



Advantage Co-Pay (OH Individual Exchange)

Co-Pay Schedule

Effective 1/1/2023

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	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
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	152
D1516	Space maintainer - fixed - bilateral, maxillary (*Only allowed up to age 19 (end of month))	NA	200
D1517	Space maintainer - fixed - bilateral, mandibular (*Only allowed up to age 19 (end of month))	NA	200
D1520	Space maintainer - removable - unilateral - per quadrant (*Only allowed up to age 19 (end of month))	NA	105
D1526	Space maintainer - removable - bilateral, maxillary (*Only allowed up to age 19 (end of month))	NA	143
D1527	Space maintainer - removable - bilateral, mandibular (*Only allowed up to age 19 (end of month))	NA	143
D1551	Re-cementation of bilateral space maintainer - maxillary (*Only allowed up to age 19 (end of month))	NA	28
D1552	Re-cementation of bilateral space maintainer - mandibular (*Only allowed up to age 19 (end of month))	NA	28
D1553	Re-cementation of unilateral space maintainer - per quadrant (*Only allowed up to age 19 (end of month))	NA	28
D2140	Amalgam - one surface, primary or permanent	25	25
D2150	Amalgam - two surfaces, primary or permanent	34	34
D2160	Amalgam - three surfaces, primary or permanent	49	49
D2161	Amalgam - four or more surfaces, primary or permanent	56	56
D2330	Resin-based composite - one surface, anterior	42	42
D2331	Resin-based composite - two surfaces, anterior	53	53
D2332	Resin-based composite - three surfaces, anterior	60	60
D2335	Resin-based composite - four or more surfaces or involving incisal angle (anterior)	71	71
D2390	Resin-based composite crown, anterior	96	96
D2391	Resin-based composite - one surface, posterior	47	47
D2392	Resin-based composite - two surfaces, posterior	71	71
D2393	Resin-based composite - three surfaces, posterior	85	85
D2394	Resin-based composite - four or more surfaces, posterior	90	90
D2510	Inlay - metallic - one surface	163	163
D2520	Inlay - metallic - two surfaces	194	194
D2530	Inlay - metallic - three or more surfaces	211	211
D2542	Onlay - metallic - two surfaces	243	243
D2543	Onlay - metallic - three surfaces	277	277
D2544	Onlay - metallic - four or more surfaces	292	292
D2610	Inlay - porcelain/ceramic - one surface	284	284
D2620	Inlay - porcelain/ceramic - two surfaces	299	299
D2630	Inlay - porcelain/ceramic - three or more surfaces	320	320
D2642	Onlay - porcelain/ceramic - two surfaces	310	310
D2643	Onlay - porcelain/ceramic - three surfaces	344	344
D2644	Onlay - porcelain/ceramic - four or more surfaces	364	364
D2650	Inlay - resin-based composite - one surface	187	187
D2651	Inlay - resin-based composite - two surfaces	222	222
D2652	Inlay - resin-based composite - three or more surfaces	235	235
D2662	Onlay - resin-based composite - two surfaces	296	296
D2663	Onlay - resin-based composite - three surfaces	282	282
D2664	Onlay - resin-based composite - four or more surfaces	292	292
D2710	Crown - resin (indirect)	107	107
D2720	Crown - resin with high noble metal	371	371
D2721	Crown - resin with predominantly base metal	342	342

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Code	Code Name	Patient Co-Pay*	Patient Co-Pay*
D2722	Crown - resin with noble metal	345	345
D2740	Crown - porcelain/ceramic	376	375
D2750	Crown - porcelain fused to high noble metal	386	375
D2751	Crown - porcelain fused to predominantly base metal	365	365
D2752	Crown - porcelain fused to noble metal	371	371
D2753	Crown - porcelain fused to titanium and titanium alloys	365	365
D2780	Crown - 3/4 cast high noble metal	372	372
D2781	Crown - 3/4 cast predominantly base metal	361	361
D2782	Crown - 3/4 cast noble metal	373	373
D2783	Crown - 3/4 porcelain/ceramic	395	375
D2790	Crown - full cast high noble metal	368	368
D2791	Crown - full cast predominantly base metal	352	352
D2792	Crown - full cast noble metal	358	358
D2794	Crown - titanium and titanium alloys	522	375
D2910	Re-cement or re-bond inlay, onlay, veneer or partial coverage restoration	19	19
D2920	Recement crown	48	48
D2928	Prefabricated porcelain/ceramic crown - permanent tooth	136	136
D2929	Prefabricated porcelain/ceramic crown - primary tooth	136	136
D2930	Prefabricated stainless steel crown - primary tooth	127	127
D2931	Prefabricated stainless steel crown - permanent tooth	127	127
D2932	Prefabricated resin crown	87	87
D2933	Prefabricated stainless steel crown with resin window	155	155
D2940	Protective restoration	50	50
D2950	Core buildup, including any pins	121	121
D2951	Pin retention - per tooth, in addition to restoration	23	23
D2952	Cast post and core in addition to crown	165	165
D2953	Each additional cast post - same tooth	66	66
D2954	Prefabricated post and core in addition to crown	153	153
D2955	Post removal (not in conjunction with endodontic therapy)	65	65
D2957	Each additional prefabricated post - same tooth	31	31
D2980	Crown repair, by report	120	120
D2981	Inlay repair by report	102	102
D2982	Onlay repair by report	102	102
D2983	Veneer repair by report	102	102
D2990	Resin infill of incipient lesions	35	35
D3110	Pulp cap - direct (excluding final restoration)	30	30
D3120	Pulp cap - indirect (excluding final restoration)	24	24
D3220	Therapeutic pulpotomy (excluding final restoration) - removal of pulp coronal to the dentinocemental junction and	78	78
D3221	Pulpal debridement, primary and permanent teeth	77	77
D3222	Partial pulpotomy for apexogenesis - permanent tooth with incomplete root development	84	84
D3230	Pulpal therapy (resorbable filling) - anterior, primary tooth (excluding final restoration)	46	46
D3240	Pulpal therapy (resorbable filling) - posterior, primary tooth (excluding final restoration)	81	81
D3310	Anterior (excluding final restoration)	266	266
D3320	Premolar (excluding final restoration)	330	330
D3330	Molar tooth (excluding final restoration)	442	375
D3331	Treatment of root canal obstruction; non-surgical access	114	114
D3332	Incomplete endodontic therapy; inoperable or fractured tooth	168	168
D3333	Internal root repair of perforation defects	70	70
D3346	Retreatment of previous root canal therapy - anterior	369	369
D3347	Retreatment of previous root canal therapy - premolar	430	375
D3348	Retreatment of previous root canal therapy - molar	524	375
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	46	46
D3353	Apexification/recalcification - final visit (includes completed root canal therapy - apical closure/calcific repair of	126	126
D3355	Pulpal regeneration - initial visit	80	80
D3356	Pulpal regeneration - interim medication replacement	46	46
D3357	Pulpal regeneration - completion of treatment	85	85
D3410	Apicoectomy/periradicular surgery - anterior	334	334
D3421	Apicoectomy/periradicular surgery - premolar (first root)	229	229
D3425	Apicoectomy/periradicular surgery - molar (first root)	414	375
D3426	Apicoectomy/periradicular surgery (each additional root)	139	139
D3430	Retrograde filling - per root	103	103
D3450	Root amputation - per root	128	128
D3471	Surgical repair of root resorption - anterior	334	334
D3472	Surgical repair of root resorption - premolar	229	229
D3473	Surgical repair of root resorption - molar	414	375
D3501	Surgical exposure of root surface without apicoectomy or repair of root resorption - anterior	334	334
D3502	Surgical exposure of root surface without apicoectomy or repair of root resorption - premolar	229	229
D3503	Surgical exposure of root surface without apicoectomy or repair of root resorption - molar	414	375
D3920	Hemisection (including any root removal), not including root canal therapy	102	102
D3950	Canal preparation and fitting of preformed dowel or post	46	46
D4210	Gingivectomy or gingivoplasty - four or more contiguous teeth or bounded teeth spaces per quadrant	285	285
D4211	Gingivectomy or gingivoplasty - one to three teeth, per quadrant	100	100
D4212	Gingivectomy or gingivoplasty to allow access for restorative procedure, per tooth	98	98
D4240	Gingival flap procedure, incl root planing - four or more contiguous teeth or bounded teeth spaces/quad	337	337
D4241	Gingival flap procedure, including root planing - one to three teeth, per quadrant	241	241
D4245	Apically positioned flap	191	191
D4249	Clinical crown lengthening - hard tissue	385	375
D4260	Osseous surgery (incl flap entry & closure) - four or more contiguous teeth or bounded teeth spaces/quad	339	339
D4261	Osseous surgery (including flap entry and closure) - one to three teeth, per quadrant	309	309

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Code	Code Name	Patient Co-Pay*	Patient Co-Pay*
D4263	Bone replacement graft - first site in quadrant	185	185
D4264	Bone replacement graft - each additional site in quadrant	70	70
D4266	Guided tissue regeneration, natural teeth – resorbable barrier, per site	223	223
D4267	Guided tissue regeneration, natural teeth – non-resorbable barrier, per site	255	255
D4268	Surgical revision procedure, per tooth	193	193
D4270	Pedicle soft tissue graft procedure	251	251
D4273	Autogenous connective tissue graft procedure (including donor and recipient surgical sites) first tooth, implant, or	491	375
D4275	Soft tissue allograft	517	375
D4277	Soft tissue graft procedure first tooth	819	375
D4278	Soft tissue graft procedure each add tooth	269	269
D4322	Splint - intra-coronal; natural teeth or prosthetic crowns	114	114
D4323	Splint - extra-coronal; natural teeth or prosthetic crowns	99	99
D4341	Periodontal scaling and root planing, four or more contiguous teeth or bounded teeth spaces per quadrant	105	105
D4342	Periodontal scaling and root planing, one to three teeth, per quadrant	47	47
D4355	Full mouth debridement to enable a comprehensive oral periodontal evaluation and diagnosis on a subsequent visit	70	70
D4910	Periodontal maintenance	60	60
D5110	Complete denture - maxillary	639	375
D5120	Complete denture - mandibular	639	375
D5130	Immediate denture - maxillary	703	375
D5140	Immediate denture - mandibular	709	375
D5211	Maxillary partial denture – resin base (including retentive/clasping materials, rests, and teeth)	622	375
D5212	Mandibular partial denture – resin base (including retentive/clasping materials, rests, and teeth)	622	375
D5213	Maxillary partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests, and teeth)	712	375
D5214	Mandibular partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests, and teeth)	712	375
D5282	Removable unilateral partial denture - one piece cast metal, maxillary (including clasps and teeth)	255	255
D5283	Removable unilateral partial denture - one piece cast metal, mandibular (including clasps and teeth)	255	255
D5284	Removable unilateral partial denture – one piece flexible base (including clasps and teeth) – per quadrant	255	255
D5286	Removable unilateral partial denture – one piece resin (including clasps and teeth) – per quadrant	255	255
D5410	Adjust complete denture - maxillary	22	22
D5411	Adjust complete denture - mandibular	22	22
D5421	Adjust partial denture - maxillary	22	22
D5422	Adjust partial denture - mandibular	22	22
D5511	Repair broken complete denture base, mandibular	71	71
D5512	Repair broken complete denture base, maxillary	71	71
D5520	Replace missing or broken teeth - complete denture (each tooth)	36	36
D5611	Repair resin partial denture base, mandibular	77	77
D5612	Repair resin partial denture base, maxillary	77	77
D5621	Repair cast partial framework, mandibular	81	81
D5622	Repair cast partial framework, maxillary	81	81
D5630	Repair or replace broken retentive/clasping materials - per tooth	61	61
D5640	Replace broken teeth - per tooth	63	63
D5650	Add tooth to existing partial denture	86	86
D5660	Add clasp to existing partial denture	66	66
D5710	Rebase complete maxillary denture	160	160
D5711	Rebase complete mandibular denture	153	153
D5720	Rebase maxillary partial denture	152	152
D5721	Rebase mandibular partial denture	152	152
D5730	Reline complete maxillary denture (chairside)	91	91
D5731	Reline complete mandibular denture (chairside)	91	91
D5740	Reline maxillary partial denture (chairside)	83	83
D5741	Reline mandibular partial denture (chairside)	83	83
D5750	Reline complete maxillary denture (laboratory)	193	193
D5751	Reline complete mandibular denture (laboratory)	121	121
D5760	Reline maxillary partial denture (laboratory)	119	119
D5761	Reline mandibular partial denture (laboratory)	119	119
D5810	Interim complete denture (maxillary)	196	196
D5811	Interim complete denture (mandibular)	196	196
D5820	Interim partial denture (maxillary)	282	282
D5821	Interim partial denture (mandibular)	251	251
D5850	Tissue conditioning, maxillary	38	38
D5851	Tissue conditioning, mandibular	38	38
D6010	Surgical placement of implant body: endosteal implant (*Only allowed up to age 19 (end of month))	NA	375
D6012	Surgical placement of interim implant body for transitional prosthesis: endosteal implant (*Only allowed up to age 19	NA	375
D6040	Surgical placement: endosteal implant (*Only allowed up to age 19 (end of month))	NA	375
D6050	Surgical placement: transosteal implant (*Only allowed up to age 19 (end of month))	NA	375
D6055	Dental implant supported connecting bar (*Only allowed up to age 19 (end of month))	NA	375
D6056	Prefabricated abutment - includes placement (*Only allowed up to age 19 (end of month))	NA	341
D6057	Custom abutment - includes placement (*Only allowed up to age 19 (end of month))	NA	375
D6058	Abutment supported porcelain/ceramic crown	760	375
D6059	Abutment supported porcelain fused to metal crown (high noble metal)	760	375
D6060	Abutment supported porcelain fused to metal crown (predominantly base metal)	682	375
D6061	Abutment supported porcelain fused to metal crown (noble metal)	700	375
D6062	Abutment supported cast metal crown (high noble metal)	470	375
D6063	Abutment supported cast metal crown (predominantly base metal)	358	358
D6064	Abutment supported cast metal crown (noble metal)	389	375
D6065	Implant supported porcelain/ceramic crown	760	375
D6066	Implant supported crown - porcelain fused to high noble alloys	760	375
D6067	Implant supported crown - high noble alloys	926	375

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Code	Code Name	Patient Co-Pay*	Patient Co-Pay*
D6068	Abutment supported retainer for porcelain/ceramic FPD (*Only allowed up to age 19 (end of month))	NA	375
D6069	Abutment supported retainer for porcelain fused to metal FPD (high noble metal) (*Only allowed up to age 19 (end of month))	NA	375
D6070	Abutment supported retainer for porcelain fused to metal FPD (predominantly base metal) (*Only allowed up to age 19 (end of month))	NA	375
D6071	Abutment supported retainer for porcelain fused to metal FPD (noble metal) (*Only allowed up to age 19 (end of month))	NA	375
D6072	Abutment supported retainer for cast metal FPD (high noble metal) (*Only allowed up to age 19 (end of month))	NA	375
D6073	Abutment supported retainer for cast metal FPD (predominantly base metal) (*Only allowed up to age 19 (end of month))	NA	375
D6074	Abutment supported retainer for cast metal FPD (noble metal) (*Only allowed up to age 19 (end of month))	NA	375
D6075	Implant supported retainer for ceramic FPD (*Only allowed up to age 19 (end of month))	NA	375
D6076	Implant supported retainer for FPD - porcelain fused to high noble alloys (*Only allowed up to age 19 (end of month))	NA	375
D6077	Implant supported retainer for metal FPD - high noble alloys (*Only allowed up to age 19 (end of month))	NA	375
D6080	Implant maintenance procedures, including removal of prosthesis, cleansing of prosthesis and abutments and	NA	66
D6082	Implant supported crown - porcelain fused to predominantly base alloys (*Only allowed up to age 19 (end of month))	NA	375
D6083	Implant supported crown - porcelain fused to noble alloys (*Only allowed up to age 19 (end of month))	NA	375
D6084	Implant supported crown - porcelain fused to titanium and titanium alloys (*Only allowed up to age 19 (end of month))	NA	375
D6086	Implant supported crown - predominantly base alloys (*Only allowed up to age 19 (end of month))	NA	375
D6087	Implant supported crown - noble alloys (*Only allowed up to age 19 (end of month))	NA	375
D6088	Implant supported crown - titanium and titanium alloys (*Only allowed up to age 19 (end of month))	NA	375
D6090	Repair implant supported prosthesis, by report (*Only allowed up to age 19 (end of month))	NA	138
D6091	Replacement of semi-precision or precision attachment of implant/abutment supported prosthesis, per attachment (*Only allowed up to age 19 (end of month))	NA	171
D6095	Repair implant abutment, by report (*Only allowed up to age 19 (end of month))	NA	207
D6098	Implant supported retainer - porcelain fused to predominantly base alloys (*Only allowed up to age 19 (end of month))	NA	375
D6099	Implant supported retainer for FPD - porcelain fused to noble alloys (*Only allowed up to age 19 (end of month))	NA	375
D6100	Surgical removal of implant body (*Only allowed up to age 19 (end of month))	NA	273
D6101	Debridement of peri-implant defect (*Only allowed up to age 19 (end of month))	NA	310
D6102	Debridement of peri-implant defect (*Only allowed up to age 19 (end of month))	NA	256
D6103	Bone graft repair of peri-implant (*Only allowed up to age 19 (end of month))	NA	267
D6104	Bone graft at time of implant placement (*Only allowed up to age 19 (end of month))	NA	251
D6105	Removal of implant body not requiring bone removal or flap elevation (*Only allowed up to age 19 (end of month))	NA	87
D6106	Guided tissue regeneration - resorbable barrier, per implant (*Only allowed up to age 19 (end of month))	NA	223
D6107	Guided tissue regeneration - non-resorbable barrier, per implant (*Only allowed up to age 19 (end of month))	NA	255
D6120	Implant supported retainer - porcelain fused to titanium and titanium alloys	NA	375
D6121	Implant supported retainer for metal FPD - predominantly base alloys	NA	375
D6122	Implant supported retainer for metal FPD - noble alloys	NA	375
D6123	Implant supported retainer for metal FPD - titanium and titanium alloys	NA	375
D6190	Radiographic/surgical implant index, by report (*Only allowed up to age 19 (end of month))	NA	174
D6210	Pontic - cast high noble metal	321	321
D6211	Pontic - cast predominantly base metal	292	292
D6212	Pontic - cast noble metal	291	291
D6214	Pontic - titanium and titanium alloys	315	315
D6240	Pontic - porcelain fused to high noble metal	345	345
D6241	Pontic - porcelain fused to predominantly base metal	316	316
D6242	Pontic - porcelain fused to noble metal	333	333
D6243	Pontic - porcelain fused to titanium and titanium alloys	316	316
D6245	Pontic - porcelain/ceramic	332	332
D6250	Pontic - resin with high noble metal	330	330
D6251	Pontic - resin with predominantly base metal	287	287
D6252	Pontic - resin with noble metal	319	319
D6545	Retainer - cast metal for resin bonded fixed prosthesis	194	194
D6548	Retainer - porcelain/ceramic for resin bonded fixed prosthesis	378	375
D6720	Retainer crown - resin with high noble metal	361	361
D6721	Retainer crown - resin with predominantly base metal	337	337
D6722	Retainer crown - resin with noble metal	340	340
D6740	Retainer crown - porcelain/ceramic	323	323
D6750	Retainer crown - porcelain fused to high noble metal	381	375
D6751	Retainer crown - porcelain fused to predominantly base metal	360	360
D6752	Retainer crown - porcelain fused to noble metal	365	365
D6753	Retainer crown - porcelain fused to titanium and titanium alloys	360	360
D6780	Retainer crown - 3/4 cast high noble metal	354	354
D6781	Retainer crown - 3/4 cast predominantly base metal	314	314
D6782	Retainer crown - 3/4 cast noble metal	318	318
D6783	Retainer crown - 3/4 porcelain/ceramic	319	319
D6784	Retainer crown 3/4 - titanium and titanium alloys	318	318
D6790	Retainer crown - full cast high noble metal	362	362
D6791	Retainer crown - full cast predominantly base metal	344	344
D6792	Retainer crown - full cast noble metal	358	358
D6930	Recent fixed partial denture	55	55
D6980	Fixed partial denture repair necessitated by restorative material failure	136	136
D7111	Coronal remnants - deciduous tooth	43	43
D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)	55	55
D7210	Surgical removal of erupted tooth requiring elevation of mucoperiosteal flap and removal of bone and/or section of	105	105
D7220	Removal of impacted tooth - soft tissue	125	125
D7230	Removal of impacted tooth - partially bony	156	156
D7240	Removal of impacted tooth - completely bony	206	206
D7241	Removal of impacted tooth - completely bony, with unusual surgical complications	248	248
D7250	Surgical removal of residual tooth roots (cutting procedure)	122	122
D7251	Coronectomy - intentional partial tooth removal, impacted teeth only	243	243
D7270	Tooth reimplantation and/or stabilization of accidentally avulsed or displaced tooth	138	138
D7280	Surgical access of an unerupted tooth	240	240
D7285	Biopsy of oral tissue - hard (bone, tooth)	243	243

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Code	Code Name	Patient Co-Pay*	Patient Co-Pay*
D7286	Biopsy of oral tissue - soft (all others)	109	109
D7310	Alveoplasty in conjunction with extractions - per quadrant	74	74
D7311	Alveoplasty in conjunction with extractions - one to three teeth or tooth spaces, per quadrant	136	136
D7320	Alveoplasty not in conjunction with extractions - per quadrant	189	189
D7321	Alveoplasty not in conjunction with extractions - one to three teeth or tooth spaces, per quadrant	164	164
D7471	Removal of lateral exostosis (maxilla or mandible)	262	262
D7510	Incision and drainage of abscess - intraoral soft tissue	114	114
D7910	Suture of recent small wounds up to 5 cm	80	80
D7921	Collection and application of autologous blood concentrate product	100	100
D7953	Bone replacement graft for ridge preservation – per site	273	273
D7956	Guided tissue regeneration, edentulous area - resorbable barrier, per site	223	223
D7957	Guided tissue regeneration, edentulous area - non-resorbable barrier, per site	255	255
D7961	Buccal / labial frenectomy (frenulectomy)	230	230
D7962	Lingual frenectomy (frenulectomy)	230	230
D7971	Excision of pericoronal gingiva	51	51
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	45	45
D9215	Local anesthesia	9	9
D9222	Deep sedation/general anesthesia - first 15 minutes	92	92
D9223	Deep sedation/general anesthesia - each subsequent 15 minute increment	92	92
D9230	Analgesia, anxiolysis, inhalation of nitrous oxide	22	22
D9239	Intravenous moderate (conscious) sedation/analgesia - first 15 minutes	87	87
D9243	Intravenous moderate (conscious) sedation/analgesia - each subsequent 15 minute increment	87	87
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	35	35
D9930	Treatment of complications (post-surgical) - unusual circumstances, by report	47	47
D9944	Occlusal guard - hard appliance, full arch	303	303
D9945	Occlusal guard - soft appliance, full arch	303	303
D9946	Occlusal guard - hard appliance, partial arch	303	303
D9951	Occlusal adjustment - limited	33	33
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. There may be cases when the negotiated provider fee for an in-network provider exceeds the sum of the listed copay and claim payments for a given service. In such cases, EMI Health will pay the difference.