



Advantage Co-Pay (MO Individual Exchange)

Co-Pay Schedule

Effective 1/1/2025

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 comprehensive series of radiographic images	0	0
D0220	Intraoral - periapical first film	0	0
D0230	Intraoral - periapical each additional film	0	0
D0240	Intraoral - occlusal film	0	0
D0250	Extra-oral - 2D projection radiographic image	0	0
D0270	Bitewing - single film	0	0
D0272	Bitewings - two films	0	0
D0273	Bitewings - three films	0	0
D0274	Bitewings - four films	0	0
D0277	Vertical bitewings - 7 to 8 films	0	0
D0330	Panoramic film	0	0
D0340	Cephalometric film	0	0
D0350	2D oral/facial photographic image obtained intra-orally or extra-orally	0	0
D0391	Interpretation of diagnostic image	0	0
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 fluoride varnish - therapeutic application for moderate to high caries risk patients (*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	163
D1516	Space maintainer - fixed - bilateral, maxillary (*Only allowed up to age 19 (end of month))	NA	218
D1517	Space maintainer - fixed - bilateral, mandibular (*Only allowed up to age 19 (end of month))	NA	218
D1520	Space maintainer - removable - unilateral - per quadrant (*Only allowed up to age 19 (end of month))	NA	102
D1526	Space maintainer - removable - bilateral, maxillary (*Only allowed up to age 19 (end of month))	NA	155
D1527	Space maintainer - removable - bilateral, mandibular (*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
D2140	Amalgam - one surface, primary or permanent	29	29
D2150	Amalgam - two surfaces, primary or permanent	37	37
D2160	Amalgam - three surfaces, primary or permanent	53	53
D2161	Amalgam - four or more surfaces, primary or permanent	60	60
D2330	Resin-based composite - one surface, anterior	47	47
D2331	Resin-based composite - two surfaces, anterior	58	58
D2332	Resin-based composite - three surfaces, anterior	64	64
D2335	Resin-based composite - four or more surfaces or involving incisal angle (anterior)	77	77
D2390	Resin-based composite crown, anterior	83	83
D2391	Resin-based composite - one surface, posterior	52	52
D2392	Resin-based composite - two surfaces, posterior	73	73
D2393	Resin-based composite - three surfaces, posterior	86	86
D2394	Resin-based composite - four or more surfaces, posterior	106	106
D2510	Inlay - metallic - one surface	182	182
D2520	Inlay - metallic - two surfaces	249	249
D2530	Inlay - metallic - three or more surfaces	251	251
D2542	Onlay - metallic - two surfaces	311	311
D2543	Onlay - metallic - three surfaces	336	336
D2544	Onlay - metallic - four or more surfaces	368	368
D2610	Inlay - porcelain/ceramic - one surface	303	303
D2620	Inlay - porcelain/ceramic - two surfaces	313	313
D2630	Inlay - porcelain/ceramic - three or more surfaces	345	345
D2642	Onlay - porcelain/ceramic - two surfaces	379	379
D2643	Onlay - porcelain/ceramic - three surfaces	422	422
D2644	Onlay - porcelain/ceramic - four or more surfaces	438	425
D2650	Inlay - resin-based composite - one surface	193	193
D2651	Inlay - resin-based composite - two surfaces	263	263
D2652	Inlay - resin-based composite - three or more surfaces	262	262
D2662	Onlay - resin-based composite - two surfaces	272	272
D2663	Onlay - resin-based composite - three surfaces	280	280
D2664	Onlay - resin-based composite - four or more surfaces	287	287
D2710	Crown - resin (indirect)	144	144
D2720	Crown - resin with high noble metal	392	392
D2721	Crown - resin with predominantly base metal	363	363

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Code	Code Name	Patient Co-Pay*	Patient Co-Pay*
D2722	Crown - resin with noble metal	366	366
D2740	Crown - porcelain/ceramic	394	394
D2750	Crown - porcelain fused to high noble metal	396	396
D2751	Crown - porcelain fused to predominantly base metal	371	371
D2752	Crown - porcelain fused to noble metal	382	382
D2753	Crown - porcelain fused to titanium and titanium alloys	385	385
D2780	Crown - 3/4 cast high noble metal	382	382
D2781	Crown - 3/4 cast predominantly base metal	359	359
D2782	Crown - 3/4 cast noble metal	376	376
D2783	Crown - 3/4 porcelain/ceramic	396	396
D2790	Crown - full cast high noble metal	390	390
D2791	Crown - full cast predominantly base metal	355	355
D2792	Crown - full cast noble metal	371	371
D2794	Crown - titanium and titanium alloys	556	425
D2910	Re-cement or re-bond inlay, onlay, veneer or partial coverage restoration	20	20
D2920	Recement crown	47	47
D2928	Prefabricated porcelain/ceramic crown - permanent tooth	139	139
D2929	Prefabricated porcelain/ceramic crown - primary tooth	160	160
D2930	Prefabricated stainless steel crown - primary tooth	142	142
D2931	Prefabricated stainless steel crown - permanent tooth	142	142
D2932	Prefabricated resin crown	89	89
D2933	Prefabricated stainless steel crown with resin window	161	161
D2940	Protective restoration	52	52
D2950	Core buildup, including any pins	126	126
D2951	Pin retention - per tooth, in addition to restoration	23	23
D2952	Cast post and core in addition to crown	166	166
D2953	Each additional cast post - same tooth	58	58
D2954	Prefabricated post and core in addition to crown	152	152
D2955	Post removal (not in conjunction with endodontic therapy)	67	67
D2957	Each additional prefabricated post - same tooth	42	42
D2980	Crown repair, by report	85	85
D2981	Inlay repair by report	93	93
D2982	Onlay repair by report	93	93
D2983	Veneer repair by report	93	93
D2990	Resin infiltr of incipient lesions	38	38
D2991	Application of hydroxyapatite regeneration medicament - per tooth	23	23
D3110	Pulp cap - direct (excluding final restoration)	33	33
D3120	Pulp cap - indirect (excluding final restoration)	27	27
D3220	Therapeutic pulpotomy (excluding final restoration) - removal of pulp coronal to the dentinocemental junction and	82	82
D3221	Pulpal debridement, primary and permanent teeth	92	92
D3222	Partial pulpotomy for apexogenesis - permanent tooth with incomplete root development	97	97
D3230	Pulpal therapy (resorbable filling) - anterior, primary tooth (excluding final restoration)	53	53
D3240	Pulpal therapy (resorbable filling) - posterior, primary tooth (excluding final restoration)	89	89
D3310	Anterior (excluding final restoration)	287	287
D3320	Premolar (excluding final restoration)	349	349
D3330	Molar tooth (excluding final restoration)	459	425
D3331	Treatment of root canal obstruction; non-surgical access	77	77
D3332	Incomplete endodontic therapy; inoperable or fractured tooth	237	237
D3333	Internal root repair of perforation defects	93	93
D3346	Retreatment of previous root canal therapy - anterior	389	389
D3347	Retreatment of previous root canal therapy - premolar	446	425
D3348	Retreatment of previous root canal therapy - molar	547	425
D3351	Apexification/recalcification - initial visit (apical closure / calcific repair of perforations, root resorption, etc.)	80	80
D3352	Apexification/recalcification - interim medication replacement (apical closure/calcific repair of perforations, root	48	48
D3353	Apexification/recalcification - final visit (includes completed root canal therapy - apical closure/calcific repair of	121	121
D3355	Pulpal regeneration - initial visit	82	82
D3356	Pulpal regeneration - interim medication replacement	53	53
D3357	Pulpal regeneration - completion of treatment	90	90
D3410	Apicoectomy/periradicular surgery - anterior	348	348
D3421	Apicoectomy/periradicular surgery - premolar (first root)	241	241
D3425	Apicoectomy/periradicular surgery - molar (first root)	435	425
D3426	Apicoectomy/periradicular surgery (each additional root)	144	144
D3430	Retrograde filling - per root	109	109
D3450	Root amputation - per root	137	137
D3471	Surgical repair of root resorption - anterior	338	338
D3472	Surgical repair of root resorption - premolar	211	211
D3473	Surgical repair of root resorption - molar	338	338
D3501	Surgical exposure of root surface without apicoectomy or repair of root resorption - anterior	338	338
D3502	Surgical exposure of root surface without apicoectomy or repair of root resorption - premolar	211	211
D3503	Surgical exposure of root surface without apicoectomy or repair of root resorption - molar	338	338
D3920	Hemisection (including any root removal), not including root canal therapy	104	104
D3950	Canal preparation and fitting of preformed dowel or post	45	45
D4210	Gingivectomy or gingivoplasty - four or more contiguous teeth or bounded teeth spaces per quadrant	279	279
D4211	Gingivectomy or gingivoplasty - one to three teeth, per quadrant	131	131
D4212	Gingivectomy or gingivoplasty to allow access for restorative procedure, per tooth	121	121
D4240	Gingival flap procedure, incl root planing - four or more contiguous teeth or bounded teeth spaces/quad	332	332
D4241	Gingival flap procedure, including root planing - one to three teeth, per quadrant	195	195
D4245	Apically positioned flap	160	160
D4249	Clinical crown lengthening - hard tissue	363	363
D4260	Osseous surgery (incl flap entry & closure) - four or more contiguous teeth or bounded teeth spaces/quad	328	328

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Code	Code Name	Patient Co-Pay*	Patient Co-Pay*
D4261	Osseous surgery (including flap entry and closure) - one to three teeth, per quadrant	311	311
D4263	Bone replacement graft - first site in quadrant	208	208
D4264	Bone replacement graft - each additional site in quadrant	68	68
D4266	Guided tissue regeneration, natural teeth – resorbable barrier, per site	233	233
D4267	Guided tissue regeneration, natural teeth – non-resorbable barrier, per site	252	252
D4268	Surgical revision procedure, per tooth	107	107
D4270	Pedicle soft tissue graft procedure	250	250
D4273	Autogenous connective tissue graft procedure (including donor and recipient surgical sites) first tooth, implant, or	415	415
D4275	Soft tissue allograft	321	321
D4277	Soft tissue graft procedure first tooth	458	425
D4278	Soft tissue graft procedure each add tooth	298	298
D4322	Splint - intra-coronal; natural teeth or prosthetic crowns	112	112
D4323	Splint - extra-coronal; natural teeth or prosthetic crowns	97	97
D4341	Periodontal scaling and root planing, four or more contiguous teeth or bounded teeth spaces per quadrant	120	120
D4342	Periodontal scaling and root planing, one to three teeth, per quadrant	60	60
D4355	Full mouth debridement to enable a comprehensive oral periodontal evaluation and diagnosis on a subsequent visit	73	73
D4910	Periodontal maintenance	65	65
D5110	Complete denture - maxillary	608	425
D5120	Complete denture - mandibular	607	425
D5130	Immediate denture - maxillary	661	425
D5140	Immediate denture - mandibular	667	425
D5211	Maxillary partial denture – resin base (including retentive/clasping materials, rests, and teeth)	502	425
D5212	Mandibular partial denture – resin base (including retentive/clasping materials, rests, and teeth)	582	425
D5213	Maxillary partial denture - cast metal framework with resin denture bases	674	425
D5214	Mandibular partial denture - cast metal framework with resin denture bases	674	425
D5282	Removable unilateral partial denture - one piece cast metal, maxillary (including clasps and teeth)	226	226
D5283	Removable unilateral partial denture - one piece cast metal, mandibular (including clasps and teeth)	223	223
D5284	Removable unilateral partial denture – one piece flexible base (including clasps and teeth) – per quadrant	215	215
D5286	Removable unilateral partial denture – one piece resin (including clasps and teeth) – per quadrant	226	226
D5410	Adjust complete denture - maxillary	21	21
D5411	Adjust complete denture - mandibular	21	21
D5421	Adjust partial denture - maxillary	22	22
D5422	Adjust partial denture - mandibular	21	21
D5511	Repair broken complete denture base, mandibular	74	74
D5512	Repair broken complete denture base, maxillary	73	73
D5520	Replace missing or broken teeth - complete denture (each tooth)	37	37
D5611	Repair resin partial denture base, mandibular	75	75
D5612	Repair resin partial denture base, maxillary	74	74
D5621	Repair cast partial framework, mandibular	87	87
D5622	Repair cast partial framework, maxillary	88	88
D5630	Repair or replace broken retentive/clasping materials - per tooth	58	58
D5640	Replace broken teeth - per tooth	64	64
D5650	Add tooth to existing partial denture	82	82
D5660	Add clasp to existing partial denture	63	63
D5710	Rebase complete maxillary denture	140	140
D5711	Rebase complete mandibular denture	134	134
D5720	Rebase maxillary partial denture	133	133
D5721	Rebase mandibular partial denture	134	134
D5730	Reline complete maxillary denture (chairside)	87	87
D5731	Reline complete mandibular denture (chairside)	85	85
D5740	Reline maxillary partial denture (chairside)	76	76
D5741	Reline mandibular partial denture (chairside)	78	78
D5750	Reline complete maxillary denture (laboratory)	180	180
D5751	Reline complete mandibular denture (laboratory)	113	113
D5760	Reline maxillary partial denture (laboratory)	110	110
D5761	Reline mandibular partial denture (laboratory)	111	111
D5810	Interim complete denture (maxillary)	186	186
D5811	Interim complete denture (mandibular)	195	195
D5820	Interim partial denture (maxillary)	255	255
D5821	Interim partial denture (mandibular)	232	232
D5850	Tissue conditioning, maxillary	41	41
D5851	Tissue conditioning, mandibular	40	40
D6010	Surgical placement of implant body: endosteal implant (*Only allowed up to age 19 (end of month))	NA	425
D6012	Surgical placement of interim implant body for transitional prosthesis: endosteal implant (*Only allowed up to age 19	NA	425
D6040	Surgical placement: endosteal implant (*Only allowed up to age 19 (end of month))	NA	425
D6050	Surgical placement: transosteal implant (*Only allowed up to age 19 (end of month))	NA	425
D6055	Dental implant supported connecting bar (*Only allowed up to age 19 (end of month))	NA	425
D6056	Prefabricated abutment - includes placement (*Only allowed up to age 19 (end of month))	NA	314
D6057	Custom abutment - includes placement (*Only allowed up to age 19 (end of month))	NA	352
D6058	Abutment supported porcelain/ceramic crown	677	425
D6059	Abutment supported porcelain fused to metal crown (high noble metal)	676	425
D6060	Abutment supported porcelain fused to metal crown (predominantly base metal)	618	425
D6061	Abutment supported porcelain fused to metal crown (noble metal)	644	425
D6062	Abutment supported cast metal crown (high noble metal)	641	425
D6063	Abutment supported cast metal crown (predominantly base metal)	610	425
D6064	Abutment supported cast metal crown (noble metal)	605	425
D6065	Implant supported porcelain/ceramic crown	640	425
D6066	Implant supported crown - porcelain fused to high noble alloys	683	425

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Code	Code Name	Patient Co-Pay*	Patient Co-Pay*
D6067	Implant supported crown - high noble alloys	595	425
D6068	Abutment supported retainer for porcelain/ceramic FPD (*Only allowed up to age 19 (end of month))	NA	425
D6069	Abutment supported retainer for porcelain fused to metal FPD (high noble metal) (*Only allowed up to age 19 (end of month))	NA	425
D6070	Abutment supported retainer for porcelain fused to metal FPD (predominantly base metal) (*Only allowed up to age 19 (end of month))	NA	425
D6071	Abutment supported retainer for porcelain fused to metal FPD (noble metal) (*Only allowed up to age 19 (end of month))	NA	425
D6072	Abutment supported retainer for cast metal FPD (high noble metal) (*Only allowed up to age 19 (end of month))	NA	425
D6073	Abutment supported retainer for cast metal FPD (predominantly base metal) (*Only allowed up to age 19 (end of month))	NA	425
D6074	Abutment supported retainer for cast metal FPD (noble metal) (*Only allowed up to age 19 (end of month))	NA	425
D6075	Implant supported retainer for ceramic FPD (*Only allowed up to age 19 (end of month))	NA	425
D6076	Implant supported retainer for FPD - porcelain fused to high noble alloys (*Only allowed up to age 19 (end of month))	NA	425
D6077	Implant supported retainer for metal FPD - high noble alloys (*Only allowed up to age 19 (end of month))	NA	425
D6080	Implant maintenance procedures, including removal of prosthesis, cleansing of prosthesis and abutments and	NA	57
D6082	Implant supported crown - porcelain fused to predominantly base alloys (*Only allowed up to age 19 (end of month))	NA	425
D6083	Implant supported crown - porcelain fused to noble alloys (*Only allowed up to age 19 (end of month))	NA	425
D6084	Implant supported crown - porcelain fused to titanium and titanium alloys (*Only allowed up to age 19 (end of month))	NA	425
D6086	Implant supported crown - predominantly base alloys (*Only allowed up to age 19 (end of month))	NA	425
D6087	Implant supported crown - noble alloys (*Only allowed up to age 19 (end of month))	NA	425
D6088	Implant supported crown - titanium and titanium alloys (*Only allowed up to age 19 (end of month))	NA	425
D6089	Accessing and retorqueing loose implant screw - per screw (*Only allowed up to age 19 (end of month))	NA	56
D6090	Repair implant supported prosthesis, by report (*Only allowed up to age 19 (end of month))	NA	76
D6091	Replacement of semi-precision or precision attachment of implant/abutment supported prosthesis, per attachment	NA	182
D6095	Repair implant abutment, by report (*Only allowed up to age 19 (end of month))	NA	114
D6098	Implant supported retainer - porcelain fused to predominantly base alloys (*Only allowed up to age 19 (end of month))	NA	425
D6099	Implant supported retainer for FPD - porcelain fused to noble alloys (*Only allowed up to age 19 (end of month))	NA	425
D6100	Surgical removal of implant body (*Only allowed up to age 19 (end of month))	NA	224
D6101	Drdrmt of peri-implant defect (*Only allowed up to age 19 (end of month))	NA	190
D6102	Drdrmt of peri-implant defect (*Only allowed up to age 19 (end of month))	NA	308
D6103	Bone graft repair of peri-implant (*Only allowed up to age 19 (end of month))	NA	155
D6104	Bone graft at time of implant placement (*Only allowed up to age 19 (end of month))	NA	138
D6105	Removal of implant body not requiring bone removal or flap elevation (*Only allowed up to age 19 (end of month))	NA	70
D6106	Guided tissue regeneration - resorbable barrier, per implant (*Only allowed up to age 19 (end of month))	NA	233
D6107	Guided tissue regeneration - non-resorbable barrier, per implant (*Only allowed up to age 19 (end of month))	NA	252
D6110	Implant/abutment supported removable denture for edentulous arch - maxillary (*Only allowed up to age 19 (end of month))	NA	425
D6111	Implant/abutment supported removable denture for edentulous arch - mandibular (*Only allowed up to age 19 (end of month))	NA	425
D6112	Implant/abutment supported removable denture for partially edentulous arch - maxillary (*Only allowed up to age 19 (end of month))	NA	425
D6113	Implant/abutment supported removable denture for partially edentulous arch - mandibular (*Only allowed up to age 19 (end of month))	NA	425
D6114	Implant/abutment supported fixed denture for edentulous arch - maxillary (*Only allowed up to age 19 (end of month))	NA	425
D6115	Implant/abutment supported fixed denture for edentulous arch - mandibular (*Only allowed up to age 19 (end of month))	NA	425
D6116	Implant/abutment supported fixed denture for partially edentulous arch - maxillary (*Only allowed up to age 19 (end of month))	NA	425
D6117	Implant/abutment supported fixed denture for partially edentulous arch - mandibular (*Only allowed up to age 19 (end of month))	NA	425
D6118	Implant/abutment supported interim fixed denture for edentulous arch - mandibular (*Only allowed up to age 19 (end of month))	NA	425
D6119	Implant/abutment supported interim fixed denture for edentulous arch - maxillary (*Only allowed up to age 19 (end of month))	NA	425
D6120	Implant supported retainer - porcelain fused to titanium and titanium alloys	NA	425
D6121	Implant supported retainer for metal FPD - predominantly base alloys	NA	425
D6122	Implant supported retainer for metal FPD - noble alloys	NA	425
D6123	Implant supported retainer for metal FPD - titanium and titanium alloys	NA	425
D6190	Radiographic/surgical implant index, by report (*Only allowed up to age 19 (end of month))	NA	137
D6210	Pontic - cast high noble metal	351	351
D6211	Pontic - cast predominantly base metal	316	316
D6212	Pontic - cast noble metal	313	313
D6214	Pontic - titanium and titanium alloys	500	425
D6240	Pontic - porcelain fused to high noble metal	387	387
D6241	Pontic - porcelain fused to predominantly base metal	349	349
D6242	Pontic - porcelain fused to noble metal	368	368
D6243	Pontic - porcelain fused to titanium and titanium alloys	350	350
D6245	Pontic - porcelain/ceramic	385	385
D6250	Pontic - resin with high noble metal	373	373
D6251	Pontic - resin with predominantly base metal	323	323
D6252	Pontic - resin with noble metal	363	363
D6545	Retainer - cast metal for resin bonded fixed prosthesis	214	214
D6548	Retainer - porcelain/ceramic for resin bonded fixed prosthesis	308	308
D6720	Retainer crown - resin with high noble metal	337	337
D6721	Retainer crown - resin with predominantly base metal	335	335
D6722	Retainer crown - resin with noble metal	334	334
D6740	Retainer crown - porcelain/ceramic	391	391
D6750	Retainer crown - porcelain fused to high noble metal	396	396
D6751	Retainer crown - porcelain fused to predominantly base metal	366	366
D6752	Retainer crown - porcelain fused to noble metal	378	378
D6753	Retainer crown - porcelain fused to titanium and titanium alloys	328	328
D6780	Retainer crown - 3/4 cast high noble metal	390	390
D6781	Retainer crown - 3/4 cast predominantly base metal	373	373
D6782	Retainer crown - 3/4 cast noble metal	353	353
D6783	Retainer crown - 3/4 porcelain/ceramic	396	396
D6784	Retainer crown 3/4 - titanium and titanium alloys	371	371
D6790	Retainer crown - full cast high noble metal	381	381

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D6791	Retainer crown - full cast predominantly base metal	352	352
D6792	Retainer crown - full cast noble metal	367	367
D6930	Recement fixed partial denture	61	61
D6980	Fixed partial denture repair necessitated by restorative material failure	101	101
D7111	Coronal remnants - deciduous tooth	42	42
D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)	54	54
D7210	Surgical removal of erupted tooth requiring elevation of mucoperiosteal flap and removal of bone and/or section of	104	104
D7220	Removal of impacted tooth - soft tissue	132	132
D7230	Removal of impacted tooth - partially bony	160	160
D7240	Removal of impacted tooth - completely bony	213	213
D7241	Removal of impacted tooth - completely bony, with unusual surgical complications	254	254
D7250	Surgical removal of residual tooth roots (cutting procedure)	133	133
D7251	Coronectomy – intentional partial tooth removal, impacted teeth only	228	228
D7270	Tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth	128	128
D7280	Surgical access of an unerupted tooth	223	223
D7284	Excisional biopsy of minor salivary glands	182	182
D7285	Biopsy of oral tissue - hard (bone, tooth)	238	238
D7286	Biopsy of oral tissue - soft (all others)	114	114
D7310	Alveoloplasty in conjunction with extractions - per quadrant	76	76
D7311	Alveoloplasty in conjunction with extractions - one to three teeth or tooth spaces, per quadrant	98	98
D7320	Alveoloplasty not in conjunction with extractions - per quadrant	202	202
D7321	Alveoloplasty not in conjunction with extractions - one to three teeth or tooth spaces, per quadrant	264	264
D7471	Removal of lateral exostosis (maxilla or mandible)	347	347
D7510	Incision and drainage of abscess - intraoral soft tissue	101	101
D7910	Suture of recent small wounds up to 5 cm	21	21
D7921	Collection and application of autologous blood concentrate product	99	99
D7953	Bone replacement graft for ridge preservation – per site	151	151
D7956	Guided tissue regeneration, edentulous area - resorbable barrier, per site	233	233
D7957	Guided tissue regeneration, edentulous area - non-resorbable barrier, per site	252	252
D7961	Buccal / labial frenectomy (frenulectomy)	254	254
D7962	Lingual frenectomy (frenulectomy)	254	254
D7971	Excision of pericoronal gingiva	56	56
D8010-D8999	Orthodontic services (*Only allowed up to age 19 (end of month))	NA	50%
D9110	Palliative (emergency) treatment of dental pain – minor procedure – per visit	50	50
D9215	Local anesthesia	9	9
D9222	Deep sedation/general anesthesia - first 15 minutes	69	69
D9223	Deep sedation/general anesthesia - each subsequent 15 minute increment	69	69
D9230	Analgesia, anxiolysis, inhalation of nitrous oxide	24	24
D9239	Intravenous moderate (conscious) sedation/analgesia - first 15 minutes	60	60
D9243	Intravenous moderate (conscious) sedation/analgesia - each subsequent 15 minute increment	60	60
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
D9930	Treatment of complications (post-surgical) - unusual circumstances, by report	36	36
D9944	Occlusal guard - hard appliance, full arch	287	287
D9945	Occlusal guard - soft appliance, full arch	253	253
D9946	Occlusal guard - hard appliance, partial arch	275	275
D9951	Occlusal adjustment - limited	32	32
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.