EMI HEALTH™

Code	Code Name	Adults (19 and over) Patient Co-Pay*	Children (up to age 19 {end of month}) 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 created using a stationary radiation source, and detector	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
D0460	Pulp vitality tests	27	27
D0470	Diagnostic casts (*Only allowed up to age 19 {end of month})	NA	50%
D0486	Accession of brush biopsy sample, microscopic examination, preparation and transmission of written report	143	143
D0999	Unspecified diagnostic procedure, by report	286	286
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	171
D1516	Space maintainer - fixed - bilateral, maxillary (*Only allowed up to age 19 {end of month})	NA	226
D1517	Space maintainer - fixed - bilateral, mandibular (*Only allowed up to age 19 {end of month})	NA	226
D1520	Space maintainer - removable - unilateral - per quadrant (*Only allowed up to age 19 {end of month})	NA	118
D1526	Space maintainer - removable - bilateral, maxillary (*Only allowed up to age 19 {end of month})	NA	162
D1527	Space maintainer - removable - bilateral, mandibular (*Only allowed up to age 19 {end of month})	NA	162
D1551	Re-cementation of bilateral space maintainer - maxillary (*Only allowed up to age 19 {end of month})	NA	32
D1552	Re-cementation of bilateral space maintainer - mandibular (*Only allowed up to age 19 {end of month})	NA	32
D1553	Re-cementation of unilateral space maintainer - per quadrant (*Only allowed up to age 19 {end of month})	NA	32
D1556	Removal of fixed unilateral space maintainer – per quadrant (*Only allowed up to age 19 {end of month})	NA	32
D1557	Removal of fixed bilateral space maintainer – maxillary (*Only allowed up to age 19 {end of month})	NA	32
D1558	Removal of fixed bilateral space maintainer – mandibular (*Only allowed up to age 19 {end of month})	NA	32
D2140	Amalgam - one surface, primary or permanent	28	28
D2150	Amalgam - two surfaces, primary or permanent	37	37
D2160	Amalgam - three surfaces, primary or permanent	56	56
D2161	Amalgam - four or more surfaces, primary or permanent	62	62
D2330	Resin-based composite - one surface, anterior	48	48
D2331	Resin-based composite - two surfaces, anterior	59	59
D2332	Resin-based composite - three surfaces, anterior	68	68
D2335	Resin-based composite - four or more surfaces or involving incisal angle (anterior)	80	80
D2390	Resin-based composite crown, anterior	108	108
D2391	Resin-based composite - one surface, posterior	53	53
D2392	Resin-based composite - two surfaces, posterior	77	77
D2393	Resin-based composite - three surfaces, posterior	90	90
D2394	Resin-based composite - four or more surfaces, posterior	102	102
D2542	Onlay - metallic - two surfaces	272	272
D2543	Onlay - metallic - three surfaces	312	312
D2544	Onlay - metallic - four or more surfaces	329	329
D2610	Inlay - porcelain/cermaic - one surface	321	321
D2620	Inlay - porcelain/cermaic - two surfaces	337	337
D2630	Inlay - porcelain/cermaic - three or more surfaces	358	358
D2642	Onlay - porcelain/ceramic - two surfaces	350	350
D2643	Onlay - porcelain/ceramic - three surfaces	389	375
D2644	Onlay - porcelain/ceramic - four or more surfaces	411	375
D2650	Inlay - resin-based composite - one surface	211	211
D2651	Inlay - resin-based composite - two surfaces	251	251
D2652	Inlay - resin-based composite - three or more surfaces	264	264
D2662	Onlay - resin-based composite - two surfaces	332	332
D2663	Onlay - resin-based composite - three surfaces	319	319
D2664	Onlay - resin-based composite - four or more surfaces	329	329
D2710	Crown - resin (indirect)	120	120
D2712	Crown - 3/4 resin-based composite (indirect)	225	225

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D2720	Crown - resin with high noble metal	418	375
D2721	Crown - resin with predominantly base metal	385	375
D2722	Crown - resin with noble metal	389	375
D2740	Crown - porcelain/ceramic	423	375
D2750	Crown - porcelain fused to high noble metal	434	375
D2751	Crown - porcelain fused to predominantly base metal	411	375
D2752	Crown - porcelain fused to noble metal	417	375
D2753	Crown - porcelain fused to titanium and titanium alloys	411	375
D2780	Crown - 3/4 cast high noble metal	417	375
D2781	Crown - 3/4 cast predominantly base metal	407	375
D2782	Crown - 3/4 cast noble metal	420	375
D2783	Crown - 3/4 porcelain/ceramic	443	375
D2790	Crown - full cast high noble metal	413	375
D2791	Crown - full cast predominantly base metal	396	375
D2792	Crown - full cast noble metal	402	375
D2794	Crown - titanium and titanium alloys	533	375
D2799	Provisional crown	156	156
D2910	Re-cement or re-bond inlay, onlay, veneer or partial coverage restoration	22	22
D2915	Recement cast or prefabricated post and core	62	62
D2920	Recement crown	53	53
D2928	Prefabricated porcelain/ceramic crown - permanent tooth	141	141
D2929	Prefabricated porcelain/ceramic crown – primary tooth	141	141
D2930	Prefabricated stainless steel crown - primary tooth	143	143
D2931	Prefabricated stainless steel crown - permanent tooth	143	143
D2932	Prefabricated resin crown	97	97
D2933	Prefabricated stainless steel crown with resin window	174	174
D2934	Prefabricated esthetic coated stainless steel crown - primary tooth	199	199
D2940	Protective restoration	55	55
D2950	Core buildup, including any pins	136	136
D2951	Pin retention - per tooth, in addition to restoration	26	26
D2952	Cast post and core in addition to crown	184	184
D2953	Each additional cast post - same tooth	73	73
D2954	Prefabricated post and core in addition to crown	171	171
D2955	Post removal (not in conjunction with endodontic therapy)	72	72
D2957	Each additional prefabricated post - same tooth	36	36
D2960	Labial veneer (resin laminate) - chairside	455	375
D2961	Labial veneer (resin laminate) - laboratory	604	375
D2962	Labial veneer (porcelain laminate) - laboratory	681	250
D2971	Additional procedures to customize a crown to fit under an existing partial denture framework	61	61
D2980	Crown repair, by report	120	120
D2999	Unspecified procedure, by report	115	115
D3110	Pulp cap - direct (excluding final restoration)	36	36
D3120	Pulp cap - indirect (excluding final restoration)	26	26
D3220	Therapeutic pulpotomy (excluding final restoration) - removal of pulp coronal to the dentinocemental junction and application of medicament	88	88
D3221	Pulpal debridement, primary and permanent teeth	85	85
D3222	Partial pulpotomy for apexogenesis - permanent tooth with incomplete root development	86	86
D3230	Pulpal therapy (resorbable filling) - anterior, primary tooth (excluding final restoration)	52	52
D3240	Pulpal therapy (resorbable filling) - posterior, primary tooth (excluding final restoration)	89	89
D3310	Anterior (excluding final restoration)	299	299
D3320	Premolar (excluding final restoration)	371	371
D3330	Molar tooth (excluding final restoration)	497	375
D3331	Treatment of root canal obstruction; non-surgical access	127	127
D3332	Incomplete endodontic therapy; inoperable or fractured tooth	181	181
D3333	Internal root repair of perforation defects	78	78
D3346	Retreatment of previous root canal therapy - anterior	416	375
D3347	Retreatment of previous root canal therapy - premolar	483	375
D3348	Retreatment of previous root canal therapy - molar	589	375
D3351	Apexification/recalcification – initial visit (apical closure / calcific repair of perforations, root resorption, etc.)	90	90
D3352	Apexification/recalcification - interim medication replacement (apical closure/calcific repair of perforations, root resorption, etc.)	51	51
D3353	Apexification/recalcification - final visit (includes completed root canal therapy - apical closure/calcific repair of perforations, root resorption, etc.)	142	142
D3355	Pulpal regeneration - initial visit	90	90
D3356	Pulpal regeneration - interim medication replacement	51	51
D3357	Pulpal regeneration - completion of treatment	96	96
D3410	Apicoectomy/periradicular surgery - anterior	377	375
D3421	Apicoectomy/periradicular surgery - premolar (first root)	258	258
D3425	Apicoectomy/periradicular surgery - molar (first root)	464	375
D3426	Apicoectomy/periradicular surgery (each additional root)	155	155
D3430	Retrograde filling - per root	116	116
D3450	Root amputation - per root	144	144
D3471	Surgical repair of root resorption - anterior	377	375
D3472	Surgical repair of root resorption - premolar	258	258
D3473	Surgical repair of root resorption - molar	464	375
D3501	Surgical exposure of root surface without apicoectomy or repair of root resorption - anterior	377	375
D3502	Surgical exposure of root surface without apicoectomy or repair of root resorption - premolar	258	258
D3503	Surgical exposure of root surface without apicoectomy or repair of root resorption - molar	464	375
D3920	Hemisection (including any root removal), not including root canal therapy	114	114
D3950	Canal preparation and fitting of preformed dowel or post	52	52

Code	Code Name	Patient Co-Pay*	Patient Co-Pay*
D4210	Gingivectomy or gingivoplasty - four or more contiguous teeth or bounded teeth spaces per quadrant	321	321
D4211	Gingivectomy or gingivoplasty - one to three teeth, per quadrant	120	120
D4212	Gingivectomy or gingivoplasty to allow access for restorative procedure, per tooth	100	100
D4240	Gingival flap procedure, incl root planing - four or more contiguous teeth or bounded teeth spaces/quad	378	375
D4241	Gingival flap procedure, including root planing - one to three teeth, per quadrant	272	272
D4245	Apically positioned flap	215	215
D4249	Clinical crown lengthening - hard tissue	433	375
D4260	Osseous surgery (incl flap entry & closure) - four or more contiguous teeth or bounded teeth spaces/quad	382	375
D4261	Osseous surgery (including flap entry and closure) - one to three teeth, per quadrant	349	349
D4263	Bone replacement graft - first site in quadrant	209	209
D4264	Bone replacement graft - each additional site in quadrant	79	79
D4266	Guided tissue regeneration, natural teeth – resorbable barrier, per site	252	252
D4267	Guided tissue regeneration, natural teeth – non-resorbable barrier, per site	287	287
D4268	Surgical revision procedure, per tooth	217	217
D4270	Pedicle soft tissue graft procedure	283	283
D4322	Splint - intra-coronal; natural teeth or prosthetic crowns	128	128
D4323	Splint - extra-coronal; natural teeth or prosthetic crowns	112	112
D4341	Periodontal scaling and root planing, four or more contiguous teeth or bounded teeth spaces per quadrant	116	116
D4342	Periodontal scaling and root planing, one to three teeth, per quadrant	54	54
D4355	Full mouth debridement to enable a comprehensive oral periodontal evaluation and diagnosis on a subsequent visit	79	79
D4910	Periodontal maintenance	69	69
D4999	Unspecified periodontal procedure, by report	127	127
D5110	Complete denture - maxillary	716	375
D5120	Complete denture - mandibular	716	375
D5130	Immediate denture - maxillary	790	375
D5140	Immediate denture - mandibular	797	375
D5211	Maxillary partial denture – resin base (including retentive/clasping materials, rests, and teeth)	699	375
D5212	Mandibular partial denture – resin base (including retentive/clasping materials, rests, and teeth)	699	375
D5213	Maxillary partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests, and teeth)	803	375
D5214	Mandibular partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests, and teeth)	803	375
D5225	Maxillary partial denture - flexible base (including any clasps, rests and teeth)	968	375
D5226	Mandibular partial denture - flexible base (including any clasps, rests and teeth)	968	375
D5227	Immediate maxillary partial denture - flexible base (including any clasps, rests and teeth)	968	375
D5228	Immediate mandibular partial denture - flexible base (including any clasps, rests and teeth)	968	375
D5282	Removable unilateral partial denture - one piece cast metal, maxillary (including clasps and teeth)	287	287
D5283	Removable unilateral partial denture - one piece cast metal, mandibular (including clasps and teeth)	287	287
D5284	Removable unilateral partial denture – one piece flexible base (including clasps and teeth) – per quadrant	287	287
D5286	Removable unilateral partial denture – one piece resin (including claspsand teeth) – per quadrant	287	287
D5410	Adjust complete denture - maxillary	25	25
D5411	Adjust complete denture - mandibular	25	25
D5421	Adjust partial denture - maxillary	25	25
D5422	Adjust partial denture - mandibular	25	25
D5511	Repair broken complete denture base, mandibular	78	78
D5512	Repair broken complete denture base, maxillary	78	78
D5520	Replace missing or broken teeth - complete denture (each tooth)	41	41
D5611	Repair resin partial denture base, mandibular	84	84
D5612	Repair resin partial denture base, maxillary	84	84
D5621	Repair cast partial framework, mandibular	92	92
D5622	Repair cast partial framework, maxillary	92	92
D5630	Repair or replace broken retentive/clasping materials - per tooth	70	70
D5640	Replace broken teeth - per tooth	72	72
D5650	Add tooth to existing partial denture	97	97
D5660	Add clasp to existing partial denture	73	73
D5670	Replace all teeth and acrylic on cast metal framework (maxillary)	443	375
D5671	Replace all teeth and acrylic on cast metal framework (mandibular)	443	375
D5710	Rebase complete maxillary denture	182	182
D5711	Rebase complete mandibular denture	173	173
D5720	Rebase maxillary partial denture	171	171
D5721	Rebase mandibular partial denture	171	171
D5730	Reline complete maxillary denture (chairside)	103	103
D5731	Reline complete mandibular denture (chairside)	103	103
D5740	Reline maxillary partial denture (chairside)	94	94
D5741	Reline mandibular partial denture (chairside)	94	94
D5750	Reline complete maxillary denture (laboratory)	217	217
D5751	Reline complete mandibular denture (laboratory)	136	136
D5760	Reline maxillary partial denture (laboratory)	134	134
D5761	Reline mandibular partial denture (laboratory)	134	134
D5820	Interim partial denture (maxillary)	318	318
D5821	Interim partial denture (mandibular)	282	282
D5850	Tissue conditioning, maxillary	43	43
D5851	Tissue conditioning, mandibular	43	43
D5899	Unspecified removable prosthodontic procedure, by report	61	61
D5999	Unspecified procedure, by report	484	375
D6210	Pontic - cast high noble metal	362	362
D6211	Pontic - cast predominantly base metal	328	328
D6212	Pontic - cast noble metal	327	327
D6214	Pontic - titanium and titanium alloys	322	322
D6240	Pontic - porcelain fused to high noble metal	388	375

Code	Code Name	Patient Co-Pay*	Patient Co-Pay*
D6241	Pontic - porcelain fused to predominantly base metal	354	354
D6242	Pontic - porcelain fused to noble metal	374	374
D6243	Pontic – porcelain fused to titanium and titanium alloys	354	354
D6245	Pontic - porcelain/ceramic	373	373
D6250	Pontic - resin with high noble metal	372	372
D6251	Pontic - resin with predominantly base metal	322	322
D6252	Pontic - resin with noble metal	359	359
D6545	Retainer - cast metal for resin bonded fixed prosthesis	219	219
D6548	Retainer - porcelain/ceramic for resin bonded fixed prosthesis	418	375
D6602	Retainer inlay - cast high noble metal, two surfaces	477	375
D6603	Retainer inlay - cast high noble metal, three or more surfaces	533	375
D6604	Retainer inlay - cast predominantly base metal, two surfaces	460	375
D6605	Retainer inlay - cast predominantly base metal, three or more surfaces	515	375
D6606	Retainer inlay - cast noble metal, two surfaces	467	375
D6607	Retainer inlay - cast noble metal, three or more surfaces	529	375
D6610	Retainer onlay - cast high noble metal, two surfaces	527	375
D6611	Retainer onlay - cast high noble metal, three or more surfaces	577	375
D6612	Retainer onlay - cast predominantly base metal, two surfaces	513	375
D6613	Retainer onlay - cast predominantly base metal, three or more surfaces	557	375
D6614	Retainer onlay - cast noble metal, two surfaces	525	375
D6615	Retainer onlay - cast noble metal, three or more surfaces	539	375
D6624	Retainer inlay - titanium	494	375
D6634	Retainer onlay - titanium	526	375
D6720	Retainer crown - resin with high noble metal	405	375
D6721	Retainer crown - resin with predominantly base metal	379	375
D6722	Retainer crown - resin with noble metal	382	375
D6740	Retainer crown - porcelain/ceramic	364	364
D6750	Retainer crown - porcelain fused to high noble metal	428	375
D6751	Retainer crown - porcelain fused to predominantly base metal	407	375
D6752	Retainer crown - porcelain fused to noble metal	411	375
D6753	Retainer crown - porcelain fused to titanium and titanium alloys	407	375
D6780	Retainer crown - 3/4 cast high noble metal	398	375
D6781	Retainer crown - 3/4 cast predominantly base metal	353	353
D6782	Retainer crown - 3/4 cast noble metal	359	359
D6783	Retainer crown - 3/4 porcelain/ceramic	360	360
D6784	Retainer crown ¾ – titanium and titanium alloys	359	359
D6790	Retainer crown - full cast high noble metal	409	375
D6791	Retainer crown - full cast predominantly base metal	388	375
D6792	Retainer crown - full cast noble metal	402	375
D6794	Retainer crown - titanium	617	375
D6930	Recement fixed partial denture	61	61
D6980	Fixed partial denture repair necessitated by restorative material failure	141	141
D6999	Unspecified fixed prosthodontic procedure, by report	203	203
D7111	Coronal remnants - deciduous tooth	50	50
D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)	60	60
D7210	Surgical removal of erupted tooth requiring elevation of mucoperiosteal flap and removal of bone and/or section of tooth	117	117
D7220	Removal of impacted tooth - soft tissue	141	141
D7230	Removal of impacted tooth - partially bony	176	176
D7240	Removal of impacted tooth - completely bony	232	232
D7241	Removal of impacted tooth - completely bony, with unusual surgical complications	279	279
D7250	Surgical removal of residual tooth roots (cutting procedure)	138	138
D7270	Tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth	155	155
D7280	Surgical access of an unerupted tooth	270	270
D7282	Mobilization of erupted or malpositioned tooth to aid eruption	141	141
D7283	Placement of device to facilitate eruption of impacted tooth	137	137
D7285	Biopsy of oral tissue - hard (bone, tooth)	275	275
D7286	Biopsy of oral tissue - soft (all others)	123	123
D7288	Brush biopsy - transepithelial sample collection	70	70
D7290	Surgical repositioning of teeth	274	274
D7291	Transseptal fiberotomy/supra crestal fiberotomy, by report	233	233
D7310	Alveoloplasty in conjunction with extractions - per quadrant	84	84
D7311	Alveoloplasty in conjunction with extractions - one to three teeth or tooth spaces, per quadrant	141	141
D7320	Alveoloplasty not in conjunction with extractions - per quadrant	208	208
D7321	Alveoloplasty not in conjunction with extractions - one to three teeth or tooth spaces, per quadrant	163	163
D7510	Incision and drainage of abscess - intraoral soft tissue	127	127
D7511	Incision and drainage of abscess - intraoral soft tissue - complicated (includes drainage of multiple fascial spaces)	177	177
D7910	Suture of recent small wounds up to 5 cm	90	90
D7956	Guided tissue regeneration, edentulous area - resorbable barrier, per site	252	252
D7957	Guided tissue regeneration, edentulous area - non-resorbable barrier, per site	287	287
D7961	Buccal / labial frenectomy (frenulectomy)	254	254
D7962	Lingual frenectomy (frenulectomy)	254	254
D7963	Frenuloplasty	350	350
D7970	Excision of hyperplastic tissue - per arch	350	350
D7971	Excision of pericoronal gingiva	58	58
D7999	Unspecified oral surgery procedure, by report	278	278
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	98	98
D9223	Deep sedation/general anesthesia - each subsequent 15 minute increment	98	98
D9230	Analgesia, anxiolysis, inhalation of nitrous oxide	26	26

Co-Pays are subject to change January 1st of each year.
* All services are subject to the EMI Health Maximum Allowable Charge. When using an out-of-network provider, the insured is responsible for all fees in excess of the Maximum Allowable Charge. There may be cases when the negotiated provider fee for an in-network provider exceeds the sum of the listed copay and claim payments for a given service. In such cases, EMI Health will pay the difference.

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D9239	Intravenous moderate (conscious) sedation/analgesia - first 15 minutes	93	93
D9243	Intravenous moderate (conscious) sedation/analgesia - each subsequent 15 minute increment	93	93
D9248	Non-intravenous conscious sedation	55	55
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	36	36
D9920	Behavior management, by report	169	169
D9930	Treatment of complications (post-surgical) - unusual circumstances, by report	49	49
D9995	Teledentistry - synchronous; real-time encounter	0	0

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