



GUARANTY ASSURANCE COMPANY

Dina Dental of Louisiana

Pre-Paid Group & Individual

Procedure Code	Procedure Description	Member Copayment
Diagnostic		
D0999	Office Visit Copay - Per Person, Per Visit	\$9.00
D0120	Periodic oral evaluation - established patient	\$27.00
D0140	Limited oral evaluation - problem focused	\$33.00
D0145	Oral evaluation (patient under 3 years of age)	\$47.00
D0150	Comprehensive oral evaluation - new or established patient	\$47.00
D0170	Re-evaluation-limited, problem focused	\$39.00
D0180	Comprehensive periodontal evaluation	\$40.00
D0210	Intraoral - complete series of radiographic images	\$59.00
D0220	Intraoral- periapical first radiographic image	\$15.00
D0230	Intraoral- periapical each additional radiographic image	\$13.00
D0240	Intraoral- occlusal radiographic image	\$21.00
D0250	Extraoral- first radiographic image	\$15.00
D0260	Extraoral - each additional radiographic image	\$13.00
D0270	Bitewing - single radiographic image	\$15.00
D0272	Bitewing - two radiographic images	\$22.00
D0274	Bitewing - four radiographic images	\$25.00
D0330	Panoramic radiographic image	\$57.00
D0470	Diagnostic casts	\$47.00
Preventive		
D1110	Prophylaxis- adult	\$48.00
D1120	Prophylaxis- child	\$35.00
D1206	Topical application of fluoride varnish	\$24.00
D1208	Topical application of fluoride - excluding varnish	\$20.00
D1351	Sealant - per tooth	\$26.00
D1510	Space maintainer - fixed - unilateral	\$150.00
D1515	Space maintainer - fixed - bilateral	\$205.00
D1520	Space maintainer - removable - unilateral	\$145.00
D1525	Space maintainer - removable - bilateral	\$195.00
D1550	Recement or re-bond space maintainer	\$40.00
Restorative		
D2140	Amalgam - one surface, primary or permanent	\$64.00
D2150	Amalgam - two surface, primary or permanent	\$81.00
D2160	Amalgam - three surfaces, primary or permanent	\$98.00
D2161	Amalgam - four or more surfaces, primary or permanent	\$116.00
D2330	Resin-based composite - one surface, anterior	\$75.00
D2331	Resin -based composite - two surfaces, anterior	\$93.00
D2332	Resin-based composite - three surfaces, anterior	\$115.00
D2335	Resin-based composite - four or more surfaces or involving incisal angle (anterior)	\$142.00
D2390	Resin-based composite crown, anterior	\$208.00
D2391	Resin-based composite - one surface, posterior	\$71.00
D2392	Resin-based composite - two surfaces, posterior	\$91.00



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Restorative- con't		
D2393	Resin-based composite - three surface, posterior	\$110.00
D2394	Resin-based composite - four or more surfaces, posterior	\$138.00
D2510	Inlay - metallic - one surface	\$215.00
D2520	Inlay - metallic - two surfaces	\$259.00
D2530	Inlay - metallic - three or more surfaces	\$292.00
D2543	Onlay - metallic - three surfaces	\$302.00
D2544	Onlay - metallic - four or more surfaces	\$319.00
D2610	Inlay - porcelain/ceramic - one surface	\$231.00
D2620	Inlay - porcelain/ceramic - two surfaces	\$264.00
D2630	Inlay - porcelain/ceramic - three or more surfaces	\$286.00
D2642	Onlay - porcelain/ceramic - two surfaces	\$292.00
D2643	Onlay - porcelain/ceramic -three surfaces	\$308.00
D2644	Onlay - porcelain/ceramic - four or more surfaces	\$319.00
D2710	Crown - resin-based composite (indirect)	\$198.00
D2720	Crown - resin with high noble metal	\$440.00
D2721	Crown - resin with predominantly base metal	\$345.00
D2722	Crown - resin with noble metal	\$280.00
D2740	Crown - porcelain/ceramic substrate	\$550.00
D2750	Crown -porcelain fused to high noble metal	\$567.00
D2751	Crown - porcelain fused to predominantly base metal	\$525.00
D2752	Crown - porcelain fused to noble metal	\$539.00
D2790	Crown - full cast high noble metal	\$517.00
D2791	Crown - full cast predominantly base metal	\$440.00
D2792	Crown - full cast noble metal	\$451.00
D2910	Recement inlay, onlay, or partial coverage restoration	\$22.00
D2920	Recement crown	\$50.00
D2930	Prefabricated stainless steel crown - primary tooth	\$126.00
D2931	Prefabricated stainless steel crown - permanent tooth	\$150.00
D2932	Prefabricated resin crown	\$164.00
D2940	Protective restoration	\$28.00
D2950	Core build-up, including any pins when required	\$127.00
D2951	Pin retention - per tooth, in addition to restoration	\$35.00
D2952	Post and core in addition to crown, indirectly fabricated	\$154.00
D2954	Prefabricated post core in addition to crown	\$140.00
D2970	Temporary crown (fractured tooth)	\$75.00
Endodontics		
D3110	Pulp Cap - Direct (excluding final restoration)	\$38.00
D3120	Pulp Cap - Indirect (excluding final restoration)	\$42.00
D3220	Therapeutic pulpotomy (excl. final restoration)	\$93.00
D3310	Endodontic therapy - anterior (excluding final restoration)	\$350.00
D3320	Endodontic therapy - bicuspid (excluding final restoration)	\$400.00
D3330	Endodontic therapy - molar (excluding final restoration)	\$500.00
D3351	Apexification/recalcification - initial visit	\$99.00



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Endodontics con't		
D3352	Apexification/recalcification - interim medication replacement	\$120.00
D3353	Apexification/recalcification - final visit	\$121.00
D3410	Apicoectomy anterior	\$319.00
D3421	Apicoectomy bicuspid (first root)	\$325.00
D3425	Apicoectomy molar (first root)	\$350.00
D3426	Apicoectomy (each additional root)	\$77.00
D3430	Retrograde filling - per root	\$127.00
D3450	Root amputation - per root	\$167.00
D3910	Surgical procedure for isolation of tooth with rubber dam	\$40.00
Periodontics		
D4210	Gingivectomy or gingivoplasty - four or more teeth per quadrant	\$291.00
D4211	Gingivectomy or gingivoplasty - one to three teeth per quadrant	\$75.00
D4240	Gingival flap procedure, including root planning - four or more teeth per quadrant	\$220.00
D4241	Gingival flap procedure, including root planning - one to three teeth per quadrant	\$187.00
D4260	Osseous surgery (including flap entry and closure) - four or more teeth per quadrant	\$330.00
D4261	Osseous surgery (including flap entry and closure) - one to three teeth per quadrant	\$193.00
D4270	Pedicle soft tissue graft procedure	\$250.00
D4320	Provisional splinting - intracoronal	\$110.00
D4321	Provisional splinting - extracoronal	\$83.00
D4341	Periodontal scaling and root planning - four or more teeth per quadrant	\$116.00
D4342	Periodontal scaling and root planning - one to three teeth per quadrant	\$96.00
D4355	Full mouth debridement to enable comprehensive evaluation and diagnosis	\$86.00
D4910	Periodontal maintenance	\$65.00
Prostodontics - Removable		
D5110	Complete denture - maxillary	\$600.00
D5120	Complete denture - mandibular	\$600.00
D5130	Immediate denture - maxillary	\$525.00
D5140	Immediate denture - mandibular	\$525.00
D5211	Maxillary partial denture - resin base	\$471.00
D5212	Mandibular partial denture - resin base	\$471.00
D5213	Maxillary partial denture - cast metal framework with resin denture bases	\$689.00
D5214	Mandibular partial denture - cast metal framework with resin denture bases	\$689.00
D5281	Removable unilateral partial denture - one piece cast steel (including clasps and teeth)	\$350.00
D5410	Adjust complete denture - maxillary	\$25.00
D5411	Adjust complete denture - mandibular	\$25.00
D5421	Adjust partial denture - maxillary	\$25.00
D5422	Adjust partial denture - mandibular	\$25.00
D5510	Repair broken complete denture base	\$126.00
D5520	Replace missing or broken tooth - complete denture (each tooth)	\$65.00
D5610	Repair resin denture base	\$126.00
D5620	Repair cast framework	\$135.00
D5630	Repair or replace broken clasp	\$120.00
D5640	Replace broken teeth - per tooth	\$65.00
D5650	Add tooth to existing partial denture	\$83.00
D5660	Add clasp to existing partial denture	\$120.00



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Prosthodontics - Removable con't		
D5710	Rebase complete maxillary denture	\$250.00
D5711	Rebase complete mandibular denture	\$250.00
D5720	Rebase maxillary partial denture	\$250.00
D5721	Rebase mandibular partial denture	\$250.00
D5730	Reline complete maxillary denture (chairside)	\$95.00
D5731	Reline complete mandibular denture (chairside)	\$95.00
D5740	Reline maxillary partial denture (chairside)	\$95.00
D5741	Reline mandibular partial denture (chairside)	\$95.00
D5750	Reline complete maxillary denture (laboratory)	\$239.00
D5751	Reline complete mandibular denture (laboratory)	\$239.00
D5760	Reline maxillary partial denture (laboratory)	\$209.00
D5761	Reline mandibular partial denture (laboratory)	\$209.00
D5810	Interim complete denture (maxillary)	\$375.00
D5811	Interim complete denture (mandibular)	\$375.00
D5820	Interim partial denture (maxillary)	\$275.00
D5821	Interim partial denture (mandibular)	\$275.00
Prosthodontics - Fixed		
D6210	Pontic - cast high noble metal	\$418.00
D6211	Pontic - cast predominantly base metal	\$385.00
D6212	Pontic - cast noble metal	\$402.00
D6240	Pontic - porcelain fused to high noble metal	\$500.00
D6241	Pontic - porcelain fused to predominantly base metal	\$480.00
D6242	Pontic - porcelain fused to noble metal	\$475.00
D6250	Pontic - resin with high noble metal	\$465.00
D6251	Pontic - resin with predominantly base metal	\$425.00
D6252	Pontic - resin with noble metal	\$420.00
D6720	Crown - resin with high noble metal	\$500.00
D6721	Crown - resin with predominantly base metal	\$425.00
D6722	Crown - resin with noble metal	\$420.00
D6750	Crown - porcelain fused to high noble metal	\$495.00
D6751	Crown - porcelain fused to predominantly base metal	\$480.00
D6752	Crown - porcelain fused to noble metal	\$475.00
D6780	Crown - 3/4" cast high noble metal	\$347.00
D6790	Crown - full cast high noble metal	\$440.00
D6791	Crown - full cast predominantly base metal	\$407.00
D6792	Crown - full cast noble metal	\$425.00
D6930	Recement fixed partial denture	\$44.00
Oral and Maxillofacial Surgery		
D7111	Extraction, coronal remnants- deciduous tooth	\$64.00
D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)	\$78.00
D7210	Surgical removal of erupted tooth	\$129.00
D7220	Removal of impacted tooth - soft tissue	\$150.00
D7230	Removal of impacted tooth - partially bony	\$186.00
D7240	Removal of impacted tooth - completely bony	\$229.00
D7250	Surgical removal of residual tooth roots (cutting procedure)	\$143.00



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Oral and Maxillofacial Surgery con't		
D7260	Oroantral fistula closure	\$175.00
D7270	Tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth	\$252.00
D7280	Surgical access of an unerupted tooth	\$227.00
D7283	Placement of device to facilitate eruption of impacted tooth	\$243.00
D7310	Alveoplasty in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	\$139.00
D7320	Alveoplasty not in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	\$145.00
D7340	Vestibuloplasty - ridge extension	\$121.00
D7471	Removal of lateral exostosis - maxilla or mandible	\$140.00
D7510	Incision and drainage of abscess - intraoral soft tissue	\$109.00
D7520	Incision and drainage of abscess - extraoral soft tissue	\$110.00
D7970	Excision hyperplastic tissue - per arch	\$165.00
Adjunctive General Services		
D9110	Palliative (emergency) treatment of dental pain - minor procedure	\$58.00
D9310	Consultation - diagnostic service provided by dentist or physician other than requesting dentist or physician	\$30.00
D9440	Office visit - after regulary scheduled hours	\$79.00
D9910	Application of desensitizing medicament	\$25.00
D9940	Occlusal guards by report	\$276.00
D9951	Occlusal Adjustment - Limited	\$85.00
Services Performed by Specialist		
<p>All services performed by a participating network specialist (including Endodontist, Periodontist, Prosthodontist, Pedodontist, Oral Surgeons, Orthodontist and any provider not listed as a General Dentist) will be paid for by the member with a 20% Discount of the provider's billed charges.</p>		
Lab Cost		
<p>All lab cost are the member's responsibility and are not included in the co-payment amount.</p>		
Member Co-Payments		
<p>*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.</p>		

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