

## Advantage Co-Pay (IL Individual Exchange) Co-Pay Schedule **Effective 1/1/2024**

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

emihealth.com

0.4		Adults (19 and over)	Children (up to age 19 {end of month})
Code	Code Name	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	Extra-oral - 2D projection radiographic image	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
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	NA	0
D1510	Space maintainer - fixed - unilateral - per guadrant (*Only allowed up to age 19 (end of month))	NA	161
D1516	Space maintainer - fixed - bilateral, maxillary (*Only allowed up to age 19 (end of month))	NA	215
D1517	Space maintainer - fixed - bilateral, mandibular (*Only allowed up to age 19 {end of month})	NA	215
D1520	Space maintainer - removable - unilateral - per quadrant (*Only allowed up to age 19 {end of month})	NA	98
D1526	Space maintainer - removable - bilateral, maxillary (*Only allowed up to age 19 {end of month})	NA NA	155
D1527	Space maintainer - removable - bilateral, mandibular (*Only allowed up to age 19 (end of month))	NA NA	155
D1551	Re-cementation of bilateral space maintainer - maxillary (*Only allowed up to age 19 {end of month})	NA NA	30
D1552	Re-cementation of bilateral space maintainer - mandibular (*Only allowed up to age 19 {end of month})	NA NA	30
D1553	Re-cementation of unilateral space maintainer - per quadrant (*Only allowed up to age 19 {end of month})	NA NA	30
D2140	Amalgam - one surface, primary or permanent	28	28
D2150	Amalgam - two surfaces, primary or permanent	39	39
D2160	Amalgam - three surfaces, primary or permanent	53	53
D2161	Amalgam - four or more surfaces, primary or permanent	55	55
D2330	Resin-based composite - one surface, anterior	49	49
D2331	Resin-based composite - two surfaces, anterior	60	60
D2332	Resin-based composite - three surfaces, anterior	69	69
D2335	Resin-based composite - four or more surfaces or involving incisal angle (anterior)	83	83
D2390	Resin-based composite crown, anterior	100	100
D2391	Resin-based composite crown, amenor	57	57
D2391 D2392	Resin-based composite - one surfaces, posterior	81	81
D2392 D2393	Resin-based composite - two surfaces, posterior	95	95
D2394	Resin-based composite - three surfaces, posterior  Resin-based composite - four or more surfaces, posterior	108	108
D2510	Inlay - metallic - one surface	173	173
D2510 D2520	•	239	239
D2520	Inlay - metallic - two surfaces	239	239
	Inlay - metallic - three or more surfaces		
D2542	Onlay - metallic - two surfaces	296	296
D2543	Onlay - metallic - three surfaces	321	321
D2544	Onlay - metallic - four or more surfaces	352	352
D2610	Inlay - porcelain/cermaic - one surface	283	283
D2620	Inlay - porcelain/cermaic - two surfaces	292	292
D2630	Inlay - porcelain/cermaic - three or more surfaces	336	336
D2642	Onlay - porcelain/ceramic - two surfaces	363	363
D2643	Onlay - porcelain/ceramic - three surfaces	402	375
D2644	Onlay - porcelain/ceramic - four or more surfaces	426	375
D2650	Inlay - resin-based composite - one surface	177	177
D2651	Inlay - resin-based composite - two surfaces	246	246
D2652	Inlay - resin-based composite - three or more surfaces	241	241
D2662	Onlay - resin-based composite - two surfaces	306	306
D2663	Onlay - resin-based composite - three surfaces	315	315
D2664	Onlay - resin-based composite - four or more surfaces	321	321
D2710	Crown - resin (indirect)	168	168
D2720	Crown - resin with high noble metal	418	375
D2721	Crown - resin with predominantly base metal	360 357	360 357
D2722	Crown - resin with noble metal		

Control Name				
D2750   Concer- process inset by byn rode meal   422   375				
D2751   Cyman - processis fasted by procommandly base makes   397   37				
D2752   Conv				
D2753   Costent - Social ordinary of content and statement and search and s				
D2750				
D2781   Osero - 34 cas problemantly bear metal   S55   S56   S66   D2783   Osero - 34 cas problemant   S68   S67				
D2793   Cours - 34 control received   361   361   361   361   361   361   361   361   361   361   361   361   361   361   365   36		· ·		
D27910   Croser — Mil cast Ingly notes metal   400   376				
D2791   Cover - Not cast predementally become mited   333	D2783	Crown - 3/4 porcelain/ceramic	391	375
D2792   Cover-1 facts are faller metal   351   351   351   351   351   351   351   351   351   351   351   352	D2790	Crown - full cast high noble metal	400	375
D2794   Covern Institution and Institution alloys conference are benefitied in contrast presentation   21   21   21   22   22   22   23   23		Crown - full cast predominantly base metal	333	333
D2910				
D2260   Representation (comparison from permanent toth   135   1		,		
D22628   Profebiolated procelar/contents cours - permanent tooth   135   136				
D22929   Profestional desirance set der one- primary to/th				
D2930				
D2331   Prefebricated stanless obselved own - permanent bodh   159   1				
D2932				
D29333		·		
D2940   Protective restoration   52   52   52   52   52   52   52   5				
126500   Core building, including any pins   126   1				
D2952	D2950			126
D2953	D2951	Pin retention - per tooth, in addition to restoration	26	26
D2954   Prelativisate post and core in addition to crown   151   151   151   151   151   152   1225   1225   152	D2952	Cast post and core in addition to crown		184
D2955   Post removal (not in conjunction with endodrotic thereins)   67   67   67   67   679   62950   62950   6254 additional preferenciated post s-same both   42   42   42   42   42   42   42   4				
D2980   Cown regain by report   96   96   96   96   96   96   96   9				
D2980				
D2981   Infav reseir by report   96   96   96   96   96   96   96   9				
D2982				
D2990 Sean inflit of incipient lesions 4 1 4 1 4 1 4 1 1 4 1				
D3910				
D3110 Pulp cap - offert (excluding final restoration) D3120 Pulp cap - infect (excluding final restoration) D3220 Therapeutic pulpotomy (excluding final restoration) - removal of pulp corneal to the dentinocemental junction and B8 B8 B8 B8 B9 B3221 Pulpal dehidination, primary and permanent beth D3222 Partial pulpotomy for apexopenesis - permanent both with incomplete root development 104 104 104 105 D3222 Partial pulpotomy for apexopenesis - permanent both with incomplete root development 104 104 105 D3220 Pulpal therapy (restorable filing) - posterior, primary both (excluding final restoration) D3240 Pulpal therapy (restorable filing) - posterior, primary both (excluding final restoration) D3320 Premote (excluding final restoration) D3320 Premote (excluding final restoration) D3320 Premote (excluding final restoration) D3331 Trestoration of the capture of the primary both (excluding final restoration) D3331 Trestoration of careal obstructions non-surgical access 91 91 91 91 91 D3333 Instruction of careal obstructions non-surgical access 91 91 91 D3333 Instruction of careal obstructions non-surgical access 93 93 375 D3334 Internation of explainment of proteins of careal obstructions on-surgical access 94 191 D3340 Partial of the primary of primary of the primary of primary of primary of primary of primar				
D3120 Pulgo pp Indirect (excluding final restoration) - removal of pulp coronal to the dentinocemental junction and 88 88 88 89 98 99 99 99 99 99 99 99 99				
D3220 Inherapeutic pulpotomy (excluding final restoration) - removal of pulp connat to the dentinocemental junction and 88 88 88 D3221 Pulpad sichiferent primary and permanent teeth D3220 Partial pulpotomy for apexogenesis - permanent tooth with incomplete root development 104 104 104 104 104 104 104 105 105 105 105 105 105 105 105 105 105				
D3221   Pupple debridement, primary and permanent teeth   98   98   98   93   93   93   93   93				
D3230	D3221		98	98
D3240   Pupula therapy (resorbable filling) - posterior, primary both (excluding final restoration)   98   98   98   328   3	D3222	Partial pulpotomy for apexogenesis - permanent tooth with incomplete root development	104	104
D3310 Anterior (excluding final restoration)  D330 Premolar (excluding final restoration)  D330 Moiar tooth (excluding final restoration)  D330 Moiar tooth (excluding final restoration)  D330 Moiar tooth (excluding final restoration)  D3331 Interinal Tool canal dostruction; non-surgical access  D3332 Interinal Tool canal dostruction; non-surgical access  D3333 Interinal Tool canal dostruction; non-surgical access  D3333 Interinal root repair of perforation deflects  D3347 Retreatment of previous root canal therapy - anterior  D3347 Retreatment of previous root canal therapy - premolar  D3347 Retreatment of previous root canal therapy - premolar  D3347 Retreatment of previous root canal therapy - premolar  D3347 Retreatment of previous root canal therapy - premolar  D3351 Apesification/recalicitation - initial visit (apical dosure / calcific repair of perforations, root resorption, etc.)  D3351 Apesification/recalicitation - initial visit (apical dosure / calcific repair of perforations, root resorption, etc.)  D3353 Apesification/recalicitation - initial visit (includes completed root canal therapy - apical closure/calcific repair of perforations, root 47 47  D3353 Apesification/recalcification - initial visit (includes completed root canal therapy - apical closure/calcific repair of perforations, root 47  D3355 Pulpal regeneration - initial visit (includes completed root canal therapy - apical closure/calcific repair of 118  D3355 Pulpal regeneration - initial visit (includes completed root canal therapy - apical closure/calcific repair of 118  D3357 D404 Apiocectomy/perradicular surgery - remore (inst root)  D3450 Apiocectomy/perradicular surgery - remore (inst root)  D3421 Apiocectomy/perradicular surgery - remore (inst root)  D3422 Apiocectomy/perradicular surgery - remore (inst root)  D3430 Retreated and the remover of the remove		Pulpal therapy (resorbable filling) - anterior, primary tooth (excluding final restoration)		
D3320 Premoter (excluding final restoration)  D3331 Treatment of tool (canal obstruction)  D3331 Treatment of root canal obstruction; non-surgical access  D3332 Incomplete endocrantic therapy; inoperable or fractured tooth  D3332 Incomplete endocrantic therapy; inoperable or fractured tooth  D3333 Internal root prain of pervious root canal therapy - anterior  D3346 Retreatment of previous root canal therapy - partnerior  D3347 Retreatment of previous root canal therapy - partnerior  D3348 Retreatment of previous root canal therapy - premolar  D3348 Retreatment of previous root canal therapy - premolar  D3349 Retreatment of previous root canal therapy - premolar  D3351 Apselfication/recalcification - initial visit (apical closure / calcific repair of perforations, root resorption, etc.)  D3352 Apselfication/recalcification - initial visit (apical closure / calcific repair of perforations, root resorption, etc.)  D3353 Apselfication/recalcification - initial visit (apical closure / calcific repair of perforations, root resorption, etc.)  D3354 Pupla regeneration - initial visit (apical closure / calcific repair of perforations, root resorption, etc.)  D3355 Pupla regeneration - initial visit (apical closure / calcific repair of perforations, root resorption, etc.)  D3356 Pupla regeneration - initial visit (apical closure / calcific repair of perforations, root resorption, etc.)  D3356 Pupla regeneration - initial visit (apical closure / calcific repair of perforations, root resorption, etc.)  D3410 Apicocatomy/periradicular surgery (etc.)  D3410 Apicocatomy/periradicular surgery (etc.)  D3426 Apicocatomy/periradicular surgery (etc.)  D3427 Apicocatomy/periradicular surgery (etc.)  D3430 Retreated filing - per root  D3410 Apicocatomy/periradicular surgery (etc.)  D3430 Retreated filing - per root  D3410 Apicocatomy/periradicular surgery (etc.)  D3430 Retreated filing - per root  D3430 Retreated filing - per roo				
D3330 Molar both (excluding final restoration) D3331 Treatment for foot cand obstruction; non-surgical access D3332 Incomplete endodontic therapy; inoperable or fractured tooth D3333 Internal root repair of perforation defects D3333 Internal root repair of perforation defects D3346 Retreatment of previous root canal therapy - anterior D3347 Retreatment of previous root canal therapy - previolar D3347 Retreatment of previous root canal therapy - previolar D3347 Retreatment of previous root canal therapy - previolar D3347 Retreatment of previous root canal therapy - previolar D3347 Retreatment of previous root canal therapy - previolar D3347 Retreatment of previous root canal therapy - previolar D3351 Apexification/recalcification - initial visit (apical closure / calcific repair of perforations, root resorption, etc.) D3351 Apexification/recalcification - initial visit (apical closure / calcific repair of perforations, root tesorption, etc.) D3353 Apexification/recalcification - initial visit (includes completed root canal therapy - apical closure/calcific repair of perforations, root tesorption, etc.) D3355 Pulpal repeneration - initial visit (includes completed root canal therapy - apical closure/calcific repair of 118 118 D3355 Pulpal repeneration - interior medication replacement D3356 Pulpal repeneration - interior medication replacement D3357 Pulpal repeneration - completion of treatment D3357 Pulpal repeneration - completion of treatment D3421 Apicoectorny/periradicular surgery - maler first root) D3421 Apicoectorny/periradicular surgery - maler first root) D3426 Apicoectorny/periradicular surgery - maler first root) D3430 Retrograde filing - per root D3430 Surgical repair of root resorption - melar D3472 Surgical repair of root resorption - premolar D3501 Surgical repair of root resorption - premolar D3502 Surgical repair of root resorption - premolar D3503 Surgical				
D3331         Treatment of root canal obstruction; non-surgical access         91         91           D3332         Incomplete endodonfils therapy; inoperable or fractured tooth         236         236           D3333         Internal root repair of perforation defects         108         108           D3346         Retreatment of previous root canal therapy; anterior         415         375           D3347         Retreatment of previous root canal therapy; molar         471         375           D3348         Retreatment of previous root canal therapy; molar         596         375           D3351         Appsification/recalification - interim medication replacement (aprical closure/calcific repair of perforations, root         47         47           D3352         Appsification/recalification - interim medication replacement (aprical closure/calcific repair of perforations, root         47         47           D3355         Pulpal regeneration - interim medication replacement         52         52           D3356         Pulpal regeneration - interim medication replacement         52         52           D3457         Pulpal regeneration - interim medication replacement         52         52           D3459         Pulpal regeneration - ompletion of treatment         52         52           D3410         Apicocatomy/periradicular surgery - nember (fir				
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D3334 Internal root repair of perforation defects  D3346 Retreatment of previous root canal therapy - anterior  D3347 Retreatment of previous root canal therapy - premolar  D3348 Retreatment of previous root canal therapy - premolar  D3348 Retreatment of previous root canal therapy - premolar  D3348 Retreatment of previous root canal therapy - premolar  D3348 Retreatment of previous root canal therapy - molar  D3348 Retreatment of previous root canal therapy - molar  D3354 Apexification/recalofication - intellar wist (piculacid closure / calofic repair of perforations, root resorption, etc.)  78 78  D3352 Apexification/recalofication - intellar wist (piculacy canal therapy - apical closure/calofic repair of perforations, root  47 47  D3353 Apexification/recalofication - intellar medication replacement (apical closure/calofic repair of perforations, root  118 118  D3355 Pulpia regeneration - initiat visit  D3356 Pulpia regeneration - initiat visit  D3410 Aplocectomy/periradicular surgery - anterior  D3410 Aplocectomy/periradicular surgery - anterior  D3421 Aplocectomy/periradicular surgery - molar (first root)  D3426 Aplocectomy/periradicular surgery - was recommended to the commendation of the comm				
D 3346 Retreatment of previous root canal therapy - anterior D 347 Retreatment of previous root canal therapy - molar D 348 Retreatment of previous root canal therapy - molar D 349 Retreatment of previous root canal therapy - molar D 349 Retreatment of previous root canal therapy - molar D 349 Retreatment of previous root canal therapy - molar D 349 Retreatment of previous root canal therapy - molar D 349 Retreatment of previous root canal therapy - molar D 349 Retreatment of previous root canal therapy - molar D 349 Retreatment of previous root canal therapy - molar D 349 Retreatment of previous root canal therapy - molar D 349 Retreatment of previous root canal therapy - molar D 349 Retreatment of previous root canal therapy - molar D 349 Retreatment of previous root canal therapy - molar D 349 Retreatment of previous root canal therapy - molar D 349 Retreatment of previous root canal therapy - molar D 349 Retreatment of previous root canal therapy - molar D 349 Retreatment of previous root canal therapy - molar D 349 Retreatment of previous root canal therapy - molar of perforations, root D 340 Retreatment of previous root retreatment or perforations, root D 349 Retreatment of previous root root retreatment or perforations, root D 349 Retreatment of previous root retreatment or perforations, root D 349 Retreatment of previous root retreatment or perforation retreatment retreatment or perforation retreatment root resorption - molar D 3490 Retreatment of previous root resorption - molar D 3471 Surgical repair of root resorption - molar D 3473 Surgical exposure of root surface without apicoectomy or repair of root resorption - molar D 3473 Surgical exposure of root surface without apicoectomy or repair of root resorption - molar D 3490 Retreatment of root resorption root resorption root root resorption root root root root root root permit root root roo				
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D3352 Apexification/recalcification - interim medication replacement (apical closure/calcific repair of perforations, root 47 47 47 47 48 47 48 49 48 49 48 49 49 Clinical repair of root resorption - permolar 198 99 98 98 198 198 1998 1998 1998 19				
D3353 Apexification/recalcification - final visit (includes completed root canal therapy - apical closure/calcific repair of 1118 118   D3355 Pulpai regeneration - initial visit   80 80 80 80 80 80 80 80 80 80 80 80 80 8	D3351		78	78
D3355 Pulpal regeneration - initial visit D3356 Pulpal regeneration - interim medication replacement D3357 Pulpal regeneration - completion of treatment D3357 Pulpal regeneration - completion of treatment D3410 Apicoectomy/periradicular surgery - anterior D3411 Apicoectomy/periradicular surgery - premolar (first root) D3421 Apicoectomy/periradicular surgery - premolar (first root) D3425 Apicoectomy/periradicular surgery - molar (first root) D3426 Apicoectomy/periradicular surgery (each additional root) D3427 Apicoectomy/periradicular surgery (each additional root) D3430 Retrograde filling - per root D3430 Retrograde filling - per root D3431 131 D3431 131 D3471 Surgical repair of root resorption - anterior D3472 Surgical repair of root resorption - premolar D3473 Surgical repair of root resorption - premolar D3474 Surgical exposure of root surface without apicoectomy or repair of root resorption - 360 D3501 Surgical exposure of root surface without apicoectomy or repair of root resorption - molar D3502 Surgical exposure of root surface without apicoectomy or repair of root resorption - molar D3503 Surgical exposure of root surface without apicoectomy or repair of root resorption - molar D3500 Surgical exposure of root surface without apicoectomy or repair of root resorption - molar D3501 Surgical exposure of root surface without apicoectomy or repair of root resorption - molar D3502 Surgical exposure of root surface without apicoectomy or repair of root resorption - molar D3503 Surgical exposure of root surface without apicoectomy or repair of root resorption - molar D3504 Gangivent my or gingivoplasty - four or more contiguous teeth or bounded teeth spaces per quadrant D4210 Gingivectomy or gingivoplasty - four or more contiguous teeth or bounded teeth spaces/quad D4211 Gingivectomy or gingivoplasty - one to three teeth, per quadrant D4212 Gingivent flap procedure, incl root planing - four or more contiguous teeth or bounded teeth spaces/quad D4245 Apically positioned flap D4246 Osseous surgery (including flap	D3352	Apexification/recalcification - interim medication replacement (apical closure/calcific repair of perforations, root	47	47
D3356 Pulpal regeneration - interim medication replacement  D3357 Pulpal regeneration - completion of treatment  D3410 Apicococtomy/periradicular surgery - anterior  339 339  D3421 Apicococtomy/periradicular surgery - premolar (first root)  D3426 Apicococtomy/periradicular surgery - molar (first root)  D3427 Apicococtomy/periradicular surgery - molar (first root)  D3428 Apicococtomy/periradicular surgery - molar (first root)  D3429 Apicococtomy/periradicular surgery - molar (first root)  D3430 Retrograde filling - per root  D3430 Retrograde filling - per root  D3450 Root amputation - per root  D3471 Surgical repair of root resorption - anterior  D3472 Surgical repair of root resorption - anterior  D3473 Surgical repair of root resorption - premolar  D3472 Surgical repair of root resorption - molar  D3473 Surgical exposure of root surface without apicococtomy or repair of root resorption - anterior  D3501 Surgical exposure of root surface without apicococtomy or repair of root resorption - premolar  D3502 Surgical exposure of root surface without apicococtomy or repair of root resorption - molar  D3503 Surgical exposure of root surface without apicococtomy or repair of root resorption - molar  D3503 Surgical exposure of root surface without apicococtomy or repair of root resorption - molar  D3503 Surgical exposure of root surface without apicococtomy or repair of root resorption - molar  D3503 Surgical exposure of root surface without apicococtomy or repair of root resorption - premolar  D3503 Surgical exposure of root surface without apicococtomy or repair of root resorption - molar  D3503 Surgical exposure of root surface without apicococtomy or repair of root resorption - premolar  D3503 Surgical exposure of root surface without apicococtomy or repair of root resorption - molar  D3503 Surgical exposure of root surface witho				
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D3503 Surgical exposure of root surface without apicoectomy or repair of root resorption - molar  D3920 Hemisection (including any root removal), not including root canal therapy  P88 98  D3950 Canal preparation and fitting of preformed dowel or post  D4210 Gingivectomy or gingivoplasty - four or more contiguous teeth or bounded teeth spaces per quadrant  D4211 Gingivectomy or gingivoplasty - one to three teeth, per quadrant  D4212 Gingivectomy or gingivoplasty to allow access for restorative procedure, per tooth  D4212 Gingivectomy or gingivoplasty to allow access for restorative procedure, per tooth  D4240 Gingival flap procedure, incl root planing - four or more contiguous teeth or bounded teeth spaces/quad  D4241 Gingival flap procedure, including root planing - one to three teeth, per quadrant  D4245 Apically positioned flap  D4245 Apically positioned flap  D4249 Clinical crown lengthening - hard tissue  D4260 Osseous surgery (incl flap entry & closure) - four or more contiguous teeth or bounded teeth spaces/quad  D4261 Osseous surgery (incl ding flap entry & closure) - one to three teeth, per quadrant  D4261 Osseous surgery (including flap entry and closure) - one to three teeth, per quadrant  D4261 Osseous surgery (including flap entry and closure) - one to three teeth, per quadrant				
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D4241 Gingival flap procedure, including root planing - one to three teeth, per quadrant 173 173  D4245 Apically positioned flap 148 148  D4249 Clinical crown lengthening - hard tissue 329 329  D4260 Osseous surgery (incl flap entry & closure) - four or more contiguous teeth or bounded teeth spaces/quad 295 295  D4261 Osseous surgery (including flap entry and closure) - one to three teeth, per quadrant 274 274				
D4245 Apically positioned flap 148 148 D4249 Clinical crown lengthening - hard tissue 329 329 D4260 Osseous surgery (incl flap entry & closure) - four or more contiguous teeth or bounded teeth spaces/quad 295 295 D4261 Osseous surgery (including flap entry and closure) - one to three teeth, per quadrant 274 274				
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D4261 Osseous surgery (including flap entry and closure) - one to three teeth, per quadrant 274 274				
D4263         Bone replacement graft - first site in quadrant         213         213				
	D4263	Bone replacement graft - first site in quadrant	213	213

Code	Code Name	Patient Co-Pay*	Patient Co-Pay*
D4264 D4266	Bone replacement graft - each additional site in quadrant	118 245	118 245
D4266 D4267	Guided tissue regeneration, natural teeth – resorbable barrier, per site  Guided tissue regeneration, natural teeth – non-resorbable barrier, per site	295	245
D4267	Surgical revision procedure, per tooth	114	114
D4200	Pedicle soft tissue graft procedure	224	224
D4273	Autogenous connective tissue graft procedure (including donor and recipient surgical sites) first tooth, implant, or	417	375
D4275	Soft tissue allograft	260	260
D4277	Soft tissue graft procedure first tooth	413	375
D4278	Soft tissue graft procedure each add tooth	259	259
D4322	Splint - intra-coronal; natural teeth or prosthetic crowns	187	187
D4323	Splint - extra-coronal; natural teeth or prosthetic crowns	159	159
D4341	Periodontal scaling and root planing, four or more contiguous teeth or bounded teeth spaces per quadrant	133	133
D4342	Periodontal scaling and root planing, one to three teeth, per quadrant	68	68
D4355	Full mouth debridement to enable a comprehensive oral periodontal evaluation and diagnosis on a subsequent visit	72	72
D4910	Periodontal maintenance	63	63
D5110	Complete denture - maxillary	655	375
D5120	Complete denture - mandibular	637	375
D5130	Immediate denture - maxillary	700	375
D5140	Immediate denture - mandibular	706	375
D5211	Maxillary partial denture – resin base (including retentive/clasping materials, rests, and teeth)	485	375
D5212	Mandibular partial denture – resin base (including retentive/clasping materials, rests, and teeth)	551	375
D5213	Maxillary partial denture - cast metal framework with resin denture bases	742	375
D5214	Mandibular partial denture - cast metal framework with resin denture bases	742	375
D5282	Removable unilateral partial denture - one piece cast metal, maxillary (including clasps and teeth)	215	215
D5283	Removable unilateral partial denture - one piece cast metal, mandibular (including clasps and teeth)	211	211
D5284	Removable unilateral partial denture – one piece flexible base (including clasps and teeth) – per quadrant	202	202
D5286	Removable unilateral partial denture – one piece resin (including claspsand teeth) – per quadrant	214	214
D5410	Adjust complete denture - maxillary	22	22
D5411	Adjust complete denture - mandibular	22	22 25
D5421	Adjust partial denture - maxillary	25	
D5422 D5511	Adjust partial denture - mandibular	25 76	25
	Repair broken complete denture base, mandibular		76 75
D5512 D5520	Repair broken complete denture base, maxillary  Replace missing or broken teeth - complete denture (each tooth)	40	40
D5520 D5611	Repair resin partial denture base, mandibular	<del>40</del>	77
D5612	Repair resin partial denture base, manufuldial Repair resin partial denture base, maxillary	75	75
D5621	Repair cast partial deriture base, maximary  Repair cast partial framework, mandibular	99	99
D5622	Repair cast partial framework, maritibular	99	99
D5630	Repair or replace broken retentive/clasping materials - per tooth	61	61
D5640	Replace broken teeth - per tooth	74	74
D5650	Add tooth to existing partial denture	81	81
D5660	Add clasp to existing partial denture	73	73
D5710	Rebase complete maxillary denture	146	146
D5711	Rebase complete mandibular denture	144	144
D5720	Rebase maxillary partial denture	126	126
D5721	Rebase mandibular partial denture	127	127
D5730	Reline complete maxillary denture (chairside)	93	93
D5731	Reline complete mandibular denture (chairside)	91	91
D5740	Reline maxillary partial denture (chairside)	78	78
D5741	Reline mandibular partial denture (chairside)	80	80
D5750	Reline complete maxillary denture (laboratory)	194	194
D5751	Reline complete mandibular denture (laboratory)	123	123
D5760	Reline maxillary partial denture (laboratory)	120	120
D5761	Reline mandibular partial denture (laboratory)	121	121
D5810	Interim complete denture (maxillary)	200	200
D5811	Interim complete denture (mandibular)	202	202
D5820	Interim partial denture (maxillary)	270	270
D5821	Interim partial denture (mandibular)	251	251
D5850	Tissue conditioning, maxillary	45	45
D5851	Tissue conditioning, mandibular	42	42
D5911	Facial moulage (sectional)	NA NA	22
D5912	Facial moulage (complete)	NA NA	98
D5913	Nasal prosthesis	NA NA	375
D5914	Auricular prosthesis	NA NA	375
D5915	Orbital prosthesis	NA NA	375
D5916	Ocular prosthesis	NA NA	375
D5919 D5922	Facial prosthesis  Nasal septal prosthesis	NA NA	375 104
D5922 D5923	Ocular prosthesis, interim	NA NA	375
D5923 D5924	Cranial prostnesis	NA NA	375
D5924 D5925	Facial augmentation implant prosthesis	NA NA	375
D5925 D5926	Nasal prosthesis, replacement	NA NA	375
D5927	Auricular prosthesis, replacement	NA NA	375
D5928	Orbital prostnesis, replacement	NA NA	375
D5929	Facial prosthesis, replacement	NA NA	375
D5931	Obturator prosthesis, surgical	NA NA	375
D5932	Obturator prostnesis, surgical Obturator prosthesis, definitive	NA NA	375
D5933	Obturator prosthesis, modification	NA NA	221
D5934	Mandibular resection prosthesis with guide flange	NA NA	168
		19/3	. 100

Code	Code Name	Patient Co-Pay*	Patient Co-Pay*
D5935	Mandibular resection prosthesis without guide flange	NA	375
D5936	Obturator prosthesis, interim	NA	375
D5937	Trismus appliance (not for TMD treatment)	NA NA	35
D5951	Feeding aid	NA NA	303
D5952	Speech aid prosthesis, pediatric	NA NA	135
D5953 D5954	Speech aid prosthesis, adult Palatal augmentation prosthesis	NA NA	375 268
D5955	Palatal lift prosthesis, definitive	NA NA	375
D5958	Palatal lift prosthesis, interim	NA NA	375
D5959	Palatal lift prosthesis, modification	NA NA	229
D5960	Speech aid prosthesis, modification	NA NA	64
D5982	Surgical stent	NA NA	131
D5983	Radiation carrier	NA NA	190
D5984	Radiation shield	NA	119
D5985	Radiation cone locator	NA	353
D5986	Fluoride gel carrier	NA	76
D5987	Commissure splint	NA	4
D5988	Surgical splint	NA	175
D5999	Unspecified maxillofacial prosthesis, by report	NA	264
D6210	Pontic - cast high noble metal	370	370
D6211	Pontic - cast predominantly base metal	295	295
D6212	Pontic - cast noble metal	297	297
D6214	Pontic - titanium and titanium alloys	527	375
D6240	Pontic - porcelain fused to high noble metal	435	375
D6241	Pontic - porcelain fused to predominantly base metal	366	366
D6242	Pontic - porcelain fused to noble metal	399	375
D6243	Pontic – porcelain fused to titanium and titanium alloys	367	367
D6245	Pontic - porcelain/ceramic	362	362
D6250	Pontic - resin with high noble metal	400	375
D6251	Pontic - resin with predominantly base metal	346	346
D6252	Pontic - resin with noble metal	378	375
D6545	Retainer - cast metal for resin bonded fixed prosthesis	226	226
D6548	Retainer - porcelain/ceramic for resin bonded fixed prosthesis	319	319
D6720	Retainer crown - resin with high noble metal	404	375
D6721	Retainer crown - resin with predominantly base metal	398	375
D6722	Retainer crown - resin with noble metal	398	375
D6740	Retainer crown - porcelain/ceramic	376	375
D6750 D6751	Retainer crown - porcelain fused to high noble metal	447 351	375 351
D6752	Retainer crown - porcelain fused to predominantly base metal  Retainer crown - porcelain fused to noble metal	393	375
D6753	Retainer crown - porcelain fused to hobbe metal  Retainer crown - porcelain fused to titanium and titanium alloys	312	312
D6780	Retainer crown - 3/4 cast high noble metal	393	375
D6781	Retainer crown - 3/4 cast predominantly base metal	378	375
D6782	Retainer crown - 3/4 cast noble metal	353	353
D6783	Retainer crown - 3/4 porcelain/ceramic	381	375
D6784	Retainer crown ¾ – titanium and titanium alloys	373	373
D6790	Retainer crown - full cast high noble metal	384	375
D6791	Retainer crown - full cast predominantly base metal	352	352
D6792	Retainer crown - full cast noble metal	369	369
D6930	Recement fixed partial denture	62	62
D6980	Fixed partial denture repair necessitated by restorative material failure	115	115
D7111	Coronal remnants - deciduous tooth	44	44
D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)	62	62
D7210	Surgical removal of erupted tooth requiring elevation of mucoperiosteal flap and removal of bone and/or section of	116	116
D7220	Removal of impacted tooth - soft tissue	151	151
D7230	Removal of impacted tooth - partially bony	180	180
D7240	Removal of impacted tooth - completely bony	236	236
D7241	Removal of impacted tooth - completely bony, with unusual surgical complications	251	251
D7250	Surgical removal of residual tooth roots (cutting procedure)	127	127
D7251	Coronectomy – intentional partial tooth removal, impacted teeth only	229	229
D7270	Tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth	142	142
D7280 D7285	Surgical access of an unerupted tooth Biopsy of oral tissue - hard (bone, tooth)	185 194	185 194
D7286	Biopsy of oral tissue - nard (bone, tooth)  Biopsy of oral tissue - soft (all others)	95	95
D7310	Alveoloplasty in conjunction with extractions - per quadrant	72	72
D7310	Alveoloplasty in conjunction with extractions - per quadrant  Alveoloplasty in conjunction with extractions - one to three teeth or tooth spaces, per quadrant	100	100
D7311	Alveoloplasty not in conjunction with extractions - per quadrant	109	109
D7321	Alveoloplasty not in conjunction with extractions - one to three teeth or tooth spaces, per quadrant	138	138
D7450	Removal of benign odontogenic cyst or tumor - lesion diameter up to 1.25 cm	291	291
D7451	Removal of benign odontogenic cyst or tumor - lesion diameter greater than 1.25 cm	474	375
D7460	Removal of benign nonodontogenic cyst or tumor - lesion diameter up to 1.25 cm	292	292
D7461	Removal of benign nonodontogenic cyst or tumor - lesion diameter greater than 1.25 cm	479	375
D7471	Removal of lateral exostosis (maxilla or mandible)	323	323
D7510	Incision and drainage of abscess - intraoral soft tissue	100	100
D7610	Maxilla - open reduction (teeth immobilized, if present)	101	101
D7620	Maxilla - closed reduction (teeth immobilized, if present)	795	375
D7630	Mandible - open reduction (teeth immobilized, if present)	2394	375
D7640	Mandible - closed reduction (teeth immobilized, if present)	296	296
D7710	Maxilla - open reduction	115	115
D7730	Mandible - open reduction	2594	375

Code	Code Name	Patient Co-Pay*	Patient Co-Pay*
D7810	Open reduction of dislocation	347	347
D7820	Closed reduction of dislocation	82	82
D7910	Suture of recent small wounds up to 5 cm	22	22
D7921	Collection and application of autologous blood concentrate product	107	107
D7953	Bone replacement graft for ridge preservation – per site	152	152
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)	271	271
D7962	Lingual frenectomy (frenulectomy)	271	271
D7963	Frenuloplasty	286	286
D7971	Excision of pericoronal gingiva	58	58
D7999	Unspecified oral surgery procedure, by report	52	52
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	53	53
D9215	Local anesthesia	10	10
D9222	Deep sedation/general anesthesia - first 15 minutes	68	68
D9223	Deep sedation/general anesthesia - each subsequent 15 minute increment	68	68
D9230	Analgesia, anxiolysis, inhalation of nitrous oxide	26	26
D9239	Intravenous moderate (conscious) sedation/analgesia - first 15 minutes	75	75
D9243	Intravenous moderate (conscious) sedation/analgesia - each subsequent 15 minute increment	75	75
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	26	26
D9630	Drugs or medicaments dispensed in the office for home use	13	13
D9930	Treatment of complications (post-surgical) - unusual circumstances, by report	38	38
D9944	Occlusal guard - hard appliance, full arch	279	279
D9945	Occlusal guard - soft appliance, full arch	243	243
D9946	Occlusal guard - hard appliance, partial arch	266	266
D9951	Occlusal adjustment - limited	34	34
D9995	Teledentistry - synchronous; real-time encounter	0	0
D9999	Unspecified adjunctive procedure, by report	135	135