



**Procedure**

Code	Procedure Description	Frequency	Co-Pay
<b>Oral and Maxillofacial Surgery</b>			
<b>Extractions (Includes local anesthesia, suturing, if needed and routine postoperative care)</b>			
D7140	Extraction - Erupted tooth or exposed root (elevation and/or forceps removal)		\$15.00
<b>Adjunctive General Services</b>			
<b>Unclassified Treatment</b>			
D9110	Palliative (emergency) Treatment of Dental Pain	1/12 months	\$0.00

**Total Reimbursement DOES NOT include lab costs. Lab fees are the member's responsibility.**

**Members with Peoples Health Group Medicare plans can utilize Out of Network dental providers.**

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

**Service Area:** Ascension, Assumption, East Baton Rouge, East Feliciana, Iberville, Jefferson, Lafourche, Livingston, Orleans, Plaquemines, Pointe Coupee, St. Bernard, St. Charles, St. Helena, St. James, St. John the Baptist, St. Mary, St. Tammany, Tangipahoa, Terrebonne, Washington, West Baton Rouge and West Feliciana.

**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](http://www.fcl dental.com)

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

**Procedure**

<b>Code</b>	<b>Procedure Description</b>	<b>Frequency</b>	<b>Co-Pay</b>
<b>***Only one (1) crown procedure code is covered every twelve (12) months per member***</b>			
<b>Crowns - Single Restorations Only</b>			
D2740	Crown - Porcelain/Ceramic Substrate		\$295.00
D2750	Crown - Porcelain fused to high noble metal		\$275.00
D2751	Crown - Porcelain fused predominantly base metal		\$255.00
D2752	Crown - Porcelain fused to noble metal		\$260.00
D2783	Crown - 3/4 Porcelain/Ceramic Substrate		\$295.00
D2790	Crown - full cast high noble metal		\$265.00
D2791	Crown - full cast predominantly base metal		\$210.00
D2792	Crown - full cast noble metal		\$230.00
<b>Other Restorative Services</b>			
D2930	Prefabricated stainless steel crown - primary tooth		\$55.00
D2931	Prefabricated stainless steel crown - permanent tooth		\$57.00
<b>Periodontics</b>			
<b>Non-Surgical Periodontal Service</b>			
D4341	Periodontal Scaling and Root Planing, per quadrant	1/12 months	\$53.00
D4342	Periodontal Scaling and Root Planing, 1-3 teeth	1/12 months	\$30.00
D4355	Full Mouth Debridement	1/12 months	\$32.00
<b>Other Periodontal Service</b>			
D4910	Periodontal Maintenance	1/60 months	\$32.00
<b>Prosthodontics (removable)</b>			
<b>Complete Dentures (Including Routine Post-Delivery Care)</b>			
D5110	Complete Denture - Maxillary	1/60 months	\$206.00
D5120	Complete Denture - Mandibular	1/60 months	\$206.00
D5130	Immediate Denture - Maxillary (in lieu of D5110)	1/60 months	\$213.75
D5140	Immediate Denture - Mandibular (in lieu of D5120)	1/60 months	\$213.75
<b>Partial Dentures (Including Routine Post-Delivery Care)</b>			
D5213	Maxillary Partial Denture - Cast Metal Framework	1/60 months	\$217.75
D5214	Mandibular Partial Denture - Cast Metal Framework	1/60 months	\$217.75
<b>Adjustments to Dentures</b>			
D5410	Adjust Complete Denture - Maxillary		\$20.00
D5411	Adjust Complete Denture - Mandibular		\$20.00
D5421	Adjust Partial Denture - Maxillary		\$20.00
D5422	Adjust Partial Denture - Mandibular		\$20.00
<b>Repairs to Complete Dentures</b>			
D5510	Repair Broken Complete Denture Base		\$39.00
D5520	Replace missing or broken teeth - Complete Denture		\$31.00
<b>Repairs to Partial Dentures</b>			
D5610	Repair Resin Denture Base		\$45.00
D5640	Replace Broken Teeth - Per Tooth		\$30.00



DINA Dental Plan™

## GUARANTY ASSURANCE COMPANY

**People's Health Network**

*PH Group Medicare MA-PD*

\$50 Annual Deductible

**Deductible does not apply to services listed in the  
Diagnostic or Preventive categories (exams, x-rays or cleanings)**

\$2000 Maximum Annual Benefit per Calendar Year

### Procedure

Code	Procedure Description	Frequency	Co-Pay
<b>Diagnostic</b>			
<b>Clinical Oral Evaluations</b>			
D0120	Periodic Oral Evaluation	1/6 months	\$0.00
D0140	Limited Oral Evaluation	1/12 months	\$0.00
D0150	Comprehensive Oral Evaluation - new or established	1/12 months	\$0.00
<b>Radiographs/Diagnostic Imaging</b>			
*D0210	Intraoral - Complete Series (including bitewings)	1/12 months	\$0.00
D0220	Intraoral - Periapical first film	1/12 months	\$0.00
D0230	Intraoral - Periapical each additional film	1/12 months	\$0.00
D0240	X-rays Intraoral-Occlusal Film	1/12 months	\$0.00
D0270	Bitewings, single film	1/12 months	\$0.00
D0272	Bitewings, two films	1/12 months	\$0.00
D0274	Bitewings, four films	1/12 months	\$0.00
*D0330	Panoramic film	1/12 months	\$0.00
<b>Preventative</b>			
<b>Dental Prophylaxis</b>			
D1110	Prophylaxis - Adult	1/6 months	\$0.00
<b>Restorative</b>			
<b>Amalgam Restorations (Including Polishing)</b>			
D2140	Amalgam, one surface, primary or permanent		\$11.00
D2150	Amalgam, two surfaces, primary or permanent		\$14.00
D2160	Amalgam, three surfaces, primary or permanent		\$17.00
D2161	Amalgam, four surfaces or more		\$20.00
<b>Resin-Based Composite Restorations - Direct</b>			
D2330	Resin - one surface, anterior		\$14.00
D2331	Resin - two surfaces, anterior		\$19.00
D2332	Resin - three surfaces, anterior		\$24.00
D2335	Resin - four or more surfaces, anterior		\$27.00
D2391	Resin - one surface, posterior		\$15.00
D2392	Resin - two surfaces, posterior		\$23.00
D2393	Resin - three surfaces, posterior		\$28.00
D2394	Resin - four or more surfaces, posterior		\$35.00