



DINA Dental Plan™

GUARANTY ASSURANCE COMPANY

People's Health Network

Secure Choice (HMO SNP), Secure Health (HMO SNP)

No Annual Deductible
No Out of Network Benefits

| Procedure Code | Procedure Description | Frequency | Member Pay | Co-Pay | Total Provider Reimbursement |
|---------------------------------------|--|-------------|------------|--------|------------------------------|
| Diagnostic | | | | | |
| Clinical Oral Evaluations | | | | | |
| D0120 | Periodic Oral Evaluation | 1/6 months | \$0.00 | | \$21.00 |
| D0140 | Limited Oral Evaluation | 1/12 months | \$0.00 | | \$30.00 |
| D0150 | Comprehensive Oral Evaluation - new or established | 1/12 months | \$0.00 | | \$35.00 |
| Radiographs/Diagnostic Imaging | | | | | |
| *D0210 | Intraoral - Complete Series (including bitewings) | 1/12 months | \$0.00 | | \$57.00 |
| D0220 | Intraoral - Periapical first film | 1/12 months | \$0.00 | | \$10.00 |
| D0230 | Intraoral - Periapical each additional film | 1/12 months | \$0.00 | | \$6.00 |
| D0240 | X-rays Intraoral-Occlusal Film | 1/12 months | \$0.00 | | \$14.00 |
| D0270 | Bitewings, single film | 1/12 months | \$0.00 | | \$12.00 |
| D0272 | Bitewings, two films | 1/12 months | \$0.00 | | \$17.00 |
| D0274 | Bitewings, four films | 1/12 months | \$0.00 | | \$25.00 |
| *D0330 | Panoramic film | 1/12 months | \$0.00 | | \$55.00 |
| Preventative | | | | | |
| Dental Prophylaxis | | | | | |
| D1110 | Prophylaxis - Adult | 1/12 months | \$0.00 | | \$44.00 |

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

Claims Submission:

1. Mail: DINA Dental Plan (Attention: Claims Department)
101 Parklane Boulevard, Suite 301
Sugar Land, Texas 77478

2. Fax: (281) 313-7154

3. Electronic: www.fcl dental.com

Third Party Clearinghouse: Emdeon (Payor ID # - CX090)

DINA Dental Plan/Peoples Health Network

DINA Limitations, Authorization and Claim Attachment Guidelines

Below is a list of procedure codes that have additional limitations or require specific information in order to process the claim. These procedure codes are marked with an asterisk (*) on the main benefit outline(s). Under certain circumstances additional information may be requested in order to process claims for procedures listed below.

Current CPT Code Documentation Guidelines

Radiographs/Diagnostic Imaging

| | |
|-------------|--|
| D0210/D0330 | Panoramic Film may be taken in place of D0210 (Intraoral-Complete Series) once every twelve (12) months |
|-------------|--|

Restorative

| | |
|-------|---|
| D2740 | Pre-operative x-rays must be submitted with claim |
| D2750 | Pre-operative x-rays must be submitted with claim |
| D2751 | Pre-operative x-rays must be submitted with claim |
| D2752 | Pre-operative x-rays must be submitted with claim |
| D2783 | Pre-operative x-rays must be submitted with claim |
| D2790 | Pre-operative x-rays must be submitted with claim |
| D2791 | Pre-operative x-rays must be submitted with claim |
| D2792 | Pre-operative x-rays must be submitted with claim |

Periodontics

| | |
|------|---|
| 4341 | Periodontal charting must be submitted with claim |
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Oral and Maxillofacial Surgery

| | |
|-------|---|
| D7140 | Pre-operative x-rays must be submitted with claim |
| D7210 | Pre-operative x-rays must be submitted with claim |
| D7220 | Pre-operative x-rays must be submitted with claim |
| D7230 | Pre-operative x-rays must be submitted with claim |
| D7240 | Pre-operative x-rays must be submitted with claim |
| D7241 | Pre-operative x-rays must be submitted with claim |
| D7250 | Pre-operative x-rays must be submitted with claim |

Prosthodontics

All prosthodontic procedures will require pre-authorization and proof of completion of treatment.

General Information

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|----------------------|--|
| Written Narratives | Must be clear, legible, and provide rationale for the proposed treatment. |
| Periodontal Charting | Must be comprehensive full mouth, legible, dated, and documented with probing depths (up to six per tooth), recorded in mm. per tooth, labeled right and left, mandibular and maxillary, with classified furcation defects and tooth mobility recorded as 1st, 2nd, 3rd degree. |
| Quality Radiographs | Radiographs should be dated, mounted, properly labeled left and right, and of diagnostic quality according to accepted standards of care. Radiographs should also be duplicates and less than 36 months old and labeled with the patient's name and the provider's name and address. |

- Submit Claims to:**
1. Mail: First Continental Life (Attn: Claims Department)
101 Parklane Boulevard, Suite 301
Sugar Land, Texas 77478
 2. Fax: (281) 313-7154
 3. Electronically: Web - www.fcdental.com
Third Party Clearinghouse: Emdeon (Payor ID # – CX090)