



DINA Dental Plan™

Procedure Code	Procedure Description	Frequency	Member Co-Pay
Oral and Maxillofacial Surgery			
<i>Extractions (Includes local anesthesia, suturing, if needed and routine postoperative care)</i>			
D7140	Extraction - Erupted tooth or exposed root (elevation and/or forceps removal)		\$67.00
Adjunctive General Services			
<i>Unclassified Treatment</i>			
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.

***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

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



DINA Dental Plan™

GUARANTY ASSURANCE COMPANY

People's Health Network

Choices 65, Choices Plus and Choices Select

\$50 Annual Deductible

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

\$1500 Maximum Annual Benefit per Calendar Year

Procedure Code	Procedure Description	Frequency	Member Co-Pay
Diagnostic			
Clinical Oral Evaluations			
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
Radiographs/Diagnostic Imaging			
*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
Preventative			
Dental Prophylaxis			
D1110	Prophylaxis - Adult	1/6 months	\$0.00
Restorative			
Amalgam Restorations (Including Polishing)			
D2140	Amalgam, one surface, primary or permanent		\$47.00
D2150	Amalgam, two surfaces, primary or permanent		\$61.00
D2160	Amalgam, three surfaces, primary or permanent		\$76.00
D2161	Amalgam, four surfaces or more		\$88.00
Resin-Based Composite Restorations - Direct			
D2330	Resin - one surface, anterior		\$63.00
D2331	Resin - two surfaces, anterior		\$85.00
D2332	Resin - three surfaces, anterior		\$106.00
D2335	Resin - four or more surfaces, anterior		\$119.00
D2391	Resin - one surface, posterior		\$71.00
D2392	Resin - two surfaces, posterior		\$103.00
D2393	Resin - three surfaces, posterior		\$126.00
D2394	Resin - four or more surfaces, posterior		\$157.00