



Advantage Co-Pay (NV Individual Exchange)

Co-Pay Schedule

Effective 1/1/2020

Corporate (801)262-7475 Customer Service (800)662-5851

emihealth.com

Code	Code Name	Adults (19 and over)	Children (up to age 19 (end of month))
		Patient Co-Pay*	Patient Co-Pay*
D0120	Periodic oral evaluation	0	0
D0140	Limited oral evaluation - problem focused	0	0
D0145	Oral evaluation - patient under 3 years of age	0	0
D0150	Comprehensive oral evaluation - new or established patient	0	0
D0160	Detailed and extensive oral evaluation - problem focused, by report	0	0
D0170	Re-evaluation - limited, problem focused (established patient; not post-operative visit)	0	0
D0180	Comprehensive periodontal evaluation - new or established patient	0	0
D0210	Intraoral - complete series (including bitewings)	0	0
D0220	Intraoral - periapical first film	0	0
D0230	Intraoral - periapical each additional film	0	0
D0240	Intraoral - occlusal film	0	0
D0250	Extraoral - first film	0	0
D0270	Bitewing - single film	0	0
D0272	Bitewings - two films	0	0
D0273	Bitewings - three films	0	0
D0274	Bitewings - four films	0	0
D0277	Vertical bitewings - 7 to 8 films	0	0
D0322	Tomographic survey	133	133
D0330	Panoramic film	0	0
D0340	Cephalometric film	0	0
D0350	2D oral/facial photographic image obtained intra-orally or extra-orally	0	0
D0415	Collection of microorganisms for culture and sensitivity	115	115
D0416	Viral culture	63	63
D0460	Pulp vitality tests	29	29
D0470	Diagnostic casts (*Only allowed up to age 19 (end of month))	NA	50%
D0486	Laboratory accession of transepithelial cytologic sample, microscopic examination, preparation and transmission of written report	143	143
D0502	Other oral pathology procedures, by report	135	135
D0999	Unspecified diagnostic procedure, by report	286	286
D1110	Prophylaxis - adult	0	0
D1120	Prophylaxis - child	0	0
D1206	Topical fluoride varnish - therapeutic application for moderate to high caries risk patients (*Only allowed up to age 19 (end of month))	NA	0
D1208	Topical application of fluoride excl varnish (*Only allowed up to age 19 (end of month))	NA	0
D1351	Sealant - per tooth (*Only allowed up to age 19 (end of month))	NA	0
D1510	Space maintainer - fixed - unilateral (*Only allowed up to age 19 (end of month))	NA	181
D1516	Space maintainer - fixed - bilateral, maxillary (*Only allowed up to age 19 (end of month))	NA	238
D1517	Space maintainer - fixed - bilateral, mandibular (*Only allowed up to age 19 (end of month))	NA	238
D1520	Space maintainer - removable - unilateral (*Only allowed up to age 19 (end of month))	NA	124
D1526	Space maintainer - removable - bilateral, maxillary (*Only allowed up to age 19 (end of month))	NA	171
D1527	Space maintainer - removable - bilateral, mandibular (*Only allowed up to age 19 (end of month))	NA	171
D1550	Re-cementation of space maintainer (*Only allowed up to age 19 (end of month))	NA	35
D1555	Removal of fixed space maintainer (*Only allowed up to age 19 (end of month))	NA	46
D2140	Amalgam - one surface, primary or permanent	29	29
D2150	Amalgam - two surfaces, primary or permanent	39	39
D2160	Amalgam - three surfaces, primary or permanent	59	59
D2161	Amalgam - four or more surfaces, primary or permanent	67	67
D2330	Resin-based composite - one surface, anterior	50	50
D2331	Resin-based composite - two surfaces, anterior	62	62
D2332	Resin-based composite - three surfaces, anterior	70	70
D2335	Resin-based composite - four or more surfaces or involving incisal angle (anterior)	84	84
D2390	Resin-based composite crown, anterior	114	114
D2391	Resin-based composite - one surface, posterior	57	57
D2392	Resin-based composite - two surfaces, posterior	83	83
D2393	Resin-based composite - three surfaces, posterior	99	99
D2394	Resin-based composite - four or more surfaces, posterior	108	108
D2510	Inlay - metallic - one surface	196	196
D2520	Inlay - metallic - two surfaces	230	230
D2530	Inlay - metallic - three or more surfaces	251	251
D2542	Onlay - metallic - two surfaces	288	288
D2543	Onlay - metallic - three surfaces	329	329
D2544	Onlay - metallic - four or more surfaces	348	348
D2610	INLAY - PORCELAIN/CERAMIC - ONE SURFACE	338	338
D2620	INLAY - PORCELAIN/CERAMIC - TWO SURFACES	356	350
D2630	INLAY - PORCELAIN/CERAMIC - THREE OR MORE SURFACES	379	350
D2642	Onlay - porcelain/ceramic - two surfaces	368	350
D2643	Onlay - porcelain/ceramic - three surfaces	410	350
D2644	Onlay - porcelain/ceramic - four or more surfaces	433	350
D2650	INLAY - RESIN-BASED COMPOSITE - ONE SURFACE	221	221
D2651	INLAY - RESIN-BASED COMPOSITE - TWO SURFACES	265	265
D2652	INLAY - RESIN-BASED COMPOSITE - THREE OR MORE SURFACES	278	278
D2662	ONLAY - RESIN-BASED COMPOSITE - TWO SURFACES	351	350

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D2663	Onlay - resin-based composite - three surfaces	336	336
D2664	ONLAY RESIN BASED COMPOSIT FOUR OR MORE SURFACES	346	346
D2710	Crown - resin (indirect)	127	127
D2712	Crown - ¾ resin-based composite (indirect)	291	291
D2720	Crown - resin with high noble metal	441	350
D2721	Crown - resin with predominantly base metal	406	350
D2722	Crown - resin with noble metal	411	350
D2740	Crown - porcelain/ceramic	445	350
D2750	Crown - porcelain fused to high noble metal	459	350
D2751	Crown - porcelain fused to predominantly base metal	434	350
D2752	Crown - porcelain fused to noble metal	440	350
D2780	Crown - ¾ cast high noble metal	441	350
D2781	Crown - ¾ cast predominantly base metal	428	350
D2782	Crown - ¾ cast noble metal	444	350
D2783	Crown - ¾ porcelain/ceramic	467	350
D2790	Crown - full cast high noble metal	436	350
D2791	Crown - full cast predominantly base metal	418	350
D2792	Crown - full cast noble metal	425	350
D2910	Re-cement or re-bond inlay, onlay, veneer or partial coverage restoration	23	23
D2915	Re-cement or re-bond indirectly fabricated or prefabricated post and core	34	34
D2920	Recement crown	56	56
D2930	Prefabricated stainless steel crown - primary tooth	150	150
D2931	Prefabricated stainless steel crown - permanent tooth	152	152
D2932	Prefabricated resin crown	103	103
D2933	Prefabricated stainless steel crown with resin window	183	183
D2940	Sedative filling	56	56
D2950	Core buildup, including any pins	144	144
D2951	Pin retention - per tooth, in addition to restoration	28	28
D2952	Cast post and core in addition to crown	195	195
D2953	Each additional cast post - same tooth	77	77
D2954	Prefabricated post and core in addition to crown	182	182
D2955	Post removal (not in conjunction with endodontic therapy)	75	75
D2957	Each additional prefabricated post - same tooth	37	37
D2960	Labial veneer (resin laminate) - chairside	247	247
D2961	Labial veneer (resin laminate) - laboratory	359	350
D2962	Labial veneer (porcelain laminate) - laboratory	600	350
D2975	Coping	597	350
D2980	Crown repair, by report	136	136
D2999	Unspecified restorative procedure, by report	115	115
D3110	Pulp cap - direct (excluding final restoration)	39	39
D3120	Pulp cap - indirect (excluding final restoration)	29	29
D3220	Therapeutic pulpotomy (excluding final restoration) - removal of pulp coronal to the dentinocemental junction and application of medicament	92	92
D3221	Pulpal debridement, primary and permanent teeth	91	91
D3222	Partial pulpotomy for apexogenesis - permanent tooth with incomplete root development	97	97
D3230	Pulpal therapy (resorbable filling) - anterior, primary tooth (excluding final restoration)	55	55
D3240	Pulpal therapy (resorbable filling) - posterior, primary tooth (excluding final restoration)	95	95
D3310	Anterior (excluding final restoration)	315	315
D3320	Premolar (excluding final restoration)	394	350
D3330	Molar tooth (excluding final restoration)	523	350
D3331	Treatment of root canal obstruction; non-surgical access	131	131
D3332	Incomplete endodontic therapy; inoperable or fractured tooth	192	192
D3333	INTERNAL ROOT REPAIR OF PERFORATION DEFECTS	82	82
D3346	Retreatment of previous root canal therapy - anterior	438	350
D3347	Retreatment of previous root canal therapy - premolar	509	350
D3348	Retreatment of previous root canal therapy - molar	621	350
D3351	Apexification/recalcification - initial visit (apical closure / calcific repair of perforations, root resorption, etc.)	95	95
D3352	Apexification/recalcification - interim medication replacement (apical closure/calcific repair of perforations, root resorption, etc.)	55	55
D3353	Apexification/recalcification - final visit (includes completed root canal therapy - apical closure/calcific repair of perforations, root resorption, etc.)	150	150
D3410	Apicoectomy/periradicular surgery - anterior	398	350
D3421	Apicoectomy/periradicular surgery - premolar (first root)	273	273
D3425	Apicoectomy/periradicular surgery - molar (first root)	491	350
D3426	Apicoectomy/periradicular surgery (each additional root)	165	165
D3430	Retrograde filling - per root	120	120
D3450	Root amputation - per root	153	153
D3460	Endodontic endosseous implant	1259	350
D3920	Hemisection (including any root removal), not including root canal therapy	120	120
D3950	Canal preparation and fitting of preformed dowel or post	55	55
D3999	Unspecified endodontic procedure, by report	221	221
D4210	Gingivectomy or gingivoplasty - four or more contiguous teeth or bounded teeth spaces per quadrant	339	339
D4211	Gingivectomy or gingivoplasty - one to three teeth, per quadrant	129	129
D4230	Anatomical crown exposure - four or more contiguous teeth or tooth bounded spaces per quadrant	899	350
D4231	Anatomical crown exposure - one to three teeth or tooth bounded spaces per quadrant	271	271
D4240	Gingival flap procedure, incl root planing - four or more contiguous teeth or bounded teeth spaces/quad	400	350
D4241	Gingival flap procedure, including root planing - one to three teeth, per quadrant	289	289
D4245	Apically positioned flap	227	227
D4249	Clinical crown lengthening - hard tissue	457	350
D4260	Osseous surgery (incl flap entry & closure) - four or more contiguous teeth or bounded teeth spaces/quad	403	350

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D4261	Osseous surgery (including flap entry and closure) - one to three teeth, per quadrant	369	350
D4263	Bone replacement graft - first site in quadrant	219	219
D4264	Bone replacement graft - each additional site in quadrant	82	82
D4265	Biologic materials to aid in soft and osseous tissue regeneration	185	185
D4266	Guided tissue regeneration - resorbable barrier, per site	266	266
D4267	Guided tissue regeneration - nonresorbable barrier, per site (includes membrane removal)	303	303
D4268	Surgical revision procedure, per tooth	229	229
D4270	Pedicle soft tissue graft procedure	298	298
D4273	Subepithelial connective tissue graft procedures	566	350
D4274	Mesial/distal or proximal wedge procedure, single tooth (when not performed in conjunction with surgical procedures in the same anatomical area)	125	125
D4277	Soft tissue graft procedure first tooth	938	350
D4278	Soft tissue graft procedure each add tooth	308	308
D4320	Provisional splinting - intracoronaral	135	135
D4321	Provisional splinting - extracoronaral	119	119
D4341	Periodontal scaling and root planing, four or more contiguous teeth or bounded teeth spaces per quadrant	124	124
D4342	Periodontal scaling and root planing, one to three teeth, per quadrant	56	56
D4355	Full mouth debridement to enable a comprehensive oral evaluation and diagnosis on a subsequent visit	84	84
D4381	Localized delivery of antimicrobial agents via controlled release vehicle into diseased crevicular tissue, per tooth	38	38
D4910	Periodontal maintenance	71	71
D4999	Unspecified periodontal procedure, by report	127	127
D5110	Complete denture - maxillary	757	350
D5120	Complete denture - mandibular	757	350
D5130	Immediate denture - maxillary	832	350
D5140	Immediate denture - mandibular	840	350
D5211	Maxillary partial denture - resin base (including retentive/clasping materials, rests, and teeth)	738	350
D5212	Mandibular partial denture - resin base (including retentive/clasping materials, rests, and teeth)	738	350
D5213	Maxillary partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	846	350
D5214	Mandibular partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	846	350
D5282	Removable unilateral partial denture - one piece cast metal, maxillary (including clasps and teeth)	302	302
D5283	Removable unilateral partial denture - one piece cast metal, mandibular (including clasps and teeth)	302	302
D5410	Adjust complete denture - maxillary	26	26
D5411	Adjust complete denture - mandibular	26	26
D5421	Adjust partial denture - maxillary	26	26
D5422	Adjust partial denture - mandibular	26	26
D5511	Repair broken complete denture base, mandibular	81	81
D5512	Repair broken complete denture base, maxillary	81	81
D5520	Replace missing or broken teeth - complete denture (each tooth)	43	43
D5611	Repair resin partial denture base, mandibular	87	87
D5612	Repair resin partial denture base, maxillary	87	87
D5621	Repair cast partial framework, mandibular	93	93
D5622	Repair cast partial framework, maxillary	93	93
D5630	Repair or replace broken retentive/clasping materials - per tooth	74	74
D5640	Replace broken teeth - per tooth	75	75
D5650	Add tooth to existing partial denture	104	104
D5660	Add clasp to existing partial denture	77	77
D5670	Replace all teeth and acrylic on cast metal framework (maxillary)	511	350
D5671	Replace all teeth and acrylic on cast metal framework (mandibular)	511	350
D5710	Rebase complete maxillary denture	191	191
D5711	Rebase complete mandibular denture	183	183
D5720	Rebase maxillary partial denture	180	180
D5721	Rebase mandibular partial denture	180	180
D5730	Reline complete maxillary denture (chairside)	108	108
D5731	Reline complete mandibular denture (chairside)	108	108
D5740	Reline maxillary partial denture (chairside)	98	98
D5741	Reline mandibular partial denture (chairside)	98	98
D5750	Reline complete maxillary denture (laboratory)	230	230
D5751	Reline complete mandibular denture (laboratory)	145	145
D5760	Reline maxillary partial denture (laboratory)	142	142
D5761	Reline mandibular partial denture (laboratory)	142	142
D5810	Interim complete denture (maxillary)	233	233
D5811	Interim complete denture (mandibular)	233	233
D5820	Interim partial denture (maxillary)	335	335
D5821	Interim partial denture (mandibular)	298	298
D5850	Tissue conditioning, maxillary	46	46
D5851	Tissue conditioning, mandibular	46	46
D5862	Precision attachment, by report	332	332
D5899	Unspecified removable prosthodontic procedure, by report	61	61
D5931	Obturator prosthesis, surgical	2037	350
D5932	Obturator prosthesis, definitive	1756	350
D5933	Obturator prosthesis, modification	528	350
D5936	Obturator prosthesis, interim	3393	350
D5983	Radiation carrier	853	350
D5984	Radiation shield	853	350
D5985	Radiation cone locator	853	350
D5988	Surgical splint	610	350
D5999	Unspecified maxillofacial prosthesis, by report	484	350
D6210	Pontic - cast high noble metal	382	350

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D6211	Pontic - cast predominantly base metal	348	348
D6212	Pontic - cast noble metal	345	345
D6240	Pontic - porcelain fused to high noble metal	410	350
D6241	Pontic - porcelain fused to predominantly base metal	375	350
D6242	Pontic - porcelain fused to noble metal	396	350
D6245	Pontic - porcelain/ceramic	394	350
D6250	Pontic - resin with high noble metal	393	350
D6251	Pontic - resin with predominantly base metal	341	341
D6252	Pontic - resin with noble metal	379	350
D6545	Retainer - cast metal for resin bonded fixed prosthesis	229	229
D6548	Retainer - porcelain/ceramic for resin bonded fixed prosthesis	426	350
D6720	Crown - resin with high noble metal	428	350
D6721	Crown - resin with predominantly base metal	400	350
D6722	Crown - resin with noble metal	403	350
D6740	Crown - porcelain/ceramic	385	350
D6750	Crown - porcelain fused to high noble metal	452	350
D6751	Crown - porcelain fused to predominantly base metal	429	350
D6752	Crown - porcelain fused to noble metal	434	350
D6780	Crown - 3/4 cast high noble metal	420	350
D6781	Crown - 3/4 cast predominantly base metal	374	350
D6782	Crown - 3/4 cast noble metal	378	350
D6783	Crown - 3/4 porcelain/ceramic	380	350
D6790	Crown - full cast high noble metal	430	350
D6791	Crown - full cast predominantly base metal	410	350
D6792	Crown - full cast noble metal	425	350
D6930	Recent fixed partial denture	66	66
D7111	Coronal remnants - deciduous tooth	54	54
D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)	63	63
D7210	Surgical removal of erupted tooth requiring elevation of mucoperiosteal flap and removal of bone and/or section of tooth	124	124
D7220	Removal of impacted tooth - soft tissue	149	149
D7230	Removal of impacted tooth - partially bony	185	185
D7240	Removal of impacted tooth - completely bony	244	244
D7241	Removal of impacted tooth - completely bony, with unusual surgical complications	293	293
D7250	Surgical removal of residual tooth roots (cutting procedure)	144	144
D7260	Oroantral fistula closure	532	350
D7261	Primary closure of a sinus perforation	674	350
D7270	Tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth	163	163
D7280	Surgical access of an unerupted tooth	284	284
D7283	Placement of device to facilitate eruption of impacted tooth	169	169
D7285	Biopsy of oral tissue - hard (bone, tooth)	290	290
D7286	Biopsy of oral tissue - soft (all others)	130	130
D7287	Exfoliative cytological sample collection	60	60
D7288	Brush biopsy - transepithelial sample collection	26	26
D7290	Surgical repositioning of teeth	121	121
D7291	Transseptal fibrotomy/supra crestal fibrotomy, by report	233	233
D7292	Placement of temporary anchorage device [screw retained plate] requiring flap; includes device removal	589	350
D7293	Placement of temporary anchorage device requiring flap; includes device removal	491	350
D7294	Placement of temporary anchorage device without flap; includes device removal	239	239
D7310	Alveoplasty in conjunction with extractions - per quadrant	88	88
D7311	Alveoplasty in conjunction with extractions - one to three teeth or tooth spaces, per quadrant	158	158
D7320	Alveoplasty not in conjunction with extractions - per quadrant	221	221
D7321	Alveoplasty not in conjunction with extractions - one to three teeth or tooth spaces, per quadrant	186	186
D7410	Excision of benign lesion up to 1.25 cm	222	222
D7411	Excision of benign lesion greater than 1.25 cm	224	224
D7412	Excision of benign lesion, complicated	1183	350
D7440	Excision of malignant tumor - lesion diameter up to 1.25 cm	796	350
D7441	Excision of malignant tumor - lesion diameter greater than 1.25 cm	777	350
D7450	Removal of benign odontogenic cyst or tumor - lesion diameter up to 1.25 cm	488	350
D7451	Removal of benign odontogenic cyst or tumor - lesion diameter greater than 1.25 cm	769	350
D7460	Removal of benign nonodontogenic cyst or tumor - lesion diameter up to 1.25 cm	488	350
D7461	Removal of benign nonodontogenic cyst or tumor - lesion diameter greater than 1.25 cm	769	350
D7465	Destruction of lesion(s) by physical or chemical method, by report	86	86
D7472	Removal of torus palatinus	848	350
D7473	Removal of torus mandibularis	667	350
D7490	Radical resection of maxilla or mandible	5047	350
D7510	Incision and drainage of abscess - intraoral soft tissue	134	134
D7511	Incision and drainage of abscess - intraoral soft tissue - complicated (includes drainage of multiple fascial spaces)	172	172
D7520	Incision and drainage of abscess - extraoral soft tissue	468	350
D7521	Incision and drainage of abscess - extraoral soft tissue - complicated (includes drainage of multiple fascial spaces)	1072	350
D7530	Removal of foreign body from mucosa, skin, or subcutaneous alveolar tissue	213	213
D7540	Removal of reaction producing foreign bodies, musculoskeletal system	257	257
D7550	Partial ostectomy/sequestrectomy for removal of non-vital bone	272	272
D7560	Maxillary sinusotomy for removal of tooth fragment or foreign body	932	350
D7610	Maxilla - open reduction (teeth immobilized, if present)	2059	350
D7620	Maxilla - closed reduction (teeth immobilized, if present)	1543	350
D7630	Mandible - open reduction (teeth immobilized, if present)	2677	350
D7640	Mandible - closed reduction (teeth immobilized, if present)	1699	350
D7650	Malar and/or zygomatic arch - open reduction	1286	350
D7660	Malar and/or zygomatic arch - closed reduction	758	350

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D7670	Alveolus - closed reduction may include stabilization of teeth	582	350
D7671	Alveolus, open reduction may include stabilization of teeth	2391	350
D7680	Facial bones - complicated reduction with fixation and multiple surgical approaches	3861	350
D7710	Maxilla open reduction	2419	350
D7720	Maxilla - closed reduction	1699	350
D7730	Mandible - open reduction	3500	350
D7740	Mandible - closed reduction	1732	350
D7750	Malar and/or zygomatic arch - open reduction	2202	350
D7760	Malar and/or zygomatic arch - closed reduction	884	350
D7770	Alveolus - open reduction stabilization of teeth	1197	350
D7771	Alveolus, closed reduction stabilization of teeth	1980	350
D7780	Facial bones - complicated reduction with fixation and multiple approaches	5147	350
D7810	Open reduction of dislocation	2265	350
D7820	Closed reduction of dislocation	370	350
D7840	Condylectomy	3086	350
D7850	Surgical discectomy, with/without implant	2665	350
D7852	Disc repair	3052	350
D7854	Synovectomy	3150	350
D7858	Joint reconstruction	6370	350
D7860	Arthroscopy	2715	350
D7865	Arthroplasty	4375	350
D7870	Arthrocentesis	467	350
D7872	Arthroscopy - diagnosis, with or without biopsy	1543	350
D7873	Arthroscopy - lavage and lysis of adhesions	1857	350
D7874	Arthroscopy - disc repositioning and stabilization	2665	350
D7875	Arthroscopy - synovectomy	2920	350
D7876	Arthroscopy - discectomy	3148	350
D7877	Arthroscopy - debridement	2778	350
D7880	Occlusal orthotic device, by report	398	350
D7910	Suture of recent small wounds up to 5 cm	96	96
D7911	Complicated suture - up to 5 cm	559	350
D7912	Complicated suture - greater than 5 cm	798	350
D7940	Osteoplasty - for orthognathic deformities	294	294
D7941	Osteotomy - mandibular rami	144	144
D7943	Osteotomy - mandibular rami with bone graft; includes obtaining the graft	7607	350
D7944	Osteotomy - segmented or subapical	6779	350
D7945	Osteotomy - body of mandible	9022	350
D7946	LeFort I (maxilla - total)	785	350
D7947	LeFort I (maxilla - segmented)	9398	350
D7948	LeFort II or LeFort III (osteoplasty of facial bones for midface hypoplasia or retrusion)-without bone graft	12199	350
D7949	LeFort II or LeFort III - with bone graft	15889	350
D7951	Sinus augmentation with bone or bone substitutes via a lateral open approach	1389	350
D7953	Bone replacement graft for ridge preservation - per site	312	312
D7955	Repair of maxillofacial soft and/or hard tissue defect	1112	350
D7960	Frenulectomy (frenectomy or frenotomy) - separate procedure	270	270
D7963	Frenuloplasty	323	323
D7970	Excision of hyperplastic tissue - per arch	363	350
D7971	Excision of pericoronal gingiva	62	62
D7980	Sialolithotomy	437	350
D7981	Excision of salivary gland, by report	246	246
D7982	Sialodochoplasty	1175	350
D7983	Closure of salivary fistula	1121	350
D7990	Emergency tracheotomy	1028	350
D7991	Coronoidectomy	2547	350
D7996	Implant-mandible for augmentation purposes (excluding alveolar ridge), by report	2071	350
D7998	Intraoral placement of a fixation device not in conjunction with a fracture	23	23
D7999	Unspecified oral surgery procedure, by report	278	278
D8010-D8999	Orthodontic services (*Only allowed up to age 19 (end of month))	NA	50%
D9110	Palliative (emergency) treatment of dental paid - minor procedure	55	55
D9120	Fixed partial denture sectioning	74	74
D9210	Local anesthesia not in conjunction with operative or surgical procedures	30	30
D9212	Trigeminal division block anesthesia	42	42
D9215	Local anesthesia	10	10
D9222	Deep sedation/general anesthesia - first 15 minutes	109	109
D9223	Deep sedation/general anesthesia - each subsequent 15 minute increment	109	109
D9230	Analgesia, anxiolysis, inhalation of nitrous oxide	28	28
D9239	Intravenous moderate (conscious) sedation/analgesia - first 15 minutes	104	104
D9243	Intravenous moderate (conscious) sedation/analgesia - each subsequent 15 minute increment	104	104
D9248	Non-intravenous conscious sedation	115	115
D9310	Consultation (diagnostic service by dentist or physician other than practitioner providing treatment)	116	116
D9410	House/extended care facility call	159	159
D9420	Hospital or ambulatory surgical center call	220	220
D9430	Office visit for observation (during regularly scheduled hours) - no other services performed	34	34
D9440	Office visit - after regularly scheduled hours	62	62
D9610	Therapeutic parenteral drug, single administration	40	40
D9612	Therapeutic parenteral drugs, two or more administrations, different medications	65	65
D9630	Drugs or medicaments dispensed in the office for home use	16	16
D9930	Treatment of complications (post-surgical) - unusual circumstances, by report	54	54
D9942	Repair and/or relin of occlusal guard	131	131
D9944	Occlusal guard - hard appliance, full arch	348	348

Co-Pays are subject to change January 1st of each year.

\* All services are subject to the EMI Health Maximum Allowable Charge. When using an out-of-network provider, the insured is responsible for all fees in excess of the Maximum Allowable Charge.

Code	Code Name	Patient Co-Pay*	Patient Co-Pay*
D9945	Occlusal guard - soft appliance, full arch	348	348
D9946	Occlusal guard - hard appliance, partial arch	348	348
D9950	Occlusion analysis - mounted case	159	159
D9951	Occlusal adjustment - limited	39	39
D9952	Occlusal adjustment - complete	410	350
D9999	Unspecified adjunctive procedure, by report	135	135

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Co-Pays are subject to change January 1st of each year.

\* All services are subject to the EMI Health Maximum Allowable Charge. When using an out-of-network provider, the insured is responsible for all fees in excess of the Maximum Allowable Charge.

If you, or someone you're helping, has questions about the EMI Health Plan, you have the right to get help and information in your language at no cost. To talk to an interpreter, call 800-662-5851 (TTY: 1-888-236-4823).

Si usted, o alguien a quien usted está ayudando, tiene preguntas acerca de EMI Health Plan, tiene derecho a obtener ayuda e información en su idioma sin costo alguno. Para hablar con un intérprete, llame al 800-662-5851 (TTY: 1-888-236-4823).

如果您，或是您正在協助的對象，有關於[插入SBM項目的名稱 EMI Health Plan 方面的問題，您有權利免費以您的母語得到幫助和訊息。洽詢一位翻譯員，請撥電話 [在此插入數字 800-662-5851 (TTY: 1-888-236-4823)。

Nếu quý vị, hay người mà quý vị đang giúp đỡ, có câu hỏi về EMI Health Plan, quý vị sẽ có quyền được giúp và có thêm thông tin bằng ngôn ngữ của mình miễn phí. Để nói chuyện với một thông dịch viên, xin gọi 800-662-5851 (TTY: 1-888-236-4823).

Si oumenm oswa yon moun w ap ede gen kesyon konsènan EMI Health Plan, se dwa w pou resevwa asistans ak enfòmasyon nan lang ou pale a, san ou pa gen pou peye pou sa. Pou pale avèk yon entèprèt, rele nan 800-662-5851 (TTY: 1-888-236-4823).

만약 귀하 또는 귀하가 돕고 있는 어떤 사람이 EMI Health Plan에 관해서 질문이 있다면 귀하는 그러한 도움과 정보를 귀하의 언어로 비용 부담없이 얻을 수 있는 권리가 있습니다. 그렇게 통역사와 얘기하기 위해서는 800-662-5851 (TTY: 1-888-236-4823)로 전화하십시오.

ال ضرورية والمعلومات المساعدة على الحصول في الحق في لديك، EMI Health Plan (بخصوص أسئلة تساعد شخص لدى أو لديك كان إن 800-662-5851 (TTY: 1-888-236-4823) (بالتواصل مترجم مع لا تحدث. كل لغة اية دون من بلغة تك

Kung ikaw, o ang iyong tinutulungan, ay may mga katanungan tungkol sa EMI Health Plan, may karapatan ka na makakuha ng tulong at impormasyon sa iyong wika ng walang gastos. Upang makausap ang isang tagasalin, tumawag sa 800-662-5851 (TTY: 1-888-236-4823).

Si vous, ou quelqu'un que vous êtes en train d'aider, a des questions à propos de EMI Health Plan, vous avez le droit d'obtenir de l'aide et l'information dans votre langue à aucun coût. Pour parler à un interprète, appelez 800-662-5851 (TTY: 1-888-236-4823).

Если у вас или лица, которому вы помогаете, имеются вопросы по поводу EMI Health Plan, то вы имеете право на бесплатное получение помощи и информации на вашем языке. Для разговора с переводчиком позвоните по телефону 800-662-5851 (TTY: 1-888-236-4823).

Falls Sie oder jemand, dem Sie helfen, Fragen zum EMI Health Plan haben, haben Sie das Recht, kostenlose Hilfe und Informationen in Ihrer Sprache zu erhalten. Um mit einem Dolmetscher zu sprechen, rufen Sie bitte die Nummer 800-662-5851 (TTY: 1-888-236-4823) an.

Se você, ou alguém a quem você está ajudando, tem perguntas sobre o EMI Health Plan, você tem o direito de obter ajuda e informação em seu idioma e sem custos. Para falar com um intérprete, ligue para 800-662-5851 (TTY: 1-888-236-4823).

Se tu o qualcuno che stai aiutando avete domande su EMI Health Plan, hai il diritto di ottenere aiuto e informazioni nella tua lingua gratuitamente. Per parlare con un interprete, puoi chiamare 800-662-5851 (TTY: 1-888-236-4823).

“Wann du hoscht en Froog, odder ebber, wu du helpscht, hot en Froog baut EMI Health Plan, hoscht du es Recht fer Hilf un Information in deinre eegne Schprooch griege, un die Hilf koschtet nix. Wann du mit me Interpreter schwetze witt, kantscht du 800-662-5851 (TTY: 1-888-236-4823) uffrufe.

જો તમે અથવા તમે કોઈને મદદ કરી રહ્યાં છો તેમ જ કોઈને EMI Health Plan વિશે પ્રશ્નો હોય તો તમને મદદ અને મહત્તી મેળિનો અવિકર છે. તે ખર્ચ વિન તમ રી ભષ મ ાં પ્ર પ્ત કરી શક ર છે. દ ભ વષરો િ ત કરિ મ ટે, આ 800-662-5851 (TTY: 1-888-236-4823) પર કોલ કરો.

Díí kwe'é atah nílínígíí EMI Health Plan haada yit'éego bína'idílkidgo éí doodago háida bíká anilyeedígíí t'áadoo le'é yína'idílkidgo beehaz'áanii hólqó díí t'áa hazaadk'ehjí háká a'doowolgo bee haz'á doo bááh ílínígóó. Ata' halne'ígíí koji' bich'i' hodíílnih 800-662-5851 (TTY: 1-888-236-4823).