



Effective: January 1, 2022

Peoples Health - Choices Gold (HMO-POS)

\$50 Annual Deductible

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

\$1,250 Maximum Annual Benefit per Calendar Year

No Out of Network Benefits

Service Area:

Parishes: Acadia, Bossier, Caddo, Calcasieu, Cameron, Evangeline, Iberia, Lafayette, Ouachita, St. Landry, St. Martin, Vermillion

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
D0160	Extensive oral evaluation problem focus	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
D0273	Bitewings, three films	1/12 months	\$0.00
D0274	Bitewings, four films	1/12 months	\$0.00
D0277	Vert bitewings 7 to 8 images	1/12 months	\$0.00
*D0330	Panoramic film	1/12 months	\$0.00
Preventative			
Dental Prophylaxis			
D1110	Prophylaxis - Adult	1/6 months	\$0.00
D1206	Topical app of fluoride - with varnish	1/12 months	\$0.00
D1208	Topical app of fluoride - excluding varnish	1/12 months	\$0.00
D1310	Nutritional counseling for control of dental issues	1/12 months	\$0.00
D1354	Interim caries arresting medicament application/per tooth	1/12 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
D2510	Dental inlay metallic 1 surface	1 /60 months	\$135.00
D2520	Dental inlay metallic 2 surface	1 /60 months	\$180.00
D2530	Dental inlay metallic 3/more surface	1 /60 months	\$217.00
D2542	Dental onlay metallic 2 surface	1 /60 months	\$190.00
D2543	Dental onlay metallic 3 surface	1 /60 months	\$238.00
D2544	Dental onlay metallic 4/more surface	1 /60 months	\$248.00
D2610	Inlay porcelain/ceramic 1 surface	1 /60 months	\$179.00
D2620	Inlay porcelain/ceramic 2 surface	1 /60 months	\$207.00
D2630	Dental onlay porcelain 3/more surface	1 /60 months	\$222.00
D2642	Dental onlay porcelain 2 surface	1 /60 months	\$230.00
D2643	Dental onlay porcelain 3 surface	1 /60 months	\$238.00
D2644	Dental onlay porcelain 4/more surface	1 /60 months	\$243.00
D2740	Crown porcelain/ceramic subs	1 /60 months	\$295.00
D2750	Crown porcelain w/ h noble metal	1 /60 months	\$275.00
D2751	Crown porcelain fused base metal	1 /60 months	\$250.00
D2752	Crown porcelain w/ noble metal	1 /60 months	\$260.00
D2790	Crown full cast high noble m	1 /60 months	\$265.00
D2791	Crown full cast base metal	1 /60 months	\$210.00
D2792	Crown full cast noble metal	1 /60 months	\$230.00
D2794	Crown - titanium and titanium alloys	1 /60 months	\$250.00
D2920	Dental re-cement crown	1 /60 months	\$23.00
D2940	Protective restoration		\$20.00
D2949	Restorative foundation for an indirect restoration		\$22.00
D2950	Core build-up included any pins		\$51.00
D2951	Tooth pin retention		\$15.00
D2952	Post and core cast + crown		\$87.00
D2953	Each additional cast post		\$38.00
D2954	Prefab post/core + crown		\$75.00
Endodontics			
D3110	Pulp cap direct		\$15.00
D3120	Pulp cap indirect		\$15.00
D3310	End therapy, anterior tooth	1 /lifetime	\$22.00
D3320	End therapy, bicuspid tooth	1 /lifetime	\$248.00
D3330	End therapy, molar	1 /lifetime	\$270.00
D3346	Retreat root canal anterior		\$178.00
D3347	Retreat root canal bicuspid		\$209.00
D3348	Retreat root canal molar		\$258.00
Periodontics			
Non-Surgical Periodontal Service			
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

D4381	Localized delivery antimicrobial agents		\$22.00
Other Periodontal Service			
D4910	Periodontal Maintenance	1 / 60 months	\$32.00
Prosthodontics - Removable			
Complete Dentures (Including Routine Post-Delivery Care)			
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
Partial Dentures (Including Routine Post-Delivery Care)			
D5211	Dentures maxillary part resin	1 / 60 months	\$210.00
D5212	Dentures mandible part resin	1 / 60 months	\$210.00
D5213	Maxillary partial denture – cast metal framework	1 / 60 months	\$217.75
D5214	Mandibular partial denture – cast metal framework	1 / 60 months	\$217.75
D5221	Immediate maxillary partial denture - resin base	1 / 60 months	\$210.00
D5222	Immediate mandibular partial denture - resin base	1 / 60 months	\$239.00
D5225	Maxillary part denture flex	1 / 60 months	\$281.00
D5226	Mandibular part denture flex	1 / 60 months	\$281.00
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			
D5511	Repair Broken Complete Denture Base, mandibular		\$39.00
D5512	Repair Broken Complete Denture Base, maxillary		\$39.00
D5520	Replace missing or broken teeth – Complete Denture		\$31.00
Repairs to Partial Dentures			
D5611	Repair Resin Denture Base, mandibular		\$45.00
D5612	Repair Resin Denture Base, maxillary		\$45.00
D5621	Repair cast partial framework, mandibular		\$50.00
D5622	Repair cast partial framework, maxillary		\$50.00
D5630	Rep partial denture clasp		\$50.00
D5650	Add tooth to partial denture		\$48.00
D5660	Add clasp to partial denture		\$56.00
D5640	Replace Broken Teeth – Per Tooth		\$30.00
D5730	Denture reline complete maxillary denture		\$59.00
D5731	Denture reline complete mandibular denture		\$59.00
D5740	Denture reline maxillary partial denture chairside		\$59.00
D5741	Denture reline mandibular partial denture chairside		\$59.00
D5750	Denture reline complete maxillary denture chairside		\$100.00
D5751	Denture reline complete mandibular denture chairside		\$100.00
D5760	Denture reline partial maxillary lab		\$100.00
D5761	Denture reline partial mandibular lab		\$100.00
D5850	Denture tissue conditioning maxillary		\$24.00
D5851	Denture tissue conditioning mandibular		\$24.00
Prosthodontics, Fixed			
D6210	Prosthodontic high noble metal	1 / 60 months	\$245.00
D6211	Bridge base metal cast	1 / 60 months	\$235.00

D6212	Bridge noble metal cast	1 /60 months	\$246.00
D6214	Bridge titanium and titanium alloys	1 /60 months	\$200.00
D6240	Bridge porcelain fused to predominantly base metal	1 /60 months	\$200.00
D6241	Bridge porcelain base metal	1 /60 months	\$250.00
D6242	Bridge porcelain noble metal	1 /60 months	\$260.00
D6245	Bridge porcelain/ceramic	1 /60 months	\$210.00
D6740	Crown porcelain/ceramic	1 /60 months	\$221.00
D6750	Retainer Crown - porcelain fused to high noble metal	1 /60 months	\$250.00
D6751	Crown porcelain base metal	1 /60 months	\$250.00
D6752	Crown porcelain noble metal	1 /60 months	\$260.00
D6790	Retainer Crown - full cast high noble metal	1 /60 months	\$250.00
D6791	Crown 3/4 porcelain/ceramic	1 /60 months	\$265.00
D6792	Crown full noble metal cast	1 /60 months	\$206.00
D6794	Retainer Crown - Titanium and titanium alloys	1 /60 months	\$206.00
D6930	Dental re-cement bridge		\$23.00

Oral and Maxillofacial Surgery

Extractions (Includes local anesthesia, suturing, if needed and routine postoperative care)

D7111	Extraction - coronal remnants - primary tooth		\$31.00
D7140	Extraction - Erupted tooth or exposed root		\$15.00
D7210	Rem imp tooth w Mucoperiosteal flap		\$56.00
D7250	Tooth root removal		\$61.00
D7310	Alveoloplasty w/ extraction		\$70.00
D7311	Alveoloplasty w/extract 1-3		\$39.00
D7320	Alveoloplasty w/o extraction		\$100.00
D7321	Alveoloplasty not w/extracts		\$67.00
D7510	Incision/drain abscess intraoral soft tissue		\$63.00
D7511	Incision/drain abscess intra		\$59.00
D7880	Occlusal orthotic device, by report		\$60.00

Adjunctive General Services

Unclassified Treatment

D9110	Palliative (emergency) Treatment of Dental Pain	1 /12 months	\$0.00
D9219	Evaluation for deep sedation or general anesthesia		\$13.00
D9222	Deep sedation/general anesthesia-each 15 min. increment		\$35.00
D9223	Deep sedation/general anesthesia-each 15 min. increment		\$22.00
D9230	Analgesia		\$10.00
D9239	Intravenous moderate sedation/analgesia each 15 min		\$26.00
D9243	Intravenous moderate sedation/analgesia each 15 min		\$21.00
D9910	Application of desensitizing medicament		\$8.00
D9943	Occlusal guard adjustment		\$15.00
D9944	Occlusal guard hard appliance , full arch		\$56.00

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)**

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.fclldental.com

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

H1961-017-000