



Corporate (801)262-7475 Customer Service (800)662-5851

emihealth.com

	,	Adults (19 and over)	Children (up to age 19 {end of month})
Code	Code Name	In Network Patient Co-Pay*	In Network 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 D0180	Re-evaluation - limited, problem focused (established patient; not post-operative visit)	0	0
D0180 D0210	Comprehensive periodontal evaluation - new or established patient  Intraoral – complete comprehensive series of radiographic images	0	0
D0210	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 D0330	Vertical bitewings - 7 to 8 films Panoramic film	0	0
D0330	Cephalometric film	0	0
D0350	2D oral/facial photographic image obtained intra-orally or extra-orally	0	0
D0470	Diagnostic casts (*Only allowed up to age 19 {end of month})	NA 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
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 NA	124
D1526 D1527	Space maintainer - removable - bilateral, maxillary (*Only allowed up to age 19 (end of month))	NA NA	197 197
D1527	Space maintainer - removable - bilateral, mandibular (*Only allowed up to age 19 {end of month})  Re-cementation of bilateral space maintainer - maxillary (*Only allowed up to age 19 {end of month})	NA NA	38
D1552	Re-cementation of bilateral space maintainer - maxiliary ( Only allowed up to age 19 (end of month))	NA NA	38
D1553	Re-cementation of unilateral space maintainer - per quadrant (*Only allowed up to age 19 {end of month})	NA NA	38
D1556	Removal of fixed unilateral space maintainer – per quadrant (*Only allowed up to age 19 (end of month))	NA	38
D1557	Removal of fixed bilateral space maintainer – maxillary (*Only allowed up to age 19 (end of month))	NA	38
D1558	Removal of fixed bilateral space maintainer – mandibular (*Only allowed up to age 19 (end of month))	NA	38
D2140	Amalgam - one surface, primary or permanent	35	35
D2150 D2160	Amalgam - two surfaces, primary or permanent	45 66	45 66
D2160 D2161	Amalgam - three surfaces, primary or permanent  Amalgam - four or more surfaces, primary or permanent	73	73
D2330	Resin-based composite - one surface, anterior		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 D2394	Resin-based composite - three surfaces, posterior	110 136	110 136
D2394 D2510	Resin-based composite - four or more surfaces, posterior  Inlay - metallic - one surface	226	226
D2510	Inlay - metallic - two surfaces	308	308
D2530	Inlay - metallic - three or more surfaces	310	310
D2542	Onlay - metallic - two surfaces	383	375
D2543	Onlay - metallic - three surfaces	416	375
D2544	Onlay - metallic - four or more surfaces	453	375
D2610	Inlay - porcelain/cermaic - one surface	372	372
D2620 D2630	Inlay - porcelain/cermaic - two surfaces Inlay - porcelain/cermaic - three or more surfaces	385 422	375 375
D2630 D2642	Inlay - porcelain/cermaic - three or more surfaces  Onlay - porcelain/ceramic - two surfaces	469	375
D2642 D2643	Onlay - porcelain/ceramic - two surfaces  Onlay - porcelain/ceramic - three surfaces	520	375
D2644	Onlay - porcelain/ceramic - four or more surfaces	538	375
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 D2710	Onlay - resin-based composite - four or more surfaces  Crown - resin (indirect)	355 179	355 179
D2710	Crown - resin (indirect)  Crown - resin with high noble metal	487	375
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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.

D27721   Coren - regin with problemantly base noted   452   3   3   3   3   3   3   3   3   3	etwork
027222   Covan - proceitain/covant proceitain/	t Co-Pay*
D2740	375
D2750	375
D2751   Coven - proceinal tussed to preformately bear metal   476   3   3   1   1   1   1   1   1   1   1	375 375
D2752   Cover - proceins fused to notine metal   478   3   0.2759   Cover - proceins fused to stream and filterium alonys   480   3   3   0.2789   Cover - 374 cast high notine metal   480   3   3   0.2789   Cover - 374 cast high notine metal   480   3   3   0.2789   Cover - 374 cast high notine metal   480   3   3   0.2782   Cover - 374 cast high notine metal   480   3   3   0.2782   Cover - 374 cast high notine metal   474   3   3   0.2782   Cover - 374 cast high notine metal   484   3   3   0.2782   Cover - 374 cast high notine metal   484   3   3   0.2792   Cover - 374 cast high notine metal   484   3   3   0.2792   Cover - 374 cast high notine metal   484   3   3   0.2792   Cover - 374 cast high notine metal   484   3   3   0.2792   Cover - 374 cast high notine metal   484   3   3   0.2792   Cover - 474 cast high notine metal   484   3   3   0.2792   Cover - 474 cast high notine metal   484   3   3   0.2792   Cover - 474 cast high notine metal   484   3   3   0.2793   Cover - 474 cast high notine metal   484   3   3   0.2793   Cover - 474 cast high notine metal high not	375 375
D2753	375
D2781   Crown - 34 cent productionarily bear metal   446   3   3   D2782   Crown - 34 cent problem retail   474   3   3   D2783   Crown - 34 cent problem retail   494   3   3   D2790   Crown - 141 cent by problem retail   494   3   3   D2791   Crown - 141 cent by problem retail   494   3   3   D2791   Crown - 141 cent by robot metal   494   3   3   D2791   Crown - 141 cent by robot metal   494   3   3   D2791   Crown - 141 cent by robot metal   494   3   3   D2792   Crown - 141 cent by robot metal   494   3   3   D2792   Crown - 141 cent by robot metal   494   3   3   D2792   Crown - 141 cent by robot metal   494   3   3   D2792   Crown - 141 cent by robot metal   494   3   D2792   Crown - 141 cent by robot metal   494   3   D2792   Crown - 141 cent by robot metal   494   3   D2792   Crown - 141 cent by robot metal   494   2   2   D2792   Crown - 141 cent by robot metal   494   2   2   D2792   Crown - 141 cent by robot metal   494   D2792   Crown - 141   D2792   D27	375
D2782   Crown - 34 Crost holde metal	375
D2793	375
D22790	375
D2791   Crown - full cast predominantly base metal   442   3   3   3   3   3   3   3   3   3	375 375
D2794   Coven - 1 tal cast not be metal   644   3   3   3   3   3   3   3   3   3	375 375
D2794 Crown - Islamum and Islamum and Islamum alloys D2799 Interim crown - Striker terathenet or completion of diagnosis necessary prior to final impression D2910 Re-cement or re-bord inlay, rollay, veneer or partial coverage restoration D2910 Re-cement or re-bord inlay, rollay, veneer or partial coverage restoration D2920 Re-cement or re-bord inlay, rollay, veneer or partial coverage restoration D2920 Re-cement or re-bord inlay, rollay, veneer or partial coverage restoration D2920 Re-cement or re-bord inlay, rollay, veneer or partial coverage restoration D2920 Perfebiticated porcelain/ceramic crown - permanent tooth D2920 Perfebiticated statistics stell crown - permanent tooth D2931 Perfebiticated statistics stell crown - permanent tooth D2931 Perfebiticated statistics stell crown - permanent tooth D2932 Perfebiticated statistics stell crown - permanent tooth D2933 Perfebiticated statistics stell crown - permanent tooth D2934 Perfebiticated statistics stell crown - permanent tooth D2934 Perfebiticated statistics stell crown - permanent tooth D2934 Perfebiticated statistics stell crown with resin window D2935 Perfebiticated statistics stell crown in privary tooth D2936 Perfebiticated statistics stell crown with resin window D2937 Per resetution - per tooth, in addition to restoration D2935 Per resetution - per tooth, in addition to restoration D2935 Each additional cast post - same tooth D2935 Each additional cast post post - same tooth D2935 Each additional perfect additional tooth privary additional p	375
D2910 Recement or re-bond inlay, notally, veneer or partial coverage restoration D2915 Recement or re-bond indexely finite better prefabricated post and core D2920 Recement or re-bond indexely finite better or prefabricated post and core D2920 Prefabricated porceianic crown - permanent tooth D2920 Prefabricated porceianic crown - permanent tooth D2930 Prefabricated stansines steel crown - permanent tooth D2931 Prefabricated stansines steel crown - permanent tooth D2931 Prefabricated stansines steel crown - permanent tooth D2932 Prefabricated stansines steel crown - permanent tooth D2933 Prefabricated stansines steel crown - permanent tooth D2933 Prefabricated stansines steel crown - permanent tooth D2934 Prefabricated stansines steel crown - permanent tooth D2935 Prefabricated stansines steel crown - permanent tooth D2936 Prefabricated stansines steel crown - permanent tooth D2936 Prefabricated stansines steel crown - permanent tooth D2937 Prefabricated stansines steel crown - permanent tooth D2936 Prefabricated stansines steel crown - permanent tooth D2937 Prefabricated stansines steel crown - permanent toother toother permanent toother permanent toother permanent to	375
D2915   Racement or re-bond indirectly fabricated or prelablocated post and core   25   2   2   2   2   2   2   2   2	230
D2920	24
D2928 Prefabricated proceedin/ceramic crown - permanent tooth D2930 Prefabricated storedin/ceramic crown - primary tooth D2931 Prefabricated statiness steel crown - primary tooth D2931 Prefabricated statiness steel crown - primary tooth D2932 Prefabricated statiness steel crown - primary tooth D2932 Prefabricated statiness steel crown - primary tooth D2933 Prefabricated statiness steel crown - primary tooth D2934 Prefabricated statiness steel crown - primary tooth D2935 Core building, including any pins D2936 Core building, including any pins D2936 Core building, including any pins D2937 Cost post and core in addition to restoration D2936 Cost post and core in addition to restoration D2936 Cost post and core in addition to restoration D2936 Cost post and core in addition to crown D2937 Cost post and core in addition to restoration D2936 Prefabricated post and core in addition to crown D2937 D2937 Cost post and core in addition to crown D2936 D2936 Cost post and core in addition to crown D2937 Cost removal from it conjunction with endodratic therapy) D2937 Cost removal from it conjunction with endodratic therapy) D2937 Cost removal from its conjunction with endodratic therapy) D2937 Cost removal from its conjunction with endodratic therapy) D2937 Cost post removal from its conjunction with endodratic therapy) D2937 Cost post removal from its conjunction with endodratic therapy its cost post post post post post post post p	25
D29292   Perfabricated proceles Neuronic crown - primary tooth   186   11	56 160
D2930 Prefabricated stailless steel crown - primary tooth D2931 Prefabricated resines steel crown - primary tooth D2932 Prefabricated resines steel crown with resin window D2933 Prefabricated resines steel crown with resin window D2933 Prefabricated resines steel crown with resin window D2934 Prefabricated resines steel crown with resin window D2934 Prefabricated resines steel crown - primary tooth D2940 Prefabricated resines steel crown - primary tooth D2940 Prefabricated resines steel crown - primary tooth D2940 Core buildup, including any prins D2950 Core buildup, including any prins D2951 Prefabricated post restore to the steel of	186
D2931 Prefabricated stainless steel crown - permanent tooth 112 1 12933 Prefabricated stainless steel crown with resin window 203 2 22934 Prefabricated stainless steel crown with resin window 203 2 22934 Prefabricated stainless steel crown with resin window 203 2 22930 Prefabricated stainless steel crown - primary tooth 22940 Protective restoration 59 5 59 5 50 5 50 5 50 5 50 5 50 5 50 5	183
D2933	181
D2934 Profabricated esthetic coated stainless steel crown - primary tooth D2960 Core buildup, including any pins D2961 Core buildup, including any pins D2961 Pin retention - per tooth, in addition to restoration D2961 Pin retention - per tooth, in addition to crown D2962 Cast past and core in addition to crown D2963 Each additional cast post - same tooth D2963 Each additional cast post - same tooth D2964 Prefetarized post and core in addition to crown D2965 Post removal (not in conjunction with endodonito therapy) D2965 Post removal (not in conjunction with endodonito therapy) D2966 Each additional prefetarized post - same tooth D2967 Each additional prefetarized post - same tooth D2968 Labial veneer (porcelain laminate) - laboratory D3101 Pulp op- direct (excluding final restoration) D3110 Pulp op- direct (excluding final restoration) D3120 Pulp op- indirect (excluding final restoration) D3221 Pulpal therapy (resorbable filing) - pasterior, removal of pulp coronal to the dentinocemental junction and 106 D3230 Pulpal therapy (resorbable filing) - posterior, primary tooth (excluding final restoration) D3320 Pulpal therapy (resorbable filing) - posterior, primary tooth (excluding final restoration) D3320 Pulpal therapy (resorbable filing) - posterior, primary tooth (excluding final restoration) D3330 Premotar (excluding final restoration) D3330 Premotar (excluding final restoration) D3331 Treatment of provious root canal therapy - anterior D3333 Premotar (excluding final restoration) D3333 Premotar (excluding final restoration) D3333 Premotar (excluding final restoration) D3334 Retreatment of previous root canal therapy - anterior D3335 Premotar (excluding final restoration) D3336 Retreatment of previous root canal therapy - morior D3336 Retreatment of previous root canal therapy - morior D3336 Retreatment of previous root canal therapy - morior D3336 Retreatment of previous root canal therapy - morior D3336 Retreatment of previous root canal therapy - morior D3336 Retreatment of previous root canal therapy - mor	112
D2940	203
D2950 Care buildup, including any pins D2951 Ph retention - per tooth, in addition to restoration D2952 Cast post and core in addition to restoration D2953 Each additional cast post - same tooth D2953 Each additional cast post - same tooth D2955 Perfetibricated post and core in addition to crown D2956 Pretabricated post and core in addition to crown D2957 Perfetibricated post and core in addition to crown D2956 Post removal (not in conjunction with endodontic therapy) BB 11 D2957 Each additional prefetibricated post - same tooth D2962 Labial veneer (porcelain laminate) - isboratory D3110 Pulp cap - direct (excluding final restoration) D3110 Pulp cap - indirect (excluding final restoration) D3120 Pulp cap - indirect (excluding final restoration) D3220 Therapeutic pulpotomy (excluding final restoration) - removal of pulp coronal to the dentinocemental junction and D3220 Therapeutic pulpotomy (excluding final restoration) - removal of pulp coronal to the dentinocemental junction and D3230 Pulpal therapy (resorbete filling) - anterior, primary tooth (excluding final restoration) D3340 Pulpal therapy (resorbete filling) - posterior, primary tooth (excluding final restoration) D3310 Anterior (excluding final restoration) D3310 Anterior (excluding final restoration) D33310 Anterior (excluding final restoration) D33320 Premotal restoration) D33332 Incomplete endodontic therapy, inoperable or fractured tooth D33332 Incomplete endodontic therapy, inoperable or fractured tooth D33332 Incomplete endodontic therapy, inoperable or fractured tooth D33333 Internal cot repair of previous root can therapy - premolar D33341 Retreatment of previous root can therapy - premolar D33353 Aperification/recalification - initial vist (apical closure / calofic repair of perforation, etc.) D33354 Retreatment of previous root can therapy - premolar D3354 Aperification/recalification - initial vist (apical closure / calofic repair of perforations, root 62 D3353 Aperification/recalification - initial vist (apical closure / calofic repair of pe	184
D2951 Pin teterition - per tooth, in addition to restoration D2952 Cast post and core in addition to crown D2953 Each additional cast post - same tooth D2954 Preforecated post and core in addition to crown D2955 Post removal front in conjunction with endodomic therapy) B86 B87 D2957 Each additional prefabricated post - same tooth D2957 Each additional prefabricated post - same tooth D2958 Label vener (procellan immarical) - shorostory D2958 D2959 Each additional prefabricated post - same tooth D2959 Each additional prefabricated post - same tooth D2959 Each additional prefabricated post - same tooth D2950	59
D2952 Cast poet and core in addition to crown D2954 Prefabricated post and core in addition to crown D2955 Pest removal (not in conjunction with endodortic therapy) B8 11 D2956 Post removal (not in conjunction with endodortic therapy) B8 6 6 7 D2967 Each additional prefabricated post and core in addition to crown D2968 Liabilat veneer (porcelain laminate) - laboratory D3100 Pulp cap - direct (excluding final restoration) D3110 Pulp cap - indirect (excluding final restoration) D3120 Pulp cap - indirect (excluding final restoration) D3221 Pulpa debridement, primary and permanent teeth D3221 Pulpal debridement, primary and permanent teeth D3230 Pulpat therapy (resorbable filling) - anterior, primary tooth (excluding final restoration) D3320 Pulpat therapy (resorbable filling) - posterior, primary tooth (excluding final restoration) D3330 Pulpat therapy (resorbable filling) - posterior, primary tooth (excluding final restoration) D3310 Anterior (excluding final restoration) D3310 Anterior (excluding final restoration) D3320 Premotal restoration) D3330 Molar tooth (excluding final restoration) D3331 Incomplete endodonic therapy, inoperable or fractured tooth D3332 Incomplete endodonic therapy, inoperable or fractured tooth D3334 Retreatment of previous root canal therapy - premolar D3334 Retreatment of previous root canal therapy - premolar D3346 Retreatment of previous root and therapy - premolar D3347 Retreatment of previous root canal therapy - premolar D3348 Retreatment of previous root canal therapy - premolar D3349 Apexification/recalcification - intelit vist (apicel dosure/ calcific repair of perforations, root 62 D3353 Apexification/recalcification - intelit vist (apicel dosure/ calcific repair of perforations, root 62 D3410 Apoxectomy/periadicular surgery - remolar (first root) D3426 Apoxectomy/periadicular surgery - note of the rester of the root of the rester of t	164 27
D2954 Prefabricated post - same tooth D2954 Prefabricated post and core in addition to rown D2955 Post removal (not in conjunction with endodomic therapy) B86 B86 B8 D2957 Each additional prefabricated post - same tooth D2958 Each additional prefabricated post - same tooth D2959 D2959 Each additional prefabricated post - same tooth D2959 D29599 D2959 D	21 207
D2954 Prefabricated post and core in addition to crown  198	73
D2962 Labial veneer (porcelain laminate) - laboratory  585 3.  D3110 Pulp cap - direct (excluding final restoration)  A3 4.  D3120 Pulp cap - indirect (excluding final restoration)  A3 4.  D3120 Pulp cap - indirect (excluding final restoration)  D3221 Pulpal debridement, primary and permanent teeth  D3221 Pulpal debridement, primary and permanent teeth  D3221 Pulpal therapy (resorbable filling) - posterior, primary tooth (excluding final restoration)  D3220 Pulpal therapy (resorbable filling) - posterior, primary tooth (excluding final restoration)  D3240 Pulpal therapy (resorbable filling) - posterior, primary tooth (excluding final restoration)  D3310 Anterior (excluding final restoration)  D3310 Anterior (excluding final restoration)  D3320 Premodar (excluding final restoration)  D3330 Molar tooth (excluding final restoration)  D3330 Molar tooth (excluding final restoration)  D3331 Treatment of root canal obstruction; non-surgical access  D3332 Incomplete endodontic therapy, inoperable or fractured tooth  D3347 Retreatment of previous root canal therapy - memolar  D3347 Retreatment of previous root canal therapy - memolar  D3348 Retreatment of previous root canal therapy - molar  D3351 Apexification/recalification - initial visit (apical disouse / calcific repair of perforations, root resorption, etc.)  D3352 Apexification/recalification - initial visit (apical disouse / calcific repair of perforations, root resorption, etc.)  D3353 Apexification/recalification - initial visit (apical disouse / calcific repair of perforations, root resorption, etc.)  D3353 Apexification/recalification - initial visit (apical disouse / calcific repair of perforations, root resorption, etc.)  D3354 Apexification/recalification - initial visit (apical disouse / calcific repair of perforations, root resorption, etc.)  D3355 Apexification/recalification - initial visit (apical disouse / calcific repair of perforations, root resorption, etc.)  D3356 Apexification/recalification - interior medication replacement (apical closure/cal	198
D2962 Labial veneer (porcelain laminate) - laboratory  D3110 Pulp cap - ofirect (excluding final restoration)  D3120 Pulp cap - ofirect (excluding final restoration)  D3220 Therapeutic pulpotomy (excluding final restoration) - removal of pulp coronal to the dentinocemental junction and  D3220 Therapeutic pulpotomy (excluding final restoration) - removal of pulp coronal to the dentinocemental junction and  D3221 Pulpad etchidement, primary and permanent teath  D3230 Pulpal therapy (resorbable filling) - posterior, primary tooth (excluding final restoration)  D3240 Pulpal therapy (resorbable filling) - posterior, primary tooth (excluding final restoration)  D3340 Anterior (excluding final restoration)  D3320 Premolar (excluding final restoration)  D3320 Premolar (excluding final restoration)  D3330 Molar tooth (excluding final restoration)  D3330 Molar tooth (excluding final restoration)  D3331 Treatment of roct canal obstruction, non-surgical access  D3332 Incomplete endodontic therapy; inoperable or fractured tooth  D3332 Incomplete endodontic therapy; inoperable or fractured tooth  D3346 Retreatment of previous root canal therapy - premolar  D3347 Retreatment of previous root canal therapy - premolar  B348 Retreatment of previous root canal therapy - premolar  D3347 Retreatment of previous root canal therapy - premolar  D3351 Apexification/recalification - initial visit (apical closure/ calcific repair of perforations, root resorption, etc.)  D3353 Apexification/recalification - initial visit (includes completed root canal therapy - apical closure/calcific repair of perforations, root  D3354 Apexification/recalification - initial visit (includes completed root canal therapy - apical closure/calcific repair of perforations, root  D3425 Apocectomy/periradicular surgery - remolar (first root)  D3426 Apicacetomy/periradicular surgery - remolar (first root)  D3427 Apicacetomy/periradicular surgery - remolar (first root)  D3430 Retrograde filing - per root  D3440 Apicacetomy/periradicular surgery - remolar (first ro	86
D3110 Pulp cap - direct (excluding final restoration)  34 34 35  D3120 Therapeutic pulpotomy (excluding final restoration) - removal of pulp coronal to the dentinocemental junction and 106 111  D3221 Pulpal debridement, primary and permanent teeth 116 11  D3230 Pulpal therapy (resorbable filing) - anterior, primary tooth (excluding final restoration) 67 67  67 66  D3240 Pulpal therapy (resorbable filing) - anterior, primary tooth (excluding final restoration) 112 11  D3310 Anterior (excluding final restoration) 358 38 31  D3320 Premolar (excluding final restoration) 358 33 39  D3331 Treatment of rot canal obstration) 593 39 9 9 9  D3332 Incomplete endodontic therapy; inoperable of fractured tooth 293 118 118 11  D3333 Internation of rot canal obstratucion; non-surgical access 99 9 9  D3332 Incomplete endodontic therapy; inoperable or fractured tooth 293 22 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	56
D3120 Pulp cap - indirect (excluding final restoration)  D3221 Therapeutic pulpotomy (excluding final restoration) - removal of pulp coronal to the dentinocemental junction and  106 111  D3221 Pulpal edvortigement, primary and permanent teeth  116 11  D3230 Pulpal therapy (resorbable filling) - anterior, primary tooth (excluding final restoration)  67 6  60  D3240 Pulpal therapy (resorbable filling) - posterior, primary tooth (excluding final restoration)  112 11  D3310 Anterior (excluding final restoration)  D3320 Premolar (excluding final restoration)  D3320 Premolar (excluding final restoration)  D3320 Premolar (excluding final restoration)  D3331 Irrealment of root canal obstruction; non-surgical access  D3331 Internal root repair of perforation defects  D3332 Incomplete endodontic therapy; inoperable or fractured tooth  D3334 Retreatment of previous root canal therapy - anterior  D3346 Retreatment of previous root canal therapy - premolar  D3347 Retreatment of previous root canal therapy - molar  D3348 Retreatment of previous root canal therapy - molar  D3348 Retreatment of previous root canal therapy - molar  D3351 Apexification/recalcification - initial visit (picical closure / calcific repair of perforations, root resorption, etc.)  D3353 Apexification/recalcification - initial visit (picical closure / calcific repair of perforations, root 62  D3353 Apexification/recalcification - initial visit (picical cosure / calcific repair of perforations, root 62  D3426 Apexification/recalcification - initial visit (picical repair of perforations, root 62  D3427 Apexification/recalcification - initial visit (picical repair of perforations, root 62  D3426 Apexification/recalcification - initial visit (picical repair of perforations, root 62  D3427 Apexification/recalcification - initial visit (picical repair of perforations, root 150  D3428 Apicoectorny/periradicular surgery - anterior  D3430 Retrograde filling - per root  D3440 Apicoectorny/periradicular surgery - molar (first root)  D3450 Apicoectorny/periradicul	375
D3220 Therapeutic pulpotomy (excluding final restoration) - removal of pulp coronal to the dentinocemental junction and 106 11 D3221 Pulpal debridement, primary and permanent teeth 116 116 11 D3230 Pulpal therapy (resorbable filling) - anterior, primary tooth (excluding final restoration) 67 6 6 6 6 6 7 8 6 7 8 6 7 8 6 7 8 7 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9	43
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D3426 Apicoectomy/periradicular surgery (each additional root)  D3430 Retrograde filling - per root  D3450 Root amputation - per root  D3450 Hemisection (including any root removal), not including root canal therapy  D3950 Canal preparation and fitting of preformed dowel or post  D4210 Gingivectomy or gingivoplasty - four or more contiguous teeth or bounded teeth spaces per quadrant  D4211 Gingivectomy or gingivoplasty - one to three teeth, per quadrant  D4240 Gingival flap procedure, incl root planing - four or more contiguous teeth or bounded teeth spaces/quad  D4241 Gingival flap procedure, including root planing - one to three teeth, per quadrant  D4240 Gingival flap procedure, including root planing - one to three teeth, per quadrant  D4241 Gingival flap procedure, including root planing - one to three teeth, per quadrant  D4241 Gingival flap procedure, including root planing - one to three teeth, per quadrant  D4241 Gingival flap procedure, including root planing - one to three teeth, per quadrant  D4241 Clinical crown lengthening - hard tissue  D4249 Clinical crown lengthening - hard tissue  D4260 Osseous surgery (incl flap entry & closure) - four or more contiguous teeth or bounded teeth spaces/quad  403  33	375
D3450 Root amputation - per root  D3920 Hemisection (including any root removal), not including root canal therapy  D3950 Canal preparation and fitting of preformed dowel or post  D3950 Canal preparation and fitting of preformed dowel or post  D4210 Gingivectomy or gingivoplasty - four or more contiguous teeth or bounded teeth spaces per quadrant  D4211 Gingivectomy or gingivoplasty - one to three teeth, per quadrant  D4240 Gingival flap procedure, incl root planing - four or more contiguous teeth or bounded teeth spaces/quad  D4241 Gingival flap procedure, including root planing - one to three teeth, per quadrant  D4241 Gingival flap procedure, including root planing - one to three teeth, per quadrant  D4241 Apically positioned flap  D4249 Clinical crown lengthening - hard tissue  D4240 Osseous surgery (incl flap entry & closure) - four or more contiguous teeth or bounded teeth spaces/quad  33  D4260 Osseous surgery (incl flap entry & closure) - four or more contiguous teeth or bounded teeth spaces/quad	185
D3920 Hemisection (including any root removal), not including root canal therapy  D3950 Canal preparation and fitting of preformed dowel or post  D4210 Gingivectomy or gingivoplasty - four or more contiguous teeth or bounded teeth spaces per quadrant  D4211 Gingivectomy or gingivoplasty - one to three teeth, per quadrant  D4240 Gingival flap procedure, incl root planing - four or more contiguous teeth or bounded teeth spaces/quad  D4241 Gingival flap procedure, incl root planing - four or more contiguous teeth or bounded teeth spaces/quad  D4241 Gingival flap procedure, including root planing - one to three teeth, per quadrant  D4245 Apically positioned flap  D4249 Clinical crown lengthening - hard tissue  D4260 Osseous surgery (incl flap entry & closure) - four or more contiguous teeth or bounded teeth spaces/quad  403	135
D3950 Canal preparation and fitting of preformed dowel or post  D4210 Gingivectomy or gingivoplasty - four or more contiguous teeth or bounded teeth spaces per quadrant  D4211 Gingivectomy or gingivoplasty - one to three teeth, per quadrant  D4240 Gingival flap procedure, incl root planing - four or more contiguous teeth or bounded teeth spaces/quad  D4241 Gingival flap procedure, incl root planing - four or more contiguous teeth or bounded teeth spaces/quad  D4241 Gingival flap procedure, including root planing - one to three teeth, per quadrant  D4245 Apically positioned flap  D4249 Clinical crown lengthening - hard tissue  D4260 Osseous surgery (incl flap entry & closure) - four or more contiguous teeth or bounded teeth spaces/quad  403  338  338  338  349  409  409  409  509  509  509  509  5	172
D4210 Gingivectomy or gingivoplasty - four or more contiguous teeth or bounded teeth spaces per quadrant 338 338 338 338 339 339 339 339 339 339	129 59
D4211 Gingivectomy or gingivoplasty - one to three teeth, per quadrant  D4240 Gingival flap procedure, incl root planing - four or more contiguous teeth or bounded teeth spaces/quad  D4241 Gingival flap procedure, including root planing - one to three teeth, per quadrant  D4245 Apically positioned flap  D4249 Clinical crown lengthening - hard tissue  D4260 Osseous surgery (incl flap entry & closure) - four or more contiguous teeth or bounded teeth spaces/quad  403  33  36  37  38  39  403  30  403	338
D4240 Gingival flap procedure, incl root planing - four or more contiguous teeth or bounded teeth spaces/quad  D4241 Gingival flap procedure, including root planing - one to three teeth, per quadrant  D4245 Apically positioned flap  D4249 Clinical crown lengthening - hard tissue  D4260 Osseous surgery (incl flap entry & closure) - four or more contiguous teeth or bounded teeth spaces/quad  404  33  24  25  26  27  27  28  29  203  29  204  205  207  208  209  209  209  209  209  209  209	143
D4241     Gingival flap procedure, including root planing - one to three teeth, per quadrant     232     23       D4245     Apically positioned flap     203     21       D4249     Clinical crown lengthening - hard tissue     447     3       D4260     Osseous surgery (incl flap entry & closure) - four or more contiguous teeth or bounded teeth spaces/quad     403     3	375
D4249 Clinical crown lengthening - hard tissue 447 3:  D4260 Osseous surgery (incl flap entry & closure) - four or more contiguous teeth or bounded teeth spaces/quad 403 3:	232
D4260 Osseous surgery (incl flap entry & closure) - four or more contiguous teeth or bounded teeth spaces/quad 403 3	203
	375
D4261 Osseous surgery (including flap entry and closure) - one to three teeth, per quadrant 368 36	375 368
	368 262
	102
	286
D4267 Guided tissue regeneration, natural teeth – non-resorbable barrier, per site 318 3	318
	135
y .	302
	375
	345 375
	343
	138

Code	Code Name	In Network	In Network
D4323	Splint - extra-coronal; natural teeth or prosthetic crowns	Patient Co-Pay*	Patient Co-Pay* 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	375
D5120 D5130	Complete denture - mandibular Immediate denture - maxillary	794 859	375 375
D5130	Immediate dentitie - maximary  Immediate dentitie - maximary	867	375
D5211	Maxillary partial denture – resin base (including retentive/clasping materials, rests, and teeth)	655	375
D5212	Mandibular partial denture – resin base (including retentive/clasping materials, rests, and teeth)	761	375
D5213	Maxillary partial denture - cast metal framework with resin denture bases	884	375
D5214	Mandibular partial denture - cast metal framework with resin denture bases	884	375
D5225 D5226	Maxillary partial denture - flexible base (including retentive/clasping materials, rests, and teeth)	732 797	375 375
D5226	Mandibular partial denture - flexible base (including retentive/clasping materials, rests, and teeth)  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	288	288
D5410	Adjust complete denture - maxillary	27	27
D5411	Adjust complete denture - mandibular	27	27
D5421	Adjust partial denture - maxillary	29	29
D5422 D5511	Adjust partial denture - mandibular  Repair broken complete denture base, mandibular	29 87	29 87
D5511	Repair broken complete denture base, mandioular  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 D5650	Replace broken teeth - per tooth  Add tooth to existing partial denture	81 105	81 105
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 D5741	Reline maxillary partial denture (chairside)  Reline mandibular partial denture (chairside)	98 100	98 100
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 D5821	Interim partial denture (maxillary) Interim partial denture (mandibular)	323 292	323 292
D5850	Tissue conditioning, maxillary	54	
D5851	Tissue conditioning, mandibular	52	52
D5951	Feeding aid (*Only allowed up to age 19 {end of month})	NA	194
D6205	Pontic - indirect resin based composite	232	232
D6210	Pontic - cast high noble metal	425	375
D6211	Pontic - cast predominantly base metal	386	375
D6212 D6214	Pontic - cast noble metal  Pontic - titanium and titanium alloys	383 605	375 375
D6214 D6240	Pontic - tranium and tranium alloys  Pontic - porcelain fused to high noble metal	471	375
D6240	Pontic - porcelain fused to high noble metal  Pontic - porcelain fused to predominantly base metal	424	375
D6242	Pontic - porcelain fused to noble metal	449	375
D6243	Pontic – porcelain fused to titanium and titanium alloys	424	375
D6245	Pontic - porcelain/ceramic	473	375
D6250	Pontic - resin with high noble metal	454	375
D6251	Pontic - resin with predominantly base metal	392	375 375
D6252 D6545	Pontic - resin with noble metal  Retainer - cast metal for resin bonded fixed prosthesis	443 258	258
D6548	Retainer - porcelain/ceramic for resin bonded fixed prosthesis	375	375
D6710	Retainer crown - indirect resin based composite	332	332
D6720	Retainer crown - resin with high noble metal	416	375
D6721	Retainer crown - resin with predominantly base metal	415	375
D6722	Retainer crown - resin with noble metal	414	375
D6740	Retainer crown - porcelain/ceramic	494	375
D6750	Retainer crown - porcelain fused to high noble metal	496 461	375 375
D6751 D6752	Retainer crown - porcelain fused to predominantly base metal  Retainer crown - porcelain fused to noble metal	461 474	375 375
D6752	Retainer crown - porceiain fused to noble metal  Retainer crown - porceiain fused to titanium and titanium alloys	413	375
D6780	Retainer crown - 3/4 cast high noble metal	489	375
D6781	Retainer crown - 3/4 cast predominantly base metal	472	375
	Retainer crown - 3/4 cast noble metal	441	375

Code	Code Name	In Network Patient Co-Pay*	In Network Patient Co-Pay*
D6783	Retainer crown - 3/4 porcelain/ceramic	498	375
D6784	Retainer crown ¾ – titanium and titanium alloys	466	375
D6790	Retainer crown - full cast high noble metal	479	375
D6791	Retainer crown - full cast predominantly base metal	440	375
D6792	Retainer crown - full cast noble metal	461	375
D6794	Retainer crown - titanium and titanium alloys	520	375
D6930	Recement fixed partial denture	76	76
D7111 D7140	Coronal remnants - deciduous tooth  Extraction, erupted tooth or exposed root (elevation and/or forceps removal)	54 70	54 70
D7140 D7210	Surgical removal of erupted tooth or exposed root (elevation and/or roceps removal)  Surgical removal of erupted tooth requiring elevation of mucoperiosteal flap and removal of bone and/or section of	136	136
D7210	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
D7250	Surgical removal of residual tooth roots (cutting procedure)	169	169
D7260	Oroantral fistula closure	843	375
D7261	Primary closure of a sinus perforation	392	375
D7270	Tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth (*Only allowed up to age 19 (end of month))	NA	165
D7280	Surgical access of an unerupted tooth	267	267
D7282	Mobilization of erupted or malpositioned tooth to aid eruption	153	153
D7283	Placement of device to facilitate eruption of impacted tooth	112	112
D7285	Biopsy of oral tissue - hard (bone, tooth)	289	289
D7286	Biopsy of oral tissue - soft (all others)	139	139
D7288 D7310	Brush biopsy - transepithelial sample collection	94 101	94 101
D7310	Alveoloplasty in conjunction with extractions - per quadrant  Alveoloplasty in conjunction with extractions - one to three teeth or tooth spaces, per quadrant	128	128
D7311	Alveoloplasty in conjunction with extractions - one to tribe teem or tourispaces, per quadrant  Alveoloplasty not in conjunction with extractions - per quadrant	183	183
D7321	Alveoloplasty not in conjunction with extractions - per quadrant  Alveoloplasty not in conjunction with extractions - one to three teeth or tooth spaces, per quadrant	220	220
D7450	Removal of benign odontogenic cyst or tumor - lesion diameter up to 1.25 cm	354	354
D7451	Removal of benign odontogenic cyst or tumor - lesion diameter greater than 1.25 cm	559	375
D7471	Removal of lateral exostosis (maxilla or mandible)	459	375
D7472	Removal of torus palatinus	582	375
D7473	Removal of torus mandibularis	523	375
D7485	Reduction of osseous tuberosity	453	375
D7509	Marsupialization of odontogenic cyst	136	136
D7510	Incision and drainage of abscess - intraoral soft tissue	136	136
D7511	Incision and drainage of abscess - intraoral soft tissue - complicated (includes drainage of multiple fascial spaces)	217	217
D7880	Occlusal orthotic device, by report	401	375
D7956 D7957	Guided tissue regeneration, edentulous area - resorbable barrier, per site	286 318	286 318
D7961	Guided tissue regeneration, edentulous area - non-resorbable barrier, per site  Buccal / labial frenectomy (frenulectomy)	317	317
D7962	Lingual frenectomy (frenulectomy)	317	317
D7963	Frenuloplasty	386	375
D7970	Excision of hyperplastic tissue - per arch	304	304
D7971	Excision of pericoronal gingiva	75	75
D7972	Surgical reduction of fibrous tuberosity	316	316
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
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	75 75
D9243 D9248	Intravenous moderate (conscious) sedation/analgesia - each subsequent 15 minute increment	75 66	75 66
D9310	Non-intravenous conscious sedation  Consultation (diagnostic service by dentist or physician other than practitioner providing treatment)	0	0
D9310 D9420	Hospital or ambulatory surgical center call	170	170
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
D9612	Therapeutic parenteral drugs, two or more administrations, different medications	48	48
D9630	Drugs or medicaments dispensed in the office for home use	16	16
D9910	Application of desensitizing medicament	23	23
D9920	Behavior management, by report	59	59
D9930	Treatment of complications (post-surgical) - unusual circumstances, by report	46	46
D9944	Occlusal guard - hard appliance, full arch	322	322
D9945 D9946	Occlusal guard - soft appliance, full arch	279 308	279 308
D9951	Occlusal guard - hard appliance, partial arch Occlusal adjustment - limited	40	40
	Teledentistry - synchronous; real-time encounter	0	0
D9995			