



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	28	0	28
D0140	Limited oral evaluation - problem focused	0	45	0	45
D0145	Oral evaluation - patient under 3 years of age	0	37	0	37
D0150	Comprehensive oral evaluation - new or established patient	0	48	0	48
D0160	Detailed and extensive oral evaluation - problem focused, by report	0	99	0	99
D0170	Re-evaluation - limited, problem focused (established patient; not post-operative visit)	0	35	0	35
D0180	Comprehensive periodontal evaluation - new or established patient	0	53	0	53
D0210	Intraoral - complete comprehensive series of radiographic images	0	78	0	78
D0220	Intraoral - periapical first film	0	16	0	16
D0230	Intraoral - periapical each additional film	0	12	0	12
D0240	Intraoral - occlusal film	0	23	0	23
D0250	Extra-oral - 2D projection radiographic image	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	30	0	30
D0274	Bitewings - four films	0	36	0	36
D0277	Vertical bitewings - 7 to 8 films	0	55	0	55
D0330	Panoramic film	0	70	0	70
D0340	Cephalometric film	0	76	0	76
D0350	2D oral/facial photographic image obtained intra-orally or extra-orally	0	43	0	43
D0391	Interpretation of diagnostic image	0	100	0	100
D0470	Diagnostic casts (*Only allowed up to age 19 (end of month))	NA	NA	50%	50%
D1110	Prophylaxis - adult	0	54	0	54
D1120	Prophylaxis - child	0	40	0	40
D1206	Topical Application Of Fluoride Varnish (*Only allowed up to age 19 (end of month))	NA	NA	0	28
D1208	Topical application of fluoride excl varnish (*Only allowed up to age 19 (end of month))	NA	NA	0	22
D1351	Sealant - per tooth (*Only allowed up to age 19 (end of month))	NA	NA	0	31
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	36
D1510	Space maintainer - fixed - unilateral - per quadrant (*Only allowed up to age 19 (end of month))	NA	NA	174	19
D1516	Space maintainer - fixed - bilateral, maxillary (*Only allowed up to age 19 (end of month))	NA	NA	236	26
D1517	Space maintainer - fixed - bilateral, mandibular (*Only allowed up to age 19 (end of month))	NA	NA	236	26
D1520	Space maintainer - removable - unilateral - per quadrant (*Only allowed up to age 19 (end of month))	NA	NA	115	114
D1526	Space maintainer - removable - bilateral, maxillary (*Only allowed up to age 19 (end of month))	NA	NA	169	167
D1527	Space maintainer - removable - bilateral, mandibular (*Only allowed up to age 19 (end of month))	NA	NA	169	167
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	44	28	44
D2150	Amalgam - two surfaces, primary or permanent	37	54	37	54
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	50	37	50	37
D2331	Resin-based composite - two surfaces, anterior	61	48	61	48
D2332	Resin-based composite - three surfaces, anterior	70	63	70	63
D2335	Resin-based composite - four or more surfaces or involving incisal angle (anterior)	84	75	84	75
D2390	Resin-based composite crown, anterior	90	90	90	90
D2391	Resin-based composite - one surface, posterior	56	41	56	41
D2392	Resin-based composite - two surfaces, posterior	76	52	76	52
D2393	Resin-based composite - three surfaces, posterior	90	69	90	69
D2394	Resin-based composite - four or more surfaces, posterior	116	72	116	72
D2510	Inlay - metallic - one surface	193	212	193	212
D2520	Inlay - metallic - two surfaces	265	270	265	270
D2530	Inlay - metallic - three or more surfaces	265	300	265	300
D2542	Onlay - metallic - two surfaces	328	231	328	231
D2543	Onlay - metallic - three surfaces	358	239	358	239
D2544	Onlay - metallic - four or more surfaces	388	252	375	265
D2610	Inlay - porcelain/ceramic - one surface	315	133	315	133
D2620	Inlay - porcelain/ceramic - two surfaces	327	140	327	140
D2630	Inlay - porcelain/ceramic - three or more surfaces	357	155	357	155
D2642	Onlay - porcelain/ceramic - two surfaces	401	171	375	197
D2643	Onlay - porcelain/ceramic - three surfaces	448	171	375	244
D2644	Onlay - porcelain/ceramic - four or more surfaces	466	182	375	273
D2650	Inlay - resin-based composite - one surface	212	90	212	90
D2651	Inlay - resin-based composite - two surfaces	289	123	289	123
D2652	Inlay - resin-based composite - three or more surfaces	288	122	288	122
D2662	Onlay - resin-based composite - two surfaces	301	130	301	130
D2663	Onlay - resin-based composite - three surfaces	308	160	308	160
D2664	Onlay - resin-based composite - four or more surfaces	315	173	315	173
D2710	Crown - resin (indirect)	150	150	150	150
D2720	Crown - resin with high noble metal	415	244	375	284
D2721	Crown - resin with predominantly base metal	384	234	375	243
D2722	Crown - resin with noble metal	390	244	375	259
D2740	Crown - porcelain/ceramic	418	251	375	294
D2750	Crown - porcelain fused to high noble metal	419	226	375	270

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. There may be cases when the negotiated provider fee for an in-network provider exceeds the sum of the listed copay and claim payments for a given service. In such cases, EMI Health will pay the difference.

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	393	202	375	220
D2752	Crown - porcelain fused to noble metal	407	215	375	247
D2753	Crown - porcelain fused to titanium and titanium alloys	408	209	375	242
D2780	Crown - 3/4 cast high noble metal	408	232	375	265
D2781	Crown - 3/4 cast predominantly base metal	385	211	375	221
D2782	Crown - 3/4 cast noble metal	403	223	375	251
D2783	Crown - 3/4 porcelain/ceramic	418	237	375	280
D2790	Crown - full cast high noble metal	412	231	375	268
D2791	Crown - full cast predominantly base metal	375	208	375	208
D2792	Crown - full cast noble metal	395	217	375	237
D2794	Crown - titanium and titanium alloys	592	66	375	283
D2910	Re-cement or re-bond inlay, onlay, veneer or partial coverage restoration	24	38	24	38
D2920	Recement crown	57	5	57	5
D2928	Prefabricated porcelain/ceramic crown - permanent tooth	140	76	140	76
D2929	Prefabricated porcelain/ceramic crown - primary tooth	178	42	178	42
D2930	Prefabricated stainless steel crown - primary tooth	168	18	168	18
D2931	Prefabricated stainless steel crown - permanent tooth	168	41	168	41
D2932	Prefabricated resin crown	97	96	97	96
D2933	Prefabricated stainless steel crown with resin window	176	45	176	45
D2940	Protective restoration	60	5	60	5
D2950	Core buildup, including any pins	148	15	148	15
D2951	Pin retention - per tooth, in addition to restoration	27	6	27	6
D2952	Cast post and core in addition to crown	191	47	191	47
D2953	Each additional cast post - same tooth	66	66	66	66
D2954	Prefabricated post and core in addition to crown	183	20	183	20
D2955	Post removal (not in conjunction with endodontic therapy)	76	75	76	75
D2957	Each additional prefabricated post - same tooth	50	48	50	48
D2980	Crown repair, by report	92	23	92	23
D2981	Inlay repair by report	103	12	103	12
D2982	Onlay repair by report	103	12	103	12
D2983	Veneer repair by report	103	12	103	12
D2990	Resin infiltr of incipient lesions	41	6	41	6
D3110	Pulp cap - direct (excluding final restoration)	38	5	38	5
D3120	Pulp cap - indirect (excluding final restoration)	30	7	30	7
D3220	Therapeutic pulpotomy (excluding final restoration) - removal of pulp coronal to the dentinocemental junction and application of medicament	94	11	94	11
D3221	Pulpal debridement, primary and permanent teeth	105	12	105	12
D3222	Partial pulpotomy for apexogenesis - permanent tooth with incomplete root development	110	13	110	13
D3230	Pulpal therapy (resorbable filling) - anterior, primary tooth (excluding final restoration)	60	57	60	57
D3240	Pulpal therapy (resorbable filling) - posterior, primary tooth (excluding final restoration)	99	24	99	24
D3310	Anterior (excluding final restoration)	317	119	317	119
D3320	Premolar (excluding final restoration)	387	135	375	147
D3330	Molar tooth (excluding final restoration)	513	155	375	293
D3331	Treatment of root canal obstruction; non-surgical access	81	79	81	79
D3332	Incomplete endodontic therapy; inoperable or fractured tooth	251	63	251	63
D3333	Internal root repair of perforation defects	95	40	95	40
D3346	Retreatment of previous root canal therapy - anterior	442	146	375	213
D3347	Retreatment of previous root canal therapy - premolar	504	175	375	304
D3348	Retreatment of previous root canal therapy - molar	609	202	375	436
D3351	Apexification/recalcification - initial visit (apical closure / calcific repair of perforations, root resorption, root resorption, etc.)	89	142	89	142
D3352	Apexification/recalcification - interim medication replacement (apical closure/calcific repair of perforations, root resorption, etc.)	53	52	53	52
D3353	Apexification/recalcification - final visit (includes completed root canal therapy - apical closure/calcific repair of perforations, root resorption, etc.)	141	198	141	198
D3355	Pulpal regeneration - initial visit	91	145	91	145
D3356	Pulpal regeneration - interim medication replacement	58	57	58	57
D3357	Pulpal regeneration - completion of treatment	99	158	99	158
D3410	Apicoectomy/periradicular surgery - anterior	382	94	375	101
D3421	Apicoectomy/periradicular surgery - premolar (first root)	266	264	266	264
D3425	Apicoectomy/periradicular surgery - molar (first root)	481	120	375	226
D3426	Apicoectomy/periradicular surgery (each additional root)	161	39	161	39
D3430	Retrograde filling - per root	118	28	118	28
D3450	Root amputation - per root	150	150	150	150
D3471	Surgical repair of root resorption - anterior	371	92	371	92
D3472	Surgical repair of root resorption - premolar	232	231	232	231
D3473	Surgical repair of root resorption - molar	370	93	370	93
D3501	Surgical exposure of root surface without apicoectomy or repair of root resorption - anterior	371	92	371	92
D3502	Surgical exposure of root surface without apicoectomy or repair of root resorption - premolar	232	231	232	231
D3503	Surgical exposure of root surface without apicoectomy or repair of root resorption - molar	370	93	370	93
D3920	Hemisection (including any root removal), not including root canal therapy	113	110	113	110
D3950	Canal preparation and fitting of preformed dowel or post	56	54	56	54
D4210	Gingivectomy or gingivoplasty - four or more contiguous teeth or bounded teeth spaces per quadrant	302	75	302	75
D4211	Gingivectomy or gingivoplasty - one to three teeth, per quadrant	125	13	125	13
D4212	Gingivectomy or gingivoplasty to allow access for restorative procedure, per tooth	114	13	114	13
D4240	Gingival flap procedure, incl root planing - four or more contiguous teeth or bounded teeth spaces/quad	356	89	356	89
D4241	Gingival flap procedure, including root planing - one to three teeth, per quadrant	220	55	220	55
D4245	Apically positioned flap	166	163	166	163
D4249	Clinical crown lengthening - hard tissue	382	94	375	101
D4260	Osseous surgery (incl flap entry & closure) - four or more contiguous teeth or bounded teeth spaces/quad	351	349	351	349
D4261	Osseous surgery (including flap entry and closure) - one to three teeth, per quadrant	339	85	339	85
D4263	Bone replacement graft - first site in quadrant	252	28	252	28
D4264	Bone replacement graft - each additional site in quadrant	91	89	91	89
D4266	Guided tissue regeneration, natural teeth - resorbable barrier, per site	261	28	261	28

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. There may be cases when the negotiated provider fee for an in-network provider exceeds the sum of the listed copay and claim payments for a given service. In such cases, EMI Health will pay the difference.

Code	Code Name	In Network Patient Co-Pay*	Out of Network Claim Payment*	In Network Patient Co-Pay*	Out of Network Claim Payment*
D4267	Guided tissue regeneration, natural teeth – non-resorbable barrier, per site	301	74	301	74
D4268	Surgical revision procedure, per tooth	118	117	118	117
D4270	Pedicle soft tissue graft procedure	263	262	263	262
D4273	Autogenous connective tissue graft procedure (including donor and recipient surgical sites) first tooth, implant, or edentulous tooth position in graft	474	121	375	220
D4275	Soft tissue allograft	411	102	375	138
D4277	Soft tissue graft procedure first tooth	498	55	375	178
D4278	Soft tissue graft procedure each add tooth	454	41	375	120
D4322	Splint - intra-coronal; natural teeth or prosthetic crowns	144	141	144	141
D4323	Splint - extra-coronal; natural teeth or prosthetic crowns	127	124	127	124
D4341	Periodontal scaling and root planing, four or more contiguous teeth or bounded teeth spaces per quadrant	136	24	136	24
D4342	Periodontal scaling and root planing, one to three teeth, per quadrant	72	19	72	19
D4355	Full mouth debridement to enable a comprehensive oral periodontal evaluation and diagnosis on a	89	15	89	15
D4910	Periodontal maintenance	79	17	79	17
D5110	Complete denture - maxillary	684	163	375	472
D5120	Complete denture - mandibular	684	163	375	472
D5130	Immediate denture - maxillary	744	168	375	537
D5140	Immediate denture - mandibular	750	162	375	537
D5211	Maxillary partial denture – resin base (including retentive/clasping materials, rests, and teeth)	574	141	375	340
D5212	Mandibular partial denture – resin base (including retentive/clasping materials, rests, and teeth)	661	163	375	449
D5213	Maxillary partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests, and teeth)	756	170	375	551
D5214	Mandibular partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests, and teeth)	756	169	375	550
D5282	Removable unilateral partial denture - one piece cast metal, maxillary (including clasps and teeth)	255	254	255	254
D5283	Removable unilateral partial denture - one piece cast metal, mandibular (including clasps and teeth)	252	250	252	250
D5284	Removable unilateral partial denture – one piece flexible base (including clasps and teeth) – per quadrant	243	241	243	241
D5286	Removable unilateral partial denture – one piece resin (including clasps and teeth) – per quadrant	255	253	255	253
D5410	Adjust complete denture - maxillary	24	23	24	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	77	19	77	19
D5520	Replace missing or broken teeth - complete denture (each tooth)	43	40	43	40
D5611	Repair resin partial denture base, mandibular	82	21	82	21
D5612	Repair resin partial denture base, maxillary	80	20	80	20
D5621	Repair cast partial framework, mandibular	96	23	96	23
D5622	Repair cast partial framework, maxillary	96	23	96	23
D5630	Repair or replace broken retentive/clasping materials - per tooth	66	64	66	64
D5640	Replace broken teeth - per tooth	71	17	71	17
D5650	Add tooth to existing partial denture	92	23	92	23
D5660	Add clasp to existing partial denture	69	68	69	68
D5710	Rebase complete maxillary denture	159	157	159	157
D5711	Rebase complete mandibular denture	151	149	151	149
D5720	Rebase maxillary partial denture	151	151	151	151
D5721	Rebase mandibular partial denture	152	152	152	152
D5730	Reline complete maxillary denture (chairside)	97	96	97	96
D5731	Reline complete mandibular denture (chairside)	94	93	94	93
D5740	Reline maxillary partial denture (chairside)	85	84	85	84
D5741	Reline mandibular partial denture (chairside)	89	87	89	87
D5750	Reline complete maxillary denture (laboratory)	201	50	201	50
D5751	Reline complete mandibular denture (laboratory)	126	125	126	125
D5760	Reline maxillary partial denture (laboratory)	123	122	123	122
D5761	Reline mandibular partial denture (laboratory)	124	124	124	124
D5810	Interim complete denture (maxillary)	210	209	210	209
D5811	Interim complete denture (mandibular)	223	221	223	221
D5820	Interim partial denture (maxillary)	288	32	288	32
D5821	Interim partial denture (mandibular)	266	67	266	67
D5850	Tissue conditioning, maxillary	46	44	46	44
D5851	Tissue conditioning, mandibular	44	42	44	42
D6010	Surgical placement of implant body: endosteal implant (*Only allowed up to age 19 (end of month))	NA	NA	375	1195
D6012	Surgical placement of interim implant body for transitional prosthesis: endosteal implant (*Only allowed up to age 19 (end of month))	NA	NA	375	872
D6040	Surgical placement: endosteal implant (*Only allowed up to age 19 (end of month))	NA	NA	375	3664
D6050	Surgical placement: transosteal implant (*Only allowed up to age 19 (end of month))	NA	NA	375	2829
D6055	Dental implant supported connecting bar (*Only allowed up to age 19 (end of month))	NA	NA	375	521
D6056	Prefabricated abutment - includes placement (*Only allowed up to age 19 (end of month))	NA	NA	337	33
D6057	Custom abutment - includes placement (*Only allowed up to age 19 (end of month))	NA	NA	375	99
D6058	Abutment supported porcelain/ceramic crown	833	113	375	571
D6059	Abutment supported porcelain fused to metal crown (high noble metal)	840	93	375	558
D6060	Abutment supported porcelain fused to metal crown (predominantly base metal)	815	41	375	481
D6061	Abutment supported porcelain fused to metal crown (noble metal)	801	90	375	516
D6062	Abutment supported cast metal crown (high noble metal)	801	88	375	514
D6063	Abutment supported cast metal crown (predominantly base metal)	747	82	375	454
D6064	Abutment supported cast metal crown (noble metal)	746	84	375	455
D6065	Implant supported porcelain/ceramic crown	787	167	375	579
D6066	Implant supported crown - porcelain fused to high noble alloys	854	95	375	574
D6067	Implant supported crown - high noble alloys	726	182	375	533
D6068	Abutment supported retainer for porcelain/ceramic FPD (*Only allowed up to age 19 (end of month))	NA	NA	375	524
D6069	Abutment supported retainer for porcelain fused to metal FPD (high noble metal) (*Only allowed up to age 19 (end of month))	NA	NA	375	506

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. There may be cases when the negotiated provider fee for an in-network provider exceeds the sum of the listed copay and claim payments for a given service. In such cases, EMI Health will pay the difference.

Code	Code Name	In Network Patient Co-Pay*	Out of Network Claim Payment*	In Network Patient Co-Pay*	Out of Network Claim Payment*
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	456
D6071	Abutment supported retainer for porcelain fused to metal FPD (noble metal) (*Only allowed up to age 19 (end of month))	NA	NA	375	465
D6072	Abutment supported retainer for cast metal FPD (high noble metal) (*Only allowed up to age 19 (end of month))	NA	NA	375	475
D6073	Abutment supported retainer for cast metal FPD (predominantly base metal) (*Only allowed up to age 19 (end of month))	NA	NA	375	451
D6074	Abutment supported retainer for cast metal FPD (noble metal) (*Only allowed up to age 19 (end of month))	NA	NA	375	450
D6075	Implant supported retainer for ceramic FPD (*Only allowed up to age 19 (end of month))	NA	NA	375	528
D6076	Implant supported retainer for FPD - porcelain fused to high noble alloys (*Only allowed up to age 19 (end of month))	NA	NA	375	511
D6077	Implant supported retainer for metal FPD - high noble alloys (*Only allowed up to age 19 (end of month))	NA	NA	375	402
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	78	6
D6082	Implant supported crown - porcelain fused to predominantly base alloys (*Only allowed up to age 19 (end of month))	NA	NA	375	576
D6083	Implant supported crown - porcelain fused to noble alloys (*Only allowed up to age 19 (end of month))	NA	NA	375	555
D6084	Implant supported crown - porcelain fused to titanium and titanium alloys (*Only allowed up to age 19 (end of month))	NA	NA	375	546
D6086	Implant supported crown - predominantly base alloys (*Only allowed up to age 19 (end of month))	NA	NA	375	440
D6087	Implant supported crown - noble alloys (*Only allowed up to age 19 (end of month))	NA	NA	375	599
D6088	Implant supported crown - titanium and titanium alloys (*Only allowed up to age 19 (end of month))	NA	NA	375	311
D6090	Repair implant supported prosthesis, by report (*Only allowed up to age 19 (end of month))	NA	NA	83	20
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	107	12
D6095	Repair implant abutment, by report (*Only allowed up to age 19 (end of month))	NA	NA	126	14
D6098	Implant supported retainer - porcelain fused to predominantly base alloys (*Only allowed up to age 19 (end of month))	NA	NA	375	336
D6099	Implant supported retainer for FPD - porcelain fused to noble alloys (*Only allowed up to age 19 (end of month))	NA	NA	375	352
D6100	Surgical removal of implant body (*Only allowed up to age 19 (end of month))	NA	NA	246	33
D6101	Drdrmt of peri-implant defect (*Only allowed up to age 19 (end of month))	NA	NA	134	144
D6102	Drdrmt of peri-implant defect (*Only allowed up to age 19 (end of month))	NA	NA	362	40
D6103	Bone graft repair of peri-implant (*Only allowed up to age 19 (end of month))	NA	NA	164	94
D6104	Bone graft at time of implant placement (*Only allowed up to age 19 (end of month))	NA	NA	133	62
D6105	Removal of implant body not requiring bone removal or flap elevation (*Only allowed up to age 19 (end of month))	NA	NA	78	11
D6106	Guided tissue regeneration - resorbable barrier, per implant (*Only allowed up to age 19 (end of month))	NA	NA	261	28
D6107	Guided tissue regeneration - non-resorbable barrier, per implant (*Only allowed up to age 19 (end of month))	NA	NA	301	74
D6110	Implant/abutment supported removable denture for edentulous arch - maxillary (*Only allowed up to age 19 (end of month))	NA	NA	375	963
D6111	Implant/abutment supported removable denture for edentulous arch - mandibular (*Only allowed up to age 19 (end of month))	NA	NA	375	963
D6112	Implant/abutment supported removable denture for partially edentulous arch - maxillary (*Only allowed up to age 19 (end of month))	NA	NA	375	965
D6113	Implant/abutment supported removable denture for partially edentulous arch - mandibular (*Only allowed up to age 19 (end of month))	NA	NA	375	964
D6114	Implant/abutment supported fixed denture for edentulous arch - maxillary (*Only allowed up to age 19 (end of month))	NA	NA	375	1545
D6115	Implant/abutment supported fixed denture for edentulous arch - mandibular (*Only allowed up to age 19 (end of month))	NA	NA	375	1545
D6116	Implant/abutment supported fixed denture for partially edentulous arch - maxillary (*Only allowed up to age 19 (end of month))	NA	NA	375	1079
D6117	Implant/abutment supported fixed denture for partially edentulous arch - mandibular (*Only allowed up to age 19 (end of month))	NA	NA	375	1078
D6118	Implant/abutment supported interim fixed denture for edentulous arch - mandibular (*Only allowed up to age 19 (end of month))	NA	NA	375	620
D6119	Implant/abutment supported interim fixed denture for edentulous arch - maxillary (*Only allowed up to age 19 (end of month))	NA	NA	375	620
D6120	Implant supported retainer - porcelain fused to titanium and titanium alloys (*Only allowed up to age 19 (end of month))	NA	NA	375	558
D6121	Implant supported retainer for metal FPD - predominantly base alloys (*Only allowed up to age 19 (end of month))	NA	NA	375	448
D6122	Implant supported retainer for metal FPD - noble alloys (*Only allowed up to age 19 (end of month))	NA	NA	375	497
D6123	Implant supported retainer for metal FPD - titanium and titanium alloys (*Only allowed up to age 19 (end of month))	NA	NA	375	490
D6190	Radiographic/surgical implant index, by report (*Only allowed up to age 19 (end of month))	NA	NA	76	111
D6210	Pontic - cast high noble metal	371	229	371	229
D6211	Pontic - cast predominantly base metal	336	224	336	224
D6212	Pontic - cast noble metal	331	247	331	247
D6214	Pontic - titanium and titanium alloys	540	60	375	225
D6240	Pontic - porcelain fused to high noble metal	416	203	375	244
D6241	Pontic - porcelain fused to predominantly base metal	370	186	370	186
D6242	Pontic - porcelain fused to noble metal	389	195	375	209
D6243	Pontic - porcelain fused to titanium and titanium alloys	371	186	371	186
D6245	Pontic - porcelain/ceramic	423	227	375	275
D6250	Pontic - resin with high noble metal	393	211	375	229
D6251	Pontic - resin with predominantly base metal	341	216	341	216
D6252	Pontic - resin with noble metal	387	198	375	210
D6545	Retainer - cast metal for resin bonded fixed prosthesis	228	26	228	26
D6548	Retainer - porcelain/ceramic for resin bonded fixed prosthesis	349	38	349	38
D6720	Retainer crown - resin with high noble metal	349	205	349	205
D6721	Retainer crown - resin with predominantly base metal	348	213	348	213
D6722	Retainer crown - resin with noble metal	348	219	348	219
D6740	Retainer crown - porcelain/ceramic	420	252	375	297
D6750	Retainer crown - porcelain fused to high noble metal	423	227	375	275
D6751	Retainer crown - porcelain fused to predominantly base metal	393	202	375	220
D6752	Retainer crown - porcelain fused to noble metal	404	215	375	244
D6753	Retainer crown - porcelain fused to titanium and titanium alloys	352	181	352	181
D6780	Retainer crown - 3/4 cast high noble metal	418	236	375	279
D6781	Retainer crown - 3/4 cast predominantly base metal	392	215	375	232
D6782	Retainer crown - 3/4 cast noble metal	385	210	375	220
D6783	Retainer crown - 3/4 porcelain/ceramic	424	240	375	289
D6784	Retainer crown 3/4 - titanium and titanium alloys	400	218	375	243
D6790	Retainer crown - full cast high noble metal	410	229	375	264
D6791	Retainer crown - full cast predominantly base metal	375	208	375	208
D6792	Retainer crown - full cast noble metal	393	218	375	236
D6930	Recement fixed partial denture	66	16	66	16
D6980	Fixed partial denture repair necessitated by restorative material failure	117	27	117	27
D7111	Coronal remnants - deciduous tooth	45	23	45	23

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. There may be cases when the negotiated provider fee for an in-network provider exceeds the sum of the listed copay and claim payments for a given service. In such cases, EMI Health will pay the difference.

Code	Code Name	In Network Patient Co-Pay*	Out of Network Claim Payment*	In Network Patient Co-Pay*	Out of Network Claim Payment*
D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)	59	30	59	30
D7210	Surgical removal of erupted tooth requiring elevation of mucoperiosteal flap and removal of bone and/or section of tooth	116	42	116	42
D7220	Removal of impacted tooth - soft tissue	151	42	151	42
D7230	Removal of impacted tooth - partially bony	183	66	183	66
D7240	Removal of impacted tooth - completely bony	243	50	243	50
D7241	Removal of impacted tooth - completely bony, with unusual surgical complications	287	76	287	76
D7250	Surgical removal of residual tooth roots (cutting procedure)	152	15	152	15
D7251	Coronectomy – intentional partial tooth removal, impacted teeth only	255	39	255	39
D7270	Tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth	145	143	145	143
D7280	Surgical access of an unerupted tooth	254	64	254	64
D7285	Biopsy of oral tissue - hard (bone, tooth)	266	263	266	263
D7286	Biopsy of oral tissue - soft (all others)	125	123	125	123
D7310	Alveoplasty in conjunction with extractions - per quadrant	86	84	86	84
D7311	Alveoplasty in conjunction with extractions - one to three teeth or tooth spaces, per quadrant	108	25	108	25
D7320	Alveoplasty not in conjunction with extractions - per quadrant	150	150	150	150
D7321	Alveoplasty not in conjunction with extractions - one to three teeth or tooth spaces, per quadrant	175	48	175	48
D7471	Removal of lateral exostosis (maxilla or mandible)	382	91	375	98
D7510	Incision and drainage of abscess - intraoral soft tissue	103	26	103	26
D7910	Suture of recent small wounds up to 5 cm	23	33	23	33
D7921	Collection and application of autologous blood concentrate product	111	15	111	15
D7953	Bone replacement graft for ridge preservation – per site	197	21	197	21
D7956	Guided tissue regeneration, edentulous area - resorbable barrier, per site	261	28	261	28
D7957	Guided tissue regeneration, edentulous area - non-resorbable barrier, per site	301	74	301	74
D7961	Buccal / labial frenectomy (frenulectomy)	279	30	279	30
D7962	Lingual frenectomy (frenulectomy)	279	30	279	30
D7971	Excision of pericoronal gingiva	64	61	64	61
D8010-D8999	Orthodontic services (*Only allowed up to age 19 (end of month))	NA	NA	50%	50%
D9110	Palliative (emergency) treatment of dental pain – minor procedure – per visit	58	6	58	6
D9215	Local anesthesia	10	7	10	7
D9222	Deep sedation/general anesthesia - first 15 minutes	82	33	82	33
D9223	Deep sedation/general anesthesia - each subsequent 15 minute increment	82	33	82	33
D9230	Analgesia, anxiolysis, inhalation of nitrous oxide	28	7	28	7
D9239	Intravenous moderate (conscious) sedation/analgesia - first 15 minutes	69	19	69	19
D9243	Intravenous moderate (conscious) sedation/analgesia - each subsequent 15 minute increment	69	19	69	19
D9310	Consultation (diagnostic service by dentist or physician other than practitioner providing treatment)	0	84	0	84
D9430	Office visit for observation (during regularly scheduled hours) - no other services performed	0	37	0	37
D9440	Office visit - after regularly scheduled hours	0	76	0	76
D9610	Therapeutic parenteral drug, single administration	28	7	28	7
D9930	Treatment of complications (post-surgical) - unusual circumstances, by report	41	9	41	9
D9944	Occlusal guard - hard appliance, full arch	354	32	354	32
D9945	Occlusal guard - soft appliance, full arch	317	29	317	29
D9946	Occlusal guard - hard appliance, partial arch	341	31	341	31
D9951	Occlusal adjustment - limited	38	35	38	35
D9995	Teledentistry - synchronous; real-time encounter	0	81	0	81

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. There may be cases when the negotiated provider fee for an in-network provider exceeds the sum of the listed copay and claim payments for a given service. In such cases, EMI Health will pay the difference.