



# Advantage Co-Pay (MN Individual Exchange)

Co-Pay Schedule

Effective 1/1/2026

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

emihealth.com

Code	Code Name	Adults (19 and over)	Children (up to age 19 {end of month})
		Patient Co-Pay*	Patient Co-Pay*
D0120	Periodic oral evaluation - established patient	0	0
D0140	Limited oral evaluation - problem focused	0	0
D0145	Oral evaluation - patient under 3 years of age	0	0
D0150	Comprehensive oral evaluation - new or established patient	0	0
D0160	Detailed and extensive oral evaluation - problem focused, by report	0	0
D0170	Re-evaluation - limited, problem focused (established patient; not post-operative visit)	0	0
D0180	Comprehensive periodontal evaluation - new or established patient	0	0
D0210	Intraoral - complete series (including bitewings)	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
D0320	Temporomandibular joint arthrogram, including injection	407	407
D0321	Other temporomandibular joint radiographic images, by report	102	102
D0330	Panoramic film	0	0
D0340	Cephalometric film	0	0
D0350	2D oral/facial photographic image obtained intra-orally or extra-orally	0	0
D0391	Interpretation of diagnostic image	0	0
D0470	Diagnostic casts (*Only allowed up to age 19 (end of month))	NA	50%
D1110	Prophylaxis - adult	0	0
D1120	Prophylaxis - child	0	0
D1206	Topical application of fluoride varnish (*Only allowed up to age 19 (end of month))	NA	0
D1208	Topical application of fluoride excl varnish (*Only allowed up to age 19 (end of month))	NA	0
D1351	Sealant - per tooth (*Only allowed up to age 19 (end of month))	NA	0
D1352	Preventive resin restoration in a moderate to high caries risk patient - permanent tooth (*Only allowed up to age 19 (end of month))	NA	0
D1510	Space maintainer - fixed - unilateral - per quadrant (*Only allowed up to age 19 (end of month))	NA	243
D1516	Space maintainer - fixed - bilateral, maxillary (*Only allowed up to age 19 (end of month))	NA	323
D1517	Space maintainer - fixed - bilateral, mandibular (*Only allowed up to age 19 (end of month))	NA	323
D1520	Space maintainer - removable - unilateral - per quadrant (*Only allowed up to age 19 (end of month))	NA	210
D1526	Space maintainer - removable - bilateral, maxillary (*Only allowed up to age 19 (end of month))	NA	300
D1527	Space maintainer - removable - bilateral, mandibular (*Only allowed up to age 19 (end of month))	NA	300
D1551	Re-cementation of bilateral space maintainer - maxillary (*Only allowed up to age 19 (end of month))	NA	48
D1552	Re-cementation of bilateral space maintainer - mandibular (*Only allowed up to age 19 (end of month))	NA	48
D1553	Re-cementation of unilateral space maintainer - per quadrant (*Only allowed up to age 19 (end of month))	NA	48
D2140	Amalgam - one surface, primary or permanent	50	50
D2150	Amalgam - two surfaces, primary or permanent	65	65
D2160	Amalgam - three surfaces, primary or permanent	97	97
D2161	Amalgam - four or more surfaces, primary or permanent	107	107
D2330	Resin-based composite - one surface, anterior	86	86
D2331	Resin-based composite - two surfaces, anterior	107	107
D2332	Resin-based composite - three surfaces, anterior	122	122
D2335	Resin-based composite - four or more surfaces or involving incisal angle (anterior)	148	148
D2390	Resin-based composite crown, anterior	153	153
D2391	Resin-based composite - one surface, posterior	92	92
D2392	Resin-based composite - two surfaces, posterior	132	132
D2393	Resin-based composite - three surfaces, posterior	157	157
D2394	Resin-based composite - four or more surfaces, posterior	196	196
D2510	Inlay - metallic - one surface	295	295
D2520	Inlay - metallic - two surfaces	402	402
D2530	Inlay - metallic - three or more surfaces	399	399
D2542	Onlay - metallic - two surfaces	495	450
D2543	Onlay - metallic - three surfaces	615	450
D2544	Onlay - metallic - four or more surfaces	673	450
D2610	Inlay - porcelain/ceramic - one surface	555	450
D2620	Inlay - porcelain/ceramic - two surfaces	571	450
D2630	Inlay - porcelain/ceramic - three or more surfaces	599	450
D2642	Onlay - porcelain/ceramic - two surfaces	700	450
D2643	Onlay - porcelain/ceramic - three surfaces	768	450
D2644	Onlay - porcelain/ceramic - four or more surfaces	801	450
D2650	Inlay - resin-based composite - one surface	363	363
D2651	Inlay - resin-based composite - two surfaces	490	450
D2652	Inlay - resin-based composite - three or more surfaces	497	450
D2662	Onlay - resin-based composite - two surfaces	497	450
D2663	Onlay - resin-based composite - three surfaces	502	450
D2664	Onlay - resin-based composite - four or more surfaces	519	450
D2710	Crown - resin (indirect)	265	265
D2720	Crown - resin with high noble metal	715	450
D2721	Crown - resin with predominantly base metal	663	450

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Code	Code Name	Patient Co-Pay*	Patient Co-Pay*
D2722	Crown - resin with noble metal	672	450
D2740	Crown - porcelain/ceramic	716	450
D2750	Crown - porcelain fused to high noble metal	719	450
D2751	Crown - porcelain fused to predominantly base metal	678	450
D2752	Crown - porcelain fused to noble metal	700	450
D2753	Crown - porcelain fused to titanium and titanium alloys	704	450
D2780	Crown - 3/4 cast high noble metal	692	450
D2781	Crown - 3/4 cast predominantly base metal	647	450
D2782	Crown - 3/4 cast noble metal	685	450
D2783	Crown - 3/4 porcelain/ceramic	714	450
D2790	Crown - full cast high noble metal	712	450
D2791	Crown - full cast predominantly base metal	646	450
D2792	Crown - full cast noble metal	679	450
D2794	Crown - titanium and titanium alloys	819	450
D2910	Re-cement or re-bond inlay, onlay, veneer or partial coverage restoration	35	35
D2920	Recement crown	68	68
D2928	Prefabricated porcelain/ceramic crown - permanent tooth	252	252
D2929	Prefabricated porcelain/ceramic crown - primary tooth	265	265
D2930	Prefabricated stainless steel crown - primary tooth	221	221
D2931	Prefabricated stainless steel crown - permanent tooth	246	246
D2932	Prefabricated resin crown	156	156
D2933	Prefabricated stainless steel crown with resin window	265	265
D2940	Placement of interim direct restoration	71	71
D2950	Core buildup, including any pins	196	196
D2951	Pin retention - per tooth, in addition to restoration	37	37
D2952	Cast post and core in addition to crown	272	272
D2953	Each additional cast post - same tooth	107	107
D2954	Prefabricated post and core in addition to crown	233	233
D2955	Post removal (not in conjunction with endodontic therapy)	124	124
D2957	Each additional prefabricated post - same tooth	79	79
D2980	Crown repair, by report	129	129
D2981	Inlay repair by report	129	129
D2982	Onlay repair by report	129	129
D2983	Veneer repair by report	129	129
D2990	Resin infiltr of incipient lesions	60	60
D2991	Application of hydroxyapatite regeneration medicament - per tooth	28	28
D3110	Pulp cap - direct (excluding final restoration)	79	79
D3120	Pulp cap - indirect (excluding final restoration)	41	41
D3220	Therapeutic pulpotomy (excluding final restoration) - removal of pulp coronal to the dentinocemental junction and	128	128
D3221	Pulpal debridement, primary and permanent teeth	137	137
D3222	Partial pulpotomy for apexogenesis - permanent tooth with incomplete root development	149	149
D3230	Pulpal therapy (resorbable filling) - anterior, primary tooth (excluding final restoration)	115	115
D3240	Pulpal therapy (resorbable filling) - posterior, primary tooth (excluding final restoration)	194	194
D3310	Anterior (excluding final restoration)	535	450
D3320	Premolar (excluding final restoration)	652	450
D3330	Molar tooth (excluding final restoration)	829	450
D3331	Treatment of root canal obstruction; non-surgical access	129	129
D3332	Incomplete endodontic therapy; inoperable or fractured tooth	399	399
D3333	Internal root repair of perforation defects	158	158
D3346	Retreatment of previous root canal therapy - anterior	702	450
D3347	Retreatment of previous root canal therapy - premolar	824	450
D3348	Retreatment of previous root canal therapy - molar	989	450
D3351	Apexification/recalcification - initial visit (apical closure / calcific repair of perforations, root resorption, etc.)	155	155
D3352	Apexification/recalcification - interim medication replacement (apical closure/calcific repair of perforations, root	93	93
D3353	Apexification/recalcification - final visit (includes completed root canal therapy - apical closure/calcific repair of	247	247
D3355	Pulpal regeneration - initial visit	158	158
D3356	Pulpal regeneration - interim medication replacement	101	101
D3357	Pulpal regeneration - completion of treatment	178	178
D3410	Apicoectomy/periradicular surgery - anterior	599	450
D3421	Apicoectomy/periradicular surgery - premolar (first root)	457	450
D3425	Apicoectomy/periradicular surgery - molar (first root)	741	450
D3426	Apicoectomy/periradicular surgery (each additional root)	248	248
D3430	Retrograde filling - per root	180	180
D3450	Root amputation - per root	261	261
D3471	Surgical repair of root resorption - anterior	561	450
D3472	Surgical repair of root resorption - premolar	420	420
D3473	Surgical repair of root resorption - molar	561	450
D3501	Surgical exposure of root surface without apicoectomy or repair of root resorption - anterior	561	450
D3502	Surgical exposure of root surface without apicoectomy or repair of root resorption - premolar	420	420
D3503	Surgical exposure of root surface without apicoectomy or repair of root resorption - molar	561	450
D3920	Hemisection (including any root removal), not including root canal therapy	195	195
D3950	Canal preparation and fitting of preformed dowel or post	86	86
D4210	Gingivectomy or gingivoplasty - four or more contiguous teeth or bounded teeth spaces per quadrant	467	450
D4211	Gingivectomy or gingivoplasty - one to three teeth, per quadrant	214	214
D4212	Gingivectomy or gingivoplasty to allow access for restorative procedure, per tooth	202	202
D4240	Gingival flap procedure, incl root planing - four or more contiguous teeth or bounded teeth spaces/quad	556	450
D4241	Gingival flap procedure, including root planing - one to three teeth, per quadrant	315	315
D4245	Apically positioned flap	265	265
D4249	Clinical crown lengthening - hard tissue	616	450
D4260	Osseous surgery (incl flap entry & closure) - four or more contiguous teeth or bounded teeth spaces/quad	612	450
D4261	Osseous surgery (including flap entry and closure) - one to three teeth, per quadrant	532	450

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Code	Code Name	Patient Co-Pay*	Patient Co-Pay*
D4263	Bone replacement graft - first site in quadrant	426	426
D4264	Bone replacement graft - each additional site in quadrant	175	175
D4266	Guided tissue regeneration, natural teeth – resorbable barrier, per site	351	351
D4267	Guided tissue regeneration, natural teeth – non-resorbable barrier, per site	434	434
D4268	Surgical revision procedure, per tooth	212	212
D4270	Pedicle soft tissue graft procedure	444	444
D4273	Autogenous connective tissue graft procedure (including donor and recipient surgical sites) first tooth, implant, or	617	450
D4275	Soft tissue allograft	501	450
D4277	Soft tissue graft procedure first tooth	685	450
D4278	Soft tissue graft procedure each add tooth	555	450
D4322	Splint - intra-coronal; natural teeth or prosthetic crowns	240	240
D4323	Splint - extra-coronal; natural teeth or prosthetic crowns	205	205
D4341	Periodontal scaling and root planing, four or more contiguous teeth or bounded teeth spaces per quadrant	210	210
D4342	Periodontal scaling and root planing, one to three teeth, per quadrant	109	109
D4355	Full mouth debridement to enable a comprehensive oral periodontal evaluation and diagnosis on a subsequent visit	113	113
D4910	Periodontal maintenance	113	113
D5110	Complete denture - maxillary	1046	450
D5120	Complete denture - mandibular	1046	450
D5130	Immediate denture - maxillary	1121	450
D5140	Immediate denture - mandibular	1121	450
D5211	Maxillary partial denture – resin base (including retentive/clasping materials, rests, and teeth)	872	450
D5212	Mandibular partial denture – resin base (including retentive/clasping materials, rests, and teeth)	1024	450
D5213	Maxillary partial denture - cast metal framework with resin denture bases	1152	450
D5214	Mandibular partial denture - cast metal framework with resin denture bases	1152	450
D5282	Removable unilateral partial denture - one piece cast metal, maxillary (including clasps and teeth)	371	371
D5283	Removable unilateral partial denture - one piece cast metal, mandibular (including clasps and teeth)	364	364
D5284	Removable unilateral partial denture – one piece flexible base (including clasps and teeth) – per quadrant	349	349
D5286	Removable unilateral partial denture – one piece resin (including clasps and teeth) – per quadrant	370	370
D5410	Adjust complete denture - maxillary	36	36
D5411	Adjust complete denture - mandibular	36	36
D5421	Adjust partial denture - maxillary	36	36
D5422	Adjust partial denture - mandibular	36	36
D5511	Repair broken complete denture base, mandibular	111	111
D5512	Repair broken complete denture base, maxillary	110	110
D5520	Replace missing or broken teeth – complete denture – per tooth	62	62
D5611	Repair resin partial denture base, mandibular	118	118
D5612	Repair resin partial denture base, maxillary	115	115
D5621	Repair cast partial framework, mandibular	135	135
D5622	Repair cast partial framework, maxillary	136	136
D5630	Repair or replace broken retentive/clasping materials - per tooth	95	95
D5640	Replace missing or broken teeth – partial denture – per tooth	101	101
D5650	Add tooth to existing partial denture – per tooth	132	132
D5660	Add clasp to existing partial denture	102	102
D5710	Rebase complete maxillary denture	228	228
D5711	Rebase complete mandibular denture	218	218
D5720	Rebase maxillary partial denture	217	217
D5721	Rebase mandibular partial denture	219	219
D5730	Reline complete maxillary denture (chairside)	163	163
D5731	Reline complete mandibular denture (chairside)	160	160
D5740	Reline maxillary partial denture (chairside)	142	142
D5741	Reline mandibular partial denture (chairside)	146	146
D5750	Reline complete maxillary denture (laboratory)	311	311
D5751	Reline complete mandibular denture (laboratory)	214	214
D5760	Reline maxillary partial denture (laboratory)	203	203
D5761	Reline mandibular partial denture (laboratory)	205	205
D5810	Interim complete denture (maxillary)	349	349
D5811	Interim complete denture (mandibular)	378	378
D5820	Interim partial denture (maxillary)	396	396
D5821	Interim partial denture (mandibular)	407	407
D5850	Tissue conditioning, maxillary	76	76
D5851	Tissue conditioning, mandibular	73	73
D6010	Surgical placement of implant body: endosteal implant (*Only allowed up to age 19 (end of month))	NA	450
D6012	Surgical placement of interim implant body for transitional prosthesis: endosteal implant (*Only allowed up to age 19	NA	450
D6040	Surgical placement: endosteal implant (*Only allowed up to age 19 (end of month))	NA	450
D6050	Surgical placement: transosteal implant (*Only allowed up to age 19 (end of month))	NA	447
D6055	Dental implant supported connecting bar (*Only allowed up to age 19 (end of month))	NA	450
D6056	Prefabricated abutment - includes placement (*Only allowed up to age 19 (end of month))	NA	450
D6057	Custom abutment - includes placement (*Only allowed up to age 19 (end of month))	NA	450
D6058	Abutment supported porcelain/ceramic crown	1016	450
D6059	Abutment supported porcelain fused to metal crown (high noble metal)	997	450
D6060	Abutment supported porcelain fused to metal crown (predominantly base metal)	922	450
D6061	Abutment supported porcelain fused to metal crown (noble metal)	955	450
D6062	Abutment supported cast metal crown (high noble metal)	948	450
D6063	Abutment supported cast metal crown (predominantly base metal)	897	450
D6064	Abutment supported cast metal crown (noble metal)	891	450
D6065	Implant supported porcelain/ceramic crown	1020	450
D6066	Implant supported crown - porcelain fused to high noble alloys	1006	450
D6067	Implant supported crown - high noble alloys	973	450
D6068	Abutment supported retainer for porcelain/ceramic FPD (*Only allowed up to age 19 (end of month))	NA	450
D6069	Abutment supported retainer for porcelain fused to metal FPD (high noble metal) (*Only allowed up to age 19 (end of	NA	450
D6070	Abutment supported retainer for porcelain fused to metal FPD (predominantly base metal) (*Only allowed up to age	NA	450

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Code	Code Name	Patient Co-Pay*	Patient Co-Pay*
D6071	Abutment supported retainer for porcelain fused to metal FPD (noble metal) (*Only allowed up to age 19 (end of	NA	450
D6072	Abutment supported retainer for cast metal FPD (high noble metal) (*Only allowed up to age 19 (end of month))	NA	450
D6073	Abutment supported retainer for cast metal FPD (predominantly base metal) (*Only allowed up to age 19 (end of	NA	450
D6074	Abutment supported retainer for cast metal FPD (noble metal) (*Only allowed up to age 19 (end of month))	NA	450
D6075	Implant supported retainer for ceramic FPD (*Only allowed up to age 19 (end of month))	NA	450
D6076	Implant supported retainer for FPD - porcelain fused to high noble alloys (*Only allowed up to age 19 (end of month))	NA	450
D6077	Implant supported retainer for metal FPD - high noble alloys (*Only allowed up to age 19 (end of month))	NA	450
D6080	Implant maintenance procedures when a full arch fixed hybrid prosthesis is removed and reinserted, including	NA	84
D6082	Implant supported crown – porcelain fused to predominantly base alloys (*Only allowed up to age 19 (end of month))	NA	450
D6083	Implant supported crown – porcelain fused to noble alloys (*Only allowed up to age 19 (end of month))	NA	450
D6084	Implant supported crown – porcelain fused to titanium and titanium alloys (*Only allowed up to age 19 (end of month))	NA	450
D6086	Implant supported crown – predominantly base alloys (*Only allowed up to age 19 (end of month))	NA	450
D6087	Implant supported crown – noble alloys (*Only allowed up to age 19 (end of month))	NA	450
D6088	Implant supported crown – titanium and titanium alloys (*Only allowed up to age 19 (end of month))	NA	450
D6089	Accessing and retorquing loose implant screw - per screw (*Only allowed up to age 19 (end of month))	NA	71
D6090	Placement of interim implant abutment (*Only allowed up to age 19 (end of month))	NA	124
D6091	Replacement of semi-precision or precision attachment of implant/abutment supported prosthesis, per attachment	NA	292
D6098	Implant supported retainer – porcelain fused to predominantly base alloys (*Only allowed up to age 19 (end of month))	NA	450
D6099	Implant supported retainer for FPD – porcelain fused to noble alloys (*Only allowed up to age 19 (end of month))	NA	450
D6100	Surgical removal of implant body (*Only allowed up to age 19 (end of month))	NA	338
D6101	Dbrdmt of peri-implant defect (*Only allowed up to age 19 (end of month))	NA	228
D6102	Dbrdmt of peri-implant defect (*Only allowed up to age 19 (end of month))	NA	446
D6103	Bone graft repair of peri-implant (*Only allowed up to age 19 (end of month))	NA	352
D6104	Bone graft at time of implant placement (*Only allowed up to age 19 (end of month))	NA	232
D6105	Removal of implant body not requiring bone removal or flap elevation (*Only allowed up to age 19 (end of month))	NA	110
D6106	Guided tissue regeneration - resorbable barrier, per implant (*Only allowed up to age 19 (end of month))	NA	351
D6107	Guided tissue regeneration - non-resorbable barrier, per implant (*Only allowed up to age 19 (end of month))	NA	450
D6110	Implant/abutment supported removable denture for edentulous arch - maxillary (*Only allowed up to age 19 (end of	NA	450
D6111	Implant/abutment supported removable denture for edentulous arch - mandibular (*Only allowed up to age 19 (end of	NA	450
D6112	Implant/abutment supported removable denture for partially edentulous arch - maxillary (*Only allowed up to age 19	NA	450
D6113	Implant/abutment supported removable denture for partially edentulous arch - mandibular (*Only allowed up to age 19	NA	450
D6114	Implant/abutment supported fixed denture for edentulous arch - maxillary (*Only allowed up to age 19 (end of month))	NA	450
D6115	Implant/abutment supported fixed denture for edentulous arch - mandibular (*Only allowed up to age 19 (end of	NA	450
D6116	Implant/abutment supported fixed denture for partially edentulous arch - maxillary (*Only allowed up to age 19 (end of	NA	450
D6117	Implant/abutment supported fixed denture for partially edentulous arch - mandibular (*Only allowed up to age 19 (end	NA	450
D6118	Implant/abutment supported interim fixed denture for edentulous arch - mandibular (*Only allowed up to age 19 (end	NA	450
D6119	Implant/abutment supported interim fixed denture for edentulous arch - maxillary (*Only allowed up to age 19 (end of	NA	450
D6120	Implant supported retainer – porcelain fused to titanium and titanium alloys (*Only allowed up to age 19 (end of	NA	450
D6121	Implant supported retainer for metal FPD – predominantly base alloys (*Only allowed up to age 19 (end of month))	NA	450
D6122	Implant supported retainer for metal FPD – noble alloys (*Only allowed up to age 19 (end of month))	NA	450
D6123	Implant supported retainer for metal FPD – titanium and titanium alloys (*Only allowed up to age 19 (end of month))	NA	450
D6180	Implant maintenance procedures when a full arch fixed hybrid prosthesis is not removed, including cleansing of	NA	104
D6190	Radiographic/surgical implant index, by report (*Only allowed up to age 19 (end of month))	NA	112
D6193	Replacement of an implant screw (*Only allowed up to age 19 (end of month))	NA	71
D6210	Pontic - cast high noble metal	651	450
D6211	Pontic - cast predominantly base metal	589	450
D6212	Pontic - cast noble metal	591	450
D6214	Pontic - titanium and titanium alloys	743	450
D6240	Pontic - porcelain fused to high noble metal	716	450
D6241	Pontic - porcelain fused to predominantly base metal	648	450
D6242	Pontic - porcelain fused to noble metal	681	450
D6243	Pontic – porcelain fused to titanium and titanium alloys	648	450
D6245	Pontic - porcelain/ceramic	707	450
D6250	Pontic - resin with high noble metal	690	450
D6251	Pontic - resin with predominantly base metal	598	450
D6252	Pontic - resin with noble metal	677	450
D6545	Retainer - cast metal for resin bonded fixed prosthesis	310	310
D6548	Retainer - porcelain/ceramic for resin bonded fixed prosthesis	429	429
D6720	Retainer crown - resin with high noble metal	607	450
D6721	Retainer crown - resin with predominantly base metal	609	450
D6722	Retainer crown - resin with noble metal	607	450
D6740	Retainer crown - porcelain/ceramic	619	450
D6750	Retainer crown - porcelain fused to high noble metal	719	450
D6751	Retainer crown - porcelain fused to predominantly base metal	670	450
D6752	Retainer crown - porcelain fused to noble metal	689	450
D6753	Retainer crown - porcelain fused to titanium and titanium alloys	596	450
D6780	Retainer crown - 3/4 cast high noble metal	712	450
D6781	Retainer crown - 3/4 cast predominantly base metal	579	450
D6782	Retainer crown - 3/4 cast noble metal	565	450
D6783	Retainer crown - 3/4 porcelain/ceramic	619	450
D6784	Retainer crown ¾ - titanium and titanium alloys	681	450
D6790	Retainer crown - full cast high noble metal	699	450
D6791	Retainer crown - full cast predominantly base metal	639	450
D6792	Retainer crown - full cast noble metal	665	450
D6930	Recement fixed partial denture	104	104
D6980	Fixed partial denture repair necessitated by restorative material failure	161	161
D7111	Coronal remnants - deciduous tooth	80	80
D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)	103	103
D7210	Surgical removal of erupted tooth requiring elevation of mucoperiosteal flap and removal of bone and/or section of	195	195
D7220	Removal of impacted tooth - soft tissue	234	234
D7230	Removal of impacted tooth - partially bony	308	308

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D7240	Removal of impacted tooth - completely bony	355	355
D7241	Removal of impacted tooth - completely bony, with unusual surgical complications	441	441
D7250	Surgical removal of residual tooth roots (cutting procedure)	203	203
D7251	Coronectomy – intentional partial tooth removal, impacted teeth only	364	364
D7270	Tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth	248	248
D7280	Surgical access of an unerupted tooth	364	364
D7284	Excisional biopsy of minor salivary glands	297	297
D7285	Biopsy of oral tissue - hard (bone, tooth)	425	425
D7286	Biopsy of oral tissue - soft (all others)	211	211
D7310	Alveoloplasty in conjunction with extractions - per quadrant	151	151
D7311	Alveoloplasty in conjunction with extractions - one to three teeth or tooth spaces, per quadrant	163	163
D7320	Alveoloplasty not in conjunction with extractions - per quadrant	247	247
D7321	Alveoloplasty not in conjunction with extractions - one to three teeth or tooth spaces, per quadrant	324	324
D7471	Removal of lateral exostosis (maxilla or mandible)	594	450
D7510	Incision and drainage of abscess - intraoral soft tissue	182	182
D7810	Open reduction of dislocation	478	450
D7820	Closed reduction of dislocation	113	113
D7830	Manipulation under anesthesia	621	450
D7850	Surgical disectomy, with/without implant	139	139
D7852	Disc repair	29	29
D7870	Arthrocentesis	469	450
D7871	Non-arthroscopic lysis and lavage	692	450
D7873	Arthroscopy: lavage and lysis of adhesions	2336	450
D7880	Occlusal orthotic device, by report	491	450
D7881	Occlusal orthotic device adjustment	70	70
D7899	Unspecified TMD therapy, by report	116	116
D7910	Suture of recent small wounds up to 5 cm	40	40
D7921	Collection and application of autologous blood concentrate product	152	152
D7953	Bone replacement graft for ridge preservation – per site	227	227
D7956	Guided tissue regeneration, edentulous area - resorbable barrier, per site	351	351
D7957	Guided tissue regeneration, edentulous area - non-resorbable barrier, per site	434	434
D7961	Buccal / labial frenectomy (frenulectomy)	374	374
D7962	Lingual frenectomy (frenulectomy)	374	374
D7971	Excision of pericoronal gingiva	110	110
D8010-D8999	Orthodontic services <b>(*Only allowed up to age 19 (end of month))</b>	NA	50%
D9110	Palliative (emergency) treatment of dental pain – minor procedure – per visit	83	83
D9215	Local anesthesia	25	25
D9222	Deep sedation/general anesthesia - first 15 minutes	135	135
D9223	Deep sedation/general anesthesia - each subsequent 15 minute increment	135	135
D9230	Analgesia, anxiolysis, inhalation of nitrous oxide	41	41
D9239	Intravenous moderate (conscious) sedation/analgesia - first 15 minutes	102	102
D9243	Intravenous moderate (conscious) sedation/analgesia - each subsequent 15 minute increment	102	102
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	43	43
D9930	Treatment of complications (post-surgical) - unusual circumstances, by report	60	60
D9944	Occlusal guard - hard appliance, full arch	355	355
D9945	Occlusal guard - soft appliance, full arch	306	306
D9946	Occlusal guard - hard appliance, partial arch	338	338
D9951	Occlusal adjustment - limited	59	59
D9995	Teledentistry - synchronous; real-time encounter	0	0

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.