Effective: January 1, 2022

Peoples Health - Secure Health (HMO D-SNP)

$0 Annual Deductible

$0 Co-payment

$2,000 Maximum Annual Benefit per Calendar Year

No 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	Frequency
DIAGNOSTIC PROCEDURES		
D0120	Periodic oral evaluation	1/6 months
D0140	Limit oral evaluation problem focus	1/12 months
D0150	Comprehensive oral evaluation	1/12 months
D0160	Extensive oral evaluation problem focus	1/12 months
D0170	Re-evaluation established patient, problem focus	1/12 months
D0171	Re-evaluation - post-operative office visit	1/12 months
D0180	Comp periodontal evaluation	1/12 months
D0210	Intraoral complete film series	1/12 months
D0220	Intraoral periapical first	1/12 months
D0230	Intraoral periapical each additional	1/12 months
D0240	Intraoral occlusal film	1/12 months
D0250	Extraoral first film	1/12 months
D0251	Intraoral-complete series	1/12 months
D0270	Dental bitewing single image	1/12 months
D0272	Dental bitewings two images	1/12 months
D0273	Bitewings - three images	1/12 months
D0274	Bitewings four images	1/12 months
D0277	Vert bitewings 7 to 8 images	1/12 months
D0310	Dental sialography	1/12 months
D0320	Dental TMJ arthrogram included	1/12 months
D0321	Other TMJ images by report	1/12 months
D0322	Dental tomographic survey	1/12 months
D0330	Panoramic image	1/12 months
D0340	Cephalometric image	1/12 months
D0350	Oral/facial photo images	1/12 months
D0414	Laboratory processing of microbial specimen	1/12 months
D0415	Collection of microorganisms	1/12 months
D0416	Viral culture	1/12 months
D0425	Caries susceptibility test	1/12 months

D0431	Diagnostic test detect mucosal abnormalities	1/12 months
D0460	Pulp vitality test	1/12 months
D0470	Diagnostic casts	1/12 months
D0472	Gross exam, prep & report	1/12 months
D0473	Micro exam, prep & report	1/12 months
D0474	Micro w exam of surgical margins	1/12 months
D0475	Decalcification procedure	1/12 months
D0476	Spec stains for microorganism	1/12 months
D0477	Spec stains not for microorganisms	1/12 months
D0502	Other oral pathology proc	1/12 months
Panoramic Film (D0330) may be taken in place of Intraoral-Complete Series (D0210)		
PREVENTIVE PROCEDURES		
D1110	Dental prophylaxis adult	1/6 months
D1206	Topical app of fluoride - with varnish	1/12 months
D1208	Topical app of fluoride - excluding varnish	1/12 months
D1310	Nutritional counseling for control of dental issues	1/12 months
D1354	Interim caries arresting medicament application/per tooth	1/12 months
D1208	Topical app of fluoride	1/12 months
RESTORATIVE PROCEDURES		
D2140	Amalgam one surface perm	1/36 months
D2150	Amalgam two surfaces perm	1/36 months
D2160	Amalgam three surfaces perm	1/36 months
D2161	Amalgam 4 or > surfaces perm	1/36 months
D2330	Resin one surface-anterior	1/36 months
D2331	Resin two surfaces-anterior	1/36 months
D2332	Resin three surfaces-anterior	1/36 months
D2335	Resin 4/> surf or w incisal angle	1/36 months
D2390	Ant resin-based composite crown	1/36 months
D2391	Post 1 surface resin based composite	1/36 months
D2392	Post 2 surface resin based composite	1/36 months
D2393	Post 3 surface resin based composite	1/36 months
D2394	Post >=4srfc resin base composite	1/36 months
D2510	Dental inlay metallic 1 surface	1/60 months
D2520	Dental inlay metallic 2 surface	1/60 months
D2530	Dental inlay metallic 3/more surface	1/60 months
D2542	Dental onlay metallic 2 surface	1/60 months
D2543	Dental onlay metallic 3 surface	1/60 months
D2544	Dental onlay metallic 4/more surface	1/60 months
D2610	Inlay porcelain/ceramic 1 surface	1/60 months
D2620	Inlay porcelain/ceramic 2 surface	1/60 months
D2630	Dental onlay porcelain 3/more surface	1/60 months
D2642	Dental onlay porcelain 2 surface	1/60 months
D2643	Dental onlay porcelain 3 surface	1/60 months
D2644	Dental onlay porcelain 4/more surface	1/60 months
D2650	Inlay composite/resin one surface	1/60 months
D2651	Inlay composite/resin two surface	1/60 months
D2652	Dental inlay resin 3/more surface	1/60 months
D2662	Dental onlay resin 2 surface	1/60 months
D2663	Dental onlay resin 3 surface	1/60 months

D2664	Dental onlay resin 4/more surface	1/60 months
D2710	Crown resin-based indirect	1/60 months
D2712	Crown 3/4 resin-based composite	1/60 months
D2721	Crown resin w/ base metal	1/60 months
D2722	Crown resin w/ noble metal	1/60 months
D2740	Crown porcelain/ceramic subs	1/60 months
D2750	Crown porcelain w/ h noble metal	1/60 months
D2751	Crown porcelain fused base metal	1/60 months
D2752	Crown porcelain w/ noble metal	1/60 months
D2781	Crown 3/4 cast base metal	1/60 months
D2782	Crown 3/4 cast noble metal	1/60 months
D2783	Crown 3/4 porcelain/ceramic	1/60 months
D2790	Crown full cast high noble m	1/60 months
D2791	Crown full cast base metal	1/60 months
D2792	Crown full cast noble metal	1/60 months
D2794	Crown - titanium and titanium alloys	1/60 months
D2910	Recement inlay onlay or part	1/60 months
D2915	Recement cast or prefab post	1/60 months
D2920	Dental re-cement crown	1/60 months
D2930	Prefab stainless steel crown primary	
D2931	Prefab stainless steel crown permanent tooth	
D2932	Prefabricated resin crown	
D2933	Prefab stainless steel crown	
D2934	Prefab steel crown primary	
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	
D2955	Post removal	
D2957	Each additional prefab post	
D2971	Add proc construct new crown	
D2975	Coping	
D2980	Crown repair	
Crowns – Single Restorations Only – One (1) Crown procedure code is covered every Sixty (60) months per Member		
ENDODONTICS		
D3110	Pulp cap direct	
D3120	Pulp cap indirect	
D3220	Therapeutic pulpotomy	
D3221	Gross pulpal debridement	
D3230	Pulpal therapy anterior primary	
D3240	Pulpal therapy posterior primary	
D3310	End therapy, anterior tooth	1/lifetime
D3320	End therapy, bicuspid tooth	1/lifetime
D3330	End therapy, molar	1/lifetime
D3331	Non-surgical treatment root canal obstruction	1/lifetime
D3332	Incomplete endodontic therapy	

D3333	Internal root repair	
D3346	Retreat root canal anterior	
D3347	Retreat root canal bicuspid	
D3348	Retreat root canal molar	
D3351	Apexification/recalcification initial	
D3352	Apexification/ recalcification interim	
D3353	Apexification/ recalcification final	
D3410	Apicoectomy - anterior	
D3421	Root surgery bicuspid	
D3425	Root surgery molar	
D3426	Root surgery each add root	
D3430	Retrograde filling	
D3450	Root amputation	
D3460	Endodontic end osseous implant	
D3470	Intentional replantation	
D3910	Isolation- tooth w rubber dam	
D3920	Tooth splitting	
D3950	Canal prep/fitting of dowel	
PERIODONTICS		
D4210	Gingivectomy/gingivoplasty 4 or more	
D4211	Gingivectomy/gingivoplasty 1 to 3	
D4230	Ana crown exposure 4 or> per quad	
D4231	Ana crown exposure 1-3 per quad	
D4240	Gingival flap proc w/ Planing	
D4241	Gingival flap w root Planing 1-3 teeth or tooth	
D4245	Apically positioned flap	
D4249	Crown lengthen hard tissue	
D4260	Osseous surgery 4 or more	
D4261	Osseous surgery 1 to 3 teeth	
D4263	Bone replace graft first site	
D4264	Bone replace graft each add	
D4265	Bio materials to aid soft/osseous tissue regeneration	
D4266	Guided tissue regen resorbable	
D4267	Guided tissue regen non-resorbable	
D4268	Surgical revision procedure	
D4270	Pedicle soft tissue graft procedure	
D4273	Autogenous connective tissue graft procedure	
D4274	Distal/proximal wedge proc	
D4275	Soft tissue allograft	
D4276	Combined connective tissue double pedicle graft	
D4277	Soft tissue graft first tooth	
D4278	Soft tissue graft additional tooth	
D4283	Auto Connective Tissue Graft	
D4285	Non-Auto Connective Tissue Graft	
D4320	Provision splinting intracoronal	
D4321	Provisional splinting extracoronal	
D4341	Periodontal scaling & root	1/24 months
D4342	Periodontal scaling 1-3teeth	1/24 months
D4346	Scaling presence of generalized moderate/severe ging inflam	1/24 months

D4355	Full mouth debridement	1/36 months
D4381	Localized delivery antimicrobial agents	
D4910	Periodontal maintenance procedures	1/6 months
D4920	Unscheduled dressing change	
PROSTHODONTICS (REMOVEABLE)		
D5110	Dentures complete maxillary	1/60 months
D5120	Dentures complete mandible	1/60 months
D5130	Dentures immediate maxillary	1/60 months
D5140	Dentures immediate mandible	1/60 months
D5211	Dentures maxillary part resin	1/60 months
D5212	Dentures mandible part resin	1/60 months
D5213	Dentures maxillary part metal	1/60 months
D5214	Dentures mandible part metal	1/60 months
D5221	Immediate maxillary partial denture - resin base	1/60 months
D5222	Immediate mandibular partial denture - resin base	1/60 months
D5223	Immediate max partial denture cast metal framework with resin denture bases	1/60 months
D5224	Immediate man partial denture - cast metal framework with resin denture bases	1/60 months
D5225	Maxillary part denture flex	1/60 months
D5226	Mandibular part denture flex	1/60 months
D5281	Removable partial denture	
D5410	Dentures adjust complete maxillary	
D5411	Dentures adjust complete mandible	
D5421	Dentures adjust part maxillary	
D5422	Dentures adjust part mandible	
D5511	Dentures repair broken complete denture base, mandibular	
D5512	Dentures repair broken complete denture base, maxillary	
D5520	Replace denture teeth complete	
D5611	Dentures repair resin partial denture base, mandibular	
D5612	Dentures repair resin partial denture base, maxillary	
D5621	Repair cast partial framework, mandibular	
D5622	Repair cast partial framework, maxillary	
D5630	Rep partial denture clasp	
D5640	Replace part denture teeth	
D5650	Add tooth to partial denture	
D5660	Add clasp to partial denture	
D5670	Replace all teeth & acrylic on cast metal framework maxillary	
D5671	Replace all teeth & acrylic on cast metal framework mandibular	
D5710	Dentures rebase complete maxillary	
D5711	Dentures rebase complete mandibular	
D5720	Dentures rebase part maxillary	
D5721	Dentures rebase part mandibular	
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	

D5810	Denture interim complete denture maxillary	
D5811	Denture interim complete denture mandibular	
D5820	Denture interim partial maxillary	
D5821	Denture interim partial mandibular	
D5850	Denture tissue conditioning maxillary	
D5851	Denture tissue conditioning mandibular	
D5863	Overdenture – complete maxillary	
D5864	Overdenture – partial maxillary	
D5865	Overdenture – complete mandibular	
D5866	Overdenture – partial mandibular	
D5867	Replacement of replaceable part of semi-precision or precision	
D5875	Prosthesis modification	
PROSTHODONTICS (FIXED)		
D6205	Pontic-indirect resin based	
D6210	Prosthodontic high noble metal	
D6211	Bridge base metal cast	1/60 months
D6212	Bridge noble metal cast	1/60 months
D6214	Bridge titanium and titanium alloys	1/60 months
D6240	Bridge porcelain fused to predominantly base metal	1/60 months
D6241	Bridge porcelain base metal	1/60 months
D6242	Bridge porcelain noble metal	1/60 months
D6245	Bridge porcelain/ceramic	1/60 months
D6251	Bridge resin base metal	1/60 months
D6252	Bridge resin w/noble metal	1/60 months
D6253	Provisional pontic	
D6545	Dental retainer cast metal	
D6548	Porcelain/ceramic retainer	
D6549	Resin retainer - for resin bonded fixed prosthesis	
D6600	Porcelain/ceramic inlay 2srf	
D6601	Porcelain/ceramic inlay >= 3 surfaces	
D6602	Cast high noble metal inlay 2 surfaces	
D6603	Cast high noble metal inlay >=3 surfaces	
D6604	Cast base metal inlay 2 surfaces	
D6605	Cast base metal inlay >= 3 surfaces	
D6606	Cast noble metal inlay 2 sur	
D6607	Cast noble metal inlay >=3 surf	
D6608	Onlay porcelain/ceramic 2 surfaces	
D6609	Onlay porcelain/ceramic >=3 surfaces	
D6612	Onlay cast base metal 2 surfaces	
D6613	Onlay cast base metal >=3 surfaces	
D6614	Onlay cast noble metal 2 surfaces	
D6615	Onlay cast noble metal >=3 surface	
D6710	Crown-indirect resin based	1/60 months
D6721	Crown resin w/base metal	1/60 months
D6722	Crown resin w/noble metal	1/60 months
D6740	Crown porcelain/ceramic	1/60 months
D6750	Retainer Crown - porcelain fused to high noble metal	1/60 months
D6751	Crown porcelain base metal	1/60 months
D6752	Crown porcelain noble metal	1/60 months

D6781	Crown 3/4 high noble metal	1/60 months
D6782	Crown 3/4 cast based metal	1/60 months
D6783	Crown 3/4 cast noble metal	1/60 months
D6790	Retainer Crown - full cast high noble metal	1/60 months
D6791	Crown 3/4 porcelain/ceramic	1/60 months
D6792	Crown full noble metal cast	1/60 months
D6793	Provisional retainer crown	
D6794	Retainer Crown - Titanium and titanium alloys	1/60 months
D6920	Dental connector bar	
D6930	Dental re-cement bridge	
D6940	Stress breaker	
D6950	Precision attachment	
D6980	Fixed partial repair	
ORAL & MAXILLOFACIAL SURGERY		
D7111	Extraction - coronal remnants - primary tooth	1/lifetime
D7140	Extraction erupted tooth/exposed root	1/lifetime
D7210	Rem imp tooth w Mucoperiosteal flap	1/lifetime
D7220	Impact tooth remove soft tissue	1/lifetime
D7230	Impact tooth remove part bony	1/lifetime
D7240	Impact tooth remove comp bony	1/lifetime
D7241	Impact tooth rem bony w/comp	1/lifetime
D7250	Tooth root removal	1/lifetime
D7260	Oral antral fistula closure	
D7261	Primary closure sinus perf	
D7270	Tooth reimplantation	
D7272	Tooth transplantation	
D7280	Exposure of an unerupted tooth	
D7282	Mobilize erupted/malpositioned tooth	
D7283	Place device impacted tooth	
D7285	Biopsy of oral tissue hard	
D7286	Biopsy of oral tissue soft	
D7287	Exfoliative cytological collect	
D7288	Brush biopsy	
D7290	Repositioning of teeth	
D7291	Transseptal fiberotomy/supra crestal fiberotomy	
D7292	Screw retained plate	
D7293	Temp anchorage dev w flap	
D7294	Temp anchorage dev w/o flap	
D7310	Alveoloplasty w/ extraction	
D7311	Alveoloplasty w/extract 1-3	
D7320	Alveoloplasty w/o extraction	
D7321	Alveoloplasty not w/extracts	
D7340	Vestibuloplasty ridge extension	
D7350	Vestibuloplasty extension graft	
D7410	Excision benign lesion up to 1.25cm	
D7411	Excision benign lesion>1.25cm	
D7412	Excision benign lesion complete	
D7413	Excision malignant lesion<=1.25cm	
D7414	Excision malignant lesion>1.25cm	

D7415	Excision malignant lesion complications	
D7440	Malignant tumor excision to 1.25cm	
D7441	Malignant tumor > 1.25cm	
D7450	Removal benign odontogenic cyst to 1.25cm	
D7451	Removal benign odontogenic cyst > 1.25cm	
D7460	Removal benign non-odontogenic cyst to 1.25cm	
D7461	Removal benign non-odontogenic cyst > 1.25cm	
D7471	Rem exostosis any site	
D7472	Removal of torus palatinus	
D7473	Remove torus mandibularis	
D7485	Surgical reduction osseous tuberosity	
D7510	Incision/drain abscess intraoral soft tissue	
D7511	Incision/drain abscess intra	
D7520	Incision/drain abscess extraoral	
D7521	Incision/drain abscess extra	
D7530	Removal fb skin/areolar tissue	
D7540	Removal of fb reaction	
D7880	Occlusal orthotic device, by report	
D7960	Frenulectomy or frenotomy	
D7963	Frenuloplasty	
D7970	Excision hyperplastic tissue	
D7971	Excision pericoronal gingiva	
D7972	Surgical reduction fibrous tuberosity	
D7997	Appliance removal	
Extractions (includes local anesthesia, suturing, if needed, and routine post-operative care)		
ADJUNCTIVE GENERAL SERVICES		
D9110	Treatment dental pain minor proc	
D9120	Fix partial denture section	
D9210	Dent anesthesia w/o surgery	
D9211	Regional block anesthesia	
D9212	Trigeminal block anesthesia	
D9215	Local anesthesia	
D9219	Evaluation for deep sedation or general anesthesia	
D9222	Deep sedation/general anesthesia - each 15 minute increment	
D9223	Deep sedation/general anesthesia-each 15 min. increment	
D9230	Analgesia	
D9239	Intravenous moderate (conscious) sedation/analgesia - each 15 minute increment	
D9243	Intravenous moderate sedation/analgesia each 15 min	
D9248	Sedation (non-iv)	
D9310	Dental consultation	
D9311	Consultation with a medical health care professional	
D9410	Dental house call	
D9420	Hospital/ASC call	
D9430	Office visit during hours	
D9440	Office visit after hours	
D9450	Case presentation treatment plan	
D9610	Dent therapeutic drug inject	
D9612	Thera par drugs 2 or > admin	
D9630	Other drugs/medicaments	

D9910	Application of desensitizing medicament	
D9911	Application desensitizing resin	
D9920	Behavior management	
D9930	Treatment of complications	
D9942	Repair/reline occlusal guard	
D9943	Occlusal guard adjustment	
D9944	Occlusal guard hard applicance, full arch	
D9945	Occlusal guard soft applicance, full arch	
D9946	Occlusal guard hard applicance, partial arch	
D9950	Occlusion analysis	
D9951	Limited occlusal adjustment	
D9952	Complete occlusal adjustment	

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

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