

Prominence Dual D-SNP – H7239-002 \$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 Services			
<i>Exams</i>			
D0120	Periodic oral evaluation - established patient	1 of (D0120-D0150) every 6 months	0%
D0140	Limited oral evaluation - problem focused		0%
D0145	Oral evaluation for a patient under three years of age		0%
D0150	Comprehensive oral evaluation - new or established patient		0%
D0190	Screening of a patient	1 of (D0190-D0191) every 12 months	0%
D0191	Assessment of a patient		0%
<i>Radiographs</i>			
D0210	Intraoral - complete series of radiographic images	1 of (D0210, D0330) every 36 months	0%
D0220	Intraoral - periapical first radiographic image	1 of (D0240-D0251) every 12 months	0%
D0230	Intraoral - periapical each additional radiographic image		0%
D0240	Intraoral - occlusal radiographic image		0%
D0250	Extra-oral - 2D projection radiographic image	2 of (D0270-D0274) every 12 months	0%
D0251	Extra-oral posterior dental radiographic image		0%
D0270	Bitewing - single radiographic image	1 of (D0210, D0330) every 36 months	0%
D0272	Bitewings - two radiographic images		0%
D0273	Bitewings - three radiographic images		0%
D0274	Bitewings - four radiographic images		0%
D0330	Panoramic radiographic image	1 of (D0340, D0350) every 12 months	0%
D0340	2D cephalometric radiographic image - acquisition, measurement and analysis		0%
D0350	2D oral/facial photographic image obtained intra-orally or extra-orally	1 every 36 months	0%
D0470	Diagnostic casts		0%
<i>Prophylaxis, Fluoride, Hygiene, Sealants ,Space Maintainers</i>			
D1110	Prophylaxis - adult	1 of (D1110, D1120) every 6 months	0%
D1120	Prophylaxis - child		0%
D1206	topical application of fluoride varnish	1 of (D1206, D1208) every 6 months	0%
D1208	Topical application of fluoride - excluding varnish		0%
D1330	Oral hygiene instructions	1 every 12 months	0%
D1351	Sealant - per tooth	1 every 36 months	0%
D1354	Application of caries arresting medicament - per tooth	1 of (D1354, D1355) every 12 months	0%
D1355	Caries preventative medicament application - per tooth		0%
D1510	Space maintainer - fixed, unilateral - per quadrant	1 every 36 months	0%
D1516	Space maintainer - fixed - bilateral, maxillary		0%
D1517	Space maintainer - removable, unilateral - per quadrant	1 every 36 months	0%
D1551	Re-cement or re-bond bilateral space maintainer - maxillary		0%
D1552	Re-cement or re-bond bilateral space maintainer - mandibular	1 every 36 months	0%
D1553	Re-cement or re-bond unilateral space maintainer - per quadrant		0%
D1556	Re-cement or re-bond unilateral space maintainer - per quadrant	1 every 36 months	0%
D1557	Removal of fixed bilateral space maintainer - maxillary		0%
D1558	Removal of fixed bilateral space maintainer - mandibular	1 every 36 months	0%
D1575	Distal shoe space maintainer - fixed, unilateral - per quadrant		0%
Restorative Services			
<i>Restorations 2 restoration per year</i>			
D2140	Amalgam - one surface, primary or permanent	1 every 36 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	2 of (D2140-D2394) per tooth per surface per year	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>Crowns 1 per year</i>			0%
D2710	Crown - resin based composite (indirect)	1 of (D2710-D2751) per tooth per year	0%
D2721	Crown - resin with predominantly base metal		0%
D2740	Crown - porcelain/ceramic		0%
D2751	Crown - porcelain fused to predominantly base metal		0%
D2920	Re-cement or re-bond crown		0%
D2928	Prefabricated porcelain/ceramic crown - permanent tooth	0%	
D2930	Prefabricated stainless steel crown - primary tooth		
D2931	Prefabricated stainless steel crown - permanent tooth		
D2932	Prefabricated resin crown		
D2933	Prefabricated stainless steel crown with resin window		
D2940	Protective restoration		
D2950	Core buildup - including pins when required		
D2951	Pin retention - per tooth in addition to restoration		
D2954	Prefabricated post and core in addition to crown		

Endodontic Services			
D3110	Pulp cap - direct (excluding final restoration)	1 of (D3331-D3430) per tooth per lifetime	0%
D3120	Pulp cap - indirect (excluding final restoration)		0%
D3220	Therapeutic pulpotomy (excluding final restoration)		0%
D3221	Pulpal debridement, primary and permanent teeth		0%
D3222	Partial pulpotomy of apexogenesis - permanent tooth with incomplete root development		0%
D3230	Pulpal therapy (resorbable filling) - anterior, primary tooth (excluding final restoration)		0%
D3240	Pulpal therapy (resorbable filling) - posterior, primary tooth (excluding final restoration)		0%
D3310	Endodontic therapy - anterior		0%
D3320	Endodontic therapy - premolar		0%
D3330	Endodontic therapy - molar		0%
D3331	Treatment of root canal obstruction, non-surgical access	1 of (D3331-D3430) per tooth per lifetime	0%
D3333	Internal root repair of perforation defects		0%
D3351	Apexification/recalcification - initial visit		0%
D3352	Apexification/recalcification - interim medication replacement		0%
D3353	Apexification/recalcification - final visit		0%
D3410	Apicoectomy - anterior		0%
D3430	Retrograde filling - per root		0%

Periodontic Services			
<i>Surgical Periodontics</i>			
D4210	Gingivectomy/gingivoplasty - four or more contiguous teeth or tooth bounded spaces per quadrant	1 of (D4210-4261) per quadrant per 24 months	0%
D4211	Gingivectomy/gingivoplasty - one to three contiguous teeth or tooth bounded spaces per quadrant		0%
D4240	Gingival flap procedure, including root planing - four or more contiguous teeth or tooth bounded spaces		0%
D4241	Gingival flap procedure, including root planing - one to three contiguous teeth or tooth bounded spaces		0%
D4260	Osseous surgery - four or more contiguous teeth or tooth bounded spaces per quadrant		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	1 or (D4341, D4342) per quadrant per 24 months	0%
D4342	Scaling and root planing - one to three teeth per quadrant		0%
D4346	Scaling in presence of generalized moderate or severe gingival inflammation - full mouth, after oral ex	1 of (D4346, D4355) every 24 months	0%
D4355	Full mouth debridement to enable a comprehensive periodontal evaluation and diagnosis on a subse		0%
D4910	Periodontal Maintenance	1 of (D4910) per 6 months	0%

Prosthodontic Services			
<i>Removable Prosthetics</i>			
D5110	Complete denture - maxillary	1 of (D5110-D5214) per arch per 60 months	0%
D5120	Complete denture - mandibular		0%
D5211	Maxillary partial denture - resin base		0%
D5212	Mandibular partial denture - resin base		0%
D5213	Maxillary partial denture - cast metal framework with resin denture bases		0%
D5214	Mandibular partial denture - cast metal framework with resin denture bases		0%
D5410	Adjust complete denture - maxillary		0%
D5411	Adjust complete denture - mandibular		
D5421	Adjust partial denture - maxillary		
D5422	Adjust partial denture - mandibular		
D5511	Repair broken complete denture base - mandibular		
D5512	Repair broken complete denture base - maxillary		
D5520	Replace missing or broken teeth - complete denture (each tooth)		
D5611	Repair resin partial denture base - mandibular		
D5612	Repair resin partial denture base - maxillary		
D5621	Repair cast partial framework - mandibular		

D5622	Repair cast partial framework - maxillary	1 of (D5410 - D5761) per arch every calendar year, not payable within 6 months of initial insertion performed by same provider/location	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%
D5660	Add clasp to existing partial denture (per tooth)		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%
D5820	Interim partial denture - maxillary		0%
D5821	Interim partial denture - mandibular	0%	
Fixed Prosthetics			
D6985	Pediatric partial denture - fixed		0%
Oral and Maxillofacial Surgery			
D7111	Extraction, coronal remnants - primary tooth		0%
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%
D7260	Oroantral fistula closure		0%
D7261	Primary closure of a sinus perforation		0%
D7270	Tooth re-implantation (includes re-implantation from one site to another and splinting and/or stabilization)		0%
D7280	Exposure of an unerupted tooth		0%
D7283	Placement of device to facilitate eruption of impacted tooth		0%
D7296	Corticotomy - one to three teeth or tooth spaces, per quadrant		0%
D7297	Corticotomy - four or more teeth or tooth spaces, per quadrant		0%
D7310	Alveoplasty in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	1 per quadrant per 5 years	0%
D7320	Alveoplasty not in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	1 per quadrant per 5 years	0%
D7472	Removal of torus palatinus		0%
D7473	Removal of torus mandibularis		0%
D7510	Incision and drainage of abscess - intraoral soft tissue		0%
D7520	Incision and drainage of abscess - extraoral soft tissue		0%
D7880	Occlusal orthotic device, by report		0%
D7881	Occlusal orthotic device adjustment		0%
D7970	Excision of hyperplastic tissue - per arch		0%
Orthodontics			
D8070	Comprehensive orthodontic treatment of the transitional dentition		0%
D8080	Comprehensive orthodontic treatment of adolescent dentition		0%
D8090	Comprehensive orthodontic treatment of adult dentition		0%
D8210	Removable appliance therapy		0%
D8220	Fixed appliance therapy		0%
D8660	Pere-orthodontic treatment examination to monitor growth development		0%
D8670	Periodic orthodontic treatment visit		0%
D8680	Orthodontic retention (removal of appliances, construction and placement of retainer(s))		0%
D8703	Replacement of lost or broken retainer - maxillary		0%
D8704	Replacement of lost or broken retainer - mandibular		0%
Adjunctive General Services			
D9110	Palliative treatment of dental pain - per visit		0%
D9222	Deep sedation/general anesthesia - first 15 minutes		0%
D9223	Deep sedation/general anesthesia - each subsequent 15 minute increment		0%
D9230	Inhalation of nitrous oxide/analgesia, anxiolysis		0%
D9239	Intravenous moderate (conscious) sedation - first 15 minutes		0%
D9243	Intravenous moderate (conscious) sedation - each subsequent 15 minute increment		0%
D9248	Non-intravenous conscious sedation		0%
D9310	Consultation		0%
D9420	Hospital or ambulatory surgical center call		0%
D9920	Behavior management, by report		0%
D9995	Teledentistry - synchronous, real-time encounter		0%
D9996	Teledentistry - asynchronous, information stored and forwarded to dentist for subsequent review		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.