

Advantage Co-Pay (NV Individual Exchange) Co-Pay Schedule Effective 1/1/2022

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	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	Extraoral - first film	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
D0322	Tomographic survey	133	133
D0330	Panoramic film	0	0
D0340	Cephalometric film	0	0
D0340 D0350	2D oral/facial photographic image obtained intra-orally or extra-orally	0	0
D0350 D0415	Collection of microorganisms for culture and sensitivity	115	115
D0416	Viral culture	63	63
D0460	Pulp vitality tests	29	29
D0470	Diagnostic casts (*Only allowed up to age 19 {end of month})	NA	50%
D0486	Laboratory accession of transepithelial cytologic sample, microscopic examination, preparation and transmission of written report	143	143
D0502	Other oral pathology procedures, by report	135	135
D0999	Unspecified diagnostic procedure, by report	286	286
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 NA	0
D1510	Space maintainer - fixed - unilateral - per quadrant (*Only allowed up to age 19 {end of month})	NA NA	181
D1516	Space maintainer - fixed - bilateral, maxillary (*Only allowed up to age 19 (end of month))	NA NA	238
D1517		NA NA	238
D1517	Space maintainer - fixed - bilateral, mandibular (*Only allowed up to age 19 (end of month))	NA NA	124
	Space maintainer - removable - unilateral - per quadrant (*Only allowed up to age 19 {end of month})	NA NA	171
D1526	Space maintainer - removable - bilateral, maxillary (*Only allowed up to age 19 (end of month))		
D1527	Space maintainer - removable - bilateral, mandibular (*Only allowed up to age 19 (end of month))	NA	171
D1551	Re-cementation of bilateral space maintainer - maxillary (*Only allowed up to age 19 (end of month))	NA	35
D1552	Re-cementation of bilateral space maintainer - mandibular (*Only allowed up to age 19 {end of month})	NA	35
D1553	Re-cementation of unilateral space maintainer - per quadrant (*Only allowed up to age 19 {end of month})	NA	35
D1556	Removal of fixed unilateral space maintainer – per quadrant (*Only allowed up to age 19 {end of month})	NA	46
D1557	Removal of fixed bilateral space maintainer – maxillary (*Only allowed up to age 19 {end of month})	NA	46
D1558	Removal of fixed bilateral space maintainer – mandibular (*Only allowed up to age 19 {end of month})	NA	46
D2140	Amalgam - one surface, primary or permanent	29	29
D2150	Amalgam - two surfaces, primary or permanent	39	39
D2160	Amalgam - three surfaces, primary or permanent	59	59
D2161	Amalgam - four or more surfaces, primary or permanent	67	67
D2330	Resin-based composite - one surface, anterior	50	50
D2331	Resin-based composite - two surfaces, anterior	62	62
D2332	Resin-based composite - three surfaces, anterior	70	70
D2335	Resin-based composite - four or more surfaces or involving incisal angle (anterior)	84	84
D2390	Resin-based composite round in more surfaces of involving mosal angle (anterior)	114	114
D2390 D2391	Resin-based composite crown, amenor	57	57
		J1	
D2392	Resin-based composite - two surfaces, posterior	83	83
D2392 D2393	Resin-based composite - two surfaces, posterior Resin-based composite - three surfaces, posterior	83 99	99
D2392 D2393 D2394	Resin-based composite - two surfaces, posterior Resin-based composite - three surfaces, posterior Resin-based composite - four or more surfaces, posterior	83 99 108	99 108
D2392 D2393 D2394 D2510	Resin-based composite - two surfaces, posterior Resin-based composite - three surfaces, posterior Resin-based composite - four or more surfaces, posterior Inlay - metallic - one surface	83 99 108 196	99 108 196
D2392 D2393 D2394 D2510 D2520	Resin-based composite - two surfaces, posterior Resin-based composite - three surfaces, posterior Resin-based composite - four or more surfaces, posterior Inlay - metallic - one surface Inlay - metallic - two surfaces	83 99 108 196 230	99 108 196 230
D2392 D2393 D2394 D2510 D2520 D2530	Resin-based composite - two surfaces, posterior Resin-based composite - three surfaces, posterior Resin-based composite - four or more surfaces, posterior Inlay - metallic - one surface Inlay - metallic - two surfaces Inlay - metallic - three or more surfaces	83 99 108 196 230 251	99 108 196 230 251
D2392 D2393 D2394 D2510 D2520 D2530 D2542	Resin-based composite - two surfaces, posterior Resin-based composite - three surfaces, posterior Resin-based composite - four or more surfaces, posterior Inlay - metallic - one surface Inlay - metallic - two surfaces Inlay - metallic - three or more surfaces Onlay - metallic - two surfaces	83 99 108 196 230 251 288	99 108 196 230 251 288
D2392 D2393 D2394 D2510 D2520 D2530 D2542 D2543	Resin-based composite - two surfaces, posterior Resin-based composite - four or more surfaces, posterior Resin-based composite - four or more surfaces, posterior Inlay - metallic - one surface Inlay - metallic - two surfaces Inlay - metallic - three or more surfaces Onlay - metallic - three surfaces Onlay - metallic - three surfaces	83 99 108 196 230 251 288 329	99 108 196 230 251 288 329
D2392 D2393 D2394 D2510 D2520 D2530 D2542 D2543 D2544	Resin-based composite - two surfaces, posterior Resin-based composite - three surfaces, posterior Resin-based composite - four or more surfaces, posterior Inlay - metalliic - one surface Inlay - metalliic - two surfaces Inlay - metalliic - three or more surfaces Onlay - metalliic - two surfaces Onlay - metalliic - two surfaces Onlay - metalliic - two surfaces Onlay - metalliic - four or more surfaces	83 99 108 196 230 251 288 329 348	99 108 196 230 251 288 329 348
D2392 D2393 D2394 D2510 D2520 D2530 D2542 D2543 D2544 D2610	Resin-based composite - two surfaces, posterior Resin-based composite - three surfaces, posterior Resin-based composite - four or more surfaces, posterior Inlay - metallic - one surface Inlay - metallic - two surfaces Inlay - metallic - three or more surfaces Onlay - metallic - two surfaces Onlay - metallic - three surfaces Onlay - metallic - four or more surfaces INLAY - PORCELAIN/CERAMIC - ONE SURFACE	83 99 108 196 230 251 288 329 348 338	99 108 196 230 251 288 329 348 338
D2392 D2393 D2394 D2510 D2520 D2530 D2542 D2543 D2544	Resin-based composite - two surfaces, posterior Resin-based composite - three surfaces, posterior Resin-based composite - four or more surfaces, posterior Inlay - metalliic - one surface Inlay - metalliic - two surfaces Inlay - metalliic - three or more surfaces Onlay - metalliic - two surfaces Onlay - metalliic - two surfaces Onlay - metalliic - two surfaces Onlay - metalliic - four or more surfaces	83 99 108 196 230 251 288 329 348	99 108 196 230 251 288 329 348
D2392 D2393 D2394 D2510 D2520 D2530 D2542 D2543 D2544 D2610	Resin-based composite - two surfaces, posterior Resin-based composite - three surfaces, posterior Resin-based composite - four or more surfaces, posterior Inlay - metallic - one surface Inlay - metallic - two surfaces Inlay - metallic - three or more surfaces Onlay - metallic - two surfaces Onlay - metallic - three surfaces Onlay - metallic - four or more surfaces INLAY - PORCELAIN/CERAMIC - ONE SURFACE	83 99 108 196 230 251 288 329 348 338	99 108 196 230 251 288 329 348 338
D2392 D2393 D2394 D2510 D2520 D2530 D2542 D2542 D2543 D2544 D2610 D2620	Resin-based composite - two surfaces, posterior Resin-based composite - three surfaces, posterior Resin-based composite - four or more surfaces, posterior Inlay - metallic - one surface Inlay - metallic - two surfaces Inlay - metallic - three or more surfaces Onlay - metallic - three surfaces Onlay - metallic - two surfaces Onlay - metallic - troe surfaces Inlay - metallic - four or more surfaces Inlay - metallic - four or more surfaces INLAY - PORCELAIN/CERAMIC - ONE SURFACE INLAY - PORCELAIN/CERAMIC - TWO SURFACES	83 99 108 196 230 251 288 329 348 338 356	99 108 196 230 251 288 329 348 338 350
D2392 D2393 D2394 D2510 D2520 D2530 D2542 D2543 D2544 D2610 D2620 D2630	Resin-based composite - two surfaces, posterior Resin-based composite - three surfaces, posterior Resin-based composite - four or more surfaces, posterior Inlay - metallic - one surface Inlay - metallic - two surfaces Inlay - metallic - three or more surfaces Onlay - metallic - three surfaces Onlay - metallic - troe surfaces Onlay - metallic - four or more surfaces Inlay - metallic - four or more surfaces Inlay - PORCELAIN/CERAMIC - ONE SURFACE INLAY - PORCELAIN/CERAMIC - TWO SURFACES INLAY - PORCELAIN/CERAMIC - THREE OR MORE SURFACES	83 99 108 196 230 251 288 329 348 338 356 379	99 108 196 230 251 288 329 348 338 350

Code	Code Name	Patient Co-Pay*	Patient Co-Pay*
D2650	INLAY - RESIN-BASED COMPOSITE - ONE SURFACE	221	221
D2651	INLAY - RESIN-BASED COMPOSITE - TWO SURFACES	265	265
D2652	INLAY - RESIN-BASED COMPOSITE - THREE OR MORE SURFACES	278	278
D2662	ONLAY - RESIN-BASED COMPOSITE - TWO SURFACES	351	350
D2663	Onlay - resin-based composite - three surfaces	336	336
D2664 D2710	ONLAY RESIN BASED COMPOSIT FOUR OR MORE SURFACES	346 127	346 127
D2710 D2712	Crown - resin (indirect) Crown - ³ / ₄ resin-based composite (indirect)	291	291
D2712 D2720	Crown - 74 resin-based composite (indirect) Crown - resin with high noble metal	441	350
D2720 D2721	Crown - resin with riigh hobie metal Crown - resin with predominantly base metal	406	350
D2721	Crown - resin with predominantly base metal Crown - resin with noble metal	411	350
D2740	Crown - porcelain/ceramic	445	350
D2750	Crown - porcelain fused to high noble metal	459	350
D2751	Crown - porcelain fused to high hobie filetal Crown - porcelain fused to predominantly base metal	434	350
D2752	Crown - porcelain fused to precommentally base metal	440	350
D2753	Crown - porcelain fused to titanium and titanium alloys	434	350
D2780	Crown - 3/4 cast high noble metal	441	350
D2781	Crown - 3/4 cast predominantly base metal	428	350
D2782	Crown - 3/4 cast noble metal	444	350
D2783	Crown - 3/4 porcelain/ceramic	467	350
D2790	Crown - full cast high noble metal	436	350
D2791	Crown - full cast predominantly base metal	418	350
D2792	Crown - full cast noble metal	425	350
D2910	Re-cement or re-bond inlay, onlay, veneer or partial coverage restoration	23	23
D2915	Re-cement or re-bond indirectly fabricated or prefabricated post and core	34	34
D2920	Recement crown	56	56
D2930	Prefabricated stainless steel crown - primary tooth	150	150
D2931	Prefabricated stainless steel crown - permanent tooth	152	152
D2932	Prefabricated resin crown	103	103
D2933	Prefabricated stainless steel crown with resin window	183	183
D2940	Sedative filling	56	56
D2950	Core buildup, including any pins	144	144
D2951	Pin retention - per tooth, in addition to restoration	28	28
D2952	Cast post and core in addition to crown	195	195
D2953	Each additional cast post - same tooth	77	77
D2954	Prefabricated post and core in addition to crown	182	182
D2955	Post removal (not in conjunction with endodontic therapy)	75	75
D2957	Each additional prefabricated post - same tooth	37	37
D2960	Labial veneer (resin laminate) - chairside	247	247
D2961	Labial veneer (resin laminate) - laboratory	359	350
D2962	Labial veneer (porcelain laminate) - laboratory	600	350
D2975	Coping	597	350
D2980	Crown repair, by report	136	136
D2999	Unspecified restorative procedure, by report	115	115
D3110	Pulp cap - direct (excluding final restoration)	39	39
D3120	Pulp cap - indirect (excluding final restoration) Therapeutic pulpotomy (excluding final restoration) - removal of pulp coronal to the dentinocemental junction and	29	29
D3220		92	92
D3221	application of medicament Pulpal debridement, primary and permanent teeth	91	91
D3221	Partial pulpotomy for apexogenesis - permanent tooth with incomplete root development	97	97
D3230	Pulpal therapy (resorbable filling) - anterior, primary tooth (excluding final restoration)	55	55
D3240	Pulpal therapy (resorbable filling) - anterior, primary tooth (excluding final restoration) Pulpal therapy (resorbable filling) - posterior, primary tooth (excluding final restoration)	95	95
D3310	Anterior (excluding final restoration)	315	315
D3320	Premolar (excluding final restoration)	394	350
D3330	Molar tooth (excluding final restoration)	523	350
D3331	Treatment of root canal obstruction; non-surgical access	131	131
D3332	Incomplete endodontic therapy; inoperable or fractured tooth	192	192
D3333	INTERNAL ROOT REPAIR OF PERFORATION DEFECTS	82	82
D3346	Retreatment of previous root canal therapy - anterior	438	350
D3347	Retreatment of previous root canal therapy - premolar	509	350
D3348	Retreatment of previous root canal therapy - molar	621	350
D3351	Apexification/recalcification – initial visit (apical closure / calcific repair of perforations, root resorption, etc.)	95	95
D3352	Apexification/recalcification - interim medication replacement (apical closure/calcific repair of perforations, root resorption, etc.)	55	55
D3353	Apexification/recalcification - final visit (includes completed root canal therapy - apical closure/calcific repair of perforations, root resorption, etc.)	150	150
D3410	Apicoectomy/periradicular surgery - anterior	398	350
D3421	Apicoectomy/periradicular surgery - premolar (first root)	273	273
D3425	Apicoectomy/periradicular surgery - molar (first root)	491	350
D3426	Apicoectomy/periradicular surgery (each additional root)	165	165
D3430	Retrograde filling - per root	120	120
D3450	Root amputation - per root	153	153
D3460	Endodontic endosseous implant	1259	350
D3471	Surgical repair of root resorption - anterior	398	350
D3472	Surgical repair of root resorption - premolar	273	273
D3473	Surgical repair of root resorption - molar	491	350
D3501	Surgical exposure of root surface without apicoectomy or repair of root resorption - anterior	398	350
D3502	Surgical exposure of root surface without apicoectomy or repair of root resorption - premolar	273	273
D3503	Surgical exposure of root surface without apicoectomy or repair of root resorption - molar	491	350
D3920	Hemisection (including any root removal), not including root canal therapy	120	120

Code	Code Name	Patient Co-Pay*	Patient Co-Pay*
D3950	Canal preparation and fitting of preformed dowel or post	55	55
D3999	Unspecified endodontic procedure, by report	221 339	221
D4210 D4211	Gingivectomy or gingiveplasty - four or more contiguous teeth or bounded teeth spaces per quadrant	129	339 129
D4211	Gingivectomy or gingivoplasty - one to three teeth, per quadrant Anatomical crown exposure – four or more contiguous teeth or tooth bounded spaces per quadrant	899	350
D4230	Anatomical crown exposure – not to three teeth or tooth bounded spaces per quadrant	271	271
D4240	Gingival flap procedure, incl root planing - four or more contiguous teeth or bounded teeth spaces/guad	400	350
D4241	Gingival flap procedure, including root planing - one to three teeth, per quadrant	289	289
D4245	Apically positioned flap	227	227
D4249	Clinical crown lengthening - hard tissue	457	350
D4260	Osseous surgery (incl flap entry & closure) - four or more contiquous teeth or bounded teeth spaces/quad	403	350
D4261	Osseous surgery (including flap entry and closure) - one to three teeth, per quadrant	369	350
D4263	Bone replacement graft - first site in guadrant	219	219
D4264	Bone replacement graft - each additional site in guadrant	82	82
D4265	Biologic materials to aid in soft and osseous tissue regeneration	185	185
D4266	Guided tissue regeneration - resorbable barrier, per site	266	266
D4267	Guided tissue regeneration - nonresorbable barrier, per site (includes membrane removal)	303	303
D4268	Surgical revision procedure, per tooth	229	229
D4270	Pedicle soft tissue graft procedure	298	298
D4273	Subepithelial connective tissue graft procedures	566	350
D4274	Mesial/distal or proximal wedge procedure, single tooth (when not performed in conjunction with surgical procedures	125	125
	in the same anatomical area)		
D4277	Soft tissue graft procedure first tooth	938	350
D4278	Soft tissue graft procedure each add tooth	308	308
D4320	Provisional splinting - intracoronal	135	135
D4321	Provisional splinting - extracoronal	119	119
D4341	Periodontal scaling and root planing, four or more contiguous teeth or bounded teeth spaces per quadrant	124	124
D4342	Periodontal scaling and root planing, one to three teeth, per quadrant	56	56
D4355	Full mouth debridement to enable a comprehensive oral evaluation and diagnosis on a subsequent visit	84	84
D4381	Localized delivery of antimicrobial agents via controlled release vehicle into diseased crevicular tissue, per tooth	38	38
D4910	Periodontal maintenance	71	71
D4999	Unspecified periodontal procedure, by report	127	127
D5110	Complete denture - maxillary	757	350
D5120	Complete denture - mandibular	757	350
D5130	Immediate denture - maxillary	832	350
D5140	Immediate denture - mandibular	840 738	350 350
D5211 D5212	Maxillary partial denture – resin base (including retentive/clasping materials, rests, and teeth)	738	350
D3212	Mandibular partial denture – resin base (including retentive/clasping materials, rests, and teeth) Maxillary partial denture - cast metal framework with resin denture bases	130	350
D5213	(including retentive/clasping materials, rests, and teeth)	846	350
	Mandibular partial denture - cast metal framework with resin denture bases		
D5214	(including retentive/clasping materials, rests, and teeth)	846	350
D5282	Removable unilateral partial denture - one piece cast metal, maxillary (including clasps and teeth)	302	302
D5283	Removable unilateral partial denture - one piece cast metal, mandibular (including clasps and teeth)	302	302
D5284	Removable unilateral partial denture – one piece flexible base (including clasps and teeth) – per quadrant	302	302
D5286	Removable unilateral partial denture – one piece resin (including claspsand teeth) – per quadrant	302	302
D5410	Adjust complete denture - maxillary	26	26
D5411	Adjust complete denture - mandibular	26	26
D5421	Adjust partial denture - maxillary	26	26
D5422	Adjust partial denture - mandibular	26	26
D5511	Repair broken complete denture base, mandibular	81	81
D5512	Repair broken complete denture base, maxillary	81	81
D5520	Replace missing or broken teeth - complete denture (each tooth)	43	43
D5611	Repair resin partial denture base, mandibular	87	87
D5612	Repair resin partial denture base, maxillary	87	87
D5621	Repair cast partial framework, mandibular	93	93
D5622	Repair cast partial framework, maxillary	93	93
D5630	Repair or replace broken retentive/clasping materials - per tooth	74	74
D5640	Replace broken teeth - per tooth	75	75
D5650	Add tooth to existing partial denture	104	104
D5660	Add clasp to existing partial denture	77	77
D5670	Replace all teeth and acrylic on cast metal framework (maxillary)	511	350
D5671 D5710	Replace all teeth and acrylic on cast metal framework (mandibular)	511 191	350 191
D5710 D5711	Rebase complete maxillary denture Rebase complete mandibular denture	183	183
D5711 D5720	Rebase complete mandibular denture Rebase maxillary partial denture	180	180
D5720	Rebase mandibular partial denture	180	180
D5721	Reline complete maxillary denture (chairside)	108	108
D5730	Reline complete maximary deficure (chairside) Reline complete mandibular denture (chairside)	108	108
D5740	Reline maxillary partial denture (chairside)	98	98
D5740	Reline mandibular partial denture (chairside)	98	98
D5750	Reline complete maxillary denture (laboratory)	230	230
D5751	Reline complete mandibular denture (laboratory)	145	145
D5760	Reline maxillary partial denture (laboratory)	142	142
D5761	Reline mandibular partial denture (laboratory)	142	142
D5810	Interim complete denture (maxillary)	233	233
D5811	Interim complete denture (mandibular)	233	233
D5820	Interim partial denture (maxillary)	335	335
D5821	Interim partial denture (maximaly)	298	298
D5850	Tissue conditioning, maxillary	46	46
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D65990 Unspecified removable prosthercode grossedum, in visional D6591 Character profilems, surginary D6591 Character profilems, surginary D6591 Character profilems, surginary D6591 D659				
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D9688 Reduction cried** 863 350 100				
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D6251				
D65252				
06454 Refuerer - proteins care metal for resh booted fixed prosthesis 428 350 06720 Refuerer - proteins crown - resin with high noble metal 428 350 06721 Refuer crown - resin with prodominantly base metal 400 350 06722 Refuer crown - resin with noble metal 400 350 06740 Refuer crown - resin with noble metal 403 350 06751 Refuer crown - protein Tusted to high noble metal 432 350 06752 Refuer crown - protein Tusted to indemently base metal 432 350 06753 Refuer crown - Set date that shall be noble metal 432 350 06752 Refuer crown - Set date that shall be noble metal 439 350 06753 Refuer crown - 34 date thing noble metal 440 350 06761 Refuer crown - 34 date thing noble metal 420 350 06762 Refuer crown - 34 date thing noble metal 374 350 06763 Refuer crown - 34 date thing and tital multiplay see metal 374 350 06763 Refuer crown - 44 date thing and tital multiplay see				
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D6720				
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D9215 Local anesthesia 10 10				
D9222 Deep sedation/general anesthesia - first 15 minutes 109 109				
	D9222	Deep sedation/general anesthesia - first 15 minutes	109	109

Code	Code Name	Patient Co-Pay*	Patient Co-Pay*
D9223	Deep sedation/general anesthesia - each subsequent 15 minute increment	109	109
D9230	Analgesia, anxiolysis, inhalation of nitrous oxide	28	28
D9239	Intravenous moderate (conscious) sedation/analgesia - first 15 minutes	104	104
D9243	Intravenous moderate (conscious) sedation/analgesia - each subsequent 15 minute increment	104	104
D9248	Non-intravenous conscious sedation	115	115
D9310	Consultation (diagnostic service by dentist or physician other than practitioner providing treatment)	0	0
D9410	House/extended care facility call	159	159
D9420	Hospital or ambulatory surgical center call	220	220
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	40	40
D9612	Therapeutic parenteral drugs, two or more administrations, different medications	65	65
D9630	Drugs or medicaments dispensed in the office for home use	16	16
D9930	Treatment of complications (post-surgical) - unusual circumstances, by report	54	54
D9942	Repair and/or reline of occlusal guard	131	131
D9944	Occlusal guard - hard appliance, full arch	348	348
D9945	Occlusal guard - soft appliance, full arch	348	348
D9946	Occlusal guard - hard appliance, partial arch	348	348
D9950	Occlusion analysis - mounted case	159	159
D9951	Occlusal adjustment - limited	39	39
D9952	Occlusal adjustment - complete	410	350
D9995	Teledentistry - synchronous; real-time encounter	0	0
D9999	Unspecified adjunctive procedure, by report	135	135