



Advantage Co-Pay (NC 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 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
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	205
D1516	Space maintainer - fixed - bilateral, maxillary (*Only allowed up to age 19 (end of month))	NA	274
D1517	Space maintainer - fixed - bilateral, mandibular (*Only allowed up to age 19 (end of month))	NA	274
D1520	Space maintainer - removable - unilateral - per quadrant (*Only allowed up to age 19 (end of month))	NA	124
D1526	Space maintainer - removable - bilateral, maxillary (*Only allowed up to age 19 (end of month))	NA	197
D1527	Space maintainer - removable - bilateral, mandibular (*Only allowed up to age 19 (end of month))	NA	197
D1551	Re-cementation of bilateral space maintainer - maxillary (*Only allowed up to age 19 (end of month))	NA	38
D1552	Re-cementation of bilateral space maintainer - mandibular (*Only allowed up to age 19 (end of month))	NA	38
D1553	Re-cementation of unilateral space maintainer - per quadrant (*Only allowed up to age 19 (end of month))	NA	38
D2140	Amalgam - one surface, primary or permanent	35	35
D2150	Amalgam - two surfaces, primary or permanent	45	45
D2160	Amalgam - three surfaces, primary or permanent	66	66
D2161	Amalgam - four or more surfaces, primary or permanent	73	73
D2330	Resin-based composite - one surface, anterior	59	59
D2331	Resin-based composite - two surfaces, anterior	71	71
D2332	Resin-based composite - three surfaces, anterior	81	81
D2335	Resin-based composite - four or more surfaces or involving incisal angle (anterior)	97	97
D2390	Resin-based composite crown, anterior	104	104
D2391	Resin-based composite - one surface, posterior	66	66
D2392	Resin-based composite - two surfaces, posterior	93	93
D2393	Resin-based composite - three surfaces, posterior	110	110
D2394	Resin-based composite - four or more surfaces, posterior	136	136
D2510	Inlay - metallic - one surface	226	226
D2520	Inlay - metallic - two surfaces	308	308
D2530	Inlay - metallic - three or more surfaces	310	310
D2542	Onlay - metallic - two surfaces	383	383
D2543	Onlay - metallic - three surfaces	416	416
D2544	Onlay - metallic - four or more surfaces	453	425
D2610	Inlay - porcelain/ceramic - one surface	372	372
D2620	Inlay - porcelain/ceramic - two surfaces	385	385
D2630	Inlay - porcelain/ceramic - three or more surfaces	422	422
D2642	Onlay - porcelain/ceramic - two surfaces	469	425
D2643	Onlay - porcelain/ceramic - three surfaces	520	425
D2644	Onlay - porcelain/ceramic - four or more surfaces	538	425
D2650	Inlay - resin-based composite - one surface	233	233
D2651	Inlay - resin-based composite - two surfaces	319	319
D2652	Inlay - resin-based composite - three or more surfaces	314	314
D2662	Onlay - resin-based composite - two surfaces	341	341
D2663	Onlay - resin-based composite - three surfaces	349	349
D2664	Onlay - resin-based composite - four or more surfaces	355	355
D2710	Crown - resin (indirect)	179	179
D2720	Crown - resin with high noble metal	487	425
D2721	Crown - resin with predominantly base metal	452	425
D2722	Crown - resin with noble metal	459	425

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Code	Code Name	Patient Co-Pay*	Patient Co-Pay*
D2740	Crown - porcelain/ceramic	498	425
D2750	Crown - porcelain fused to high noble metal	491	425
D2751	Crown - porcelain fused to predominantly base metal	462	425
D2752	Crown - porcelain fused to noble metal	478	425
D2753	Crown - porcelain fused to titanium and titanium alloys	480	425
D2780	Crown - 3/4 cast high noble metal	480	425
D2781	Crown - 3/4 cast predominantly base metal	446	425
D2782	Crown - 3/4 cast noble metal	474	425
D2783	Crown - 3/4 porcelain/ceramic	494	425
D2790	Crown - full cast high noble metal	486	425
D2791	Crown - full cast predominantly base metal	442	425
D2792	Crown - full cast noble metal	464	425
D2794	Crown - titanium and titanium alloys	678	425
D2910	Re-cement or re-bond inlay, onlay, veneer or partial coverage restoration	24	24
D2920	Recement crown	56	56
D2928	Prefabricated porcelain/ceramic crown - permanent tooth	160	160
D2929	Prefabricated porcelain/ceramic crown - primary tooth	186	186
D2930	Prefabricated stainless steel crown - primary tooth	183	183
D2931	Prefabricated stainless steel crown - permanent tooth	181	181
D2932	Prefabricated resin crown	112	112
D2933	Prefabricated stainless steel crown with resin window	203	203
D2940	Protective restoration	59	59
D2950	Core buildup, including any pins	164	164
D2951	Pin retention - per tooth, in addition to restoration	27	27
D2952	Cast post and core in addition to crown	207	207
D2953	Each additional cast post - same tooth	73	73
D2954	Prefabricated post and core in addition to crown	198	198
D2955	Post removal (not in conjunction with endodontic therapy)	86	86
D2957	Each additional prefabricated post - same tooth	56	56
D2980	Crown repair, by report	100	100
D2981	Inlay repair by report	113	113
D2982	Onlay repair by report	113	113
D2983	Veneer repair by report	113	113
D2990	Resin infiltr of incipient lesions	49	49
D2991	Application of hydroxyapatite regeneration medicament - per tooth	30	30
D3110	Pulp cap - direct (excluding final restoration)	43	43
D3120	Pulp cap - indirect (excluding final restoration)	34	34
D3220	Therapeutic pulpotomy (excluding final restoration) - removal of pulp coronal to the dentinocemental junction and	106	106
D3221	Pulpal debridement, primary and permanent teeth	116	116
D3222	Partial pulpotomy for apexogenesis - permanent tooth with incomplete root development	123	123
D3230	Pulpal therapy (resorbable filling) - anterior, primary tooth (excluding final restoration)	67	67
D3240	Pulpal therapy (resorbable filling) - posterior, primary tooth (excluding final restoration)	112	112
D3310	Anterior (excluding final restoration)	358	358
D3320	Premolar (excluding final restoration)	441	425
D3330	Molar tooth (excluding final restoration)	593	425
D3331	Treatment of root canal obstruction; non-surgical access	99	99
D3332	Incomplete endodontic therapy; inoperable or fractured tooth	293	293
D3333	Internal root repair of perforation defects	118	118
D3346	Retreatment of previous root canal therapy - anterior	490	425
D3347	Retreatment of previous root canal therapy - premolar	564	425
D3348	Retreatment of previous root canal therapy - molar	686	425
D3351	Apexification/recalcification - initial visit (apical closure / calcific repair of perforations, root resorption, etc.)	103	103
D3352	Apexification/recalcification - interim medication replacement (apical closure/calcific repair of perforations, root	62	62
D3353	Apexification/recalcification - final visit (includes completed root canal therapy - apical closure/calcific repair of	154	154
D3355	Pulpal regeneration - initial visit	163	163
D3356	Pulpal regeneration - interim medication replacement	80	80
D3357	Pulpal regeneration - completion of treatment	178	178
D3410	Apicoectomy/periradicular surgery - anterior	444	425
D3421	Apicoectomy/periradicular surgery - premolar (first root)	304	304
D3425	Apicoectomy/periradicular surgery - molar (first root)	550	425
D3426	Apicoectomy/periradicular surgery (each additional root)	185	185
D3430	Retrograde filling - per root	135	135
D3450	Root amputation - per root	172	172
D3471	Surgical repair of root resorption - anterior	428	425
D3472	Surgical repair of root resorption - premolar	268	268
D3473	Surgical repair of root resorption - molar	427	425
D3501	Surgical exposure of root surface without apicoectomy or repair of root resorption - anterior	428	425
D3502	Surgical exposure of root surface without apicoectomy or repair of root resorption - premolar	268	268
D3503	Surgical exposure of root surface without apicoectomy or repair of root resorption - molar	427	425
D3920	Hemisection (including any root removal), not including root canal therapy	129	129
D3950	Canal preparation and fitting of preformed dowel or post	59	59
D4210	Gingivectomy or gingivoplasty - four or more contiguous teeth or bounded teeth spaces per quadrant	338	338
D4211	Gingivectomy or gingivoplasty - one to three teeth, per quadrant	143	143
D4212	Gingivectomy or gingivoplasty to allow access for restorative procedure, per tooth	132	132
D4240	Gingival flap procedure, incl root planing - four or more contiguous teeth or bounded teeth spaces/quad	404	404
D4241	Gingival flap procedure, including root planing - one to three teeth, per quadrant	232	232
D4245	Apically positioned flap	203	203
D4249	Clinical crown lengthening - hard tissue	447	425
D4260	Osseous surgery (incl flap entry & closure) - four or more contiguous teeth or bounded teeth spaces/quad	403	403
D4261	Osseous surgery (including flap entry and closure) - one to three teeth, per quadrant	368	368
D4263	Bone replacement graft - first site in quadrant	262	262

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D4264	Bone replacement graft - each additional site in quadrant	102	102
D4266	Guided tissue regeneration, natural teeth – resorbable barrier, per site	286	286
D4267	Guided tissue regeneration, natural teeth – non-resorbable barrier, per site	318	318
D4268	Surgical revision procedure, per tooth	135	135
D4270	Pedicle soft tissue graft procedure	302	302
D4273	Autogenous connective tissue graft procedure (including donor and recipient surgical sites) first tooth, implant, or	493	425
D4275	Soft tissue allograft	345	345
D4277	Soft tissue graft procedure first tooth	563	425
D4278	Soft tissue graft procedure each add tooth	343	343
D4322	Splint - intra-coronal; natural teeth or prosthetic crowns	138	138
D4323	Splint - extra-coronal; natural teeth or prosthetic crowns	119	119
D4341	Periodontal scaling and root planing, four or more contiguous teeth or bounded teeth spaces per quadrant	149	149
D4342	Periodontal scaling and root planing, one to three teeth, per quadrant	75	75
D4355	Full mouth debridement to enable a comprehensive oral periodontal evaluation and diagnosis on a subsequent visit	95	95
D4910	Periodontal maintenance	81	81
D5110	Complete denture - maxillary	794	425
D5120	Complete denture - mandibular	794	425
D5130	Immediate denture - maxillary	859	425
D5140	Immediate denture - mandibular	867	425
D5211	Maxillary partial denture – resin base (including retentive/clasping materials, rests, and teeth)	655	425
D5212	Mandibular partial denture – resin base (including retentive/clasping materials, rests, and teeth)	761	425
D5213	Maxillary partial denture - cast metal framework with resin denture bases	884	425
D5214	Mandibular partial denture - cast metal framework with resin denture bases	884	425
D5282	Removable unilateral partial denture - one piece cast metal, maxillary (including clasps and teeth)	289	289
D5283	Removable unilateral partial denture - one piece cast metal, mandibular (including clasps and teeth)	285	285
D5284	Removable unilateral partial denture – one piece flexible base (including clasps and teeth) – per quadrant	275	275
D5286	Removable unilateral partial denture – one piece resin (including clasps and teeth) – per quadrant	288	288
D5410	Adjust complete denture - maxillary	27	27
D5411	Adjust complete denture - mandibular	27	27
D5421	Adjust partial denture - maxillary	29	29
D5422	Adjust partial denture - mandibular	29	29
D5511	Repair broken complete denture base, mandibular	87	87
D5512	Repair broken complete denture base, maxillary	86	86
D5520	Replace missing or broken teeth - complete denture (each tooth)	47	47
D5611	Repair resin partial denture base, mandibular	92	92
D5612	Repair resin partial denture base, maxillary	90	90
D5621	Repair cast partial framework, mandibular	105	105
D5622	Repair cast partial framework, maxillary	106	106
D5630	Repair or replace broken retentive/clasping materials - per tooth	75	75
D5640	Replace broken teeth - per tooth	81	81
D5650	Add tooth to existing partial denture	105	105
D5660	Add clasp to existing partial denture	79	79
D5710	Rebase complete maxillary denture	178	178
D5711	Rebase complete mandibular denture	171	171
D5720	Rebase maxillary partial denture	170	170
D5721	Rebase mandibular partial denture	172	172
D5730	Reline complete maxillary denture (chairside)	110	110
D5731	Reline complete mandibular denture (chairside)	108	108
D5740	Reline maxillary partial denture (chairside)	98	98
D5741	Reline mandibular partial denture (chairside)	100	100
D5750	Reline complete maxillary denture (laboratory)	229	229
D5751	Reline complete mandibular denture (laboratory)	144	144
D5760	Reline maxillary partial denture (laboratory)	140	140
D5761	Reline mandibular partial denture (laboratory)	141	141
D5810	Interim complete denture (maxillary)	243	243
D5811	Interim complete denture (mandibular)	252	252
D5820	Interim partial denture (maxillary)	323	323
D5821	Interim partial denture (mandibular)	292	292
D5850	Tissue conditioning, maxillary	54	54
D5851	Tissue conditioning, mandibular	52	52
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	351
D6057	Custom abutment - includes placement (*Only allowed up to age 19 (end of month))	NA	349
D6058	Abutment supported porcelain/ceramic crown	801	425
D6059	Abutment supported porcelain fused to metal crown (high noble metal)	805	425
D6060	Abutment supported porcelain fused to metal crown (predominantly base metal)	778	425
D6061	Abutment supported porcelain fused to metal crown (noble metal)	766	425
D6062	Abutment supported cast metal crown (high noble metal)	764	425
D6063	Abutment supported cast metal crown (predominantly base metal)	730	425
D6064	Abutment supported cast metal crown (noble metal)	719	425
D6065	Implant supported porcelain/ceramic crown	755	425
D6066	Implant supported crown - porcelain fused to high noble alloys	822	425
D6067	Implant supported crown - high noble alloys	706	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	NA	425
D6070	Abutment supported retainer for porcelain fused to metal FPD (predominantly base metal) (*Only allowed up to age	NA	425
D6071	Abutment supported retainer for porcelain fused to metal FPD (noble metal) (*Only allowed up to age 19 (end of	NA	425

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Code	Code Name	Patient Co-Pay*	Patient Co-Pay*
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	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 abutmenta and	NA	67
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 retorquing loose implant screw - per screw (*Only allowed up to age 19 (end of month))	NA	64
D6090	Repair implant supported prosthesis, by report (*Only allowed up to age 19 (end of month))	NA	95
D6091	Replacement of semi-precision or precision attachment of implant/abutment supported prosthesis, per attachment	NA	292
D6095	Repair implant abutment, by report (*Only allowed up to age 19 (end of month))	NA	145
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	282
D6101	Dbrdmt of peri-implant defect (*Only allowed up to age 19 (end of month))	NA	136
D6102	Dbrdmt of peri-implant defect (*Only allowed up to age 19 (end of month))	NA	316
D6103	Bone graft repair of peri-implant (*Only allowed up to age 19 (end of month))	NA	146
D6104	Bone graft at time of implant placement (*Only allowed up to age 19 (end of month))	NA	149
D6105	Removal of implant body not requiring bone removal or flap elevation (*Only allowed up to age 19 (end of month))	NA	92
D6106	Guided tissue regeneration - resorbable barrier, per implant (*Only allowed up to age 19 (end of month))	NA	298
D6107	Guided tissue regeneration - non-resorbable barrier, per implant (*Only allowed up to age 19 (end of month))	NA	318
D6110	Implant/abutment supported removable denture for edentulous arch - maxillary (*Only allowed up to age 19 (end of	NA	425
D6111	Implant/abutment supported removable denture for edentulous arch - mandibular (*Only allowed up to age 19 (end of	NA	425
D6112	Implant/abutment supported removable denture for partially edentulous arch - maxillary (*Only allowed up to age 19	NA	425
D6113	Implant/abutment supported removable denture for partially edentulous arch - mandibular (*Only allowed up to age 19	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	NA	425
D6116	Implant/abutment supported fixed denture for partially edentulous arch - maxillary (*Only allowed up to age 19 (end of	NA	425
D6117	Implant/abutment supported fixed denture for partially edentulous arch - mandibular (*Only allowed up to age 19 (end	NA	425
D6118	Implant/abutment supported interim fixed denture for edentulous arch - mandibular (*Only allowed up to age 19 (end	NA	425
D6119	Implant/abutment supported interim fixed denture for edentulous arch - maxillary (*Only allowed up to age 19 (end of	NA	425
D6120	Implant supported retainer – porcelain fused to titanium and titanium alloys (*Only allowed up to age 19 (end of	NA	425
D6121	Implant supported retainer for metal FPD – predominantly base alloys (*Only allowed up to age 19 (end of month))	NA	425
D6122	Implant supported retainer for metal FPD – noble alloys (*Only allowed up to age 19 (end of month))	NA	425
D6123	Implant supported retainer for metal FPD – titanium and titanium alloys (*Only allowed up to age 19 (end of month))	NA	425
D6190	Radiographic/surgical implant index, by report (*Only allowed up to age 19 (end of month))	NA	90
D6210	Pontic - cast high noble metal	425	425
D6211	Pontic - cast predominantly base metal	386	386
D6212	Pontic - cast noble metal	383	383
D6214	Pontic - titanium and titanium alloys	605	425
D6240	Pontic - porcelain fused to high noble metal	471	425
D6241	Pontic - porcelain fused to predominantly base metal	424	424
D6242	Pontic - porcelain fused to noble metal	449	425
D6243	Pontic – porcelain fused to titanium and titanium alloys	424	424
D6245	Pontic - porcelain/ceramic	473	425
D6250	Pontic - resin with high noble metal	454	425
D6251	Pontic - resin with predominantly base metal	392	392
D6252	Pontic - resin with noble metal	443	425
D6545	Retainer - cast metal for resin bonded fixed prosthesis	258	258
D6548	Retainer - porcelain/ceramic for resin bonded fixed prosthesis	375	375
D6720	Retainer crown - resin with high noble metal	416	416
D6721	Retainer crown - resin with predominantly base metal	415	415
D6722	Retainer crown - resin with noble metal	414	414
D6740	Retainer crown - porcelain/ceramic	494	425
D6750	Retainer crown - porcelain fused to high noble metal	496	425
D6751	Retainer crown - porcelain fused to predominantly base metal	461	425
D6752	Retainer crown - porcelain fused to noble metal	474	425
D6753	Retainer crown - porcelain fused to titanium and titanium alloys	413	413
D6780	Retainer crown - 3/4 cast high noble metal	489	425
D6781	Retainer crown - 3/4 cast predominantly base metal	472	425
D6782	Retainer crown - 3/4 cast noble metal	441	425
D6783	Retainer crown - 3/4 porcelain/ceramic	498	425
D6784	Retainer crown ¾ – titanium and titanium alloys	466	425
D6790	Retainer crown - full cast high noble metal	479	425
D6791	Retainer crown - full cast predominantly base metal	440	425
D6792	Retainer crown - full cast noble metal	461	425
D6930	Recement fixed partial denture	76	76
D6980	Fixed partial denture repair necessitated by restorative material failure	122	122
D7111	Coronal remnants - deciduous tooth	54	54
D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)	70	70
D7210	Surgical removal of erupted tooth requiring elevation of mucoperiosteal flap and removal of bone and/or section of	136	136
D7220	Removal of impacted tooth - soft tissue	173	173
D7230	Removal of impacted tooth - partially bony	210	210
D7240	Removal of impacted tooth - completely bony	274	274
D7241	Removal of impacted tooth - completely bony, with unusual surgical complications	328	328

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Code	Code Name	Patient Co-Pay*	Patient Co-Pay*
D7250	Surgical removal of residual tooth roots (cutting procedure)	169	169
D7251	Coronectomy – intentional partial tooth removal, impacted teeth only	300	300
D7270	Tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth	165	165
D7280	Surgical access of an unerupted tooth	267	267
D7284	Excisional biopsy of minor salivary glands	221	221
D7285	Biopsy of oral tissue - hard (bone, tooth)	289	289
D7286	Biopsy of oral tissue - soft (all others)	139	139
D7310	Alveoloplasty in conjunction with extractions - per quadrant	101	101
D7311	Alveoloplasty in conjunction with extractions - one to three teeth or tooth spaces, per quadrant	128	128
D7320	Alveoloplasty not in conjunction with extractions - per quadrant	183	183
D7321	Alveoloplasty not in conjunction with extractions - one to three teeth or tooth spaces, per quadrant	220	220
D7471	Removal of lateral exostosis (maxilla or mandible)	459	425
D7510	Incision and drainage of abscess - intraoral soft tissue	136	136
D7910	Suture of recent small wounds up to 5 cm	26	26
D7921	Collection and application of autologous blood concentrate product	129	129
D7953	Bone replacement graft for ridge preservation – per site	194	194
D7956	Guided tissue regeneration, edentulous area - resorbable barrier, per site	286	286
D7957	Guided tissue regeneration, edentulous area - non-resorbable barrier, per site	318	318
D7961	Buccal / labial frenectomy (frenulectomy)	317	317
D7962	Lingual frenectomy (frenulectomy)	317	317
D7971	Excision of pericoronal gingiva	75	75
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	64	64
D9215	Local anesthesia	14	14
D9222	Deep sedation/general anesthesia - first 15 minutes	89	89
D9223	Deep sedation/general anesthesia - each subsequent 15 minute increment	89	89
D9230	Analgesia, anxiolysis, inhalation of nitrous oxide	31	31
D9239	Intravenous moderate (conscious) sedation/analgesia - first 15 minutes	75	75
D9243	Intravenous moderate (conscious) sedation/analgesia - each subsequent 15 minute increment	75	75
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	34	34
D9930	Treatment of complications (post-surgical) - unusual circumstances, by report	46	46
D9944	Occlusal guard - hard appliance, full arch	322	322
D9945	Occlusal guard - soft appliance, full arch	279	279
D9946	Occlusal guard - hard appliance, partial arch	308	308
D9951	Occlusal adjustment - limited	40	40
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.