

Advantage Co-Pay (MI Individual Exchange) Co-Pay Schedule Effective 1/1/2023

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

emihealth.com

		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 D0145	Limited oral evaluation - problem focused Oral evaluation - patient under 3 years of age	0	0
D0145	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 D0230	Intraoral - periapical first film 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 D0277	Bitewings - four films Vertical bitewings - 7 to 8 films	0	0
D0277	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 D1120	Prophylaxis - adult Prophylaxis - child	0	0
D1120	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 D1517	Space maintainer - fixed - bilateral, maxillary (*Only allowed up to age 19 {end of month}) Space maintainer - fixed - bilateral, mandibular (*Only allowed up to age 19 {end of month})	NA NA	226 226
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 NA	32 32
D1553 D1556	Re-cementation of unilateral space maintainer - per quadrant (*Only allowed up to age 19 {end of month}) 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 – per quadrant (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 D2330	Amalgam - four or more surfaces, primary or permanent Resin-based composite - one surface, anterior	62 48	62 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 D2393	Resin-based composite - two surfaces, posterior Resin-based composite - three surfaces, posterior	77 90	77 90
D2393	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 D2630	Inlay - porcelain/cermaic - two surfaces Inlay - porcelain/cermaic - three or more surfaces	337 358	337 358
D2642	Onlay - porcelain/cernaic - 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 D2662	Inlay - resin-based composite - three or more surfaces Onlay - resin-based composite - two surfaces	264 332	264 332
D2663	Onlay - resin-based composite - two 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

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

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D3472 Surgical repair of root resorption - premolar 258 258 D3473 Surgical repair of root resorption - molar 464 375				
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
D4333 D4910	Periodontal maintenance	69	69
D4910 D4999		127	
	Unspecified periodontal procedure, by report		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	803	375
	(including retentive/clasping materials, rests, and teeth)	000	515
D5214	Mandibular partial denture - cast metal framework with resin denture bases	000	075
D5214	(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, maximal (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 clasps and teeth) – per quadrant Removable unilateral partial denture – one piece resin (including clasps and teeth) – per quadrant	287	287
D5280		25	25
	Adjust complete denture - maxillary		
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 (chainside)	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
D5750		136	136
	Reline complete mandibular denture (laboratory)		
D5760	Reline maxillary partial denture (laboratory)	134	134
D5761	Reline mandibular partial denture (laboratory)	134	134
D5820	Interim partial denture (maxillary)	318	318
	Interim partial denture (mandibular)	282	282
D5821	Tissue conditioning, maxillary	43	43
D5821 D5850			
D5821 D5850 D5851	Tissue conditioning, mandibular	43	43
D5821 D5850 D5851 D5899	Tissue conditioning, mandibular Unspecified removable prosthodontic procedure, by report	43 61	61
D5821 D5850 D5851	Tissue conditioning, mandibular	43 61 484	
D5821 D5850 D5851 D5899	Tissue conditioning, mandibular Unspecified removable prosthodontic procedure, by report	43 61	61
D5821 D5850 D5851 D5899 D5999	Tissue conditioning, mandibular Unspecified removable prosthodontic procedure, by report Unspecified procedure, by report	43 61 484	61 375
D5821 D5850 D5851 D5899 D5999 D6210	Tissue conditioning, mandibular Unspecified removable prosthodontic procedure, by report Unspecified procedure, by report Pontic - cast high noble metal	43 61 484 362	61 375 362
D5821 D5850 D5851 D5899 D5999 D6210 D6211	Tissue conditioning, mandibular Unspecified removable prosthodontic procedure, by report Unspecified procedure, by report Pontic - cast high noble metal Pontic - cast predominantly base metal	43 61 484 362 328	61 375 362 328

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 - resin with hobe metail Retainer crown - porcelain/ceramic	364	364
D6740 D6750	Retainer crown - porcelain/ceramic Retainer crown - porcelain fused to high noble metal	428	304
-	Retainer crown - porcelain fused to nigh noble metal Retainer crown - porcelain fused to predominantly base metal	428	375
D6751	Retainer crown - porcelain fused to predominantly base metal Retainer crown - porcelain fused to noble metal		
D6752		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 ³ / ₄ – 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) purgicar removar or erupted dour requiring elevation or nucciperiosical nap and removal or bone and/or section or	60	60
D7210	Surgical temoval of erupted tooth requiring elevation of mucoperiosteal hap and removal of bone and/or section of	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
	Surgical access of an unerupted tooth		270
D7280 D7282	Mobilization of erupted or malpositioned tooth to aid eruption	270	141
		137	137
D7283 D7285	Placement of device to facilitate eruption of impacted tooth Biopsy of oral tissue - hard (bone, tooth)	275	275
	Biopsy of oral tissue - naro (oone, tootn) Biopsy of oral tissue - soft (all others)	123	
D7286			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
D9223 D9230	Deep sedation/general anesthesia - each subsequent 15 minute increment Analgesia, anxiolysis, inhalation of nitrous oxide	98 26	98 26

Code	Code Name	Patient Co-Pay*	Patient Co-Pay*
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