



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	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
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
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
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

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Code	Code Name	Patient Co-Pay*	Patient Co-Pay*
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
D2794	Crown - titanium and titanium alloys	631	425
D2910	Re-cement or re-bond inlay, onlay, veneer or partial coverage restoration	21	21
D2920	Recement crown	49	49
D2928	Prefabricated porcelain/ceramic crown - permanent tooth	148	148
D2929	Prefabricated porcelain/ceramic crown - primary tooth	165	165
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
D2980	Crown repair, by report	93	93
D2981	Inlay repair by report	103	103
D2982	Onlay repair by report	103	103
D2983	Veneer repair by report	103	103
D2990	Resin infiltr of incipient lesions	44	44
D2991	Application of hydroxyapatite regeneration medicament - per tooth	27	27
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
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
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 preformed dowel or post	54	54
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
D4212	Gingivectomy or gingivoplasty to allow access for restorative procedure, per tooth	137	137
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

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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
D4275	Soft tissue allograft	320	320
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
D4910	Periodontal maintenance	76	76
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
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
D5850	Tissue conditioning, maxillary	49	49
D5851	Tissue conditioning, mandibular	47	47
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 (end of month))	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	361
D6057	Custom abutment - includes placement (*Only allowed up to age 19 (end of month))	NA	406
D6058	Abutment supported porcelain/ceramic crown	758	425
D6059	Abutment supported porcelain fused to metal crown (high noble metal)	764	425
D6060	Abutment supported porcelain fused to metal crown (predominantly base metal)	740	425
D6061	Abutment supported porcelain fused to metal crown (noble metal)	728	425
D6062	Abutment supported cast metal crown (high noble metal)	726	425
D6063	Abutment supported cast metal crown (predominantly base metal)	692	425
D6064	Abutment supported cast metal crown (noble metal)	682	425
D6065	Implant supported porcelain/ceramic crown	717	425
D6066	Implant supported crown - porcelain fused to high noble alloys	771	425
D6067	Implant supported crown - high noble alloys	664	425
D6068	Abutment supported retainer for porcelain/ceramic FPD (*Only allowed up to age 19 (end of month))	NA	425
D6069	Abutment supported retainer for porcelain fused to metal FPD (high noble metal) (*Only allowed up to age 19 (end of month))	NA	425
D6070	Abutment supported retainer for porcelain fused to metal FPD (predominantly base metal) (*Only allowed up to age 19 (end of month))	NA	425
D6071	Abutment supported retainer for porcelain fused to metal FPD (noble metal) (*Only allowed up to age 19 (end of month))	NA	425
D6072	Abutment supported retainer for cast metal FPD (high noble metal) (*Only allowed up to age 19 (end of month))	NA	425

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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 abutments and	NA	61
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	61
D6090	Repair implant supported prosthesis, by report (*Only allowed up to age 19 (end of month))	NA	88
D6091	Replacement of semi-precision or precision attachment of implant/abutment supported prosthesis, per attachment	NA	262
D6095	Repair implant abutment, by report (*Only allowed up to age 19 (end of month))	NA	133
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	261
D6101	Dbrdmt of peri-implant defect (*Only allowed up to age 19 (end of month))	NA	126
D6102	Dbrdmt of peri-implant defect (*Only allowed up to age 19 (end of month))	NA	329
D6103	Bone graft repair of peri-implant (*Only allowed up to age 19 (end of month))	NA	139
D6104	Bone graft at time of implant placement (*Only allowed up to age 19 (end of month))	NA	142
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	277
D6107	Guided tissue regeneration - non-resorbable barrier, per implant (*Only allowed up to age 19 (end of month))	NA	297
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	84
D6210	Pontic - cast high noble metal	393	393
D6211	Pontic - cast predominantly base metal	356	356
D6212	Pontic - cast noble metal	352	352
D6214	Pontic - titanium and titanium alloys	557	425
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 ¾ – 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	Recent fixed partial denture	70	70
D6980	Fixed partial denture repair necessitated by restorative material failure	111	111
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

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D7251	Coronectomy – intentional partial tooth removal, impacted teeth only	273	273
D7270	Tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth	150	150
D7280	Surgical access of an unerupted tooth	246	246
D7284	Excisional biopsy of minor salivary glands	204	204
D7285	Biopsy of oral tissue - hard (bone, tooth)	265	265
D7286	Biopsy of oral tissue - soft (all others)	127	127
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
D7471	Removal of lateral exostosis (maxilla or mandible)	438	425
D7510	Incision and drainage of abscess - intraoral soft tissue	133	133
D7910	Suture of recent small wounds up to 5 cm	24	24
D7921	Collection and application of autologous blood concentrate product	117	117
D7953	Bone replacement graft for ridge preservation – per site	183	183
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
D7971	Excision of pericoronal gingiva	68	68
D8010-D8999	Orthodontic services <b>(*Only allowed up to age 19 (end of month))</b>	NA	50%
D9110	Palliative (emergency) treatment of dental pain – minor procedure – per visit	60	60
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
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	32	32
D9930	Treatment of complications (post-surgical) - unusual circumstances, by report	43	43
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
D9951	Occlusal adjustment - limited	37	37
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.