillary		0%

D9933	Cleaning and inspection of removable complete denture, mandibular	0%
D9934	Cleaning and inspection of removable partial denture, maxillary	0%
D9935	Cleaning and inspection of removable partial denture, mandibular	0%
D9951	Occlusal adjustment - limited	0%
D9952	Occlusal adjustment - complete	0%
D9990	Certified translation or sign-language services - per visit	0%
D9991	Dental case management - addressing appointment compliance barriers	0%
D9992	Dental case management - care coordination	0%
D9995	Teledentistry - synchronous, real-time encounter	0%
D9996	Teledentistry - asynchronous, information stored and forwarded to dentist for subsequent review	0%
D9997	Dental case management - patients with special health care needs	0%

Note: All Crown, Endodontic, Periodontal, Prosthodontics and Extraction services require prior authorizations

Total reimbursement does not include lab costs. Lab fees are the member's responsibility.

Panoramic Film (D0330) may be taken in place of Intraoral-Complete Series (D0210).

Coinsurance is the percentage owed by the patient to the rendering provider.