



Advantage Co-Pay (VA Individual Exchange)

Co-Pay Schedule

Effective 1/1/2024

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})
		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	Re-evaluation - limited, problem focused (established patient; not post-operative visit)	0	0
D0180	Comprehensive periodontal evaluation - new or established patient	0	0
D0210	Intraoral - complete comprehensive series of radiographic images	0	0
D0220	Intraoral - periapical first film	0	0
D0230	Intraoral - periapical each additional film	0	0
D0240	Intraoral - occlusal film	0	0
D0250	Extra-oral - 2D projection radiographic image	0	0
D0270	Bitewing - single film	0	0
D0272	Bitewings - two films	0	0
D0273	Bitewings - three films	0	0
D0274	Bitewings - four films	0	0
D0277	Vertical bitewings - 7 to 8 films	0	0
D0330	Panoramic film	0	0
D0340	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	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	124
D1526	Space maintainer - removable - bilateral, maxillary (*Only allowed up to age 19 (end of month))	NA	197
D1527	Space maintainer - removable - bilateral, mandibular (*Only allowed up to age 19 (end of month))	NA	197
D1551	Re-cementation of bilateral space maintainer - maxillary (*Only allowed up to age 19 (end of month))	NA	38
D1552	Re-cementation of bilateral space maintainer - mandibular (*Only allowed up to age 19 (end of month))	NA	38
D1553	Re-cementation of unilateral space maintainer - per quadrant (*Only allowed up to age 19 (end of month))	NA	38
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	Amalgam - two surfaces, primary or permanent	45	45
D2160	Amalgam - three surfaces, primary or permanent	66	66
D2161	Amalgam - four or more surfaces, primary or permanent	73	73
D2330	Resin-based composite - one surface, anterior	59	59
D2331	Resin-based composite - two surfaces, anterior	71	71
D2332	Resin-based composite - three surfaces, anterior	81	81
D2335	Resin-based composite - four or more surfaces or involving incisal angle (anterior)	97	97
D2390	Resin-based composite crown, anterior	104	104
D2391	Resin-based composite - one surface, posterior	66	66
D2392	Resin-based composite - two surfaces, posterior	93	93
D2393	Resin-based composite - three surfaces, posterior	110	110
D2394	Resin-based composite - four or more surfaces, posterior	136	136
D2510	Inlay - metallic - one surface	226	226
D2520	Inlay - metallic - two surfaces	308	308
D2530	Inlay - metallic - three or more surfaces	310	310
D2542	Onlay - metallic - two surfaces	383	375
D2543	Onlay - metallic - three surfaces	416	375
D2544	Onlay - metallic - four or more surfaces	453	375
D2610	Inlay - porcelain/ceramic - one surface	372	372
D2620	Inlay - porcelain/ceramic - two surfaces	385	375
D2630	Inlay - porcelain/ceramic - three or more surfaces	422	375
D2642	Onlay - porcelain/ceramic - two surfaces	469	375
D2643	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	Onlay - resin-based composite - four or more surfaces	355	355
D2710	Crown - resin (indirect)	179	179
D2720	Crown - resin with high noble metal	487	375

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D2721	Crown - resin with predominantly base metal	452	375
D2722	Crown - resin with noble metal	459	375
D2740	Crown - porcelain/ceramic	498	375
D2750	Crown - porcelain fused to high noble metal	491	375
D2751	Crown - porcelain fused to predominantly base metal	462	375
D2752	Crown - porcelain fused to noble metal	478	375
D2753	Crown - porcelain fused to titanium and titanium alloys	480	375
D2780	Crown - 3/4 cast high noble metal	480	375
D2781	Crown - 3/4 cast predominantly base metal	446	375
D2782	Crown - 3/4 cast noble metal	474	375
D2783	Crown - 3/4 porcelain/ceramic	494	375
D2790	Crown - full cast high noble metal	486	375
D2791	Crown - full cast predominantly base metal	442	375
D2792	Crown - full cast noble metal	464	375
D2794	Crown - titanium and titanium alloys	678	375
D2799	Interim crown - further treatment or completion of diagnosis necessary prior to final impression	230	230
D2910	Re-cement or re-bond inlay, onlay, veneer or partial coverage restoration	24	24
D2915	Re-cement or re-bond indirectly fabricated or prefabricated post and core	25	25
D2920	Recement crown	56	56
D2928	Prefabricated porcelain/ceramic crown - permanent tooth	160	160
D2929	Prefabricated porcelain/ceramic crown - primary tooth	186	186
D2930	Prefabricated stainless steel crown - primary tooth	183	183
D2931	Prefabricated stainless steel crown - permanent tooth	181	181
D2932	Prefabricated resin crown	112	112
D2933	Prefabricated stainless steel crown with resin window	203	203
D2934	Prefabricated esthetic coated stainless steel crown - primary tooth	184	184
D2940	Protective restoration	59	59
D2950	Core buildup, including any pins	164	164
D2951	Pin retention - per tooth, in addition to restoration	27	27
D2952	Cast post and core in addition to crown	207	207
D2953	Each additional cast post - same tooth	73	73
D2954	Prefabricated post and core in addition to crown	198	198
D2955	Post removal (not in conjunction with endodontic therapy)	86	86
D2957	Each additional prefabricated post - same tooth	56	56
D2962	Labial veneer (porcelain laminate) - laboratory	585	375
D3110	Pulp cap - direct (excluding final restoration)	43	43
D3120	Pulp cap - indirect (excluding final restoration)	34	34
D3220	Therapeutic pulpotomy (excluding final restoration) - removal of pulp coronal to the dentinocemental junction and	106	106
D3221	Pulpal debridement, primary and permanent teeth	116	116
D3230	Pulpal therapy (resorbable filling) - anterior, primary tooth (excluding final restoration)	67	67
D3240	Pulpal therapy (resorbable filling) - posterior, primary tooth (excluding final restoration)	112	112
D3310	Anterior (excluding final restoration)	358	358
D3320	Premolar (excluding final restoration)	441	375
D3330	Molar tooth (excluding final restoration)	593	375
D3331	Treatment of root canal obstruction; non-surgical access	99	99
D3332	Incomplete endodontic therapy; inoperable or fractured tooth	293	293
D3333	Internal root repair of perforation defects	118	118
D3346	Retreatment of previous root canal therapy - anterior	490	375
D3347	Retreatment of previous root canal therapy - premolar	564	375
D3348	Retreatment of previous root canal therapy - molar	686	375
D3351	Apexification/recalcification - initial visit (apical closure / calcific repair of perforations, root resorption, etc.)	103	103
D3352	Apexification/recalcification - interim medication replacement (apical closure/calcific repair of perforations, root	62	62
D3353	Apexification/recalcification - final visit (includes completed root canal therapy - apical closure/calcific repair of	154	154
D3410	Apicoectomy/periradicular surgery - anterior	444	375
D3421	Apicoectomy/periradicular surgery - premolar (first root)	304	304
D3425	Apicoectomy/periradicular surgery - molar (first root)	550	375
D3426	Apicoectomy/periradicular surgery (each additional root)	185	185
D3430	Retrograde filling - per root	135	135
D3450	Root amputation - per root	172	172
D3920	Hemisection (including any root removal), not including root canal therapy	129	129
D3950	Canal preparation and fitting of preformed dowel or post	59	59
D4210	Gingivectomy or gingivoplasty - four or more contiguous teeth or bounded teeth spaces per quadrant	338	338
D4211	Gingivectomy or gingivoplasty - one to three teeth, per quadrant	143	143
D4240	Gingival flap procedure, incl root planing - four or more contiguous teeth or bounded teeth spaces/quad	404	375
D4241	Gingival flap procedure, including root planing - one to three teeth, per quadrant	232	232
D4245	Apically positioned flap	203	203
D4249	Clinical crown lengthening - hard tissue	447	375
D4260	Osseous surgery (incl flap entry & closure) - four or more contiguous teeth or bounded teeth spaces/quad	403	375
D4261	Osseous surgery (including flap entry and closure) - one to three teeth, per quadrant	368	368
D4263	Bone replacement graft - first site in quadrant	262	262
D4264	Bone replacement graft - each additional site in quadrant	102	102
D4266	Guided tissue regeneration, natural teeth - resorbable barrier, per site	286	286
D4267	Guided tissue regeneration, natural teeth - non-resorbable barrier, per site	318	318
D4268	Surgical revision procedure, per tooth	135	135
D4270	Pedicle soft tissue graft procedure	302	302
D4273	Autogenous connective tissue graft procedure (including donor and recipient surgical sites) first tooth, implant, or	493	375
D4275	Non-autogenous connective tissue graft (including recipient site and donor material) first tooth, implant, or edentulous	345	345
D4277	Soft tissue graft procedure first tooth	563	375
D4278	Soft tissue graft procedure each add tooth	343	343
D4322	Splint - intra-coronal; natural teeth or prosthetic crowns	138	138

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D4323	Splint - extra-coronal; natural teeth or prosthetic crowns	119	119
D4341	Periodontal scaling and root planing, four or more contiguous teeth or bounded teeth spaces per quadrant	149	149
D4342	Periodontal scaling and root planing, one to three teeth, per quadrant	75	75
D4355	Full mouth debridement to enable a comprehensive oral periodontal evaluation and diagnosis on a subsequent visit	95	95
D4910	Periodontal maintenance	81	81
D5110	Complete denture - maxillary	794	375
D5120	Complete denture - mandibular	794	375
D5130	Immediate denture - maxillary	859	375
D5140	Immediate denture - mandibular	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	Maxillary partial denture - flexible base (including retentive/clasping materials, rests, and teeth)	732	375
D5226	Mandibular partial denture - flexible base (including retentive/clasping materials, rests, and teeth)	797	375
D5282	Removable unilateral partial denture - one piece cast metal, maxillary (including clasps and teeth)	289	289
D5283	Removable unilateral partial denture - one piece cast metal, mandibular (including clasps and teeth)	285	285
D5284	Removable unilateral partial denture – one piece flexible base (including clasps and teeth) – per quadrant	275	275
D5286	Removable unilateral partial denture – one piece resin (including clasps)	288	288
D5410	Adjust complete denture - maxillary	27	27
D5411	Adjust complete denture - mandibular	27	27
D5421	Adjust partial denture - maxillary	29	29
D5422	Adjust partial denture - mandibular	29	29
D5511	Repair broken complete denture base, mandibular	87	87
D5512	Repair broken complete denture base, maxillary	86	86
D5520	Replace missing or broken teeth - complete denture (each tooth)	47	47
D5611	Repair resin partial denture base, mandibular	92	92
D5612	Repair resin partial denture base, maxillary	90	90
D5621	Repair cast partial framework, mandibular	105	105
D5622	Repair cast partial framework, maxillary	106	106
D5630	Repair or replace broken retentive/clasping materials - per tooth	75	75
D5640	Replace broken teeth - per tooth	81	81
D5650	Add tooth to existing partial denture	105	105
D5660	Add clasp to existing partial denture	79	79
D5710	Rebase complete maxillary denture	178	178
D5711	Rebase complete mandibular denture	171	171
D5720	Rebase maxillary partial denture	170	170
D5721	Rebase mandibular partial denture	172	172
D5730	Reline complete maxillary denture (chairside)	110	110
D5731	Reline complete mandibular denture (chairside)	108	108
D5740	Reline maxillary partial denture (chairside)	98	98
D5741	Reline mandibular partial denture (chairside)	100	100
D5750	Reline complete maxillary denture (laboratory)	229	229
D5751	Reline complete mandibular denture (laboratory)	144	144
D5760	Reline maxillary partial denture (laboratory)	140	140
D5761	Reline mandibular partial denture (laboratory)	141	141
D5810	Interim complete denture (maxillary)	243	243
D5811	Interim complete denture (mandibular)	252	252
D5820	Interim partial denture (maxillary)	323	323
D5821	Interim partial denture (mandibular)	292	292
D5850	Tissue conditioning, maxillary	54	54
D5851	Tissue conditioning, mandibular	52	52
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	Pontic - cast noble metal	383	375
D6214	Pontic - titanium and titanium alloys	605	375
D6240	Pontic - porcelain fused to high noble metal	471	375
D6241	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
D6252	Pontic - resin with noble metal	443	375
D6545	Retainer - cast metal for resin bonded fixed prosthesis	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	375
D6751	Retainer crown - porcelain fused to predominantly base metal	461	375
D6752	Retainer crown - porcelain fused to noble metal	474	375
D6753	Retainer crown - porcelain 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
D6782	Retainer crown - 3/4 cast noble metal	441	375

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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	Coronal remnants - deciduous tooth	54	54
D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)	70	70
D7210	Surgical removal of erupted tooth requiring elevation of mucoperiosteal flap and removal of bone and/or section of	136	136
D7220	Removal of impacted tooth - soft tissue	173	173
D7230	Removal of impacted tooth - partially bony	210	210
D7240	Removal of impacted tooth - completely bony	274	274
D7241	Removal of impacted tooth - completely bony, with unusual surgical complications	328	328
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	Brush biopsy - transepithelial sample collection	94	94
D7310	Alveoloplasty in conjunction with extractions - per quadrant	101	101
D7311	Alveoloplasty in conjunction with extractions - one to three teeth or tooth spaces, per quadrant	128	128
D7320	Alveoloplasty not in conjunction with extractions - per quadrant	183	183
D7321	Alveoloplasty not in conjunction with extractions - one to three teeth or tooth spaces, per quadrant	220	220
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	Guided tissue regeneration, edentulous area - resorbable barrier, per site	286	286
D7957	Guided tissue regeneration, edentulous area - non-resorbable barrier, per site	318	318
D7961	Buccal / labial frenectomy (frenulectomy)	317	317
D7962	Lingual frenectomy (frenulectomy)	317	317
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
D9243	Intravenous moderate (conscious) sedation/analgesia - each subsequent 15 minute increment	75	75
D9248	Non-intravenous conscious sedation	66	66
D9310	Consultation (diagnostic service by dentist or physician other than practitioner providing treatment)	0	0
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	Occlusal guard - soft appliance, full arch	279	279
D9946	Occlusal guard - hard appliance, partial arch	308	308
D9951	Occlusal adjustment - limited	40	40
D9995	Teledentistry - synchronous; real-time encounter	0	0
D9999	Unspecified adjunctive procedure, by report	114	114

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