

Florida Blue Medicare Advantage - Dental Benefit Frequency and Limitations for Allowance Plans

Premier HMO: Palm Beach

Premier HMO: Lake, Marion, Sumter

Preferred HMO: Hillsborough, Polk

Category	Code	Description	Frequency	Limit
Diagnostic and Preventive Dental				
Oral Exams	D0120	Periodic oral evaluation – established patient	2 per calendar year	Combined limit with D0120, D0150, D0180
	D0140	Limited oral evaluation – problem focused	As needed	N/A
	D0150	Comprehensive oral evaluation – new or established patient	1 per lifetime, per dentist	Combined limit with D0120, D0150, D0180
	D0180	Comprehensive periodontal evaluation – new or established patient	2 per calendar year	
Prophylaxis (Cleaning)	D1110	Prophylaxis – adult cleaning	2 per calendar year	N/A
X-Rays	D0210	Intraoral – complete series of radiographic images	1 set every 3 calendar years	Combined limit with D0210, D0330 and D0270, D0272, D0273, D0274, D0277, D0220, D0230, D0240
	D0330	Full mouth (Panoramic) radiographic image		
	D0270	Bitewing – single radiographic image	1 set per calendar year	
	D0272	Bitewings – 2 radiographic images		
	D0273	Bitewings – 3 radiographic images		
	D0274	Bitewings – 4 radiographic images		
	D0277	Vertical bitewings – 7–8 radiographic images	As needed	
	D0220	Intraoral – periapical first radiographic image		
	D0230	Intraoral – periapical each additional radiographic image		
	D0240	Intraoral – occlusal radiographic image		
Fluoride Treatment	D1206	Topical application of fluoride varnish	1 per calendar year	Combined limit with D1206, D1208
	D1208	Topical application of fluoride, excluding varnish		
Other	D1354	Application of medication to a tooth to stop or inhibit cavity formation	2 per calendar year	N/A
Comprehensive Dental				
	D2140	Amalgam (silver) – 1 surface		
	D2150	Amalgam (silver) – 2 surfaces		
	D2160	Amalgam (silver) – 3 surfaces		
	D2161	Amalgam (silver) – 4 or more surfaces		

Restorative Services - Fillings	D2330	Resin-based composite (tooth colored) – 1 surface	1 per surface per tooth per calendar year	N/A
	D2331	Resin-based composite (tooth colored) – 2 surfaces		
	D2332	Resin-based composite (tooth colored) – 3 surfaces		
	D2335	Resin-based composite (tooth colored) – 4 or more surfaces or involving incisal angle		
	D2391	Resin-based composite (tooth colored) – 1 surface		
	D2392	Resin-based composite (tooth colored) – 2 surfaces		
	D2393	Resin-based composite (tooth colored) – 3 surfaces		
	D2394	Resin-based composite – 4 or more surfaces		
Restorative Services - Inlays & Onlays	D2510	Inlay – metallic – one surface	1 per tooth per 60 months	Replacement of restorative services cannot occur prior to 60 months from date of service
	D2520	Inlay – metallic – two surfaces		
	D2530	Inlay – metallic – three or more surfaces		
	D2542	Onlay – metallic – two surfaces		
	D2543	Onlay – metallic – three surfaces		
	D2544	Onlay – metallic – four or more surfaces		
	D2610	Inlay – porcelain/ceramic – one surface		
	D2620	Inlay – porcelain/ceramic – two surfaces		
	D2630	Inlay – porcelain/ceramic – three or more surfaces		
	D2642	Onlay – porcelain/ceramic – two surfaces		
	D2643	Onlay – porcelain/ceramic – three surfaces		
	D2644	Onlay – porcelain/ceramic – four or more surfaces		
	D2981	Inlay repair necessitated by restorative material failure	1 per tooth per calendar year	N/A
	D2982	Onlay repair necessitated by restorative material failure		
	D2710	Crown – resin-based composite (indirect)	1 per tooth per 60 months	Replacement of restorative services cannot occur prior to 60 months from date of service
	D2740	Crown – porcelain/ceramic		
	D2750	Crown – porcelain fused to high noble metal		
	D2751	Crown – porcelain fused to predominantly base metal		
	D2752	Crown – porcelain fused to noble metal		
	D2790	Crown – full cast high noble metal		
	D2791	Crown – full cast predominantly base metal		
	D2792	Crown – full cast noble metal		
	D2794	Crown – titanium and titanium alloys		

Restorative Services - Crowns	D2910	Re-cement or re-bond inlay, onlay, veneer or partial coverage restoration	As needed	N/A
	D2920	Re-cement or re-bond crown	1 per 6 months following crown cement date	N/A
	D2930	Prefabricated stainless steel crown – primary tooth	As needed	N/A
	D2940	Protective restoration		
	D2950	Core buildup, including any pins when required	1 per tooth per 60 months	N/A
	D2951	Pin retention – per tooth, in addition to restoration		
	D2952	Post and core in addition to crown, indirectly fabricated		
	D2954	Prefabricated post and core in addition to crown		
	D2980	Crown repair necessitated by restorative material failure	As needed	N/A
Restorative Services - Bridges	D6210	Pontic – cast high noble metal	1 per tooth per 60 month period	N/A
	D6211	Pontic – cast predominantly base metal		
	D6240	Pontic – porcelain fused to high noble metal		
	D6241	Pontic – porcelain fused to predominantly base metal		
	D6242	Pontic – porcelain fused to noble metal		
	D6245	Pontic – porcelain/ceramic		
	D6545	Retainer – cast metal for resin bonded fixed prosthesis		
	D6606	Retainer inlay – cast noble metal, two surfaces		
	D6607	Retainer inlay – cast noble metal, three or more surfaces		
	D6608	Retainer onlay – porcelain/ceramic, two surfaces		
	D6609	Retainer onlay – porcelain/ceramic, three or more surfaces		
	D6615	Retainer onlay – cast noble metal, three or more surfaces		
	D6720	Retainer crown – resin with high noble metal		
	D6721	Retainer crown – resin with predominantly base metal		
	D6722	Retainer crown – resin with noble metal		
	D6740	Retainer crown – porcelain/ceramic		
	D6750	Retainer crown – porcelain fused to high noble metal		
	D6751	Retainer crown – porcelain fused to predominantly base metal		
	D6752	Retainer crown – porcelain fused to noble metal		

	D6790	Retainer crown – full cast high noble metal		
	D6791	Retainer crown – full cast predominantly base metal		
	D6792	Retainer crown – full cast noble metal		
	D6930	Re-cement or re-bond fixed partial denture	2 per 60 month period	N/A
	D6940	Stress breaker		
	D6980	Fixed partial denture repair necessitated by restorative material failure	As needed	N/A
Endodontics - Root Canals	D3220	Therapeutic pulpotomy (excluding final restoration) – removal of pulp coronal to the dentinocemental junction and application of medicament	1 per tooth per lifetime	N/A
	D3310	Endodontic therapy, front tooth (excluding final restoration)		
	D3320	Endodontic therapy, premolar tooth (excluding final restoration)		
	D3330	Endodontic therapy, molar tooth (excluding final restoration)		
	D3410	Apicoectomy – front for surgery on root of front tooth.		
	D3421	Apicoectomy – premolar (first root) for surgery on one root of a premolar		
	D3425	Apicoectomy – molar (first root) for surgery on one root of a molar tooth		
	D3426	Apicoectomy (each additional root)		
	D3430	Retrograde filling – per root		
	D3450	Root amputation – per root		
	D3920	Hemisection (including any root removal), not including root canal therapy		
	D3346	Retreatment of previous root canal therapy – front		Retreatment of a previous root canal can only take place 12 months after the initial root canal date of service
	D3347	Retreatment of previous root canal therapy – premolar		
	D3348	Retreatment of previous root canal therapy – molar		
	D4210	Gingivectomy or gingivoplasty – four or more contiguous teeth or tooth bounded spaces per quadrant	1 per quadrant per 24 month period	N/A
	D4211	Gingivectomy or gingivoplasty – one to three contiguous teeth or tooth bounded spaces per quadrant		
	D4212	Gingivectomy or gingivoplasty to allow access for restorative procedure, per tooth		

Periodontics	D4240	Gingival flap procedure, including root planing – four or more contiguous teeth or tooth bounded spaces per quadrant		
	D4241	Gingival flap procedure, including root planing – one to three contiguous teeth or tooth bounded spaces per quadrant		
	D4249	Clinical crown lengthening – hard tissue	1 per tooth per lifetime	N/A
	D4260	Osseous surgery (including elevation of a full thickness flap and closure) – four or more contiguous teeth or tooth bounded spaces per quadrant	1 per site per quadrant per 36 month period	N/A
	D4261	Osseous surgery (including elevation of a full thickness flap and closure) – one to three contiguous teeth or tooth bounded spaces per quadrant		
	D4263	Bone replacement graft – retained natural tooth – first site in quadrant		
	D4264	Bone replacement graft – retained natural tooth – each additional site in quadrant		
	D4266	Guided tissue regeneration, natural teeth – resorbable barrier, per site		
	D4267	Guided tissue regeneration, natural teeth – non-resorbable barrier, per site		
	D4270	Pedicle soft tissue graft procedure		
	D4273	Autogenous connective tissue graft procedure (including donor and recipient surgical sites) first tooth, implant or edentulous tooth position in graft There are two surgical sites.		
	D4275	Non-autogenous connective tissue graft (including recipient site and donor material) first tooth, implant, or edentulous tooth position in graft		
	D4276	Combined connective tissue and pedicle graft, per tooth		
	D4277	Free soft tissue graft procedure (including recipient and donor surgical sites) first tooth, implant, or edentulous tooth position in graft		

	D4278	Free soft tissue graft procedure (including recipient and donor surgical sites) each additional contiguous tooth, implant, or edentulous tooth position in same graft site Used in conjunction with D4277.		
	D4341	Periodontal scaling and root planing – four or more teeth per quadrant	1 per quadrant per 36 month period	Not to exceed 4 unique quadrants every 36 months. Combined limit with D4341, D4342.
	D4342	Periodontal scaling and root planing – one to three teeth per quadrant		
	D4346	Scaling in presence of generalized moderate or severe gingival inflammation – full mouth, after oral evaluation	2 per calendar year	N/A
	D4355	Full mouth debridement to enable a comprehensive periodontal evaluation and diagnosis on a subsequent visit	1 per 36 month period	Not to be completed on the same day as D0150 or D1110
	D4910	Periodontal maintenance	2 per calendar year	N/A
	D5110	Complete denture – upper	1 upper and 1 lower denture per 60 months	Combined limit with D5110, D5120, D5130, D5140, D5211, D5212, D5213, D5214
	D5120	Complete denture – lower		
	D5130	Immediate denture – upper		
	D5140	Immediate denture – lower		
	D5211	upper partial denture – resin base (including any conventional clasps, rests, and teeth)		
	D5212	lower partial denture – resin base (including any conventional clasps, rests, and teeth)		
	D5213	upper partial denture – cast metal framework with resin denture bases (including any conventional clasps, rests, and teeth)		
	D5214	lower partial denture – cast metal framework with resin denture bases (including any conventional clasps, rests, and teeth)		
	D5225	upper partial denture – flexible base (including retentive/ clasping materials, rests, and teeth)	1 per 60 month period	N/A
	D5226	lower partial denture – flexible base (including retentive/ clasping materials, rests, and teeth)		
	D5410	Adjust complete denture – upper	2 per calendar year	Combined limit D5410, D5411, D5421, D5422
	D5411	Adjust complete denture – lower		
	D5421	Adjust partial denture – upper		
	D5422	Adjust partial denture – lower		
	D5511	Repair broken complete denture base, lower	2 per calendar year	N/A
	D5512	Repair broken complete denture base, upper		

Prosthodontics, removeable	D5520	Replace missing or broken teeth – complete denture (each tooth)		
	D5611	Repair resin partial denture base, lower	As needed	N/A
	D5612	Repair resin partial denture base, upper		
	D5621	Repair cast partial framework, lower		
	D5622	Repair cast partial framework, upper		
	D5630	Repair or replace broken retentive/clasping materials – per tooth		
	D5640	Replace broken teeth – per tooth		
	D5650	Add tooth to existing partial denture		
	D5660	Add clasp to existing partial denture – per tooth		
	D5670	Replace all teeth and acrylic on cast metal framework (upper)	1 per 36 month period	N/A
	D5671	Replace all teeth and acrylic on cast metal framework (lower)		
	D5710	Rebase complete upper denture		
	D5711	Rebase complete lower denture		
	D5720	Rebase complete upper denture		
	D5721	Rebase lower partial denture		
	D5730	Reline complete upper denture (direct)		
	D5731	Reline complete lower denture (direct)		
	D5740	Reline upper partial denture (direct)		
	D5741	Reline lower partial denture (direct)		
	D5750	Reline complete upper denture (indirect)		
	D5751	Reline complete lower denture (indirect)		
	D5760	Reline upper partial denture (indirect)		
	D5761	Reline lower partial denture (indirect)		
	D5850	Tissue conditioning, upper	2 per calendar year	N/A
	D5851	Tissue conditioning, lower		
	D7111	Extraction, coronal remnants – primary tooth		
	D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal) Includes removal of tooth structure, minor smoothing of socket bone, and closure, as necessary.		

Oral and Maxillofacial Surgery	D7210	Extraction, erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated Includes related cutting of gingiva and bone, removal of tooth structure, minor smoothing of socket bone and closure.	1 per tooth per lifetime	N/A
	D7220	Removal of impacted tooth – soft tissue		
	D7230	Removal of impacted tooth – partially bony		
	D7240	Removal of impacted tooth – completely bony		
	D7241	Removal of impacted tooth – completely bony, with unusual surgical complications		
	D7250	Removal of residual tooth roots (cutting procedure)		
	D7251	Coronectomy – intentional partial tooth removal, impacted teeth only		
	D7270	Tooth re-implantation and/or stabilization of accidentally evulsed or displaced tooth Includes splinting and/or stabilization.	As needed	N/A
	D7280	Exposure of an unerupted tooth		
	D7282	Mobilization of erupted or malpositioned tooth to aid eruption		
	D7283	Placement of device to facilitate eruption of impacted tooth		
	D7310	Alveoloplasty in conjunction with extractions – four or more teeth or tooth spaces, per quadrant		
	D7311	Alveoloplasty in conjunction with extractions – one to three teeth or tooth spaces, per quadrant		
	D7320	Alveoloplasty not in conjunction with extractions – four or more teeth or tooth spaces, per quadrant		
	D7321	Alveoloplasty not in conjunction with extractions – one to three teeth or tooth spaces, per quadrant		
	D7510	Incision and drainage of abscess – intraoral soft tissue Involves incision through mucosa, including periodontal origins.		
	D7963	Frenuloplasty		
	D9110	Palliative treatment of dental pain - per visit		
	D9222	Deep sedation/general anesthesia – first 15 minutes		

	D9223	Deep sedation/general anesthesia – each subsequent 15 minute increment		
	D9239	Intravenous moderate (conscious) sedation/analgesia – first 15 minutes		
	D9243	Intravenous moderate (conscious) sedation/analgesia – each subsequent 15 minute increment		
	D9310	Consultation – diagnostic service provided by dentist or physician other than requesting dentist or physician	2 per calendar year	N/A
	D9430	Office visit for observation (during regularly scheduled hours) – no other services performed	As needed	N/A

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