



Advantage Co-Pay (ID Individual Exchange)

Co-Pay Schedule

Effective 1/1/2023

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 - established patient	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 comprehensive series of radiographic images	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
D0330	Panoramic film	0	0
D0340	Cephalometric film	0	0
D0350	2D oral/facial photographic image obtained intra-orally or extra-orally	0	0
D0391	Interpretation of diagnostic image	0	0
D0470	Diagnostic casts (*Only allowed up to age 19 (end of month))	NA	50%
D1110	Prophylaxis - adult	0	0
D1120	Prophylaxis - child	0	0
D1206	Topical Application Of Fluoride Varnish (*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
D1352	Preventive resin restoration in a moderate to high caries risk patient - permanent tooth (*Only allowed up to age 19 (end of month))	NA	0
D1510	Space maintainer - fixed - unilateral - per quadrant (*Only allowed up to age 19 (end of month))	NA	218
D1516	Space maintainer - fixed - bilateral, maxillary (*Only allowed up to age 19 (end of month))	NA	288
D1517	Space maintainer - fixed - bilateral, mandibular (*Only allowed up to age 19 (end of month))	NA	288
D1520	Space maintainer - removable - unilateral - per quadrant (*Only allowed up to age 19 (end of month))	NA	151
D1526	Space maintainer - removable - bilateral, maxillary (*Only allowed up to age 19 (end of month))	NA	207
D1527	Space maintainer - removable - bilateral, mandibular (*Only allowed up to age 19 (end of month))	NA	207
D1551	Re-cementation of bilateral space maintainer - maxillary (*Only allowed up to age 19 (end of month))	NA	41
D1552	Re-cementation of bilateral space maintainer - mandibular (*Only allowed up to age 19 (end of month))	NA	41
D1553	Re-cementation of unilateral space maintainer - per quadrant (*Only allowed up to age 19 (end of month))	NA	41
D2140	Amalgam - one surface, primary or permanent	35	35
D2150	Amalgam - two surfaces, primary or permanent	48	48
D2160	Amalgam - three surfaces, primary or permanent	72	72
D2161	Amalgam - four or more surfaces, primary or permanent	80	80
D2330	Resin-based composite - one surface, anterior	60	60
D2331	Resin-based composite - two surfaces, anterior	75	75
D2332	Resin-based composite - three surfaces, anterior	86	86
D2335	Resin-based composite - four or more surfaces or involving incisal angle (anterior)	102	102
D2390	Resin-based composite crown, anterior	139	139
D2391	Resin-based composite - one surface, posterior	68	68
D2392	Resin-based composite - two surfaces, posterior	97	97
D2393	Resin-based composite - three surfaces, posterior	115	115
D2394	Resin-based composite - four or more surfaces, posterior	130	130
D2510	Inlay - metallic - one surface	236	236
D2520	Inlay - metallic - two surfaces	278	278
D2530	Inlay - metallic - three or more surfaces	305	305
D2542	Onlay - metallic - two surfaces	348	348
D2543	Onlay - metallic - three surfaces	399	375
D2544	Onlay - metallic - four or more surfaces	419	375
D2610	Inlay - porcelain/ceramic - one surface	410	375
D2620	Inlay - porcelain/ceramic - two surfaces	430	375
D2630	Inlay - porcelain/ceramic - three or more surfaces	456	375
D2642	Onlay - porcelain/ceramic - two surfaces	447	375
D2643	Onlay - porcelain/ceramic - three surfaces	497	375
D2644	Onlay - porcelain/ceramic - four or more surfaces	524	375
D2650	Inlay - resin-based composite - one surface	270	270
D2651	Inlay - resin-based composite - two surfaces	320	320
D2652	Inlay - resin-based composite - three or more surfaces	338	338
D2662	Onlay - resin-based composite - two surfaces	424	375
D2663	Onlay - resin-based composite - three surfaces	406	375
D2664	Onlay - resin-based composite - four or more surfaces	419	375
D2710	Crown - resin (indirect)	154	154
D2720	Crown - resin with high noble metal	534	375
D2721	Crown - resin with predominantly base metal	492	375

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Code	Code Name	Patient Co-Pay*	Patient Co-Pay*
D2722	Crown - resin with noble metal	497	375
D2740	Crown - porcelain/ceramic	539	375
D2750	Crown - porcelain fused to high noble metal	556	375
D2751	Crown - porcelain fused to predominantly base metal	527	375
D2752	Crown - porcelain fused to noble metal	533	375
D2753	Crown - porcelain fused to titanium and titanium alloys	525	375
D2780	Crown - 3/4 cast high noble metal	533	375
D2781	Crown - 3/4 cast predominantly base metal	519	375
D2782	Crown - 3/4 cast noble metal	537	375
D2783	Crown - 3/4 porcelain/ceramic	566	375
D2790	Crown - full cast high noble metal	529	375
D2791	Crown - full cast predominantly base metal	506	375
D2792	Crown - full cast noble metal	515	375
D2794	Crown - titanium and titanium alloys	680	375
D2910	Re-cement or re-bond inlay, onlay, veneer or partial coverage restoration	27	27
D2920	Recement crown	67	67
D2928	Prefabricated porcelain/ceramic crown - permanent tooth	180	180
D2929	Prefabricated porcelain/ceramic crown - primary tooth	180	180
D2930	Prefabricated stainless steel crown - primary tooth	184	184
D2931	Prefabricated stainless steel crown - permanent tooth	182	182
D2932	Prefabricated resin crown	125	125
D2933	Prefabricated stainless steel crown with resin window	223	223
D2940	Protective restoration	71	71
D2950	Core buildup, including any pins	174	174
D2951	Pin retention - per tooth, in addition to restoration	33	33
D2952	Cast post and core in addition to crown	236	236
D2953	Each additional cast post - same tooth	93	93
D2954	Prefabricated post and core in addition to crown	218	218
D2955	Post removal (not in conjunction with endodontic therapy)	91	91
D2957	Each additional prefabricated post - same tooth	46	46
D2980	Crown repair, by report	153	153
D2981	Inlay repair by report	134	134
D2982	Onlay repair by report	134	134
D2983	Veneer repair by report	134	134
D2990	Resin inlay of incipient lesions	46	46
D3110	Pulp cap - direct (excluding final restoration)	47	47
D3120	Pulp cap - indirect (excluding final restoration)	33	33
D3220	Therapeutic pulpotomy (excluding final restoration) - removal of pulp coronal to the dentinocemental junction and application of medicament	110	110
D3221	Pulpal debridement, primary and permanent teeth	109	109
D3222	Partial pulpotomy for apexogenesis - permanent tooth with incomplete root development	109	109
D3230	Pulpal therapy (resorbable filling) - anterior, primary tooth (excluding final restoration)	67	67
D3240	Pulpal therapy (resorbable filling) - posterior, primary tooth (excluding final restoration)	115	115
D3310	Anterior (excluding final restoration)	381	375
D3320	Premolar (excluding final restoration)	475	375
D3330	Molar tooth (excluding final restoration)	635	375
D3331	Treatment of root canal obstruction; non-surgical access	139	139
D3332	Incomplete endodontic therapy; inoperable or fractured tooth	215	215
D3333	Internal root repair of perforation defects	100	100
D3346	Retreatment of previous root canal therapy - anterior	531	375
D3347	Retreatment of previous root canal therapy - premolar	618	375
D3348	Retreatment of previous root canal therapy - molar	753	375
D3351	Apexification/recalcification - initial visit (apical closure / calcific repair of perforations, root resorption, etc.)	115	115
D3352	Apexification/recalcification - interim medication replacement (apical closure/calcific repair of perforations, root resorption, etc.)	66	66
D3353	Apexification/recalcification - final visit (includes completed root canal therapy - apical closure/calcific repair of perforations, root resorption, etc.)	182	182
D3355	Pulpal regeneration - initial visit	115	115
D3356	Pulpal regeneration - interim medication replacement	66	66
D3357	Pulpal regeneration - completion of treatment	122	122
D3410	Apicoectomy/periradicular surgery - anterior	483	375
D3421	Apicoectomy/periradicular surgery - premolar (first root)	328	328
D3425	Apicoectomy/periradicular surgery - molar (first root)	593	375
D3426	Apicoectomy/periradicular surgery (each additional root)	198	198
D3430	Retrograde filling - per root	146	146
D3450	Root amputation - per root	184	184
D3471	Surgical repair of root resorption - anterior	481	375
D3472	Surgical repair of root resorption - premolar	329	329
D3473	Surgical repair of root resorption - molar	592	375
D3501	Surgical exposure of root surface without apicoectomy or repair of root resorption - anterior	481	375
D3502	Surgical exposure of root surface without apicoectomy or repair of root resorption - premolar	329	329
D3503	Surgical exposure of root surface without apicoectomy or repair of root resorption - molar	592	375
D3920	Hemisection (including any root removal), not including root canal therapy	146	146
D3950	Canal preparation and fitting of preformed dowel or post	67	67
D4210	Gingivectomy or gingivoplasty - four or more contiguous teeth or bounded teeth spaces per quadrant	411	375
D4211	Gingivectomy or gingivoplasty - one to three teeth, per quadrant	155	155
D4212	Gingivectomy or gingivoplasty to allow access for restorative procedure, per tooth	128	128
D4240	Gingival flap procedure, incl root planing - four or more contiguous teeth or bounded teeth spaces/quad	485	375
D4241	Gingival flap procedure, including root planing - one to three teeth, per quadrant	352	352
D4245	Apically positioned flap	275	275

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Code	Code Name	Patient Co-Pay*	Patient Co-Pay*
D4249	Clinical crown lengthening - hard tissue	554	375
D4260	Osseous surgery (incl flap entry & closure) - four or more contiguous teeth or bounded teeth spaces/quad	488	375
D4261	Osseous surgery (including flap entry and closure) - one to three teeth, per quadrant	452	375
D4263	Bone replacement graft - first site in quadrant	266	266
D4264	Bone replacement graft - each additional site in quadrant	100	100
D4266	Guided tissue regeneration, natural teeth – resorbable barrier, per site	321	321
D4267	Guided tissue regeneration, natural teeth – non-resorbable barrier, per site	366	366
D4268	Surgical revision procedure, per tooth	278	278
D4270	Pedicle soft tissue graft procedure	362	362
D4273	Autogenous connective tissue graft procedure (including donor and recipient surgical sites) first tooth, implant, or	640	375
D4275	Soft tissue allograft	675	375
D4277	Soft tissue graft procedure first tooth	1066	375
D4278	Soft tissue graft procedure each add tooth	351	351
D4322	Splint - intra-coronal; natural teeth or prosthetic crowns	164	164
D4323	Splint - extra-coronal; natural teeth or prosthetic crowns	143	143
D4341	Periodontal scaling and root planing, four or more contiguous teeth or bounded teeth spaces per quadrant	151	151
D4342	Periodontal scaling and root planing, one to three teeth, per quadrant	69	69
D4355	Full mouth debridement to enable a comprehensive oral periodontal evaluation and diagnosis on a subsequent visit	101	101
D4910	Periodontal maintenance	86	86
D5110	Complete denture - maxillary	916	375
D5120	Complete denture - mandibular	916	375
D5130	Immediate denture - maxillary	1009	375
D5140	Immediate denture - mandibular	1018	375
D5211	Maxillary partial denture – resin base (including retentive/clasping materials, rests, and teeth)	893	375
D5212	Mandibular partial denture – resin base (including retentive/clasping materials, rests, and teeth)	893	375
D5213	Maxillary partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests, and teeth)	1025	375
D5214	Mandibular partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests, and teeth)	1025	375
D5282	Removable unilateral partial denture - one piece cast metal, maxillary (including clasps and teeth)	366	366
D5283	Removable unilateral partial denture - one piece cast metal, mandibular (including clasps and teeth)	366	366
D5284	Removable unilateral partial denture – one piece flexible base (including clasps and teeth) – per quadrant	366	366
D5286	Removable unilateral partial denture – one piece resin (including clasps and teeth) – per quadrant	366	366
D5410	Adjust complete denture - maxillary	32	32
D5411	Adjust complete denture - mandibular	32	32
D5421	Adjust partial denture - maxillary	32	32
D5422	Adjust partial denture - mandibular	32	32
D5511	Repair broken complete denture base, mandibular	100	100
D5512	Repair broken complete denture base, maxillary	100	100
D5520	Replace missing or broken teeth - complete denture (each tooth)	53	53
D5611	Repair resin partial denture base, mandibular	107	107
D5612	Repair resin partial denture base, maxillary	107	107
D5621	Repair cast partial framework, mandibular	117	117
D5622	Repair cast partial framework, maxillary	117	117
D5630	Repair or replace broken retentive/clasping materials - per tooth	90	90
D5640	Replace broken teeth - per tooth	92	92
D5650	Add tooth to existing partial denture	123	123
D5660	Add clasp to existing partial denture	93	93
D5710	Rebase complete maxillary denture	232	232
D5711	Rebase complete mandibular denture	221	221
D5720	Rebase maxillary partial denture	219	219
D5721	Rebase mandibular partial denture	219	219
D5730	Reline complete maxillary denture (chairside)	132	132
D5731	Reline complete mandibular denture (chairside)	132	132
D5740	Reline maxillary partial denture (chairside)	121	121
D5741	Reline mandibular partial denture (chairside)	121	121
D5750	Reline complete maxillary denture (laboratory)	279	279
D5751	Reline complete mandibular denture (laboratory)	175	175
D5760	Reline maxillary partial denture (laboratory)	172	172
D5761	Reline mandibular partial denture (laboratory)	172	172
D5810	Interim complete denture (maxillary)	281	281
D5811	Interim complete denture (mandibular)	281	281
D5820	Interim partial denture (maxillary)	405	375
D5821	Interim partial denture (mandibular)	359	359
D5850	Tissue conditioning, maxillary	55	55
D5851	Tissue conditioning, mandibular	55	55
D6010	Surgical placement of implant body: endosteal implant (*Only allowed up to age 19 (end of month))	NA	375
D6012	Surgical placement of interim implant body for transitional prosthesis: endosteal implant (*Only allowed up to age 19 (end of month))	NA	375
D6040	Surgical placement: endosteal implant (*Only allowed up to age 19 (end of month))	NA	375
D6050	Surgical placement: transosteal implant (*Only allowed up to age 19 (end of month))	NA	375
D6055	Dental implant supported connecting bar (*Only allowed up to age 19 (end of month))	NA	375
D6056	Prefabricated abutment - includes placement (*Only allowed up to age 19 (end of month))	NA	375
D6057	Custom abutment - includes placement (*Only allowed up to age 19 (end of month))	NA	375
D6058	Abutment supported porcelain/ceramic crown	990	375
D6059	Abutment supported porcelain fused to metal crown (high noble metal)	990	375
D6060	Abutment supported porcelain fused to metal crown (predominantly base metal)	889	375
D6061	Abutment supported porcelain fused to metal crown (noble metal)	912	375
D6062	Abutment supported cast metal crown (high noble metal)	612	375
D6063	Abutment supported cast metal crown (predominantly base metal)	466	375

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Code	Code Name	Patient Co-Pay*	Patient Co-Pay*
D6064	Abutment supported cast metal crown (noble metal)	508	375
D6065	Implant supported porcelain/ceramic crown	990	375
D6066	Implant supported crown - porcelain fused to high noble alloys	990	375
D6067	Implant supported crown - high noble alloys	1203	375
D6068	Abutment supported retainer for porcelain/ceramic FPD (*Only allowed up to age 19 (end of month))	NA	375
D6069	Abutment supported retainer for porcelain fused to metal FPD (high noble metal) (*Only allowed up to age 19 (end of month))	NA	375
D6070	Abutment supported retainer for porcelain fused to metal FPD (predominantly base metal) (*Only allowed up to age 19 (end of month))	NA	375
D6071	Abutment supported retainer for porcelain fused to metal FPD (noble metal) (*Only allowed up to age 19 (end of month))	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 month))	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 month))	NA	375
D6077	Implant supported retainer for metal FPD - high noble alloys (*Only allowed up to age 19 (end of month))	NA	375
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	86
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 month))	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	179
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	222
D6095	Repair implant abutment, by report (*Only allowed up to age 19 (end of month))	NA	269
D6098	Implant supported retainer - porcelain fused to predominantly base alloys (*Only allowed up to age 19 (end of month))	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	356
D6101	Drdrmt of peri-implant defect (*Only allowed up to age 19 (end of month))	NA	244
D6102	Drdrmt of peri-implant defect (*Only allowed up to age 19 (end of month))	NA	334
D6103	Bone graft repair of peri-implant (*Only allowed up to age 19 (end of month))	NA	278
D6104	Bone graft at time of implant placement (*Only allowed up to age 19 (end of month))	NA	278
D6105	Removal of implant body not requiring bone removal or flap elevation (*Only allowed up to age 19 (end of month))	NA	114
D6106	Guided tissue regeneration - resorbable barrier, per implant (*Only allowed up to age 19 (end of month))	NA	321
D6107	Guided tissue regeneration - non-resorbable barrier, per implant (*Only allowed up to age 19 (end of month))	NA	366
D6120	Implant supported retainer - porcelain fused to titanium and titanium alloys	NA	375
D6121	Implant supported retainer for metal FPD - predominantly base alloys	NA	375
D6122	Implant supported retainer for metal FPD - noble alloys	NA	375
D6123	Implant supported retainer for metal FPD - titanium and titanium alloys	NA	375
D6190	Radiographic/surgical implant index, by report (*Only allowed up to age 19 (end of month))	NA	118
D6210	Pontic - cast high noble metal	462	375
D6211	Pontic - cast predominantly base metal	420	375
D6212	Pontic - cast noble metal	417	375
D6214	Pontic - titanium and titanium alloys	411	375
D6240	Pontic - porcelain fused to high noble metal	458	375
D6241	Pontic - porcelain fused to predominantly base metal	478	375
D6242	Pontic - porcelain fused to noble metal	488	375
D6243	Pontic - porcelain fused to titanium and titanium alloys	452	375
D6245	Pontic - porcelain/ceramic	477	375
D6250	Pontic - resin with high noble metal	475	375
D6251	Pontic - resin with predominantly base metal	412	375
D6252	Pontic - resin with noble metal	459	375
D6545	Retainer - cast metal for resin bonded fixed prosthesis	279	279
D6548	Retainer - porcelain/ceramic for resin bonded fixed prosthesis	441	369
D6720	Retainer crown - resin with high noble metal	518	375
D6721	Retainer crown - resin with predominantly base metal	484	375
D6722	Retainer crown - resin with noble metal	488	375
D6740	Retainer crown - porcelain/ceramic	464	375
D6750	Retainer crown - porcelain fused to high noble metal	547	375
D6751	Retainer crown - porcelain fused to predominantly base metal	519	375
D6752	Retainer crown - porcelain fused to noble metal	525	375
D6753	Retainer crown - porcelain fused to titanium and titanium alloys	519	375
D6780	Retainer crown - 3/4 cast high noble metal	509	375
D6781	Retainer crown - 3/4 cast predominantly base metal	452	375
D6782	Retainer crown - 3/4 cast noble metal	459	375
D6783	Retainer crown - 3/4 porcelain/ceramic	459	375
D6784	Retainer crown 3/4 - titanium and titanium alloys	458	375
D6790	Retainer crown - full cast high noble metal	521	375
D6791	Retainer crown - full cast predominantly base metal	496	375
D6792	Retainer crown - full cast noble metal	513	375
D6930	Recement fixed partial denture	79	79
D6980	Fixed partial denture repair necessitated by restorative material failure	180	180
D7111	Coronal remnants - deciduous tooth	65	65
D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)	77	77

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Code	Code Name	Patient Co-Pay*	Patient Co-Pay*
D7210	Surgical removal of erupted tooth requiring elevation of mucoperiosteal flap and removal of bone and/or section of	150	150
D7220	Removal of impacted tooth - soft tissue	180	180
D7230	Removal of impacted tooth - partially bony	225	225
D7240	Removal of impacted tooth - completely bony	297	297
D7241	Removal of impacted tooth - completely bony, with unusual surgical complications	356	356
D7250	Surgical removal of residual tooth roots (cutting procedure)	175	175
D7251	Coronectomy – intentional partial tooth removal, impacted teeth only	318	318
D7270	Tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth	198	198
D7280	Surgical access of an unerupted tooth	344	344
D7285	Biopsy of oral tissue - hard (bone, tooth)	352	352
D7286	Biopsy of oral tissue - soft (all others)	157	157
D7310	Alveoloplasty in conjunction with extractions - per quadrant	107	107
D7311	Alveoloplasty in conjunction with extractions - one to three teeth or tooth spaces, per quadrant	180	180
D7320	Alveoloplasty not in conjunction with extractions - per quadrant	236	236
D7321	Alveoloplasty not in conjunction with extractions - one to three teeth or tooth spaces, per quadrant	208	208
D7471	Removal of lateral exostosis (maxilla or mandible)	348	348
D7510	Incision and drainage of abscess - intraoral soft tissue	163	163
D7910	Suture of recent small wounds up to 5 cm	115	115
D7921	Collection and application of autologous blood concentrate product	135	135
D7953	Bone replacement graft for ridge preservation – per site	355	355
D7956	Guided tissue regeneration, edentulous area - resorbable barrier, per site	321	321
D7957	Guided tissue regeneration, edentulous area - non-resorbable barrier, per site	366	366
D7961	Buccal / labial frenectomy (frenulectomy)	325	325
D7962	Lingual frenectomy (frenulectomy)	325	325
D7971	Excision of pericoronal gingiva	74	74
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	68	68
D9215	Local anesthesia	14	14
D9222	Deep sedation/general anesthesia - first 15 minutes	125	125
D9223	Deep sedation/general anesthesia - each subsequent 15 minute increment	125	125
D9230	Analgesia, anxiolysis, inhalation of nitrous oxide	33	33
D9239	Intravenous moderate (conscious) sedation/analgesia - first 15 minutes	119	119
D9243	Intravenous moderate (conscious) sedation/analgesia - each subsequent 15 minute increment	119	119
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	46	46
D9930	Treatment of complications (post-surgical) - unusual circumstances, by report	63	63
D9944	Occlusal guard - hard appliance, full arch	395	375
D9945	Occlusal guard - soft appliance, full arch	395	375
D9946	Occlusal guard - hard appliance, partial arch	395	375
D9951	Occlusal adjustment - limited	47	47
D9995	Teledentistry - synchronous; real-time encounter	0	0

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

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.