

Advantage Co-Pay (MI Individual Exchange) Co-Pay Schedule Effective 1/1/2025

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	Intraoral - periapical first film	0	0
D0230	Intraoral - periapical each additional film	0	0
D0240 D0250	Intraoral - occlusal film	0	0
D0250	Extra-oral - 2d projection radiographic image created using a stationary radiation source, and detector Bitewing - single film	0	0
D0270	Bitewing - single min	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	0	0
D0470	Diagnostic casts (*Only allowed up to age 19 (end of month))	NA	50%
D0486 D0999	Accession of brush biopsy sample, microscopic examination, preparation and transmission of written report Unspecified diagnostic procedure, by report	0	0
D0999 D1110	Prophylaxis - adult	0	0
D1120	Prophylaxis - dulit Prophylaxis - child	0	0
D1206	Topical Application Of Fluoride Varnish (*Only allowed up to age 19 {end of month})	NĂ	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	161
D1516	Space maintainer - fixed - bilateral, maxillary (*Only allowed up to age 19 (end of month))	NA	215
D1517 D1520	Space maintainer - fixed - bilateral, mandibular (*Only allowed up to age 19 (end of month)) Space maintainer - removable - unilateral - per quadrant (*Only allowed up to age 19 (end of month))	NA NA	215 98
D1520	Space maintainer - removable - bilateral, maxillary (*Only allowed up to age 19 (end of month))	NA	155
D1527	Space maintainer - removable - bilateral, madilaular (*Only allowed up to age 19 (end of month))	NA	155
D1551	Re-cementation of bilateral space maintainer - maxillary (*Only allowed up to age 19 (end of month))	NA	30
D1552	Re-cementation of bilateral space maintainer - mandibular (*Only allowed up to age 19 {end of month})	NA	30
D1553	Re-cementation of unilateral space maintainer - per quadrant (*Only allowed up to age 19 {end of month})	NA	30
D1556	Removal of fixed unilateral space maintainer - per quadrant (*Only allowed up to age 19 {end of month})	NA	30
D1557	Removal of fixed bilateral space maintainer – maxillary (*Only allowed up to age 19 (end of month))	NA	30
D1558 D2140	Removal of fixed bilateral space maintainer – mandibular (*Only allowed up to age 19 {end of month}) Amalgam - one surface, primary or permanent	NA 28	30 28
D2140 D2150	Amalgam - one 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 D2391	Resin-based composite crown, anterior	100 57	100 57
D2391 D2392	Resin-based composite - one surface, posterior Resin-based composite - two surfaces, posterior	81	81
D2392 D2393	Resin-based composite - two surfaces, posterior	95	95
D2393	Resin-based composite - four or more surfaces, posterior	108	108
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	336 363	336
D2642 D2643	Onlay - porcelain/ceramic - two surfaces Onlay - porcelain/ceramic - three surfaces	363 402	363 402
D2643	Onlay - porcelain/ceramic - three surfaces	402	402
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
D2712	Crown - 3/4 resin-based composite (indirect)	295	295

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

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D3920 Hemisection (including any root removal), not including root canal therapy 98 98				
U395U [Canal preparation and fitting of preformed dowel or post 43 43				
	D3950	Canal preparation and fitting of preformed dowel or post	43	43

Code	Code Name	Patient Co-Pay*	Patient Co-Pay*
D4210	Gingivectomy or gingivoplasty - four or more contiguous teeth or bounded teeth spaces per quadrant	248	248
D4211	Gingivectomy or gingivoplasty - one to three teeth, per quadrant	119	119
D4212	Gingivectomy or gingivoplasty to allow access for restorative procedure, per tooth	111	111
D4240	Gingival flap procedure, incl root planing - four or more contiguous teeth or bounded teeth spaces/quad	297	297
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
D4263	Bone replacement graft - first site in quadrant	213	213
D4264	Bone replacement graft - each additional site in quadrant	118	118
D4266	Guided tissue regeneration, natural teeth – resorbable barrier, per site	245	245
D4267	Guided tissue regeneration, natural teeth – non-resorbable barrier, per site	295	295
D4268	Surgical revision procedure, per tooth	114	114
D4270	Pedicle soft tissue graft procedure	224	224
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
D4999	Unspecified periodontal procedure, by report	127	127
D5110	Complete denture - maxillary	655	425
D5120	Complete denture - mandibular	637	425
D5130	Immediate denture - maxillary	700	425
D5140	Immediate denture - mandibular	706	425
D5211	Maxillary partial denture – resin base (including retentive/clasping materials, rests, and teeth)	485	425
D5212	Mandibular partial denture – resin base (including retentive/clasping materials, rests, and teeth)	551	425
D5213	Maxillary partial denture - cast metal framework with resin denture bases	742	425
	(including retentive/clasping materials, rests, and teeth)		
D5214	Mandibular partial denture - cast metal framework with resin denture bases	742	425
D5225	Maxillary partial denture - flexible base (including any clasps, rests and teeth)	676	425
D5226	Mandibular partial denture - flexible base (including any clasps, rests and teeth)	735	425
D5227	Immediate maxillary partial denture - flexible base (including any clasps, rests and teeth)	676	425
D5228	Immediate mandibular partial denture - flexible base (including any clasps, rests and teeth)	735	425
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
D5421	Adjust partial denture - maxillary	25	25
D5422	Adjust partial denture - mandibular	25	25
D5511	Repair broken complete denture base, mandibular	76	76
	Repair broken complete denture base, maxillary	75	75
D5520	Replace missing or broken teeth - complete denture (each tooth)	40	40
	Repair resin partial denture base, mandibular	77	77
D5612	Repair resin partial denture base, maxillary	75	75
D5621	Repair cast partial framework, mandibular	99	99
D5622	Repair cast partial framework, maxillary	99	99
	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
D5670	Replace all teeth and acrylic on cast metal framework (maxillary)	274	274
D5671	Replace all teeth and acrylic on cast metal framework (mandibular)	284	284
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
		70	78
D5740	Reline maxillary partial denture (chairside)	78	
D5740 D5741	Reline mandibular partial denture (chairside)	80	80
D5740 D5741 D5750	Reline mandibular partial denture (chairside) Reline complete maxillary denture (laboratory)	80 194	80 194
D5740 D5741 D5750 D5751	Reline mandibular partial denture (chairside) Reline complete maxillary denture (laboratory) Reline complete mandibular denture (laboratory)	80 194 123	80 194 123
D5740 D5741 D5750 D5751 D5760	Reline mandibular partial denture (chairside) Reline complete maxillary denture (laboratory) Reline complete mandibular denture (laboratory) Reline maxillary partial denture (laboratory)	80 194 123 120	80 194 123 120
D5740 D5741 D5750 D5751 D5760 D5761	Reline mandibular partial denture (chairside) Reline complete maxillary denture (laboratory) Reline complete mandibular denture (laboratory) Reline maxillary partial denture (laboratory) Reline mandibular partial denture (laboratory)	80 194 123 120 121	80 194 123 120 121
D5740 D5741 D5750 D5751 D5760 D5761 D5820	Reline mandibular partial denture (chairside) Reline complete maxillary denture (laboratory) Reline complete mandibular denture (laboratory) Reline maxillary partial denture (laboratory) Reline mandibular partial denture (laboratory) Interim partial denture (maxillary)	80 194 123 120 121 270	80 194 123 120 121 270
D5740 D5741 D5750 D5751 D5760 D5761 D5820 D5821	Reline mandibular partial denture (chairside) Reline complete maxillary denture (laboratory) Reline complete mandibular denture (laboratory) Reline maxillary partial denture (laboratory) Reline mandibular partial denture (laboratory) Interim partial denture (maxillary) Interim partial denture (mandibular)	80 194 123 120 121 270 251	80 194 123 120 121 270 251
D5740 D5741 D5750 D5751 D5760 D5761 D5820 D5821 D5820	Reline mandibular partial denture (chairside) Reline complete maxillary denture (laboratory) Reline mandibular denture (laboratory) Reline maxillary partial denture (laboratory) Reline maxillary partial denture (laboratory) Reline maxillary partial denture (laboratory) Interim partial denture (maxillary) Interim partial denture (maxillary) Tissue conditioning, maxillary	80 194 123 120 121 270 251 45	80 194 123 120 121 270 251 45
D5740 D5741 D5750 D5751 D5760 D5761 D5820 D5821 D5821 D5850 D5851	Reline mandibular partial denture (chairside) Reline complete maxillary denture (laboratory) Reline maxillary partial denture (laboratory) Interim partial denture (maxillary) Interim partial denture (mandibular) Tissue conditioning, maxillary Tissue conditioning, mandibular	80 194 123 120 121 270 251 45 42	80 194 123 120 121 270 251 45 42
D5740 D5741 D5750 D5751 D5760 D5761 D5820 D5821 D5850 D5851 D5859	Reline mandibular partial denture (chairside) Reline complete maxillary denture (laboratory) Reline mandibular denture (laboratory) Reline maxillary partial denture (laboratory) Reline maxillary partial denture (laboratory) Reline maxillary partial denture (laboratory) Interim partial denture (maxillary) Interim partial denture (maxillary) Tissue conditioning, maxillary	80 194 123 120 121 270 251 45 42 291	80 194 123 120 121 270 251 45 42 291
D5740 D5741 D5750 D5751 D5760 D5761 D5820 D5821 D5850 D5851 D5859 D5899	Reline mandibular partial denture (chairside) Reline complete maxillary denture (laboratory) Reline complete mandibular denture (laboratory) Reline mandibular partial denture (laboratory) Reline maxillary partial denture (laboratory) Reline mandibular partial denture (laboratory) Reline mandibular partial denture (laboratory) Interim partial denture (maxillary) Interim partial denture (maxillary) Tissue conditioning, maxillary Tissue conditioning, manilbular Unspecified removable prosthodontic procedure, by report Unspecified procedure, by report	80 194 123 120 121 270 251 45 42 291 264	80 194 123 120 121 270 251 45 42 291 264
D5740 D5741 D5750 D5751 D5760 D5761 D5820 D5821 D5820 D5851 D5851 D5899 D5999 D6210	Reline mandibular partial denture (chairside) Reline complete maxillary denture (laboratory) Reline complete mandibular denture (laboratory) Reline mandibular partial denture (laboratory) Reline mandibular partial denture (laboratory) Reline mandibular partial denture (laboratory) Interim partial denture (maxillary) Interim partial denture (maxillary) Tissue conditioning, maxillary Tissue conditioning, mandibular Unspecified removable prosthodontic procedure, by report Unspecified procedure, by report Pontic - cast high noble metal	80 194 123 120 121 270 251 45 42 291 264 370	80 194 123 120 121 270 251 45 42 291 264 370
D5740 D5741 D5750 D5751 D5760 D5761 D5820 D5821 D5850 D5851 D5859 D5899	Reline mandibular partial denture (chairside) Reline complete maxillary denture (laboratory) Reline complete mandibular denture (laboratory) Reline mandibular partial denture (laboratory) Reline maxillary partial denture (laboratory) Reline mandibular partial denture (laboratory) Reline mandibular partial denture (laboratory) Interim partial denture (maxillary) Interim partial denture (maxillary) Tissue conditioning, maxillary Tissue conditioning, manilbular Unspecified removable prosthodontic procedure, by report Unspecified procedure, by report	80 194 123 120 121 270 251 45 42 291 264	80 194 123 120 121 270 251 45 42 291 264
D5740 D5741 D5750 D5751 D5760 D5761 D5820 D5821 D5820 D5821 D5850 D5851 D5899 D5999 D6210	Reline mandibular partial denture (chairside) Reline complete maxillary denture (laboratory) Reline complete mandibular denture (laboratory) Reline mandibular partial denture (laboratory) Reline mandibular partial denture (laboratory) Reline mandibular partial denture (laboratory) Interim partial denture (maxillary) Interim partial denture (maxillary) Tissue conditioning, maxillary Tissue conditioning, mandibular Unspecified removable prosthodontic procedure, by report Unspecified procedure, by report Pontic - cast high noble metal	80 194 123 120 121 270 251 45 42 291 264 370	80 194 123 120 121 270 251 45 42 291 264 370

Code	Code Name	Patient Co-Pay*	Patient Co-Pay*
D6240 D6241	Pontic - porcelain fused to high noble metal	435	425 366
	Pontic - porcelain fused to predominantly base metal	366	
D6242	Pontic - porcelain fused to noble metal	399	399
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	400
D6251	Pontic - resin with predominantly base metal	346	346
D6252	Pontic - resin with noble metal	378	378
D6545	Retainer - cast metal for resin bonded fixed prosthesis	226	226
D6548	Retainer - porcelain/ceramic for resin bonded fixed prosthesis	319	319
D6602	Retainer inlay - cast high noble metal, two surfaces	485	425
D6603	Retainer inlay - cast high noble metal, three or more surfaces	458	425
D6604	Retainer inlay - cast predominantly base metal, two surfaces	348	348
D6605	Retainer inlay - cast predominantly base metal, three or more surfaces	432	425
D6606	Retainer inlay - cast noble metal, two surfaces	397	397
D6607	Retainer inlay - cast noble metal, three or more surfaces	436	425
D6610	Retainer onlay - cast high noble metal, two surfaces	369	369
D6611	Retainer onlay - cast high noble metal, three or more surfaces	521	425
D6612	Retainer onlay - cast predominantly base metal, two surfaces	457	425
D6613	Retainer onlay - cast predominantly base metal, three or more surfaces	476	425
D6614	Retainer onlay - cast noble metal, two surfaces	452	425
D6615	Retainer onlay - cast noble metal, three or more surfaces	476	425
D6624	Retainer inlay - titanium	428	425
D6634	Retainer onlay - titanium	448	425
D6720	Retainer ornay - trainfull - Retainer crown - resin with high noble metal	448	423
D6721	Retainer crown - resin with predominantly base metal	398	398
D6722	Retainer crown - resin with noble metal	398	398
D6722 D6740	Retainer crown - resin with hobie metai Retainer crown - porcelain/ceramic	398	398
D6740 D6750		447	
	Retainer crown - porcelain fused to high noble metal		425
D6751	Retainer crown - porcelain fused to predominantly base metal	351	351
D6752	Retainer crown - porcelain fused to noble metal	393	393
D6753	Retainer crown - porcelain fused to titanium and titanium alloys	312	312
D6780	Retainer crown - 3/4 cast high noble metal	393	393
D6781	Retainer crown - 3/4 cast predominantly base metal	378	378
D6782	Retainer crown - 3/4 cast noble metal	353	353
D6783	Retainer crown - 3/4 porcelain/ceramic	381	381
D6784	Retainer crown ³ / ₄ – titanium and titanium alloys	373	373
D6790	Retainer crown - full cast high noble metal	384	384
D6791	Retainer crown - full cast predominantly base metal	352	352
D6792	Retainer crown - full cast noble metal	369	369
D6794	Detained and the last	623	425
D6794	Retainer crown - titanium	623	425
D6930	Recement fixed partial denture	62	62
D6980	Fixed partial denture repair necessitated by restorative material failure	115	115
D6999	Unspecified fixed prosthodontic procedure, by report	79	79
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
D7240	Removal of impacted tooth - completely bony, with unusual surgical complications	250	250
		107	407
D7250	Surgical removal of residual tooth roots (cutting procedure)	127	127
D7270	Tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth	142	142
D7280	Surgical access of an unerupted tooth	185	185
D7282	Mobilization of erupted or malpositioned tooth to aid eruption	137	137
D7283	Placement of device to facilitate eruption of impacted tooth	104	104
D7284	Excisional biopsy of minor salivary glands	169	169
D7285	Biopsy of oral tissue - hard (bone, tooth)	194	194
D7286	Biopsy of oral tissue - soft (all others)	95	95
D7288	Brush biopsy - transepithelial sample collection	77	77
D7290	Surgical repositioning of teeth	189	189
D7291	Transseptal fiberotomy/supra crestal fiberotomy, by report	72	72
D7310	Alveoloplasty in conjunction with extractions - per quadrant	72	72
D7311	Alveoloplasty in conjunction with extractions - one to three teeth or tooth spaces, per quadrant	100	100
D7320	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
D7510	Incision and drainage of abscess - intraoral soft tissue	100	100
D7511	Incision and drainage of abscess - intraoral soft tissue - complicated (includes drainage of multiple fascial spaces)	180	180
D7910	Suture of recent small wounds up to 5 cm	22	22
D7956	Guided tissue regeneration, edentulous area - resorbable barrier, per site	245	245
	Guided tissue regeneration, edentulous area - non-resorbable barrier, per site	295	295
D7957	Buccal / labial frenectomy (frenulectomy)	271	271
D7957 D7961			271
D7961		2/1	
D7961 D7962	Lingual frenectomy (frenulectomy)	271 302	
D7961 D7962 D7963	Lingual frenectomy (frenulectomy) Frenuloplasty	302	302
D7961 D7962 D7963 D7970	Lingual frenectomy (frenulectomy) Frenuloplasty Excision of hyperplastic tissue - per arch	302 241	302 241
D7961 D7962 D7963 D7970 D7971	Lingual frenectomy (frenulectomy) Frenuloplasty Excision of hyperplastic tissue - per arch Excision of pericoronal gingiva	302 241 58	302 241 58
D7961 D7962 D7963 D7970 D7971 D7999	Lingual frenectomy (frenulectomy) Frenuloplasty Excision of hyperplastic tissue - per arch Excision of pericoronal gingiva Unspecified oral surgery procedure, by report	302 241 58 52	302 241 58 52
D7961 D7962 D7963 D7970 D7971	Lingual frenectomy (frenulectomy) Frenuloplasty Excision of hyperplastic tissue - per arch Excision of pericoronal gingiva	302 241 58	302 241 58

Code	Code Name	Patient Co-Pay*	Patient Co-Pay*
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
D9248	Non-intravenous conscious sedation	63	63
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
D9920	Behavior management, by report	50	50
D9930	Treatment of complications (post-surgical) - unusual circumstances, by report	38	38
D9995	Teledentistry - synchronous; real-time encounter	0	0