

Advantage Co-Pay (GA Individual Exchange) Co-Pay Schedule Effective 1/1/2024

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

emihealth.com

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D2331 Resin-based composite - two surfaces, anterior 58 58 D2332 Resin-based composite - funer surfaces, anterior 66 66 D2335 Resin-based composite - four or more surfaces or involving incisal angle (anterior) 80 80 D2330 Resin-based composite - four or more surfaces or involving incisal angle (anterior) 86 86 D2391 Resin-based composite - one surfaces, posterior 54 54 D2392 Resin-based composite - two surfaces, posterior 75 75 D2393 Resin-based composite - two surfaces, posterior 89 89 D2394 Resin-based composite - four or more surfaces, posterior 111 111 D2510 Inlay - metallic - two surfaces 255 255 D2500 Inlay - metallic - two surfaces 266 266 D2543 Onlay - metallic - two surfaces 317 317 D2543 Onlay - metallic - four or more surface 308 308 D2610 Inlay - porcelain/cermaic - one surface 338 375 D2610 Inlay - porcelain/cermaic - one surfaces 34				
D2332 Resin-based composite - fure surfaces or involving incisal angle (anterior) 66 66 D2335 Resin-based composite - four or more surfaces or involving incisal angle (anterior) 80 80 D2390 Resin-based composite rown, anterior 86 86 D2391 Resin-based composite rown, anterior 54 54 D2392 Resin-based composite - thre surfaces, posterior 89 89 D2334 Resin-based composite - thre surfaces, posterior 81 111 111 D2334 Resin-based composite - four or more surfaces, posterior 187 187 187 D2520 Inlay - metallic - two surfaces 255 255 255 D2530 Inlay - metallic - two surfaces 317 317 317 D2542 Onlay - metallic - two surfaces 344 344 344 D2543 Onlay - metallic - two surfaces 308 308 308 D2610 Inlay - porcelain/cermaic - two surfaces 318 318 318 D2543 Onlay - metallic - two ormore surfaces 308 308				
D2335 Resin-based composite - four or more surfaces or involving incisal angle (anterior) 80 80 D2390 Resin-based composite - one surfaces, posterior 86 86 D2391 Resin-based composite - two surfaces, posterior 54 54 D2392 Resin-based composite - two surfaces, posterior 75 75 D2393 Resin-based composite - two surfaces, posterior 89 89 D2394 Resin-based composite - two surfaces, posterior 111 111 D2510 Inlay - metallic - two surfaces 255 255 D2520 Inlay - metallic - two surfaces 256 256 D2542 Onlay - metallic - two surfaces 317 317 D2544 Onlay - metallic - two surfaces 344 344 D2544 Onlay - metallic - two surfaces 318 318 D2610 Inlay - porcelain/cermaic - two surfaces 348 344 D2544 Onlay - metallic - three or more surfaces 318 318 D2610 Inlay - porcelain/cermaic - two surfaces 348 349 D2630				
D2391 Resin-based composite - one surface, posterior 54 54 D2392 Resin-based composite - two surfaces, posterior 75 75 D2393 Resin-based composite - two surfaces, posterior 111 111 D2510 Inlay - metallic - one surface 187 187 D2520 Inlay - metallic - two surfaces 255 255 D2530 Inlay - metallic - two surfaces 266 256 D2542 Onlay - metallic - two surfaces 317 317 D2543 Onlay - metallic - two surfaces 344 344 D2544 Onlay - metallic - two surfaces 317 375 D2543 Onlay - metallic - two surfaces 317 375 D2544 Onlay - metallic - two surfaces 317 375 D2610 Inlay - porcelain/cermaic - one surfaces 318 318 D2610 Inlay - porcelain/cermaic - two surfaces 349 349 D2620 Inlay - porcelain/cermaic - two surfaces 349 349 D2642 Onlay - porcelain/cermaic - two surfaces 349				
D2392 Resin-based composite - two surfaces, posterior 75 75 D2393 Resin-based composite - three surfaces, posterior 89 89 D2394 Resin-based composite - three surfaces, posterior 111 111 D2510 Inlay - metallic - one surface 187 187 D2520 Inlay - metallic - one surface 255 255 D2530 Inlay - metallic - three or more surfaces 256 256 D2542 Onlay - metallic - three or more surfaces 317 317 D2543 Onlay - metallic - four or more surfaces 344 344 D2544 Onlay - metallic - four or more surfaces 318 318 D2610 Inlay - porcelain/cermaic - one surface 308 308 D2620 Inlay - porcelain/cermaic - one surfaces 318 318 D2610 Inlay - porcelain/cermaic - three or more surfaces 349 349 D2620 Inlay - porcelain/cermaic - three or more surfaces 349 349 D2630 Inlay - porcelain/ceramic - three surfaces 349 349 D2642				
D2393 Resin-based composite - three surfaces, posterior 89 89 D2394 Resin-based composite - four or more surfaces, posterior 111 111 D2510 Inlay - metallic - one surface 187 187 D2520 Inlay - metallic - two surfaces 255 255 D2530 Inlay - metallic - two surfaces 256 256 D2542 Onlay - metallic - two surfaces 317 317 D2543 Onlay - metallic - three surfaces 344 344 D2544 Onlay - metallic - four or more surfaces 377 375 D2610 Inlay - porcelain/cermaic - four or more surfaces 308 308 D2620 Inlay - porcelain/cermaic - two surfaces 318 318 D2610 Inlay - porcelain/cermaic - two surfaces 318 318 D2620 Inlay - porcelain/ceramic - three or more surfaces 349 349 D2630 Inlay - porcelain/ceramic - three or more surfaces 348 375 D2643 Onlay - porcelain/ceramic - two surfaces 430 375 D2643 Onla				
D2394 Resin-based composite - four or more surfaces, posterior 111 111 D2510 Inlay - metallic - one surfaces 187 187 D2520 Inlay - metallic - troe or more surfaces 255 255 D2530 Inlay - metallic - troe or more surfaces 256 256 D2542 Onlay - metallic - two surfaces 317 317 D2543 Onlay - metallic - two surfaces 344 344 D2544 Onlay - metallic - tor or more surfaces 377 375 D2610 Inlay - porcelain/cermaic - one surface 308 308 D2620 Inlay - porcelain/cermaic - one surface 318 318 D2610 Inlay - porcelain/cermaic - one surface 308 308 D2620 Inlay - porcelain/cermaic - one surfaces 318 318 D2630 Inlay - porcelain/cermaic - one surfaces 349 349 D2642 Onlay - porcelain/ceramic - two surfaces 349 349 D2643 Onlay - porcelain/ceramic - four or more surfaces 444 375 D2644 Onlay - resin-base				
D2510 Inlay - metallic - one surface 187 187 D2520 Inlay - metallic - two surfaces 255 255 D2530 Inlay - metallic - two surfaces 256 256 D2542 Onlay - metallic - two surfaces 317 317 D2543 Onlay - metallic - three or more surfaces 317 317 D2543 Onlay - metallic - four or more surfaces 344 344 D2544 Onlay - metallic - four or more surfaces 308 308 D2610 Inlay - porcelain/cermaic - one surfaces 318 318 D2620 Inlay - porcelain/cermaic - two surfaces 349 349 D2620 Inlay - porcelain/cermaic - two surfaces 349 349 D2620 Inlay - porcelain/cermaic - two surfaces 349 349 D2642 Onlay - porcelain/ceramic - two surfaces 349 349 D2642 Onlay - porcelain/ceramic - two surfaces 430 375 D2644 Onlay - porcelain/ceramic - four or more surfaces 444 375 D2650 Inlay - resin-based composite - one sur				
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D2542 Onlay - metallic - two surfaces 317 317 D2543 Onlay - metallic - three surfaces 344 344 D2544 Onlay - metallic - three surfaces 377 375 D2610 Inlay - porcelain/cermaic - one surface 308 308 D2620 Inlay - porcelain/cermaic - two surfaces 318 318 D2630 Inlay - porcelain/cermaic - two surfaces 349 349 D2642 Onlay - porcelain/cermaic - two surfaces 388 375 D2643 Onlay - porcelain/ceramic - two surfaces 388 375 D2644 Onlay - porcelain/ceramic - two surfaces 430 375 D2650 Inlay - porcelain/ceramic - tor or more surfaces 444 375 D2650 Inlay - resin-based composite - one surfaces 267 267 D2651 Inlay - resin-based composite - one surfaces 263 263 D2652 Inlay - resin-based composite - two surfaces 263 263 D2652 Inlay - resin-based composite - two surfaces 263 263 D2662 Onlay - resi				
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D2544Onlay - metallic - four or more surfaces377375D2610Inlay - porcelain/cermaic - one surface308308D2620Inlay - porcelain/cermaic - two surfaces318318D2630Inlay - porcelain/cermaic - two surfaces349349D2642Onlay - porcelain/cermaic - two surfaces388375D2643Onlay - porcelain/cermaic - two surfaces430375D2644Onlay - porcelain/cermaic - four or more surfaces444375D26450Inlay - resin-based composite - one surfaces196196D2650Inlay - resin-based composite - two surfaces267267D2652Inlay - resin-based composite - two surfaces263263D2662Onlay - resin-based composite - two surfaces298298D2663Onlay - resin-based composite - two surfaces307307D2664Onlay - resin-based composite - two surfaces307307D2664Onlay - resin-based composite - two surfaces305305D2664Onlay - resin-based composite - two surfaces307307				
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D2644 Onlay - porcelain/ceramic - four or more surfaces 444 375 D2650 Inlay - resin-based composite - one surface 196 196 D2651 Inlay - resin-based composite - two surfaces 267 267 D2652 Inlay - resin-based composite - two surfaces 263 263 D2652 Onlay - resin-based composite - two surfaces 298 298 D2662 Onlay - resin-based composite - two surfaces 307 307 D2663 Onlay - resin-based composite - three surfaces 305 305 D2664 Onlay - resin-based composite - four or more surfaces 305 305 D2710 Crown - resin (indirect) 146 146				
D2650 Inlay - resin-based composite - one surface 196 196 D2651 Inlay - resin-based composite - two surfaces 267 267 D2652 Inlay - resin-based composite - two surfaces 263 263 D2652 Onlay - resin-based composite - two surfaces 298 298 D2662 Onlay - resin-based composite - two surfaces 307 307 D2663 Onlay - resin-based composite - three surfaces 307 307 D2664 Onlay - resin-based composite - four or more surfaces 305 305 D2710 Crown - resin (indirect) 146 146				
D2651 Inlay - resin-based composite - two surfaces 267 267 D2652 Inlay - resin-based composite - three or more surfaces 263 263 D2662 Onlay - resin-based composite - two surfaces 298 298 D2663 Onlay - resin-based composite - three surfaces 307 307 D2664 Onlay - resin-based composite - four or more surfaces 305 305 D2710 Crown - resin (indirect) 146 146		Inlay - resin-based composite - one surface		
D2662 Onlay - resin-based composite - two surfaces 298 298 D2663 Onlay - resin-based composite - three surfaces 307 307 D2664 Onlay - resin-based composite - four or more surfaces 305 305 D2710 Crown - resin (indirect) 146 146		Inlay - resin-based composite - two surfaces		
D2663 Onlay - resin-based composite - three surfaces 307 307 D2664 Onlay - resin-based composite - four or more surfaces 305 305 D2710 Crown - resin (indirect) 146 146				
D2664 Onlay - resin-based composite - four or more surfaces 305 305 D2710 Crown - resin (indirect) 146 146				
D2710 Crown - resin (indirect) 146 146				
	D2710			
		Crown - resin with high noble metal	399	375

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

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Code	Code Name	Patient Co-Pay*	Patient Co-Pay*
D2721	Crown - resin with predominantly base metal	371	371
D2722	Crown - resin with noble metal	375	375
D2740	Crown - porcelain/ceramic	397	375
D2750	Crown - porcelain fused to high noble metal	403	375
D2751	Crown - porcelain fused to predominantly base metal	379	375
D2752	Crown - porcelain fused to noble metal	391	375
D2753	Crown - porcelain fused to titanium and titanium alloys	393	375
D2780	Crown - 3/4 cast high noble metal	391	375
D2781	Crown - 3/4 cast predominantly base metal	367	367
D2782	Crown - 3/4 cast noble metal	386	375
D2783	Crown - 3/4 porcelain/ceramic	402	375
D2790	Crown - full cast high noble metal	398	375
D2791	Crown - full cast predominantly base metal	363	363
D2792	Crown - full cast noble metal	381	375
D2794	Crown - titanium and titanium alloys	566	375
D2910	Re-cement or re-bond inlay, onlay, veneer or partial coverage restoration	22	22
D2920	Recement crown	50	50
D2928	Prefabricated porcelain/ceramic crown - permanent tooth	130	130
D2929	Prefabricated porcelain/ceramic crown – primary tooth	169	169
D2930	Prefabricated stainless steel crown - primary tooth	151	151
D2931	Prefabricated stainless steel crown - permanent tooth	150	150
D2932	Prefabricated resin crown	95	95
D2933	Prefabricated stainless steel crown with resin window	170	170
D2940	Protective restoration	52	52
D2950	Core buildup, including any pins	132	132
D2951	Pin retention - per tooth, in addition to restoration	24	24
D2952	Cast post and core in addition to crown	170	170
D2953	Each additional cast post - same tooth	60	60
D2954	Prefabricated post and core in addition to crown	164	164
D2955	Post removal (not in conjunction with endodontic therapy)	71	71
D2957	Each additional prefabricated post - same tooth	46	46
D2980	Crown repair, by report	84	84
D2981	Inlay repair by report	93	93
D2982	Onlay repair by report	93	93
D2983	Veneer repair by report	93	93
D2990	Resin infilt of incipient lesions	39	39
D3110	Pulp cap - direct (excluding final restoration)	36	36
D3120		27	27
D3120	Pulp cap - indirect (excluding final restoration) Therapeutic pulpotomy (excluding final restoration) - removal of pulp coronal to the dentinocemental junction and	21	21
D3220		88	88
D3221	application of medicament	97	97
	Pulpal debridement, primary and permanent teeth		
D3222	Partial pulpotomy for apexogenesis - permanent tooth with incomplete root development	103	103
D3230	Pulpal therapy (resorbable filling) - anterior, primary tooth (excluding final restoration)	56	56
D3240	Pulpal therapy (resorbable filling) - posterior, primary tooth (excluding final restoration)	94	94
D3310	Anterior (excluding final restoration)	297	297
D3320	Premolar (excluding final restoration)	364	364
D3330	Molar tooth (excluding final restoration)	485	375
D3331	Treatment of root canal obstruction; non-surgical access	81	81
D3332	Incomplete endodontic therapy; inoperable or fractured tooth	256	256
D3333	Internal root repair of perforation defects	97	97
D3346	Retreatment of previous root canal therapy - anterior	408	375
D3347	Retreatment of previous root canal therapy - premolar	470	375
D3348	Retreatment of previous root canal therapy - molar	573	375
D3351	Apexification/recalcification – initial visit (apical closure / calcific repair of perforations, root resorption, etc.)	86	86
D3352	Apexification/recalcification - interim medication replacement (apical closure/calcific repair of perforations, root	51	51
	resorption, etc.)	.	Ţ.
D3353	Apexification/recalcification - final visit (includes completed root canal therapy - apical closure/calcific repair of	129	129
	perforations, root resorption, etc.)		
D3355	Pulpal regeneration - initial visit	88	88
D3356	Pulpal regeneration - interim medication replacement	56	56
D3357	Pulpal regeneration - completion of treatment	93	93
D3410	Apicoectomy/periradicular surgery - anterior	371	371
D3421	Apicoectomy/periradicular surgery - premolar (first root)	254	254
D3425	Apicoectomy/periradicular surgery - molar (first root)	460	375
D3426	Apicoectomy/periradicular surgery (each additional root)	153	153
D3430	Retrograde filling - per root	112	112
D3450	Root amputation - per root	144	144
D3471	Surgical repair of root resorption - anterior	350	350
D3472	Surgical repair of root resorption - premolar	218	218
D3473	Surgical repair of root resorption - molar	349	349
D3501	Surgical exposure of root surface without apicoectomy or repair of root resorption - anterior	350	350
D3502	Surgical exposure of root surface without apicoectomy or repair of root resorption - anenor	218	218
D3502	Surgical exposure of root surface without apicoectomy or repair of root resorption - premotal	349	349
D3920	Hemisection (including any root removal), not including root canal therapy	108	108
D3920 D3950	Canal preparation and fitting of preformed dowel or post	49	49
D3950 D4210		285	285
D4210 D4211	Gingivectomy or gingivoplasty - four or more contiguous teeth or bounded teeth spaces per quadrant		
1 14711	Gingivectomy or gingivoplasty - one to three teeth, per quadrant	135	135 127
D4212	Gingivectomy or gingivoplasty to allow access for restorative procedure, per tooth	127	
	Gingivectomy or gingivoplasty to allow access for restorative procedure, per tooth Gingival flap procedure, incl root planing - four or more contiguous teeth or bounded teeth spaces/quad Gingival flap procedure, including root planing - one to three teeth, per quadrant	342 198	342 198

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D4245 A D4249 C D4260 O D4261 O D4263 B D4264 B D4264 G	Code Name Apically positioned flap Clinical crown lengthening - hard tissue Deseous surgery (incl flap entry & closure) - four or more contiguous teeth or bounded teeth spaces/quad Seseous surgery (including flap entry and closure) - one to three teeth, per quadrant	Patient Co-Pay* 169 376 337 311	Patient Co-Pay* 169 375 337 211
D4249 C D4260 O D4261 O D4263 B D4264 B D4266 G	Clinical crown lengthening - hard tissue Dsseous surgery (incl flap entry & closure) - four or more contiguous teeth or bounded teeth spaces/quad	376 337	375 337
D4260 0 D4261 0 D4263 B D4264 B D4266 G	Osseous surgery (incl flap entry & closure) - four or more contiguous teeth or bounded teeth spaces/quad	337	337
D4261 0 D4263 B D4264 B D4266 G			
D4263 B D4264 B D4266 G	Usseous surgery (including flap entry and closure) - one to three teeth, per guadrant	311	
D4264 B D4266 G			311
D4266 G	Bone replacement graft - first site in quadrant	213	213
	Bone replacement graft - each additional site in quadrant	123	123
D4267 G	Guided tissue regeneration, natural teeth – resorbable barrier, per site	245	245
	Guided tissue regeneration, natural teeth – non-resorbable barrier, per site	295	295
	Surgical revision procedure, per tooth	110	110
	Pedicle soft tissue graft procedure	256	256
	Autogenous connective tissue graft procedure (including donor and recipient surgical sites) first tooth, implant, or	436	375
	Soft tissue allograft	301	301
	Soft tissue graft procedure first tooth	474	375
	Soft tissue graft procedure each add tooth	298	298
	Splint - intra-coronal; natural teeth or prosthetic crowns	151	151
	Splint - extra-coronal; natural teeth or prosthetic crowns	129	129
	Periodontal scaling and root planing, four or more contiguous teeth or bounded teeth spaces per quadrant	119	119
	Periodontal scaling and root planing, one to three teeth, per quadrant	60	60
D4355 F	Full mouth debridement to enable a comprehensive oral periodontal evaluation and diagnosis on a subsequent visit	77	77
D4910 P	Periodontal maintenance	66	66
D5110 C	Complete denture - maxillary	634	375
D5120 C	Complete denture - mandibular	634	375
	mmediate denture - maxillary	695	375
D5140 In	mmediate denture - mandibular	701	375
	Maxillary partial denture - resin base (including retentive/clasping materials, rests, and teeth)	538	375
	Vandibular partial denture – resin base (including retentive/clasping materials, rests, and teeth)	626	375
I M	Maxillary partial denture - cast metal framework with resin denture bases		
1 115713 1	including retentive/clasping materials, rests, and teeth)	716	375
	Mandibular partial denture - cast metal framework with resin denture bases	740	075
	including retentive/clasping materials, rests, and teeth)	716	375
	Removable unilateral partial denture - one piece cast metal, maxillary (including clasps and teeth)	239	239
	Removable unilateral partial denture - one piece cast metal, manibular (including clasps and teeth)	235	235
	Removable unilateral partial denture – one piece flexible base (including clasps and teeth) – per quadrant	227	227
	Removable unilateral partial denture – one piece resin (including clasps and teeth) – per quadrant	238	238
	Adjust complete denture - maxillary	230	230
	Adjust complete denture - maximary	22	22
	Adjust complete terrare - manufoldar	23	23
	Adjust partial denture - mandibular	23	23
	Repair broken complete denture base, mandibular	73	73
	Repair broken complete denture base, manifoldar	72	72
	Replace missing or broken teeth - complete denture (each tooth)	39	39
	Repair resin partial denture base, mandibular	76	76
	Repair resin partial denture base, manufoldial	76	76
		87	87
	Repair cast partial framework, mandibular		
	Repair cast partial framework, maxillary	87	87
	Repair or replace broken retentive/clasping materials - per tooth	62	62
	Replace broken teeth - per tooth	67	67
	Add tooth to existing partial denture	87	87
	Add clasp to existing partial denture	64	64
	Rebase complete maxillary denture	147	147
	Rebase complete mandibular denture	141	141
	Rebase maxillary partial denture	140	140
	Rebase mandibular partial denture	141	141
	Reline complete maxillary denture (chairside)	90	90
	Reline complete mandibular denture (chairside)	89	89
	Reline maxillary partial denture (chairside)	80	80
	Reline mandibular partial denture (chairside)	82	82
	Reline complete maxillary denture (laboratory)	189	189
	Reline complete mandibular denture (laboratory)	119	119
	Reline maxillary partial denture (laboratory)	115	115
	Reline mandibular partial denture (laboratory)	116	116
	nterim complete denture (maxillary)	195	195
	nterim complete denture (mandibular)	203	203
	nterim partial denture (maxillary)	267	267
	nterim partial denture (mandibular)	241	241
D5850 T	Tissue conditioning, maxillary	44	44
D5851 T	Tissue conditioning, mandibular	42	42
	Surgical placement of implant body: endosteal implant (*Only allowed up to age 19 {end of month})	NA	375
	Surgical placement of interim implant body for transitional prosthesis: endosteal implant (*Only allowed up to age 19	NA	375
{e	(end of month})	INA	3/5
D6040 S	Surgical placement: endosteal implant (*Only allowed up to age 19 (end of month))	NA	375
	Surgical placement: transosteal implant (*Only allowed up to age 19 {end of month})	NA	375
	Dental implant supported connecting bar (*Only allowed up to age 19 {end of month})	NA	375
ער בבחסת ID	Prefabricated abutment - includes placement (*Only allowed up to age 19 (end of month))	NA	326
	Custom abutment - includes placement (*Only allowed up to age 19 (end of month))	NA	375
D6056 P			
D6056 P D6057 C	Abutment supported porcelain/ceramic crowp		375
D6056 P D6057 C D6058 A	Abutment supported porcelain/ceramic crown Abutment supported porcelain fused to metal crown (high poble metal)	674	375
D6056 P D6057 C D6058 A D6059 A	Abutment supported porcelain fused to metal crown (high noble metal)	674 676	375
D6056 P D6057 C D6058 A D6059 A D6060 A		674	

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Code	Code Name	Patient Co-Pay*	Patient Co-Pay*
D6063	Abutment supported cast metal crown (predominantly base metal)	613	375
D6064	Abutment supported cast metal crown (noble metal)	605	375
D6065	Implant supported porcelain/ceramic crown	640	375
D6066	Implant supported crown - porcelain fused to high noble alloys	683	375
D6067	Implant supported crown - high noble alloys	593	375
D6068	Abutment supported retainer for porcelain/ceramic FPD (*Only allowed up to age 19 {end of month})	NA	375
	Abutment supported retainer for porcelain fused to metal FPD (high noble metal) (*Only allowed up to age 19 {end of		
D6069	month})	NA	375
	Abutment supported retainer for porcelain fused to metal FPD (predominantly base metal) (*Only allowed up to age		
D6070		NA	375
D 0074	19 (end of month))		075
D6071	Abutment supported retainer for porcelain fused to metal FPD (noble metal) (*Only allowed up to age 19 {end of	NA	375
D6072	Abutment supported retainer for cast metal FPD (high noble metal) (*Only allowed up to age 19 {end of month})	NA	375
D6073	Abutment supported retainer for cast metal FPD (predominantly base metal) (*Only allowed up to age 19 {end of	NA	375
D6074	Abutment supported retainer for cast metal FPD (noble metal) (*Only allowed up to age 19 {end of month})	NA	375
D6075	Implant supported retainer for ceramic FPD (*Only allowed up to age 19 {end of month})	NA	375
D6076	Implant supported retainer for FPD - porcelain fused to high noble alloys (*Only allowed up to age 19 {end of	NA	375
D6077	Implant supported retainer for metal FPD - high noble alloys (*Only allowed up to age 19 {end of month})	NA	375
	Implant maintenance procedures, including removal of prosthesis, cleansing of prosthesis and abutmenta and		
D6080	reinsertion of prosthesis (*Only allowed up to age 19 {end of month})	NA	56
D6082	Implant supported crown – porcelain fused to predominantly base alloys (*Only allowed up to age 19 (end of month))	NA	375
D6083	Implant supported crown – porcelain fused to noble alloys (*Only allowed up to age 19 {end of month})	NA	375
D6084	Implant supported crown – porcelain fused to titanium and titanium alloys (*Only allowed up to age 19 {end of	NA	375
D6086	Implant supported crown – predominantly base alloys (*Only allowed up to age 19 {end of month})	NA	375
D6087	Implant supported crown – noble alloys (*Only allowed up to age 19 {end of month})	NA	375
D6088	Implant supported crown – titanium and titanium alloys (*Only allowed up to age 19 {end of month})	NA	375
D6090	Repair implant supported prosthesis, by report (*Only allowed up to age 19 {end of month})	NA	79
	Replacement of semi-precision or precision attachment of implant/abutment supported prosthesis, per attachment		
D6091	(*Only allowed up to age 19 {end of month})	NA	218
D6095	Repair implant abutment, by report (*Only allowed up to age 19 {end of month})	NA	119
D6098	Implant supported retainer – porcelain fused to predominantly base alloys (*Only allowed up to age 19 {end of	NA	375
D6099	Implant supported retainer for FPD – porcelain fused to noble alloys (*Only allowed up to age 19 {end of month})	NA	375
D6100	Surgical removal of implant body (*Only allowed up to age 19 {end of month})	NA	230
D6101	Dbrdmnt of peri-implant defect (*Only allowed up to age 19 {end of month})	NA	115
D6102	Dbrdmnt of peri-implant defect (*Only allowed up to age 19 {end of month})	NA	302
D6103	Bone graft repair of peri-implant (*Only allowed up to age 19 (end of month))	NA	126
D6104	Bone graft at time of implant placement (*Only allowed up to age 19 {end of month})	NA	123
D6105	Removal of implant body not requiring bone removal or flap elevation (*Only allowed up to age 19 {end of month})	NA	76
D6105		NA	311
	Guided tissue regeneration - resorbable barrier, per implant (*Only allowed up to age 19 (end of month))		
D6107	Guided tissue regeneration - non-resorbable barrier, per implant (*Only allowed up to age 19 {end of month})	NA	336
D6120	Implant supported retainer – porcelain fused to titanium and titanium alloys (*Only allowed up to age 19 (end of	NA	375
D6121	Implant supported retainer for metal FPD – predominantly base alloys (*Only allowed up to age 19 {end of month})	NA	375
D6122	Implant supported retainer for metal FPD – noble alloys (*Only allowed up to age 19 {end of month})	NA	375
D6123	Implant supported retainer for metal FPD – titanium and titanium alloys (*Only allowed up to age 19 {end of month})	NA	375
D6190	Radiographic/surgical implant index, by report (*Only allowed up to age 19 {end of month})	NA	74
D6210	Pontic - cast high noble metal	350	350
D6211	Pontic - cast predominantly base metal	318	318
D6212	Pontic - cast noble metal	316	316
D6212	Pontic - titanium and titanium alloys	498	375
D6240	Pontic - porcelain fused to high noble metal	386	375
D6241	Pontic - porcelain fused to predominantly base metal	349	349
D6242	Pontic - porcelain fused to noble metal	368	368
D6243	Pontic – porcelain fused to titanium and titanium alloys	349	349
D6245	Pontic - porcelain/ceramic	389	375
D6250	Pontic - resin with high noble metal	373	373
D6251	Pontic - resin with predominantly base metal	323	323
D6252	Pontic - resin with noble metal	365	365
D6545	Retainer - cast metal for resin bonded fixed prosthesis	217	217
D6548	Retainer - porcelain/ceramic for resin bonded fixed prosthesis	308	308
D6720	Retainer crown - resin with high noble metal	339	339
D6721	Retainer crown - resin with predominantly base metal	337	337
D6722	Retainer crown - resin with noble metal	336	336
D6740	Retainer crown - porcelain/ceramic	403	375
D6750	Retainer crown - porcelain fused to high noble metal	406	375
D6751	Retainer crown - porcelain fused to predominantly base metal	378	375
D6752	Retainer crown - porcelain fused to noble metal	387	375
D6753	Retainer crown - porcelain rused to ribble metal	339	339
D6780	Retainer crown - 3/4 cast high noble metal	401	375
			375
D6781	Retainer crown - 3/4 cast predominantly base metal	386	
D6782	Retainer crown - 3/4 cast noble metal	363	363
D6783	Retainer crown - 3/4 porcelain/ceramic	408	375
D6784	Retainer crown ³ / ₄ – titanium and titanium alloys	381	375
D6790	Retainer crown - full cast high noble metal	392	375
D6791	Retainer crown - full cast predominantly base metal	361	361
D6792	Retainer crown - full cast noble metal	377	375
D6930	Recement fixed partial denture	63	63
D6980		102	102
	Fixed partial denture repair necessitated by restorative material failure		
	Coronal remnants - deciduous tooth	43	43
D7111			
D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)	58	58
	Extraction, erupted tooth or exposed root (elevation and/or forceps removal) Surgical removal of erupted tooth requiring elevation of mucoperiosteal flap and removal of bone and/or section of	58 108 139	58 108

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Code	Code Name	Patient Co-Pay*	Patient Co-Pay*
D7230	Removal of impacted tooth - partially bony	169	169
D7240	Removal of impacted tooth - completely bony	223	223
D7241	Removal of impacted tooth - completely bony, with unusual surgical complications	267	267
D7250	Surgical removal of residual tooth roots (cutting procedure)	141	141
D7251	Coronectomy – intentional partial tooth removal, impacted teeth only	243	243
D7270	Tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth	134	134
D7280	Surgical access of an unerupted tooth	241	241
D7285	Biopsy of oral tissue - hard (bone, tooth)	261	261
D7286	Biopsy of oral tissue - soft (all others)	124	124
D7310	Alveoloplasty in conjunction with extractions - per quadrant	82	82
D7311	Alveoloplasty in conjunction with extractions - one to three teeth or tooth spaces, per quadrant	106	106
D7320	Alveoloplasty not in conjunction with extractions - per quadrant	241	241
D7321	Alveoloplasty not in conjunction with extractions - one to three teeth or tooth spaces, per quadrant	314	314
D7471	Removal of lateral exostosis (maxilla or mandible)	375	375
D7510	Incision and drainage of abscess - intraoral soft tissue	111	111
D7910	Suture of recent small wounds up to 5 cm	21	21
D7921	Collection and application of autologous blood concentrate product	103	103
D7953	Bone replacement graft for ridge preservation – per site	159	159
D7956	Guided tissue regeneration, edentulous area - resorbable barrier, per site	245	245
D7957	Guided tissue regeneration, edentulous area - non-resorbable barrier, per site	295	295
D7961	Buccal / labial frenectomy (frenulectomy)	262	262
D7962	Lingual frenectomy (frenulectomy)	262	262
D7971	Excision of pericoronal gingiva	61	61
D8010-D8999	Orthodontic services (*Only allowed up to age 19 {end of month})	NA	50%
D9110	Palliative (emergency) treatment of dental pain – minor procedure – per visit	52	52
D9215	Local anesthesia	9	9
D9222	Deep sedation/general anesthesia - first 15 minutes	73	73
D9223	Deep sedation/general anesthesia - each subsequent 15 minute increment	73	73
D9230	Analgesia, anxiolysis, inhalation of nitrous oxide	26	26
D9239	Intravenous moderate (conscious) sedation/analgesia - first 15 minutes	61	61
D9243	Intravenous moderate (conscious) sedation/analgesia - each subsequent 15 minute increment	61	61
D9310	Consultation (diagnostic service by dentist or physician other than practitioner providing treatment)	0	0
D9430	Office visit for observation (during regularly scheduled hours) - no other services performed	0	0
D9440	Office visit - after regularly scheduled hours	0	0
D9610	Therapeutic parenteral drug, single administration	28	28
D9930	Treatment of complications (post-surgical) - unusual circumstances, by report	38	38
D9944	Occlusal guard - hard appliance, full arch	291	291
D9945	Occlusal guard - soft appliance, full arch	255	255
D9946	Occlusal guard - hard appliance, partial arch	278	278
D9951	Occlusal adjustment - limited	32	32
D9995	Teledentistry - synchronous; real-time encounter	0	0