Effective: January 1, 2022

Peoples Health - Choices (PPO)

$0 Annual Deductible

$0 Co-payment

$500 Maximum Annual Benefit per Calendar Year

Out of Network Benefits

Service Area:

Parishes: Acadia, Ascension, Assumption, Bossier, Caddo, Calcasieu, Cameron, East Baton Rouge, East Feliciana, Evangeline, Iberia, Iberville, Jefferson, Lafayette, Lafourche, Livingston, Orleans, Ouachita, Plaquemines, Pointe Coupee, St. Bernard, St. Charles, St. Helena, St. James, St. John the Baptist, St. Landry, St. Martin, St. Mary, St. Tammany, Tangipahoa, Terrebonne, Vermilion, Washington, West Baton Rouge, West Feliciana

Code	Procedure Description
Diagnostic	
Clinical Oral Evaluations	
D0120	Periodic Oral Evaluation
D0140	Limited Oral Evaluation
D0150	Comprehensive Oral Evaluation - new or established
D0160	Extensive oral evaluation problem focus
Radiographs/Diagnostic Imaging	
D0210	Intraoral - Complete Series (including bitewings)
D0220	Intraoral - Periapical first film
D0230	Intraoral - Periapical each additional film
D0240	X-rays Intraoral-Occlusal Film
D0270	Bitewings, single film
D0272	Bitewings, two films
D0273	Bitewings, three films
D0274	Bitewings, four films
D0277	Vert bitewings 7 to 8 images
D0330	Panoramic film
Preventative	
Dental Prophylaxis	
D1110	Prophylaxis - Adult
D1206	Topical app of fluoride - with varnish
D1208	Topical app of fluoride - excluding varnish
D1310	Nutritional counseling for control of dental issues
D1354	Interim caries arresting medicament application/per tooth
Restorative	
Amalgam Restorations (Including Polishing)	
D2140	Amalgam, one surface, primary or permanent
D2150	Amalgam, two surfaces, primary or permanent
D2160	Amalgam, three surfaces, primary or permanent
D2161	Amalgam, four surfaces or more
Resin-Based Composite Restorations - Direct	

D2330	Resin - one surface, anterior
D2331	Resin - two surfaces, anterior
D2332	Resin - three surfaces, anterior
D2335	Resin - four or more surfaces, anterior
D2391	Resin - one surface, posterior
D2392	Resin - two surfaces, posterior
D2393	Resin - three surfaces, posterior
D2394	Resin - four or more surfaces, posterior
D2510	Dental inlay metallic 1 surface
D2520	Dental inlay metallic 2 surface
D2530	Dental inlay metallic 3/more surface
D2542	Dental onlay metallic 2 surface
D2543	Dental onlay metallic 3 surface
D2544	Dental onlay metallic 4/more surface
D2610	Inlay porcelain/ceramic 1 surface
D2620	Inlay porcelain/ceramic 2 surface
D2630	Dental onlay porcelain 3/more surface
D2642	Dental onlay porcelain 2 surface
D2643	Dental onlay porcelain 3 surface
D2644	Dental onlay porcelain 4/more surface
D2740	Crown porcelain/ceramic subs
D2750	Crown porcelain w/ h noble metal
D2751	Crown porcelain fused base metal
D2752	Crown porcelain w/ noble metal
D2790	Crown full cast high noble m
D2791	Crown full cast base metal
D2792	Crown full cast noble metal
D2794	Crown - titanium and titanium alloys
D2920	Dental re-cement crown
D2940	Protective restoration
D2949	Restorative foundation for an indirect restoration
D2950	Core build-up included any pins
D2951	Tooth pin retention
D2952	Post and core cast + crown
D2953	Each additional cast post
D2954	Prefab post/core + crown
Endodontics	
D3110	Pulp cap direct
D3120	Pulp cap indirect
D3310	End therapy, anterior tooth
D3320	End therapy, bicuspid tooth
D3330	End therapy, molar
D3346	Retreat root canal anterior
D3347	Retreat root canal bicuspid
D3348	Retreat root canal molar
Periodontics	
D4341	Periodontal scaling & root
D4342	Periodontal scaling 1-3teeth
D4346	Scaling presence of generalized moderate/severe ging inflam
D4355	Full mouth debridement
D4381	Localized delivery antimicrobial agents

Other Perdontal Service	
D4910	Periodontal Maintenance
Prosthodontics - Removable	
Complete Dentures (Including Routine Post-Delivery Care)	
D5110	Complete denture – maxillary
D5120	Complete denture – mandibular
D5130	Immediate denture – maxillary (in lieu of D5110)
D5140	Immediate denture – mandibular (in lieu of D5120)
Partial Dentures (Including Routine Post-Delivery Care)	
D5211	Dentures maxillary part resin
D5212	Dentures mandible part resin
D5213	Maxillary partial denture – cast metal framework
D5214	Mandibular partial denture – cast metal framework
D5221	Immediate maxillary partial denture - resin base
D5222	Immediate mandibular partial denture - resin base
D5225	Maxillary part denture flex
D5226	Mandibular part denture flex
Adjustments to Dentures	
D5410	Adjust complete denture – Maxillary
D5411	Adjust complete denture – Mandibular
D5421	Adjust Partial Denture – Maxillary
D5422	Adjust Partial Denture - Mandibular
Repairs to Complete Dentures	
D5511	Repair Broken Complete Denture Base, mandibular
D5512	Repair Broken Complete Denture Base, maxillary
D5520	Replace missing or broken teeth – Complete Denture
Repairs to Partial Dentures	
D5611	Repair Resin Denture Base, mandibular
D5612	Repair Resin Denture Base, maxillary
D5640	Replace Broken Teeth – Per Tooth
D5621	Repair cast partial framework, mandibular
D5622	Repair cast partial framework, maxillary
D5630	Rep partial denture clasp
D5650	Add tooth to partial denture
D5660	Add clasp to partial denture
D5640	Replace Broken Teeth – Per Tooth
D5730	Denture reline complete maxillary denture
D5731	Denture reline complete mandibular denture
D5740	Denture reline maxillary partial denture chairside
D5741	Denture reline mandibular partial denture chairside
D5750	Denture reline complete maxillary denture chairside
D5751	Denture reline complete mandibular denture chairside
D5760	Denture reline partial maxillary lab
D5761	Denture reline partial mandibular lab
D5850	Denture tissue conditioning maxillary
D5851	Denture tissue conditioning mandibular
Prosthodontics, Fixed	
D6210	Prosthodontic high noble metal
D6211	Bridge base metal cast
D6212	Bridge noble metal cast
D6214	Bridge titanium and titanium alloys

D6240	Bridge porcelain fused to predominantly base metal
D6241	Bridge porcelain base metal
D6242	Bridge porcelain noble metal
D6245	Bridge porcelain/ceramic
D6740	Crown porcelain/ceramic
D6750	Retainer Crown - porcelain fused to high noble metal
D6751	Crown porcelain base metal
D6752	Crown porcelain noble metal
D6790	Retainer Crown - full cast high noble metal
D6791	Crown 3/4 porcelain/ceramic
D6792	Crown full noble metal cast
D6794	Retainer Crown - Titanium and titanium alloys
D6930	Dental re-cement bridge
Oral and Maxillofacial Surgery	
Extractions (Includes local anesthesia, suturing, if needed and routine postoperative care)	
D7111	Extraction - coronal remnants - primary tooth
D7140	Extraction - Erupted tooth or exposed root
D7210	Rem imp tooth w Mucoperiosteal flap
D7250	Tooth root removal
D7310	Alveoloplasty w/ extraction
D7311	Alveoloplasty w/extract 1-3
D7320	Alveoloplasty w/o extraction
D7321	Alveoloplasty not w/extracts
D7510	Incision/drain abscess intraoral soft tissue
D7511	Incision/drain abscess intra
D7880	Occlusal orthotic device, by report
Adjunctive General Services	
Unclassified Treatment	
D9110	Palliative (emergency) Treatment of Dental Pain
D9219	Evaluation for deep sedation or general anesthesia
D9222	Deep sedation/general anesthesia-each 15 min. increment
D9223	Deep sedation/general anesthesia-each 15 min. increment
D9230	Analgesia
D9239	Intravenous moderate sedation/analgesia each 15 min
D9243	Intravenous moderate sedation/analgesia each 15 min
D9910	Application of desensitizing medicament
D9943	Occlusal guard adjustment
D9944	Occlusal guard hard applicance , full arch

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

Claims:

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