



Advantage Co-Pay (NV 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
D0322	Tomographic survey	298	298
D0330	Panoramic film	0	0
D0340	Cephalometric film	0	0
D0350	2D oral/facial photographic image obtained intra-orally or extra-orally	0	0
D0415	Collection of microorganisms for culture and sensitivity	26	26
D0416	Viral culture	47	47
D0460	Pulp vitality tests	24	24
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	173	173
D0502	Other oral pathology procedures, by report	27	27
D0999	Unspecified diagnostic procedure, by report	40	40
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
D1510	Space maintainer - fixed - unilateral - per quadrant (*Only allowed up to age 19 (end of month))	NA	189
D1516	Space maintainer - fixed - bilateral, maxillary (*Only allowed up to age 19 (end of month))	NA	252
D1517	Space maintainer - fixed - bilateral, mandibular (*Only allowed up to age 19 (end of month))	NA	252
D1520	Space maintainer - removable - unilateral - per quadrant (*Only allowed up to age 19 (end of month))	NA	115
D1526	Space maintainer - removable - bilateral, maxillary (*Only allowed up to age 19 (end of month))	NA	182
D1527	Space maintainer - removable - bilateral, mandibular (*Only allowed up to age 19 (end of month))	NA	182
D1551	Re-cementation of bilateral space maintainer - maxillary (*Only allowed up to age 19 (end of month))	NA	36
D1552	Re-cementation of bilateral space maintainer - mandibular (*Only allowed up to age 19 (end of month))	NA	36
D1553	Re-cementation of unilateral space maintainer - per quadrant (*Only allowed up to age 19 (end of month))	NA	36
D1556	Removal of fixed unilateral space maintainer - per quadrant (*Only allowed up to age 19 (end of month))	NA	40
D1557	Removal of fixed bilateral space maintainer - maxillary (*Only allowed up to age 19 (end of month))	NA	40
D1558	Removal of fixed bilateral space maintainer - mandibular (*Only allowed up to age 19 (end of month))	NA	40
D2140	Amalgam - one surface, primary or permanent	31	31
D2150	Amalgam - two surfaces, primary or permanent	41	41
D2160	Amalgam - three surfaces, primary or permanent	60	60
D2161	Amalgam - four or more surfaces, primary or permanent	67	67
D2330	Resin-based composite - one surface, anterior	55	55
D2331	Resin-based composite - two surfaces, anterior	65	65
D2332	Resin-based composite - three surfaces, anterior	74	74
D2335	Resin-based composite - four or more surfaces or involving incisal angle (anterior)	89	89
D2390	Resin-based composite crown, anterior	96	96
D2391	Resin-based composite - one surface, posterior	61	61
D2392	Resin-based composite - two surfaces, posterior	84	84
D2393	Resin-based composite - three surfaces, posterior	100	100
D2394	Resin-based composite - four or more surfaces, posterior	125	125
D2510	Inlay - metallic - one surface	208	208
D2520	Inlay - metallic - two surfaces	284	284
D2530	Inlay - metallic - three or more surfaces	286	286
D2542	Onlay - metallic - two surfaces	354	354
D2543	Onlay - metallic - three surfaces	382	382
D2544	Onlay - metallic - four or more surfaces	417	417
D2610	Inlay - porcelain/ceramic - one surface	343	343
D2620	Inlay - porcelain/ceramic - two surfaces	355	355
D2630	Inlay - porcelain/ceramic - three or more surfaces	388	388
D2642	Onlay - porcelain/ceramic - two surfaces	432	425
D2643	Onlay - porcelain/ceramic - three surfaces	479	425
D2644	Onlay - porcelain/ceramic - four or more surfaces	497	425
D2650	Inlay - resin-based composite - one surface	215	215

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Code	Code Name	Patient Co-Pay*	Patient Co-Pay*
D2651	Inlay - resin-based composite - two surfaces	295	295
D2652	Inlay - resin-based composite - three or more surfaces	290	290
D2662	Onlay - resin-based composite - two surfaces	314	314
D2663	Onlay - resin-based composite - three surfaces	321	321
D2664	Onlay - resin-based composite - four or more surfaces	325	325
D2710	Crown - resin (indirect)	169	169
D2712	Crown - ¾ resin-based composite (indirect)	327	327
D2720	Crown - resin with high noble metal	452	425
D2721	Crown - resin with predominantly base metal	420	420
D2722	Crown - resin with noble metal	425	425
D2740	Crown - porcelain/ceramic	454	425
D2750	Crown - porcelain fused to high noble metal	456	425
D2751	Crown - porcelain fused to predominantly base metal	430	425
D2752	Crown - porcelain fused to noble metal	443	425
D2753	Crown - porcelain fused to titanium and titanium alloys	446	425
D2780	Crown - 3/4 cast high noble metal	444	425
D2781	Crown - 3/4 cast predominantly base metal	412	412
D2782	Crown - 3/4 cast noble metal	439	425
D2783	Crown - 3/4 porcelain/ceramic	458	425
D2790	Crown - full cast high noble metal	450	425
D2791	Crown - full cast predominantly base metal	411	411
D2792	Crown - full cast noble metal	430	425
D2910	Re-cement or re-bond inlay, onlay, veneer or partial coverage restoration	21	21
D2915	Re-cement or re-bond indirectly fabricated or prefabricated post and core	47	47
D2920	Recement crown	49	49
D2930	Prefabricated stainless steel crown - primary tooth	168	168
D2931	Prefabricated stainless steel crown - permanent tooth	168	168
D2932	Prefabricated resin crown	102	102
D2933	Prefabricated stainless steel crown with resin window	186	186
D2940	Protective restoration	51	51
D2950	Core buildup, including any pins	149	149
D2951	Pin retention - per tooth, in addition to restoration	25	25
D2952	Cast post and core in addition to crown	191	191
D2953	Each additional cast post - same tooth	67	67
D2954	Prefabricated post and core in addition to crown	180	180
D2955	Post removal (not in conjunction with endodontic therapy)	80	80
D2957	Each additional prefabricated post - same tooth	50	50
D2960	Labial veneer (resin laminate) - chairside	272	272
D2961	Labial veneer (resin laminate) - laboratory	449	425
D2962	Labial veneer (porcelain laminate) - laboratory	534	425
D2975	Coping	262	262
D2980	Crown repair, by report	93	93
D2999	Unspecified restorative procedure, by report	78	78
D3110	Pulp cap - direct (excluding final restoration)	41	41
D3120	Pulp cap - indirect (excluding final restoration)	33	33
D3220	Therapeutic pulpotomy (excluding final restoration) - removal of pulp coronal to the dentinocemental junction and	99	99
D3221	Pulpal debridement, primary and permanent teeth	113	113
D3222	Partial pulpotomy for apexogenesis - permanent tooth with incomplete root development	116	116
D3230	Pulpal therapy (resorbable filling) - anterior, primary tooth (excluding final restoration)	62	62
D3240	Pulpal therapy (resorbable filling) - posterior, primary tooth (excluding final restoration)	106	106
D3310	Anterior (excluding final restoration)	332	332
D3320	Premolar (excluding final restoration)	408	408
D3330	Molar tooth (excluding final restoration)	555	425
D3331	Treatment of root canal obstruction; non-surgical access	92	92
D3332	Incomplete endodontic therapy; inoperable or fractured tooth	280	280
D3333	Internal root repair of perforation defects	110	110
D3346	Retreatment of previous root canal therapy - anterior	461	425
D3347	Retreatment of previous root canal therapy - premolar	531	425
D3348	Retreatment of previous root canal therapy - molar	646	425
D3351	Apexification/recalcification - initial visit (apical closure / calcific repair of perforations, root resorption, etc.)	98	98
D3352	Apexification/recalcification - interim medication replacement (apical closure/calcific repair of perforations, root	59	59
D3353	Apexification/recalcification - final visit (includes completed root canal therapy - apical closure/calcific repair of	146	146
D3355	Pulpal regeneration - initial visit	99	99
D3356	Pulpal regeneration - interim medication replacement	64	64
D3357	Pulpal regeneration - completion of treatment	105	105
D3410	Apicoectomy/periradicular surgery - anterior	420	420
D3421	Apicoectomy/periradicular surgery - premolar (first root)	289	289
D3425	Apicoectomy/periradicular surgery - molar (first root)	523	425
D3426	Apicoectomy/periradicular surgery (each additional root)	172	172
D3430	Retrograde filling - per root	126	126
D3450	Root amputation - per root	173	173
D3460	Endodontic endosseous implant	1230	425
D3471	Surgical repair of root resorption - anterior	394	394
D3472	Surgical repair of root resorption - premolar	247	247
D3473	Surgical repair of root resorption - molar	393	393
D3501	Surgical exposure of root surface without apicoectomy or repair of root resorption - anterior	394	394
D3502	Surgical exposure of root surface without apicoectomy or repair of root resorption - premolar	247	247

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D3503	Surgical exposure of root surface without apicoectomy or repair of root resorption - molar	393	393
D3920	Hemisection (including any root removal), not including root canal therapy	129	129
D3950	Canal preparation and fitting of prefabricated dowel or post	54	54
D3999	Unspecified endodontic procedure, by report	62	62
D4210	Gingivectomy or gingivoplasty - four or more contiguous teeth or bounded teeth spaces per quadrant	311	311
D4211	Gingivectomy or gingivoplasty - one to three teeth, per quadrant	147	147
D4230	Anatomical crown exposure - four or more contiguous teeth or tooth bounded spaces per quadrant	444	425
D4231	Anatomical crown exposure - one to three teeth or tooth bounded spaces per quadrant	192	192
D4240	Gingival flap procedure, incl root planing - four or more contiguous teeth or bounded teeth spaces/quad	373	373
D4241	Gingival flap procedure, including root planing - one to three teeth, per quadrant	217	217
D4245	Apically positioned flap	187	187
D4249	Clinical crown lengthening - hard tissue	428	425
D4260	Osseous surgery (incl flap entry & closure) - four or more contiguous teeth or bounded teeth spaces/quad	378	378
D4261	Osseous surgery (including flap entry and closure) - one to three teeth, per quadrant	340	340
D4263	Bone replacement graft - first site in quadrant	251	251
D4264	Bone replacement graft - each additional site in quadrant	88	88
D4265	Biologic materials to aid in soft and osseous tissue regeneration, per site	163	163
D4266	Guided tissue regeneration, natural teeth - resorbable barrier, per site	278	278
D4267	Guided tissue regeneration, natural teeth - non-resorbable barrier, per site	298	298
D4268	Surgical revision procedure, per tooth	125	125
D4270	Pedicle soft tissue graft procedure	292	292
D4273	Autogenous connective tissue graft procedure (including donor and recipient surgical sites) first tooth, implant, or	537	425
D4274	Mesial/distal or proximal wedge procedure, single tooth (when not performed in conjunction with surgical procedures)	153	153
D4277	Soft tissue graft procedure first tooth	531	425
D4278	Soft tissue graft procedure each add tooth	323	323
D4322	Splint - intra-coronal; natural teeth or prosthetic crowns	128	128
D4323	Splint - extra-coronal; natural teeth or prosthetic crowns	110	110
D4341	Periodontal scaling and root planing, four or more contiguous teeth or bounded teeth spaces per quadrant	141	141
D4342	Periodontal scaling and root planing, one to three teeth, per quadrant	69	69
D4355	Full mouth debridement to enable a comprehensive oral periodontal evaluation and diagnosis on a subsequent visit	90	90
D4381	Localized delivery of antimicrobial agents via controlled release vehicle into diseased crevicular tissue, per tooth	38	38
D4910	Periodontal maintenance	76	76
D4999	Unspecified periodontal procedure, by report	127	127
D5110	Complete denture - maxillary	717	425
D5120	Complete denture - mandibular	717	425
D5130	Immediate denture - maxillary	784	425
D5140	Immediate denture - mandibular	791	425
D5211	Maxillary partial denture - resin base (including retentive/clasping materials, rests, and teeth)	601	425
D5212	Mandibular partial denture - resin base (including retentive/clasping materials, rests, and teeth)	700	425
D5213	Maxillary partial denture - cast metal framework with resin denture bases	799	425
D5214	Mandibular partial denture - cast metal framework with resin denture bases	799	425
D5282	Removable unilateral partial denture - one piece cast metal, maxillary (including clasps and teeth)	263	263
D5283	Removable unilateral partial denture - one piece cast metal, mandibular (including clasps and teeth)	259	259
D5284	Removable unilateral partial denture - one piece flexible base (including clasps and teeth) - per quadrant	250	250
D5286	Removable unilateral partial denture - one piece resin (including clasps and teeth) - per quadrant	263	263
D5410	Adjust complete denture - maxillary	25	25
D5411	Adjust complete denture - mandibular	25	25
D5421	Adjust partial denture - maxillary	26	26
D5422	Adjust partial denture - mandibular	26	26
D5511	Repair broken complete denture base, mandibular	79	79
D5512	Repair broken complete denture base, maxillary	79	79
D5520	Replace missing or broken teeth - complete denture (each tooth)	43	43
D5611	Repair resin partial denture base, mandibular	83	83
D5612	Repair resin partial denture base, maxillary	81	81
D5621	Repair cast partial framework, mandibular	93	93
D5622	Repair cast partial framework, maxillary	94	94
D5630	Repair or replace broken retentive/clasping materials - per tooth	67	67
D5640	Replace broken teeth - per tooth	73	73
D5650	Add tooth to existing partial denture	96	96
D5660	Add clasp to existing partial denture	71	71
D5670	Replace all teeth and acrylic on cast metal framework (maxillary)	325	325
D5671	Replace all teeth and acrylic on cast metal framework (mandibular)	336	336
D5710	Rebase complete maxillary denture	162	162
D5711	Rebase complete mandibular denture	155	155
D5720	Rebase maxillary partial denture	154	154
D5721	Rebase mandibular partial denture	155	155
D5730	Reline complete maxillary denture (chairside)	99	99
D5731	Reline complete mandibular denture (chairside)	97	97
D5740	Reline maxillary partial denture (chairside)	88	88
D5741	Reline mandibular partial denture (chairside)	90	90
D5750	Reline complete maxillary denture (laboratory)	208	208
D5751	Reline complete mandibular denture (laboratory)	131	131
D5760	Reline maxillary partial denture (laboratory)	127	127
D5761	Reline mandibular partial denture (laboratory)	128	128
D5810	Interim complete denture (maxillary)	220	220
D5811	Interim complete denture (mandibular)	228	228
D5820	Interim partial denture (maxillary)	307	307
D5821	Interim partial denture (mandibular)	276	276

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Code	Code Name	Patient Co-Pay*	Patient Co-Pay*
D5850	Tissue conditioning, maxillary	49	49
D5851	Tissue conditioning, mandibular	47	47
D5862	Precision attachment, by report	247	247
D5899	Unspecified removable prosthodontic procedure, by report	318	318
D5931	Obturator prosthesis, surgical	2279	425
D5932	Obturator prosthesis, definitive	1690	425
D5933	Obturator prosthesis, modification	241	241
D5936	Obturator prosthesis, interim	933	425
D5983	Radiation carrier	207	207
D5984	Radiation shield	129	129
D5985	Radiation cone locator	853	425
D5988	Surgical splint	192	192
D5999	Unspecified maxillofacial prosthesis, by report	288	288
D6210	Pontic - cast high noble metal	393	393
D6211	Pontic - cast predominantly base metal	356	356
D6212	Pontic - cast noble metal	352	352
D6240	Pontic - porcelain fused to high noble metal	432	425
D6241	Pontic - porcelain fused to predominantly base metal	390	390
D6242	Pontic - porcelain fused to noble metal	413	413
D6243	Pontic - porcelain fused to titanium and titanium alloys	390	390
D6245	Pontic - porcelain/ceramic	449	425
D6250	Pontic - resin with high noble metal	430	425
D6251	Pontic - resin with predominantly base metal	371	371
D6252	Pontic - resin with noble metal	419	419
D6545	Retainer - cast metal for resin bonded fixed prosthesis	242	242
D6548	Retainer - porcelain/ceramic for resin bonded fixed prosthesis	350	350
D6720	Retainer crown - resin with high noble metal	397	397
D6721	Retainer crown - resin with predominantly base metal	395	395
D6722	Retainer crown - resin with noble metal	394	394
D6740	Retainer crown - porcelain/ceramic	469	425
D6750	Retainer crown - porcelain fused to high noble metal	453	425
D6751	Retainer crown - porcelain fused to predominantly base metal	424	424
D6752	Retainer crown - porcelain fused to noble metal	435	425
D6753	Retainer crown - porcelain fused to titanium and titanium alloys	380	380
D6780	Retainer crown - 3/4 cast high noble metal	451	425
D6781	Retainer crown - 3/4 cast predominantly base metal	435	425
D6782	Retainer crown - 3/4 cast noble metal	406	406
D6783	Retainer crown - 3/4 porcelain/ceramic	471	425
D6784	Retainer crown 3/4 - titanium and titanium alloys	429	425
D6790	Retainer crown - full cast high noble metal	440	425
D6791	Retainer crown - full cast predominantly base metal	405	405
D6792	Retainer crown - full cast noble metal	424	424
D6930	Recement fixed partial denture	70	70
D7111	Coronal remnants - deciduous tooth	49	49
D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)	66	66
D7210	Surgical removal of erupted tooth requiring elevation of mucoperiosteal flap and removal of bone and/or section of	127	127
D7220	Removal of impacted tooth - soft tissue	161	161
D7230	Removal of impacted tooth - partially bony	192	192
D7240	Removal of impacted tooth - completely bony	251	251
D7241	Removal of impacted tooth - completely bony, with unusual surgical complications	299	299
D7250	Surgical removal of residual tooth roots (cutting procedure)	159	159
D7260	Oroantral fistula closure	781	425
D7261	Primary closure of a sinus perforation	385	385
D7270	Tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth	150	150
D7280	Surgical access of an unerupted tooth	246	246
D7283	Placement of device to facilitate eruption of impacted tooth	116	116
D7284	Excisional biopsy of minor salivary glands	230	230
D7285	Biopsy of oral tissue - hard (bone, tooth)	265	265
D7286	Biopsy of oral tissue - soft (all others)	127	127
D7287	Exfoliative cytological sample collection	106	106
D7288	Brush biopsy - transepithelial sample collection	88	88
D7290	Surgical repositioning of teeth	236	236
D7291	Transseptal fibrotomy/supra crestal fibrotomy, by report	79	79
D7292	Placement of temporary anchorage device [screw retained plate] requiring flap	357	357
D7293	Placement of temporary anchorage device requiring flap	209	209
D7294	Placement of temporary anchorage device without flap	246	246
D7310	Alveoloplasty in conjunction with extractions - per quadrant	93	93
D7311	Alveoloplasty in conjunction with extractions - one to three teeth or tooth spaces, per quadrant	117	117
D7320	Alveoloplasty not in conjunction with extractions - per quadrant	164	164
D7321	Alveoloplasty not in conjunction with extractions - one to three teeth or tooth spaces, per quadrant	211	211
D7410	Excision of benign lesion up to 1.25 cm	382	382
D7411	Excision of benign lesion greater than 1.25 cm	466	425
D7412	Excision of benign lesion, complicated	619	425
D7440	Excision of malignant tumor - lesion diameter up to 1.25 cm	631	425
D7441	Excision of malignant tumor - lesion diameter greater than 1.25 cm	877	425
D7450	Removal of benign odontogenic cyst or tumor - lesion diameter up to 1.25 cm	396	396
D7451	Removal of benign odontogenic cyst or tumor - lesion diameter greater than 1.25 cm	625	425
D7460	Removal of benign nonodontogenic cyst or tumor - lesion diameter up to 1.25 cm	398	398
D7461	Removal of benign nonodontogenic cyst or tumor - lesion diameter greater than 1.25 cm	631	425
D7465	Destruction of lesion(s) by physical or chemical method, by report	203	203

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Code	Code Name	Patient Co-Pay*	Patient Co-Pay*
D7472	Removal of torus palatinus	618	425
D7473	Removal of torus mandibularis	554	425
D7490	Radical resection of maxilla or mandible	465	425
D7509	Marsupialization of odontogenic cyst	158	158
D7510	Incision and drainage of abscess - intraoral soft tissue	133	133
D7511	Incision and drainage of abscess - intraoral soft tissue - complicated (includes drainage of multiple fascial spaces)	218	218
D7520	Incision and drainage of abscess - extraoral soft tissue	199	199
D7521	Incision and drainage of abscess - extraoral soft tissue - complicated (includes drainage of multiple fascial spaces)	256	256
D7530	Removal of foreign body from mucosa, skin, or subcutaneous alveolar tissue	138	138
D7540	Removal of reaction producing foreign bodies, musculoskeletal system	269	269
D7550	Partial ostectomy/sequestrectomy for removal of non-vital bone	164	164
D7560	Maxillary sinusotomy for removal of tooth fragment or foreign body	483	425
D7610	Maxilla - open reduction (teeth immobilized, if present)	117	117
D7620	Maxilla - closed reduction (teeth immobilized, if present)	910	425
D7630	Mandible - open reduction (teeth immobilized, if present)	2741	425
D7640	Mandible - closed reduction (teeth immobilized, if present)	339	339
D7650	Malar and/or zygomatic arch - open reduction	340	340
D7660	Malar and/or zygomatic arch - closed reduction	758	425
D7670	Alveolus closed reduction may include stabilization of teeth	373	373
D7671	Alveolus, open reduction may include stabilization of teeth	1055	425
D7680	Facial bones - complicated reduction with fixation and multiple surgical approaches	114	114
D7710	Maxilla open reduction	132	132
D7720	Maxilla - closed reduction	146	146
D7730	Mandible - open reduction	2970	425
D7740	Mandible - closed reduction	1497	425
D7750	Malar and/or zygomatic arch - open reduction	126	126
D7760	Malar and/or zygomatic arch - closed reduction	884	425
D7770	Alveolus - open reduction stabilization of teeth	164	164
D7771	Alveolus, closed reduction stabilization of teeth	572	425
D7780	Facial bones - complicated reduction with fixation and multiple approaches	166	166
D7810	Open reduction of dislocation	398	398
D7820	Closed reduction of dislocation	94	94
D7840	Condylectomy	3086	425
D7850	Surgical discectomy, with/without implant	116	116
D7852	Disc repair	21	21
D7854	Synovectomy	3150	425
D7858	Joint reconstruction	6370	425
D7860	Arthroscopy	2715	425
D7865	Arthroplasty	4375	425
D7870	Arthrocentesis	371	371
D7872	Arthroscopy - diagnosis, with or without biopsy	1543	425
D7873	Arthroscopy - lavage and lysis of adhesions	1943	425
D7874	Arthroscopy - disc repositioning and stabilization	2665	425
D7875	Arthroscopy - synovectomy	2920	425
D7876	Arthroscopy - discectomy	3148	425
D7877	Arthroscopy - debridement	2778	425
D7880	Occlusal orthotic device, by report	363	363
D7910	Suture of recent small wounds up to 5 cm	24	24
D7911	Complicated suture - up to 5 cm	179	179
D7912	Complicated suture - greater than 5 cm	522	425
D7940	Osteoplasty - for orthognathic deformities	869	425
D7941	Osteotomy - mandibular rami	3656	425
D7943	Osteotomy - mandibular rami with bone graft; includes obtaining the graft	631	425
D7944	Osteotomy - segmented or subapical	411	411
D7945	Osteotomy - body of mandible	106	106
D7946	LeFort I (maxilla - total)	5098	425
D7947	LeFort I (maxilla - segmented)	9398	425
D7948	LeFort II or LeFort III (osteoplasty of facial bones for midface hypoplasia or retrusion)-without bone graft	1090	425
D7949	LeFort II or LeFort III - with bone graft	1090	425
D7951	Sinus augmentation with bone or bone substitutes via a lateral open approach	987	425
D7953	Bone replacement graft for ridge preservation - per site	183	183
D7955	Repair of maxillofacial soft and/or hard tissue defect	432	425
D7956	Guided tissue regeneration, edentulous area - resorbable barrier, per site	278	278
D7957	Guided tissue regeneration, edentulous area - non-resorbable barrier, per site	298	298
D7961	Buccal / labial frenectomy (frenulectomy)	296	296
D7962	Lingual frenectomy (frenulectomy)	296	296
D7963	Frenuloplasty	372	372
D7970	Excision of hyperplastic tissue - per arch	297	297
D7971	Excision of pericoronal gingiva	68	68
D7980	Sialolithotomy	346	346
D7981	Excision of salivary gland, by report	233	233
D7982	Sialodochoplasty	545	425
D7983	Closure of salivary fistula	131	131
D7990	Emergency tracheotomy	90	90
D7991	Coronoidectomy	379	379
D7996	Implant-mandible for augmentation purposes (excluding alveolar ridge), by report	3	3
D7998	Intraoral placement of a fixation device not in conjunction with a fracture	280	280
D7999	Unspecified oral surgery procedure, by report	57	57
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	60	60

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.

Code	Code Name	Patient Co-Pay*	Patient Co-Pay*
D9120	Fixed partial denture sectioning	58	58
D9210	Local anesthesia not in conjunction with operative or surgical procedures	30	30
D9212	Trigeminal division block anesthesia	42	42
D9215	Local anesthesia	10	10
D9222	Deep sedation/general anesthesia - first 15 minutes	83	83
D9223	Deep sedation/general anesthesia - each subsequent 15 minute increment	83	83
D9230	Analgesia, anxiolysis, inhalation of nitrous oxide	31	31
D9239	Intravenous moderate (conscious) sedation/analgesia - first 15 minutes	72	72
D9243	Intravenous moderate (conscious) sedation/analgesia - each subsequent 15 minute increment	72	72
D9248	Non-intravenous conscious sedation	65	65
D9310	Consultation (diagnostic service by dentist or physician other than practitioner providing treatment)	0	0
D9410	House/extended care facility call	51	51
D9420	Hospital or ambulatory surgical center call	175	175
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	32	32
D9612	Therapeutic parenteral drugs, two or more administrations, different medications	44	44
D9630	Drugs or medicaments dispensed in the office for home use	16	16
D9930	Treatment of complications (post-surgical) - unusual circumstances, by report	43	43
D9942	Repair and/or relines of occlusal guard	109	109
D9944	Occlusal guard - hard appliance, full arch	321	321
D9945	Occlusal guard - soft appliance, full arch	282	282
D9946	Occlusal guard - hard appliance, partial arch	308	308
D9950	Occlusion analysis - mounted case	89	89
D9951	Occlusal adjustment - limited	37	37
D9952	Occlusal adjustment - complete	350	350
D9995	Teledentistry - synchronous; real-time encounter	0	0
D9999	Unspecified adjunctive procedure, by report	135	135

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