


**Advantage Co-Pay (AZ Individual Exchange)**
**Co-Pay Schedule**
**Effective 1/1/2023**

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

[emihealth.com](http://emihealth.com)

Code	Code Name	Adults (19 and over)		Children (up to age 19 (end of month))	
		In Network Patient Co-Pay*	Out of Network Claim Payment*	In Network Patient Co-Pay*	Out of Network Claim Payment*
D0120	Periodic oral evaluation - established patient	0	27	0	27
D0140	Limited oral evaluation - problem focused	0	45	0	45
D0145	Oral evaluation - patient under 3 years of age	0	41	0	41
D0150	Comprehensive oral evaluation - new or established patient	0	46	0	46
D0160	Detailed and extensive oral evaluation - problem focused, by report	0	120	0	120
D0170	Re-evaluation - limited, problem focused (established patient; not post-operative visit)	0	33	0	33
D0180	Comprehensive periodontal evaluation - new or established patient	0	35	0	35
D0210	Infraoral - complete comprehensive series of radiographic images	0	80	0	80
D0220	Infraoral - periapical first film	0	15	0	15
D0230	Infraoral - periapical each additional film	0	13	0	13
D0240	Infraoral - occlusal film	0	21	0	21
D0250	Extraoral - first film	0	29	0	29
D0270	Bitewing - single film	0	16	0	16
D0272	Bitewings - two films	0	25	0	25
D0273	Bitewings - three films	0	28	0	28
D0274	Bitewings - four films	0	34	0	34
D0277	Vertical bitewings - 7 to 8 films	0	45	0	45
D0330	Panoramic film	0	64	0	64
D0340	Cephalometric film	0	80	0	80
D0350	2D oral/facial photographic image obtained intra-orally or extra-orally	0	36	0	36
D0391	Interpretation of diagnostic image	0	48	0	48
D0470	Diagnostic casts (*Only allowed up to age 19 (end of month))	NA	NA	50%	50%
D1110	Prophylaxis - adult	0	55	0	55
D1120	Prophylaxis - child	0	39	0	39
D1206	Topical Application Of Fluoride Varnish (*Only allowed up to age 19 (end of month))	NA	NA	0	27
D1208	Topical application of fluoride excl varnish (*Only allowed up to age 19 (end of month))	NA	NA	0	24
D1351	Sealant - per tooth (*Only allowed up to age 19 (end of month))	NA	NA	0	29
D1352	Preventive resin restoration in a moderate to high caries risk patient – permanent tooth (*Only allowed up to age 19 (end of month))	NA	NA	0	63
D1510	Space maintainer - fixed - unilateral - per quadrant (*Only allowed up to age 19 (end of month))	NA	NA	171	19
D1516	Space maintainer - fixed - bilateral, maxillary (*Only allowed up to age 19 (end of month))	NA	NA	226	25
D1517	Space maintainer - fixed - bilateral, mandibular (*Only allowed up to age 19 (end of month))	NA	NA	226	25
D1520	Space maintainer - removable - unilateral - per quadrant (*Only allowed up to age 19 (end of month))	NA	NA	118	117
D1526	Space maintainer - removable - bilateral, maxillary (*Only allowed up to age 19 (end of month))	NA	NA	162	160
D1527	Space maintainer - removable - bilateral, mandibular (*Only allowed up to age 19 (end of month))	NA	NA	162	160
D1551	Re-cementation of bilateral space maintainer - maxillary (*Only allowed up to age 19 (end of month))	NA	NA	32	9
D1552	Re-cementation of bilateral space maintainer - mandibular (*Only allowed up to age 19 (end of month))	NA	NA	32	9
D1553	Re-cementation of unilateral space maintainer - per quadrant (*Only allowed up to age 19 (end of month))	NA	NA	32	9
D2140	Amalgam - one surface, primary or permanent	28	43	28	43
D2150	Amalgam - two surfaces, primary or permanent	37	53	37	53
D2160	Amalgam - three surfaces, primary or permanent	56	53	56	53
D2161	Amalgam - four or more surfaces, primary or permanent	62	71	62	71
D2330	Resin-based composite - one surface, anterior	48	36	48	36
D2331	Resin-based composite - two surfaces, anterior	59	46	59	46
D2332	Resin-based composite - three surfaces, anterior	68	61	68	61
D2335	Resin-based composite - four or more surfaces or involving incisal angle (anterior)	80	72	80	72
D2390	Resin-based composite crown, anterior	108	107	108	107
D2391	Resin-based composite - one surface, posterior	53	39	53	39
D2392	Resin-based composite - two surfaces, posterior	77	52	77	52
D2393	Resin-based composite - three surfaces, posterior	90	69	90	69
D2394	Resin-based composite - four or more surfaces, posterior	102	63	102	63
D2510	Inlay - metallic - one surface	185	203	185	203
D2520	Inlay - metallic - two surfaces	218	222	218	222
D2530	Inlay - metallic - three or more surfaces	238	269	238	269
D2542	Onlay - metallic - two surfaces	272	192	272	192
D2543	Onlay - metallic - three surfaces	312	208	312	208
D2544	Onlay - metallic - four or more surfaces	329	214	329	214
D2610	Inlay - porcelain/ceramic - one surface	321	136	321	136
D2620	Inlay - porcelain/ceramic - two surfaces	337	145	337	145
D2630	Inlay - porcelain/ceramic - three or more surfaces	358	155	358	155
D2642	Onlay - porcelain/ceramic - two surfaces	350	149	350	149
D2643	Onlay - porcelain/ceramic - three surfaces	389	149	375	163
D2644	Onlay - porcelain/ceramic - four or more surfaces	411	161	375	197
D2650	Inlay - resin-based composite - one surface	211	89	211	89
D2651	Inlay - resin-based composite - two surfaces	251	107	251	107
D2652	Inlay - resin-based composite - three or more surfaces	264	112	264	112
D2662	Onlay - resin-based composite - two surfaces	332	143	332	143
D2663	Onlay - resin-based composite - three surfaces	319	166	319	166
D2664	Onlay - resin-based composite - four or more surfaces	329	180	329	180
D2710	Crown - resin (indirect)	120	120	120	120
D2720	Crown - resin with high noble metal	418	245	375	288
D2721	Crown - resin with predominantly base metal	385	234	375	244
D2722	Crown - resin with noble metal	389	244	375	258
D2740	Crown - porcelain/ceramic	423	254	375	302
D2750	Crown - porcelain fused to high noble metal	434	234	375	293

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Code	Code Name	In Network Patient Co-Pay*	Out of Network Claim Payment*	In Network Patient Co-Pay*	Out of Network Claim Payment*
D2751	Crown - porcelain fused to predominantly base metal	411	211	375	247
D2752	Crown - porcelain fused to noble metal	417	221	375	263
D2753	Crown - porcelain fused to titanium and titanium alloys	411	211	375	247
D2780	Crown - 3/4 cast high noble metal	417	237	375	279
D2781	Crown - 3/4 cast predominantly base metal	407	223	375	255
D2782	Crown - 3/4 cast noble metal	420	232	375	277
D2783	Crown - 3/4 porcelain/ceramic	443	251	375	319
D2790	Crown - full cast high noble metal	413	231	375	269
D2791	Crown - full cast predominantly base metal	396	219	375	240
D2792	Crown - full cast noble metal	402	221	375	248
D2794	Crown - titanium and titanium alloys	533	59	375	217
D2910	Re-cement or re-bond inlay, onlay, veneer or partial coverage restoration	22	35	22	35
D2920	Recement crown	53	5	53	5
D2928	Prefabricated porcelain/ceramic crown - permanent tooth	141	77	141	77
D2929	Prefabricated porcelain/ceramic crown - primary tooth	141	33	141	33
D2930	Prefabricated stainless steel crown - primary tooth	143	15	143	15
D2931	Prefabricated stainless steel crown - permanent tooth	143	35	143	35
D2932	Prefabricated resin crown	97	96	97	96
D2933	Prefabricated stainless steel crown with resin window	174	44	174	44
D2940	Protective restoration	55	5	55	5
D2950	Core buildup, including any pins	136	14	136	14
D2951	Pin retention - per tooth, in addition to restoration	26	6	26	6
D2952	Cast post and core in addition to crown	184	45	184	45
D2953	Each additional cast post - same tooth	73	73	73	73
D2954	Prefabricated post and core in addition to crown	171	19	171	19
D2955	Post removal (not in conjunction with endodontic therapy)	72	72	72	72
D2957	Each additional prefabricated post - same tooth	36	34	36	34
D2980	Crown repair, by report	120	30	120	30
D2981	Inlay repair by report	105	12	105	12
D2982	Onlay repair by report	105	12	105	12
D2983	Veneer repair by report	105	12	105	12
D2990	Resin infiltrate of incipient lesions	36	5	36	5
D3110	Pulp cap - direct (excluding final restoration)	36	5	36	5
D3120	Pulp cap - indirect (excluding final restoration)	26	6	26	6
D3220	Therapeutic pulpotomy (excluding final restoration) - removal of pulp coronal to the dentinoenamel junction and application of medicament	88	10	88	10
D3221	Pulpal debridement, primary and permanent teeth	85	10	85	10
D3222	Partial pulpotomy for apexogenesis - permanent tooth with incomplete root development	86	10	86	10
D3230	Pulpal therapy (resorbable filling) - anterior, primary tooth (excluding final restoration)	52	50	52	50
D3240	Pulpal therapy (resorbable filling) - posterior, primary tooth (excluding final restoration)	89	22	89	22
D3310	Anterior (excluding final restoration)	299	112	299	112
D3320	Premolar (excluding final restoration)	371	130	371	130
D3330	Molar tooth (excluding final restoration)	497	150	375	272
D3331	Treatment of root canal obstruction; non-surgical access	127	124	127	124
D3332	Incomplete endodontic therapy; inoperable or fractured tooth	181	45	181	45
D3333	Internal root repair of perforation defects	78	33	78	33
D3346	Retreatment of previous root canal therapy - anterior	416	137	375	178
D3347	Retreatment of previous root canal therapy - premolar	483	168	375	276
D3348	Retreatment of previous root canal therapy - molar	589	195	375	409
D3351	Apexification/recalcification - initial visit (apical closure / calcific repair of perforations, root resorption,	90	144	90	144
D3352	Apexification/recalcification - interim medication replacement (apical closure/calcific repair of perforations, root resorption, etc.)	51	50	51	50
D3353	Apexification/recalcification - final visit (includes completed root canal therapy - apical closure/calcific repair of perforations, root resorption, etc.)	142	200	142	200
D3355	Pulpal regeneration - initial visit	90	144	90	144
D3356	Pulpal regeneration - interim medication replacement	51	50	51	50
D3357	Pulpal regeneration - completion of treatment	96	153	96	153
D3410	Apicoectomy/periradicular surgery - anterior	377	93	375	95
D3421	Apicoectomy/periradicular surgery - premolar (first root)	258	256	258	256
D3425	Apicoectomy/periradicular surgery - molar (first root)	464	116	375	205
D3426	Apicoectomy/periradicular surgery (each additional root)	155	38	155	38
D3430	Retrograde filling - per root	116	28	116	28
D3450	Root amputation - per root	144	144	144	144
D3471	Surgical repair of root resorption - anterior	377	93	375	95
D3472	Surgical repair of root resorption - premolar	258	256	258	256
D3473	Surgical repair of root resorption - molar	464	116	375	205
D3501	Surgical exposure of root surface without apicoectomy or repair of root resorption - anterior	377	93	375	95
D3502	Surgical exposure of root surface without apicoectomy or repair of root resorption - premolar	258	256	258	256
D3503	Surgical exposure of root surface without apicoectomy or repair of root resorption - molar	464	116	375	205
D3920	Hemisection (including any root removal), not including root canal therapy	114	111	114	111
D3950	Canal preparation and fitting of preformed dowel or post	52	50	52	50
D4210	Gingivectomy or gingivoplasty - four or more contiguous teeth or bounded teeth spaces per quadrant	321	80	321	80
D4211	Gingivectomy or gingivoplasty - one to three teeth, per quadrant	120	13	120	13
D4212	Gingivectomy or gingivoplasty to allow access for restorative procedure, per tooth	100	11	100	11
D4240	Gingival flap procedure, incl root planing - four or more contiguous teeth or bounded teeth spaces/quad	378	94	375	97
D4241	Gingival flap procedure, including root planing - one to three teeth, per quadrant	272	68	272	68
D4245	Apically positioned flap	215	212	215	212
D4249	Clinical crown lengthening - hard tissue	433	107	375	165
D4260	Osseous surgery (incl flap entry & closure) - four or more contiguous teeth or bounded teeth spaces/quad	382	380	375	387
D4261	Osseous surgery (including flap entry and closure) - one to three teeth, per quadrant	349	87	349	87
D4263	Bone replacement graft - first site in quadrant	209	23	209	23
D4264	Bone replacement graft - each additional site in quadrant	79	77	79	77
D4266	Guided tissue regeneration, natural teeth - resorbable barrier, per site	252	27	252	27

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D4267	Guided tissue regeneration, natural teeth – non-resorbable barrier, per site	287	71	287	71
D4268	Surgical revision procedure, per tooth	217	215	217	215
D4270	Pedicle soft tissue graft procedure	283	281	283	281
D4273	Autogenous connective tissue graft procedure (including donor and recipient surgical sites) first tooth, implant, or edentulous tooth position in graft	501	128	375	254
D4275	Soft tissue allograft	529	132	375	286
D4277	Soft tissue graft procedure first tooth	836	93	375	554
D4278	Soft tissue graft procedure each add tooth	275	25	275	25
D4322	Splint - intra-coronal; natural teeth or prosthetic crowns	128	126	128	126
D4323	Splint - extra-coronal; natural teeth or prosthetic crowns	112	110	112	110
D4341	Periodontal scaling and root planing, four or more contiguous teeth or bounded teeth spaces per quadrant	116	20	116	20
D4342	Periodontal scaling and root planing, one to three teeth, per quadrant	54	14	54	14
D4355	Full mouth debridement to enable a comprehensive oral periodontal evaluation and diagnosis on a	79	13	79	13
D4910	Periodontal maintenance	69	15	69	15
D5110	Complete denture - maxillary	716	171	375	512
D5120	Complete denture - mandibular	716	171	375	512
D5130	Immediate denture - maxillary	790	179	375	594
D5140	Immediate denture - mandibular	797	172	375	594
D5211	Maxillary partial denture - resin base (including retentive/clasping materials, rests, and teeth)	699	172	375	496
D5212	Mandibular partial denture - resin base (including retentive/clasping materials, rests, and teeth)	699	172	375	496
D5213	Maxillary partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests, and teeth)	803	180	375	608
D5214	Mandibular partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests, and teeth)	803	180	375	608
D5282	Removable unilateral partial denture - one piece cast metal, maxillary (including clasps and teeth)	287	285	287	285
D5283	Removable unilateral partial denture - one piece cast metal, mandibular (including clasps and teeth)	287	285	287	285
D5284	Removable unilateral partial denture - one piece flexible base (including clasps and teeth) – per quadrant	287	285	287	285
D5286	Removable unilateral partial denture - one piece resin (including clasps and teeth) – per quadrant	287	285	287	285
D5410	Adjust complete denture - maxillary	25	23	25	23
D5411	Adjust complete denture - mandibular	25	23	25	23
D5421	Adjust partial denture - maxillary	25	23	25	23
D5422	Adjust partial denture - mandibular	25	23	25	23
D5511	Repair broken complete denture base, mandibular	78	19	78	19
D5512	Repair broken complete denture base, maxillary	78	19	78	19
D5520	Replace missing or broken teeth - complete denture (each tooth)	41	39	41	39
D5611	Repair resin partial denture base, mandibular	84	21	84	21
D5612	Repair resin partial denture base, maxillary	84	21	84	21
D5621	Repair cast partial framework, mandibular	92	22	92	22
D5622	Repair cast partial framework, maxillary	92	22	92	22
D5630	Repair or replace broken retentive/clasping materials - per tooth	70	67	70	67
D5640	Replace broken teeth - per tooth	72	17	72	17
D5650	Add tooth to existing partial denture	97	24	97	24
D5660	Add clasp to existing partial denture	73	73	73	73
D5710	Rebase complete maxillary denture	182	180	182	180
D5711	Rebase complete mandibular denture	173	171	173	171
D5720	Rebase maxillary partial denture	171	170	171	170
D5721	Rebase mandibular partial denture	171	170	171	170
D5730	Reline complete maxillary denture (chairside)	103	101	103	101
D5731	Reline complete mandibular denture (chairside)	103	101	103	101
D5740	Reline maxillary partial denture (chairside)	94	92	94	92
D5741	Reline mandibular partial denture (chairside)	94	92	94	92
D5750	Reline complete maxillary denture (laboratory)	217	54	217	54
D5751	Reline complete mandibular denture (laboratory)	136	135	136	135
D5760	Reline maxillary partial denture (laboratory)	134	133	134	133
D5761	Reline mandibular partial denture (laboratory)	134	133	134	133
D5810	Interim complete denture (maxillary)	220	219	220	219
D5811	Interim complete denture (mandibular)	220	219	220	219
D5820	Interim partial denture (maxillary)	318	35	318	35
D5821	Interim partial denture (mandibular)	282	71	282	71
D5850	Tissue conditioning, maxillary	43	42	43	42
D5851	Tissue conditioning, mandibular	43	42	43	42
D6010	Surgical placement of implant body: endosteal implant ( <i>*Only allowed up to age 19 (end of month)*</i> )	NA	NA	375	799
D6012	Surgical placement of interim implant body for transitional prosthesis: endosteal implant ( <i>*Only allowed up to age 19 (end of month)*</i> )	NA	NA	375	419
D6040	Surgical placement: endosteal implant ( <i>*Only allowed up to age 19 (end of month)*</i> )	NA	NA	375	462
D6050	Surgical placement: transosteal implant ( <i>*Only allowed up to age 19 (end of month)*</i> )	NA	NA	375	427
D6055	Dental implant supported connecting bar ( <i>*Only allowed up to age 19 (end of month)*</i> )	NA	NA	375	507
D6056	Prefabricated abutment - includes placement ( <i>*Only allowed up to age 19 (end of month)*</i> )	NA	NA	349	34
D6057	Custom abutment - includes placement ( <i>*Only allowed up to age 19 (end of month)*</i> )	NA	NA	375	190
D6058	Abutment supported porcelain/ceramic crown	776	105	375	506
D6059	Abutment supported porcelain fused to metal crown (high noble metal)	776	86	375	487
D6060	Abutment supported porcelain fused to metal crown (predominantly base metal)	697	35	375	357
D6061	Abutment supported porcelain fused to metal crown (noble metal)	715	80	375	420
D6062	Abutment supported cast metal crown (high noble metal)	480	53	375	158
D6063	Abutment supported cast metal crown (predominantly base metal)	365	40	365	40
D6064	Abutment supported cast metal crown (noble metal)	398	45	375	68
D6065	Implant supported porcelain/ceramic crown	776	165	375	566
D6066	Implant supported crown - porcelain fused to high noble alloys	776	86	375	487
D6067	Implant supported crown - high noble alloys	943	236	375	804
D6068	Abutment supported retainer for porcelain/ceramic FPD ( <i>*Only allowed up to age 19 (end of month)*</i> )	NA	NA	375	251
D6069	Abutment supported retainer for porcelain fused to metal FPD (high noble metal) ( <i>*Only allowed up to age 19 (end of month)*</i> )	NA	NA	375	408

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D6070	Abutment supported retainer for porcelain fused to metal FPD (predominantly base metal) (*Only allowed up to age 19 (end of month))	NA	NA	375	71
D6071	Abutment supported retainer for porcelain fused to metal FPD (noble metal) (*Only allowed up to age 19 (end of month))	NA	NA	375	125
D6072	Abutment supported retainer for cast metal FPD (high noble metal) (*Only allowed up to age 19 (end of month))	NA	NA	375	89
D6073	Abutment supported retainer for cast metal FPD (predominantly base metal) (*Only allowed up to age 19 (end of month))	NA	NA	375	89
D6074	Abutment supported retainer for cast metal FPD (noble metal) (*Only allowed up to age 19 (end of month))	NA	NA	375	185
D6075	Implant supported retainer for ceramic FPD (*Only allowed up to age 19 (end of month))	NA	NA	375	502
D6076	Implant supported retainer for FPD - porcelain fused to high noble alloys (*Only allowed up to age 19 (end of month))	NA	NA	375	163
D6077	Implant supported retainer for metal FPD - high noble alloys (*Only allowed up to age 19 (end of month))	NA	NA	375	131
D6080	Implant maintenance procedures, including removal of prosthesis, cleansing of prosthesis and abutments and reinsertion of prosthesis (*Only allowed up to age 19 (end of month))	NA	NA	67	5
D6082	Implant supported crown - porcelain fused to predominantly base alloys (*Only allowed up to age 19 (end of month))	NA	NA	375	357
D6083	Implant supported crown - porcelain fused to noble alloys (*Only allowed up to age 19 (end of month))	NA	NA	375	420
D6084	Implant supported crown - porcelain fused to titanium and titanium alloys (*Only allowed up to age 19 (end of month))	NA	NA	375	158
D6086	Implant supported crown - predominantly base alloys (*Only allowed up to age 19 (end of month))	NA	NA	375	130
D6087	Implant supported crown - noble alloys (*Only allowed up to age 19 (end of month))	NA	NA	375	137
D6088	Implant supported crown - titanium and titanium alloys (*Only allowed up to age 19 (end of month))	NA	NA	375	148
D6090	Repair implant supported prosthesis, by report (*Only allowed up to age 19 (end of month))	NA	NA	140	34
D6091	Replacement of semi-precision or precision attachment of implant/abutment supported prosthesis, per attachment (*Only allowed up to age 19 (end of month))	NA	NA	174	20
D6095	Repair implant abutment, by report (*Only allowed up to age 19 (end of month))	NA	NA	211	24
D6098	Implant supported retainer - porcelain fused to predominantly base alloys (*Only allowed up to age 19 (end of month))	NA	NA	375	131
D6099	Implant supported retainer for FPD - porcelain fused to noble alloys (*Only allowed up to age 19 (end of month))	NA	NA	375	163
D6100	Surgical removal of implant body (*Only allowed up to age 19 (end of month))	NA	NA	279	38
D6101	Dbdrmnt of peri-implant defect (*Only allowed up to age 19 (end of month))	NA	NA	191	206
D6102	Dbdrmnt of peri-implant defect (*Only allowed up to age 19 (end of month))	NA	NA	262	29
D6103	Bone graft repair of peri-implant (*Only allowed up to age 19 (end of month))	NA	NA	218	124
D6104	Bone graft at time of implant placement (*Only allowed up to age 19 (end of month))	NA	NA	218	101
D6105	Removal of implant body not requiring bone removal or flap elevation (*Only allowed up to age 19 (end of month))	NA	NA	89	12
D6106	Guided tissue regeneration - resorbable barrier, per implant (*Only allowed up to age 19 (end of month))	NA	NA	252	27
D6107	Guided tissue regeneration - non-resorbable barrier, per implant (*Only allowed up to age 19 (end of month))	NA	NA	287	71
D6120	Implant supported retainer - porcelain fused to titanium and titanium alloys	NA	NA	375	163
D6121	Implant supported retainer for metal FPD - predominantly base alloys	NA	NA	375	89
D6122	Implant supported retainer for metal FPD - noble alloys	NA	NA	375	141
D6123	Implant supported retainer for metal FPD - titanium and titanium alloys	NA	NA	375	131
D6190	Radiographic/surgical implant index, by report (*Only allowed up to age 19 (end of month))	NA	NA	92	135
D6210	Pontic - cast high noble metal	362	223	362	223
D6211	Pontic - cast predominantly base metal	328	219	328	219
D6212	Pontic - cast noble metal	327	244	327	244
D6214	Pontic - titanium and titanium alloys	322	36	322	36
D6240	Pontic - porcelain fused to high noble metal	388	189	375	202
D6241	Pontic - porcelain fused to predominantly base metal	354	178	354	178
D6242	Pontic - porcelain fused to noble metal	374	187	374	187
D6243	Pontic - porcelain fused to titanium and titanium alloys	354	178	354	178
D6245	Pontic - porcelain/ceramic	373	200	373	200
D6250	Pontic - resin with high noble metal	372	199	372	199
D6251	Pontic - resin with predominantly base metal	322	204	322	204
D6252	Pontic - resin with noble metal	359	184	359	184
D6545	Retainer - cast metal for resin bonded fixed prosthesis	219	25	219	25
D6548	Retainer - porcelain/ceramic for resin bonded fixed prosthesis	418	46	375	89
D6720	Retainer crown - resin with high noble metal	405	238	375	268
D6721	Retainer crown - resin with predominantly base metal	379	232	375	236
D6722	Retainer crown - resin with noble metal	382	240	375	247
D6740	Retainer crown - porcelain/ceramic	364	218	364	218
D6750	Retainer crown - porcelain fused to high noble metal	428	230	375	283
D6751	Retainer crown - porcelain fused to predominantly base metal	407	209	375	241
D6752	Retainer crown - porcelain fused to noble metal	411	219	375	255
D6753	Retainer crown - porcelain fused to titanium and titanium alloys	407	209	375	241
D6780	Retainer crown - 3/4 cast high noble metal	398	224	375	247
D6781	Retainer crown - 3/4 cast predominantly base metal	353	194	353	194
D6782	Retainer crown - 3/4 cast noble metal	359	196	359	196
D6783	Retainer crown - 3/4 porcelain/ceramic	360	204	360	204
D6784	Retainer crown 3/4 - titanium and titanium alloys	359	196	359	196
D6790	Retainer crown - full cast high noble metal	409	228	375	262
D6791	Retainer crown - full cast predominantly base metal	388	215	375	228
D6792	Retainer crown - full cast noble metal	402	223	375	250
D6930	Recement fixed partial denture	61	15	61	15
D6980	Fixed partial denture repair necessitated by restorative material failure	141	33	141	33
D7111	Coronal remnants - deciduous tooth	50	25	50	25
D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)	60	30	60	30
D7210	Surgical removal of erupted tooth requiring elevation of mucoperiosteal flap and removal of bone and/or section of tooth	117	42	117	42
D7220	Removal of impacted tooth - soft tissue	141	39	141	39
D7230	Removal of impacted tooth - partially bony	176	63	176	63
D7240	Removal of impacted tooth - completely bony	232	48	232	48
D7241	Removal of impacted tooth - completely bony, with unusual surgical complications	279	74	279	74
D7250	Surgical removal of residual tooth roots (cutting procedure)	138	14	138	14
D7251	Coronectomy - intentional partial tooth removal, impacted teeth only	249	38	249	38
D7270	Tooth reimplantation and/or stabilization of accidentally avulsed or displaced tooth	155	153	155	153

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

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<b>Code</b>	<b>Code Name</b>	<b>In Network Patient Co-Pay*</b>	<b>Out of Network Claim Payment*</b>	<b>In Network Patient Co-Pay*</b>	<b>Out of Network Claim Payment*</b>
D7280	Surgical access of an unerupted tooth	270	68	270	68
D7285	Biopsy of oral tissue - hard (bone, tooth)	275	272	275	272
D7286	Biopsy of oral tissue - soft (all others)	123	122	123	122
D7310	Alveoplasty in conjunction with extractions - per quadrant	84	83	84	83
D7311	Alveoplasty in conjunction with extractions - one to three teeth or tooth spaces, per quadrant	141	33	141	33
D7320	Alveoplasty not in conjunction with extractions - per quadrant	208	207	208	207
D7321	Alveoplasty not in conjunction with extractions - one to three teeth or tooth spaces, per quadrant	163	45	163	45
D7471	Removal of lateral exostosis (maxilla or mandible)	273	65	273	65
D7510	Incision and drainage of abscess - intraoral soft tissue	127	32	127	32
D7910	Suture of recent small wounds up to 5 cm	90	133	90	133
D7921	Collection and application of autologous blood concentrate product	110	15	110	15
D7953	Bone replacement graft for ridge preservation - per site	278	30	278	30
D7956	Guided tissue regeneration, edentulous area - resorbable barrier, per site	252	27	252	27
D7957	Guided tissue regeneration, edentulous area - non-resorbable barrier, per site	287	71	287	71
D7961	Buccal / labial frenectomy (frenulectomy)	254	27	254	27
D7962	Lingual frenectomy (frenulectomy)	254	27	254	27
D7971	Excision of pericoronal gingiva	58	56	58	56
D8010-D8999	Orthodontic services ( <b>*Only allowed up to age 19 (end of month)*</b> )	NA	NA	50%	50%
D9110	Palliative (emergency) treatment of dental pain – minor procedure – per visit	53	5	53	5
D9215	Local anesthesia	10	7	10	7
D9222	Deep sedation/general anesthesia - first 15 minutes	98	39	98	39
D9223	Deep sedation/general anesthesia - each subsequent 15 minute increment	98	39	98	39
D9230	Analgesia, anxiety, inhalation of nitrous oxide	26	6	26	6
D9239	Intravenous moderate (conscious) sedation/analgesia - first 15 minutes	93	25	93	25
D9243	Intravenous moderate (conscious) sedation/analgesia - each subsequent 15 minute increment	93	25	93	25
D9310	Consultation (diagnostic service by dentist or physician other than practitioner providing treatment)	0	121	0	121
D9430	Office visit for observation (during regularly scheduled hours) - no other services performed	0	41	0	41
D9440	Office visit - after regularly scheduled hours	0	74	0	74
D9610	Therapeutic parenteral drug, single administration	36	9	36	9
D9930	Treatment of complications (post-surgical) - unusual circumstances, by report	49	11	49	11
D9944	Occlusal guard - hard appliance, full arch	310	28	310	28
D9945	Occlusal guard - soft appliance, full arch	310	28	310	28
D9946	Occlusal guard - hard appliance, partial arch	310	28	310	28
D9951	Occlusal adjustment - limited	37	35	37	35
D9995	Teledentistry - synchronous; real-time encounter	0	21	0	21

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