

Pediatric Benefits

BlueDental Copayment



In the pursuit of health®

Participating Dentist Schedule

The following are covered pediatric dental benefits and member copayments for covered persons who have not attained the age of 19. Payment for covered pediatric services provided by non-participating dentists will not exceed Florida Combined Life's Maximum Allowance for non-participating dentists.

ADA Code	Description of Service	Member Pays \$
Preventive Services		
0120	Periodic oral evaluation: established patient	0
0140	Limited oral evaluation: problem focused	0
0150	Comprehensive oral evaluation: new or established patient	0
0180	Comprehensive periodontal evaluation: new or established patient	0
0210	Intraoral: complete series (including bitewings)	17
0220	Intraoral: periapical first film	4
0230	Intraoral: periapical each additional film	2
0240	Intraoral: occlusal radiographic image	10
0270	Bitewing: single film	0
0272	Bitewings: two films	0
0274	Bitewings: four films	0
0277	Vertical Bitewings: seven-eight films	0
0330	Panoramic film	14
0340	Cephalometric radiographic image	28
0350	Oral/facial photographic images	13
0391	Interpretation of diagnostic image	0
0470	Diagnostic casts	18
1110	Prophylaxis: adult	0
1120	Prophylaxis: child	0
1206	Topical fluoride varnish	0
1208	Topical application of fluoride	0
1351	Sealant: per tooth	6
1352	Preventive resin restoration in a moderate to high risk caries patient: permanent tooth	6
1510	Space maintainer: fixed, unilateral	47
1516	Space maintainer: fixed bilateral, maxillary	66
1517	Space maintainer: fixed bilateral, mandibular	66
1520	Space maintainer: removable, unilateral	53
1526	Space maintainer: removable, bilateral, maxillary	75
1527	Space maintainer: removable, bilateral, mandibular	75
1551	Re-cement or re-bond bilateral space maintainer - maxillary	0
1552	Re-cement or re-bond bilateral space maintainer - mandibular	0
1553	Re-cement or re-bond unilateral space maintainer - per quadrant	0
4346	Scaling in presence of generalized moderate or severe gingival inflammation - full mouth after oral evaluation - two per benefit period combined with codes 1110, 1120 and 4910	0
Basic Services		
2140	Amalgam: one surface, primary/permanent	15
2150	Amalgam: two surfaces, primary/permanent	19
2160	Amalgam: three surfaces, primary/permanent	23
2161	Amalgam: four or more surfaces, primary/permanent	28

ADA Code	Description of Service	Member Pays \$
Basic Services (continued)		
2330	Resin-based composite one surface, anterior	20
2331	Resin-based composite two surfaces, anterior	26
2332	Resin-based composite three surfaces, anterior	30
2335	Resin-based composite, four or more surfaces or involving incisal angle (anterior)	32
2910	Recement inlay, onlay or partial coverage restoration	11
2920	Recement crown	11
2929	Prefabricated porcelain/ceramic crown: primary tooth	39
2930	Prefabricated stainless steel crown: primary tooth	37
2931	Prefabricated stainless steel crown: permanent tooth	38
2940	Sedative filling	12
2951	Pin retention: per tooth, in addition to restoration	6
3220	Therapeutic pulpotomy (excluding final restoration): removal of pulp coronal to the dentinocemental junction and application of medicament	47
3222	Partial pulpotomy for apexogenesis: permanent tooth with incomplete root development	47
3230	Pulpal therapy (resorbable filling): anterior, primary tooth (excluding final restoration)	47
3240	Pulpal therapy (resorbable filling): posterior, primary tooth (excluding final restoration)	47
4341	Periodontal scaling and root planing: four or more teeth per quadrant	61
4342	Periodontal scaling and root planing: one to three teeth per quadrant	46
4910	Periodontal maintenance	34
5410	Adjust complete denture: maxillary	10
5411	Adjust complete denture: mandibular	10
5421	Adjust partial denture: maxillary	10
5422	Adjust partial denture: mandibular	9
5511	Repair broken complete denture base, mandibular	23
5512	Repair broken complete denture base, maxillary	23
5520	Replace missing or broken teeth: complete denture (each tooth)	20
5611	Repair resin broken complete denture base, mandibular	21
5612	Repair resin broken complete denture base, maxillary	21
5621	Repair case partial framework, mandibular	23
5622	Repair case partial framework, maxillary	23
5630	Repair or replace broken retentive clasping materials - per tooth	20
5640	Replace broken teeth: per tooth	18
5650	Add tooth to existing partial denture	27
5660	Add clasp to existing partial denture	31
5710	Rebase complete maxillary denture	73
5711	Rebase complete mandibular denture	73

ADA Code	Description of Service	Member Pays \$
Basic Services (continued)		
5720	Rebase maxillary partial denture	66
5721	Rebase mandibular partial denture	66
5730	Reline complete maxillary denture (chairside)	38
5731	Reline complete mandibular denture (chairside)	38
5740	Reline maxillary partial denture (chairside)	34
5741	Reline mandibular partial denture (chairside)	34
5750	Reline complete maxillary denture (laboratory)	59
5751	Reline complete mandibular denture (laboratory)	57
5760	Reline maxillary partial denture (laboratory)	53
5761	Reline mandibular partial denture (laboratory)	53
5850	Tissue conditioning, maxillary	18
5851	Tissue conditioning, mandibular	19
6930	Recement fixed partial denture	17
6980	Fixed partial denture repair, by report	30
7140	Extraction,(elevation and/or forceps removal) erupted tooth or exposed root	17
7210	Surgical removal of erupted tooth requiring elevation of mucoperiosteal flap and removal of bone and/or section of tooth	31
7220	Removal of impacted tooth: soft tissue	39
7230	Removal of impacted tooth: partially bony	53
7240	Removal of impacted tooth: completely bony	64
7241	Removal of impacted tooth: completely bony, with unusual surgical complications	72
7250	Surgical removal of residual roots (cutting procedure)	32
7251	Coronectomy: intentional tooth removal	64
7270	Tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth	58
7280	Surgical access of an unerupted tooth	73
7310	Alveoloplasty in conjunction with extractions: four or more teeth or tooth spaces, per quadrant	31
7311	Alveoloplasty in conjunction with extractions: one to three teeth or tooth spaces, per quadrant	31
7320	Alveoloplasty not in conjunction with extractions: four or more teeth or tooth spaces, per quadrant	42
7321	Alveoloplasty not in conjunction with extractions: one to three teeth or tooth spaces, per quadrant	42
7471	Removal of lateral exostosis (maxilla or mandible)	243
7510	Incision and drainage of abscess: intraoral soft tissue	21
7910	Suture of recent small wounds up to 5 cm	69
7921	Collection and application of autologous blood concentrate product	40
7953	Bone replacement graft for ridge preservation - per site	46
7971	Excision of pericoronal gingiva	31
9110	Palliative (emergency) treatment of dental pain, minor procedures	12
9222	Deep sedation/general anesthesia - first 15 minutes	25
9223	Deep sedation/general anesthesia - each subsequent 15 minute increment	25
9239	Intravenous moderate (conscious) sedation/analgesia – first 15 minutes	19
9243	Intravenous moderate (conscious) sedation/analgesia - each subsequent 15 minute increment	19
9310	Consultation: diagnostic service provided by dentist or physician other than requesting dentist or physician	0
9610	Therapeutic parenteral drug, single administration	11

¹Including routine post delivery care

ADA Code	Description of Service	Member Pays \$
Basic Services (continued)		
9930	Treatment of complications (post-surgical): unusual circumstances, by report	8
9944	Occlusal guard hard appliance - full arch. Removable dental appliance designed to minimize the effect of bruxism or other occlusal factors. Not to be reported for any type of sleep apnea, snoring or TMD appliances.	52
Major Services		
0160	Detailed and extensive oral evaluation: problem focused	36
2510 ¹	Inlay: metallic, one surface - alternate Benefit code D2140	221
2520 ¹	Inlay: metallic, two surface - alternate Benefit code D2150	239
2530 ¹	Inlay: metallic, three or more surfaces - alternate Benefit Code D2160	257
2542 ¹	Onlay: metallic, two surfaces	239
2543 ¹	Onlay: metallic, three or more surfaces (not payable in conjunction with D2520, D2530)	297
2544 ¹	Onlay: metallic, four or more surfaces (not payable in conjunction with D2520, D2530)	306
2740 ¹	Crown: porcelain/ceramic substrate	324
2750 ¹	Crown: porcelain fused to high noble metal	315
2751 ¹	Crown: porcelain fused to predominantly base metal	289
2752 ¹	Crown: porcelain fused to noble metal	302
2780 ¹	Crown: ¾ cast high noble metal	284
2781 ¹	Crown: ¾ cast predominately base metal	228
2783 ¹	Crown: ¾ cast noble metal	257
2790 ¹	Crown: full cast high noble metal	301
2791 ¹	Crown: full cast predominantly base metal	268
2792 ¹	Crown: full cast noble metal	285
2794 ¹	Crown: titanium	284
2950	Core buildup, including any pins	28
2954	Prefabricated post and core in addition to crown	74
2980	Crown repair, by report	53
2981	Inlay repair necessitated by restorative material failure	50
2982	Onlay repair necessitated by restorative material failure	50
2983	Veneer repair necessitated by restorative material failure	50
2990	Resin infiltration of incipient smooth surface lesions	6
3110	Pulp cap: direct (excluding final restoration)	20
3310	Root canal: anterior (excluding final restoration)	196
3320	Root canal: bicuspid (excluding final restoration)	231
3330	Root canal: molar (excluding final restoration)	305
3346	Root canal: retreatment anterior	256
3347	Root canal: retreatment bicuspid	296
3348	Root canal: retreatment molar	350
3351	Apexification/recalcification/pulpal regeneration: initial visit (apical closure/calific repair of perforations, root resorption, pulp space disinfection, etc.)	50
3352	Apexification/recalcification/pulpal regeneration: interim medication replacement	50
3353	Apexification/recalcification: final visit (includes completed root canal therapy: apical closure/calific repair of perforations, root resorption, etc.)	132
3355	Pulpal regeneration - initial visit	139

ADA Code	Description of Service	Member Pays \$
Major Services (continued)		
3356	Pulpal regeneration interim medication replacement	62
3357	Pulpal regeneration - Completion of treatment	0
3410	Apicoectomy/periradicular surgery: anterior	188
3421	Apicoectomy/periradicular surgery: bicuspid (first root)	227
3425	Apicoectomy/periradicular surgery: molar (first root)	235
3426	Apicoectomy/periradicular surgery (each additional root)	84
3450	Root amputation: per root	120
3920	Hemisection (including any root removal), not including root canal therapy	105
4210	Gingivectomy or gingivoplasty: four or more contiguous teeth or bounded teeth spaces per quadrant	142
4211	Gingivectomy or gingivoplasty: one to three contiguous teeth or bounded teeth spaces per quadrant	47
4212	Gingivectomy or gingivoplasty to allow access for restorative procedure, per tooth	12
4240	Gingival flap procedure, including root planing: four or more contiguous teeth or bounded teeth spaces per quadrant - one every 36 months	158
4241	Gingival flap procedure including root planing - one to three contiguous teeth or tooth bounded spaces per quadrant - one every 36 months	150
4249	Clinical crown lengthening: hard tissue (once per tooth per lifetime)	212
4260	Osseous surgery (including flap entry and closure): four or more contiguous teeth per quadrant	322
4261	Osseous surgery (including flap entry and closure): one to three contiguous teeth or bounded teeth spaces per quadrant - one every 36 months	277
4263	Bone replacement graft - first site in quadrant - one every 36 months - Services covered in conjunction with natural teeth	120
4270	Pedicle soft tissue graft procedure	225
4273	Subepithelial connective tissue graft procedures: per tooth (including donor site surgery)	280
4275	Soft tissue allograft - one every 36 months	221
4277	Free soft tissue graft procedure (including donor site surgery), first tooth or edentulous tooth position in graft	236
4278	Free soft tissue graft procedure (including donor site surgery), each additional contiguous tooth or edentulous tooth position in same graft site	45
4355	Full mouth debridement to enable comprehensive periodontal evaluation & diagnosis - once per 36 months	34
5110	Complete denture: maxillary (upper)	350
5120	Complete denture: mandibular (lower)	350
5130	Immediate denture: maxillary (upper)	350
5140	Immediate denture: mandibular (lower)	350
5211 ¹	Upper partial: resin base (including any conventional clasps, rests, & teeth)	296
5212 ¹	Lower partial: resin base (including any conventional clasps, rests, & teeth)	303
5213 ¹	Upper partial: cast metal framework with resin dent bases (including clasps, rests)	350
5214 ¹	Lower partial: cast metal framework with resin dent bases (including clasps, rests)	350
5282 ¹	Removable unilateral partial denture - one piece cast metal (including clasps and teeth), maxillary.	264

ADA Code	Description of Service	Member Pays \$
Major Services (continued)		
5283 ¹	Removable unilateral partial denture - one piece cast metal (including clasps and teeth), mandibular.	264
6210 ¹	Pontic: cast high noble metal	306
6211 ¹	Pontic: cast predominantly base metal	263
6212 ¹	Pontic: cast noble metal	274
6214 ¹	Pontic: titanium	283
6240 ¹	Pontic: porcelain fused to high noble metal	316
6241 ¹	Pontic: porcelain fused to predominantly base metal	288
6242 ¹	Pontic: porcelain fused to noble metal	302
6245 ¹	Pontic: porcelain/ceramic	299
6545	Retainer: cast metal for resin-bonded fixed prosthesis	123
6548	Retainer: porcelain/ceramic for resin-bonded fixed prosthesis	115
6549	Resin Retainer: for each bonded fixed prosthesis	123
6600	Retainer inlay porcelain/ceramic, two surfaces	241
6604	Retainer onlay - porcelain/ceramic, three or more surfaces	239
6605	Retain inlay - case predominately base metal, three or more surfaces - one per 60 months	257
6609	Retainer onlay - porcelain/ceramic, three or more surfaces	312
6613	Retainer onlay - case predominately base metal, three or more surfaces - one per 60 months	248
6740	Crown: porcelain/ceramic	350
6750	Crown: porcelain fused to high noble metal	315
6751	Crown: porcelain fused to predominantly base metal	288
6752	Crown: porcelain fused to noble metal	302
6780	Crown: 3/4 cast high noble metal	267
6781	Crown: 3/4 cast predominantly base metal	200
6782	Crown: 3/4 cast noble metal	225
6783	Crown: 3/4 porcelain/ceramic	267
6790	Crown: full cast high noble metal	301
6791	Crown: full cast predominantly base metal	266
6792	Crown: full cast noble metal	280
The following services are only covered benefits when medically necessary. Pre-authorization is required.		
6010	Surgical placement of implant body: endosteal implant.	350
6012	Surgical placement of interim implant body for transitional prosthesis: endosteal implant	350
6040	Surgical placement: eposteal implant	350
6050	Surgical placement: transosteal implant	350
6055	Connecting bar: implant supported or abutment supported	174
6056	Prefabricated abutment- includes placement	112
6057	Custom abutment - one per 60 months	146
6058	Abutment supported porcelain/ceramic crown.	294
6059	Abutment supported porcelain fused to metal crown (high noble metal)	290
6060	Abutment supported porcelain fused to metal crown (predominantly base metal)	274
6061	Abutment supported porcelain fused to metal crown (noble metal)	280
6062	Abutment supported cast metal crown (high noble metal)	279
6063	Abutment supported cast metal crown (predominantly base metal)	240
6064	Abutment supported cast metal crown (noble metal)	252
6065	Implant supported porcelain/ceramic crown	289

ADA Code	Description of Service	Member Pays \$
Major Services (continued)		
The following services are only covered benefits when medically necessary. Pre-authorization is required.		
6066	Implant supported porcelain fused to metal crown (titanium, titanium alloy, high noble metal)	282
6067	Implant supported metal crown (titanium, titanium alloy, high noble metal)	274
6068	Abutment supported retainer for porcelain/ceramic FPD	294
6069	Abutment supported retainer for porcelain fused to metal FPD (high noble metal)	290
6070	Abutment supported retainer for porcelain fused to metal FPD (predominantly based metal)	274
6071	Abutment supported retainer for porcelain fused to metal FPD (noble metal)	280
6072	Abutment supported retainer for cast metal FPD (high noble metal)	286
6073	Abutment supported retainer for cast metal FPD (predominantly base metal)	259
6074	Abutment supported retainer for cast metal FPD (noble metal)	279
6075	Implant supported retainer for ceramic FPD	289
6076	Implant supported retainer for porcelain fused to metal FPD (titanium, titanium alloy, of high noble metal)	282
6077	Implant supported retainer for cast metal FPD (titanium, titanium alloy, of high noble metal)	271
6080	Implant maintenance procedures, including removal of prosthesis, cleansing of prosthesis and abutments and reinsertion of prosthesis	24
6090	Repair implant supported prosthesis, by report	83
6091	Replacement of semi-precision attachment (male or female component) of implant/abutment supported prosthesis, per attachment	138
6095	Repair implant abutment, by report	65
6100	Implant removal, by report: this procedure involves the surgical removal of an implant	120
6101	Debridement of a peri-implant defect or defects surrounding a single implant and surface cleaning of the exposed implant surfaces, including flap entry and closure – one per 60 months	160
6102	Debridement and osseous contouring of a peri-implant defect or defects surrounding a single implant and includes surface cleaning of the exposed implant surfaces and including flap entry and closure– one per 60 months	228
6103	Bone graft for repair of peri-implant defect – does not include flap entry and closure - one per 60 months. Placement of a barrier membrane or biologic materials to aid in osseous regeneration are reported separately	114

ADA Code	Description of Service	Member Pays \$
Major Services (continued)		
The following services are only covered benefits when medically necessary. Pre-authorization is required.		
6104	Bone graft at time of implant placement	114
6110	Implant/abutment supported removable denture for edentulous arch – maxillary	350
6111	Implant/abutment supported removable denture for edentulous arch – mandibular	350
6112	Implant/abutment supported removable denture for partially edentulous arch – maxillary	350
6113	Implant/abutment supported removable denture for partially edentulous arch – mandibular	350
6114	Implant/abutment supported fixed denture for edentulous arch – maxillary	350
6115	Implant/abutment supported fixed denture for edentulous arch – mandibular	350
6116	Implant/abutment supported fixed denture for partially edentulous arch – maxillary	350
6117	Implant/abutment supported fixed denture for partially edentulous arch - mandibular	350
6190	Radiographic/surgical implant index, by report - one per 60 months	171
8010	Limited orthodontic treatment of the primary dentition	350
8020	Limited orthodontic treatment of the transitional dentition	350
8030	Limited orthodontic treatment of the adolescent dentition	350
8050	Interceptive orthodontic treatment of the primary dentition	350
8060	Interceptive orthodontic treatment of the transitional dentition	350
8070	Comprehensive orthodontic treatment of the transitional dentition	350
8080	Comprehensive orthodontic treatment of the adolescent dentition	350
8090	Comprehensive orthodontic treatment of the adult dentition	350
8210	Removable appliance therapy	0
8220	Fixed appliance therapy	350
8660	Pre-orthodontic treatment visit	0
8670	Periodic orthodontic treatment visit (as part of contract)	0
8680	Orthodontic retention (removal of appliances, construction and placement of retainer(s))	0

This is not an insurance Policy and only the actual provisions of an issued Policy control. Florida Combined Life's Policies set forth the rights and obligations of covered persons and Florida Combined Life. Please be aware that certain limitations and exclusions apply, and certain coverage may reduce or terminate due to age or lack of eligibility. Please read your insurance documents carefully.

Florida Blue, Florida Blue HMO, Florida Blue Preferred HMO (collectively, "Florida Blue"), Florida Combined Life and the Blue Cross and Blue Shield Federal Employee Program® (FEP) comply with applicable federal civil rights laws and do not discriminate on the basis of race, color, national origin, age, disability, or sex. We do not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-352-2583 (TTY: 1-877-955-8773). FEP: Llame al 1-800-333-2227.

ATANSYON: Si w pale Kreyòl ayisyen, ou ka resewva yon èd gratis nan lang pa w. Rele 1-800-352-2583 (pou moun ki pa tande byen: 1-800-955-8770). FEP: Rele 1-800-333-2227.



BlueDental plans are offered through Florida Combined Life Insurance Company, Inc. (FCL), an affiliate of Blue Cross and Blue Shield of Florida, Inc. D/B/A Florida Blue. Both companies are Independent Licensees of the Blue Cross and Blue Shield Association.