



GUARANTY ASSURANCE COMPANY

Dina Dental of Louisiana

Pre-Paid Group & Individual

Procedure Code	Procedure Description	Member Copayment
Diagnostic		
D0999	Disposables and Infection Control (OSHA) - Per Person, Per Visit	\$7.00
Clinical Oral Evaluations		
D0120	Periodic Oral Evaluation	\$10.00
D0140	Limited Oral Evaluation	\$30.00
D0150	Comprehensive Oral Evaluation - new or established	\$20.00
D0180	Comprehensive Periodontal Evaluation	\$35.00
Radiographs/Diagnostic Imaging		
D0210	Intraoral - Complete Series (including bitewings)	\$40.00
D0220	Intraoral - Periapical first film	\$3.00
D0230	Intraoral - Periapical each additional film	\$3.00
D0240	Intraoral - Occlusal film	\$4.00
D0250	Extraoral - First film	\$4.00
D0260	Extraoral - Each additional film	\$5.00
D0270	Bitewing - Single film	\$6.00
D0272	Bitewings - Two films	\$13.00
D0274	Bitewings - Four films	\$15.00
D0330	Panoramic Film	\$30.00
Tests and Examinations		
D0470	Diagnostic Casts	\$5.00
Preventive		
Dental Prophylaxis		
D1110	Prophylaxis- adult	\$20.00
D1120	Prophylaxis- child	\$15.00
Topical Fluoride Treatment(Office Procedure)		
D1203	Topical Application of Fluoride - Child	\$8.00
Other Preventive Services		
D1351	Sealant - Per tooth	\$12.00
Space Maintenance (Passive Appliances)		
D1510	Space Maintainer - Fixed - Unilateral	\$110.00
D1515	Space Maintainer - Fixed - Bilateral	\$135.00
D1520	Space Maintainer - Removable - Unilateral	\$105.00
D1525	Space Maintainer - Removable - Bilateral	\$140.00
D1550	Re-Cementation of Space Maintainer	\$18.00
Restorative		
Amalgam Restorations (Including Polishing)		
D2140	Amalgam - one surface	\$30.00
D2150	Amalgam - two surface	\$40.00
D2160	Amalgam - three surfaces	\$50.00
D2161	Amalgam - four or more surfaces	\$60.00



Resin-Based Composite Restorations - Direct		
D2330	Resin-Based Composite - One surface, anterior	\$52.00
D2331	Resin -Based Composite - Two surfaces, anterior	\$68.00
D2332	Resin-Based Composite - Three surfaces, anterior	\$80.00
D2335	Resin-Based Composite - Four or more surfaces or involving incisal angle (anterior)	\$96.00
D2390	Resin-Based Composite Crown, anterior	\$115.00
D2391	Resin-Based Composite - One surface, posterior	\$64.00
D2392	Resin-Based Composite - Two surfaces, posterior	\$82.00
D2393	Resin-Based Composite - three surface, posterior	\$100.00
D2394	Resin-Based Composite - Four or more surfaces, posterior	\$125.00
Resin-Based Composite Restorations - Direct		
D2510	Inlay - metallic - One surface	\$195.00
D2520	Inlay - Metallic - Two surfaces	\$235.00
D2530	Inlay - Metallic - Three or more surfaces	\$265.00
D2543	Onlay - Metallic - Three surfaces	\$275.00
D2544	Onlay - Metallic - Four or more surfaces	\$290.00
D2610	Inlay - Porcelain/Ceramic - One surface	\$210.00
D2620	Inlay - Porcelain/Ceramic - Two surfaces	\$240.00
D2630	Inlay - Porcelain/Ceramic - Three or more surfaces	\$260.00
D2642	Onlay - Porcelain/Ceramic - Two surfaces	\$265.00
D2643	Onlay - Porcelain/Ceramic -Three surfaces	\$280.00
D2644	Onlay - Porcelain/Ceramic - Four or more surfaces	\$290.00
Crowns - Single Restorations Only		
D2710	Crown - Resin-Based composite (indirect)	\$180.00
D2720	Crown - Resin with high noble metal	\$400.00
D2721	Crown - Resin with predominantly base metal	\$315.00
D2722	Crown - Resin with noble metal	\$345.00
D2740	Crown - Porcelain/Ceramic substrate	\$500.00
D2750	Crown -Porcelain fused to high noble metal	\$515.00
D2751	Crown - Porcelain fused to predominantly base metal	\$450.00
D2752	Crown - Porcelain fused to noble metal	\$490.00
D2790	Crown - Full cast high noble metal	\$470.00
D2791	Crown - Full cast predominantly base metal	\$400.00
D2792	Crown - Full cast noble metal	\$410.00
Restorative (Cont'd)		
Other Restorative Services		
D2910	Recement Inlay, Onlay, or Partial Coverage Restoration	\$20.00
D2920	Recement Crown	\$25.00
D2930	Prefabricated Stainless Steel Crown - Primary Tooth	\$70.00
D2931	Prefabricated Stainless Steel Crown - Permanent Tooth	\$80.00
D2932	Prefabricated Resin Crown	\$85.00
D2940	Sedative Filling	\$25.00
D2950	Core Buildup, Including any pins	\$90.00
D2951	Pin Retention - Per tooth, in addition to restoration	\$15.00
D2952	Cast post and core plus crown	\$140.00
D2954	Prefabricated post core plus crown	\$120.00
D2970	Temporary crown (fractured tooth)	\$60.00
Endodontics		
Pulp Capping		
D3110	Pulp Cap - Direct (excluding final restoration)	\$15.00
D3120	Pulp Cap - Indirect (excluding final restoration)	\$20.00
Pulpotomy		
D3220	Therapeutic pulpotomy (excl. final restoration)-Removal of pulp coronal to dentinocemental joint & appl. of medicament	\$40.00



Endodontic Therapy(Including Treatment Plan, Clinical Procedures and Follow-Up Care)		
D3310	Endodontic Therapy - Anterior tooth (excluding final restoration)	\$275.00
D3320	Endodontic Therapy - Bicuspid (excluding final restoration)	\$325.00
D3330	Endodontic Therapy - Molar (excluding final restoration)	\$450.00
Apexification/Recalcification Procedure		
D3351	Apexification/Recalcification - Initial visit (apical closure/calcific repair of perforations, root resorption, etc.)	\$90.00
D3352	Apexification/Recalcification - Interim medication replacement (apical closure/calcific repair of perforations, root resorption)	\$40.00
D3353	Apexification/Recalcification - Final visit (incl. completed root canal therapy-apical closure/calcific repair of perforations)	\$110.00
Apicoectomy/Periradicular Services		
D3410	Apicoectomy/Periradicular Surgery-Anterior	\$220.00
D3421	Apicoectomy/Periradicular Surgery-Bicuspid (first root)	\$250.00
D3425	Apicoectomy/Periradicular Surgery-Molar (first root)	\$275.00
D3426	Apicoectomy/Periradicular Surgery (each additional root)	\$70.00
D3430	Retrograde Filling - Per root	\$50.00
D3450	Root Amputation - Per root	\$90.00
Other Endodontic Services		
D3910	Surgical Procedure For Isolation of Tooth With Rubber Dam	\$35.00
Periodontics		
Surgical Services (Including Usual Postoperative Care)		
D4210	Gingivectomy or Gingivoplasty - Four or more contiguous teeth or tooth bounded spaces per quadrant	\$190.00
D4211	Gingivectomy or Gingivoplasty - One to three contiguous teeth or tooth bounded spaces per quadrant	\$50.00
D4240	Gingival Flap Procedure, Including Root Planning - Four or more contiguous teeth or tooth bounded spaces per quadrant	\$200.00
D4241	Gingival Flap Procedure, Including Root Planning - One to three contiguous teeth or tooth bounded spaces per quadrant	\$170.00
D4260	Osseous Surgery (Including flap entry and closure) - Four or more contiguous teeth or tooth bounded spaces per quadrant	\$300.00
D4261	Osseous Surgery (Including flap entry and closure) - One to three contiguous teeth or tooth bounded spaces per quadrant	\$175.00
D4270	Pedicle Soft Tissue Graph Procedure	\$225.00
D4271	Free Soft Tissue Graph Procedure (Including donor site surgery)	\$250.00
Non-Surgical Periodontal Services		
D4320	Provisional Splinting - Intracoronal	\$100.00
D4321	Provisional Splinting - Extracoronal	\$75.00
D4341	Periodontal Scaling and Root Planning - Four or more teeth per quadrant	\$90.00
D4342	Periodontal Scaling and Root Planning - One to three teeth per quadrant	\$70.00
D4355	Full Mouth Debridement to Enable Comprehensive Evaluation and Diagnosis	\$75.00
Other Periodontal Services		
D4910	Periodontal Maintenance	\$50.00
Prosthodontics - Removable		
Complete Dentures (Including Routing Post-Delivery Care)		
D5110	Complete Denture - Maxillary	\$500.00
D5120	Complete Denture - Mandibular	\$500.00
D5130	Immediate Denture - Maxillary	\$475.00
D5140	Immediate Denture - Mandibular	\$475.00
Partial Dentures (Including Routing Post-Delivery Care)		
D5211	Maxillary Partial Denture - Resin base (including any conventional clasps, rest and teeth)	\$375.00
D5212	Mandibular Partial Denture - Resin base (including any conventional clasps, rest and teeth)	\$375.00
D5213	Maxillary Partial Denture - Cast metal framework with resin denture bases (including any conventional clasps, rest and teeth)	\$450.00
D5214	Mandibular Partial Denture - Cast metal framework with resin denture bases (including any conventional clasps, rest and teeth)	\$450.00
D5281	Removable Unilateral Partial Denture - One piece cast steel (including clasps and teeth)	\$220.00
Adjustments To Dentures		
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



Repairs To Complete Dentures		
D5510	Repair Broken Complete Denture Base	\$50.00
D5520	Replace Missing or Broken teeth - Complete denture (each tooth)	\$45.00
Repairs To Partial Dentures		
D5610	Repair Resin Denture Base	\$60.00
D5620	Repair Cast Framework	\$75.00
D5630	Repair or Replace Broken Clasp	\$75.00
D5640	Replace Broken Teeth - Per tooth	\$55.00
D5650	Add Tooth to Existing Partial Denture	\$75.00
D5660	Add Clasp to Existing Partial Denture	\$75.00
Denture Rebase Procedures		
D5710	Rebase Complete Maxillary Denture	\$185.00
D5711	Rebase Complete Mandibular Denture	\$185.00
D5720	Rebase Maxillary Partial Denture	\$185.00
D5721	Rebase Mandibular Partial Denture	\$185.00
Prosthodontics - Removable (Cont'd)		
Denture Reline Procedures		
D5730	Reline Complete Maxillary Denture (chairside)	\$75.00
D5731	Reline Complete Mandibular Denture (chairside)	\$75.00
D5740	Reline Maxillary Partial Denture (chairside)	\$75.00
D5741	Reline Mandibular Partial Denture (chairside)	\$75.00
D5750	Reline Complete Maxillary Denture (laboratory)	\$130.00
D5751	Reline Complete Mandibular Denture (laboratory)	\$130.00
D5760	Reline Maxillary Partial Denture (laboratory)	\$130.00
D5761	Reline Mandibular Partial Denture (laboratory)	\$130.00
Interim Prosthesis		
D5810	Interim Complete Denture (maxillary)	\$195.00
D5811	Interim Complete Denture (mandibular)	\$195.00
D5820	Interim Partial Denture (maxillary)	\$210.00
D5821	Interim Partial Denture (mandibular)	\$210.00
Prosthodontics - Fixed		
Fixed Partial Denture Pontics		
D6210	Pontic - Cast high noble metal	\$380.00
D6211	Pontic - Cast predominantly base metal	\$350.00
D6212	Pontic - Cast noble metal	\$365.00
D6240	Pontic - Porcelain fused to high noble metal	\$380.00
D6241	Pontic - Porcelain fused to predominantly base metal	\$350.00
D6242	Pontic - Porcelain fused to noble metal	\$365.00
D6250	Pontic - Resin with high noble metal	\$355.00
D6251	Pontic - Resin with predominantly base metal	\$325.00
D6252	Pontic - Resin with noble metal	\$320.00
Fixed Partial Denture Retainers - Crowns		
D6720	Crown - Resin with high noble metal	\$390.00
D6721	Crown - Resin with predominantly base metal	\$310.00
D6722	Crown - Resin with noble metal	\$340.00
D6750	Crown - porcelain fused to high noble metal	\$450.00
D6751	Crown - Porcelain fused to predominantly base metal	\$420.00
D6752	Crown - Porcelain fused to noble metal	\$435.00
D6780	Crown - 3/4" cast high noble metal	\$315.00
D6790	Crown - Full cast high noble metal	\$400.00
D6791	Crown - Full cast predominantly base metal	\$370.00
D6792	Crown - Full cast noble metal	\$385.00



Other Fixed Partial Denture Services		
D6930	Recement Fixed Partial Denture	\$40.00
Oral and Maxillofacial Surgery		
Extractions (Including Local Anesthesia, Suturing, if Needed, and Routine Postoperative Care)		
D7111	Extraction, Coronal Remnants- Deciduous tooth	\$35.00
D7140	Extraction, Erupted Tooth or Exposed Root (elevation and/or forceps removal)	\$50.00
Surgical Extractions (Including Local Anesthesia, Suturing, if Needed, and Routine Postoperative Care)		
D7210	Surgical Removal of Erupted Tooth Requiring Elevation of Mucoperiosteal Flap and Removal of Bone and/or Section of T	\$85.00
D7220	Removal of Impacted Tooth - Soft tissue	\$90.00
D7230	Removal of Impacted Tooth - Partially bony	\$125.00
D7240	Removal of impacted Tooth - Completely bony	\$175.00
D7250	Surgical Removal of Residual Tooth Roots (cutting procedure)	\$75.00
Other Surgical Procedures		
D7260	Oroantral Fistula Closure	\$155.00
D7270	Tooth Reimplantation and/or Stabilization of Accidentally Evulsed or Displaced Tooth	\$1,210.00
D7280	Surgical Access of an Unerupted Tooth	\$100.00
D7283	Placement of device to facilitate eruption of impacted tooth	\$75.00
Alveoplasty - Surgical Preparation of Ridge		
D7310	Alveoplasty in Conjunction With Extractions - Four or more teeth or tooth spaces, per quadrant	\$90.00
D7320	Alveoplasty not in Conjunction With Extractions - Four or more teeth or tooth spaces, per quadrant	\$100.00
Vestibuloplasty		
D7340	Vestibuloplasty - ridge extension	\$110.00
Excision of Bone Tissue		
D7470	Removal of lateral exostosis - maxilla or mandible	\$125.00
Surgical Incision		
D7510	Incision and Drainage of Abscess - Intraoral soft tissue	\$50.00
D7520	Incision and Drainage of Abscess - Extraoral soft tissue	\$100.00
Other Repair Procedures		
D7970	Excision Hyperplastic Tissue - Per arch	\$150.00
Orthodontics		
Other Orthodontic Services		
D8660	Pre-Orthodontic Treatment Visit	\$0.00
Adjunctive General Services		
Unclassified Treatment		
D9110	Palliative (emergency) Treatment of Dental Pain - Minor procedure	\$35.00
Professional Consultation		
D9310	Consultation - Diagnostic service provided by dentist or physician other than requesting dentist or physician	\$25.00

Services Performed by Specialists

All services performed by a participating network specialist (including Endodontists, Periodontists, Prosthodontists, Pedodontists, Oral Surgeons, Orthodontist and any provider not listed as a General Dentist) will be paid for by the member with a 20% Discount on the provider's billed charges.

Lab Costs

All lab costs are the member's responsibility and are not included in the co-payment amount.

*Please note that all Co-payments are due by the member at the time of service unless other arrangements are agreed upon by your treating provider. *