



Advantage Co-Pay (WI 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))
		Patient Co-Pay*	Patient Co-Pay*
D0120	Periodic oral evaluation - established patient	0	0
D0140	Limited oral evaluation - problem focused	0	0
D0145	Oral evaluation - patient under 3 years of age	0	0
D0150	Comprehensive oral evaluation - new or established patient	0	0
D0160	Detailed and extensive oral evaluation - problem focused, by report	0	0
D0170	Re-evaluation - limited, problem focused (established patient; not post-operative visit)	0	0
D0180	Comprehensive periodontal evaluation - new or established patient	0	0
D0210	Intraoral - complete comprehensive series of radiographic images	0	0
D0220	Intraoral - periapical first film	0	0
D0230	Intraoral - periapical each additional film	0	0
D0240	Intraoral - occlusal film	0	0
D0250	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	174
D1516	Space maintainer - fixed - bilateral, maxillary (*Only allowed up to age 19 (end of month))	NA	236
D1517	Space maintainer - fixed - bilateral, mandibular (*Only allowed up to age 19 (end of month))	NA	236
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	169
D1527	Space maintainer - removable - bilateral, mandibular (*Only allowed up to age 19 (end of month))	NA	169
D1551	Re-cementation of bilateral space maintainer - maxillary (*Only allowed up to age 19 (end of month))	NA	32
D1552	Re-cementation of bilateral space maintainer - mandibular (*Only allowed up to age 19 (end of month))	NA	32
D1553	Re-cementation of unilateral space maintainer - per quadrant (*Only allowed up to age 19 (end of month))	NA	32
D2140	Amalgam - one surface, primary or permanent	28	28
D2150	Amalgam - two surfaces, primary or permanent	37	37
D2160	Amalgam - three surfaces, primary or permanent	56	56
D2161	Amalgam - four or more surfaces, primary or permanent	62	62
D2330	Resin-based composite - one surface, anterior	50	50
D2331	Resin-based composite - two surfaces, anterior	61	61
D2332	Resin-based composite - three surfaces, anterior	70	70
D2335	Resin-based composite - four or more surfaces or involving incisal angle (anterior)	84	84
D2390	Resin-based composite crown, anterior	90	90
D2391	Resin-based composite - one surface, posterior	56	56
D2392	Resin-based composite - two surfaces, posterior	76	76
D2393	Resin-based composite - three surfaces, posterior	90	90
D2394	Resin-based composite - four or more surfaces, posterior	116	116
D2510	Inlay - metallic - one surface	193	193
D2520	Inlay - metallic - two surfaces	265	265
D2530	Inlay - metallic - three or more surfaces	265	265
D2542	Onlay - metallic - two surfaces	328	328
D2543	Onlay - metallic - three surfaces	358	358
D2544	Onlay - metallic - four or more surfaces	388	375
D2610	Inlay - porcelain/ceramic - one surface	315	315
D2620	Inlay - porcelain/ceramic - two surfaces	327	327
D2630	Inlay - porcelain/ceramic - three or more surfaces	357	357
D2642	Onlay - porcelain/ceramic - two surfaces	401	375
D2643	Onlay - porcelain/ceramic - three surfaces	448	375
D2644	Onlay - porcelain/ceramic - four or more surfaces	466	375
D2650	Inlay - resin-based composite - one surface	212	212
D2651	Inlay - resin-based composite - two surfaces	289	289
D2652	Inlay - resin-based composite - three or more surfaces	288	288
D2662	Onlay - resin-based composite - two surfaces	301	301
D2663	Onlay - resin-based composite - three surfaces	308	308
D2664	Onlay - resin-based composite - four or more surfaces	315	315
D2710	Crown - resin (indirect)	150	150
D2720	Crown - resin with high noble metal	415	375
D2721	Crown - resin with predominantly base metal	384	375

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.

Code	Code Name	Patient Co-Pay*	Patient Co-Pay*
D2722	Crown - resin with noble metal	390	375
D2740	Crown - porcelain/ceramic	418	375
D2750	Crown - porcelain fused to high noble metal	419	375
D2751	Crown - porcelain fused to predominantly base metal	393	375
D2752	Crown - porcelain fused to noble metal	407	375
D2753	Crown - porcelain fused to titanium and titanium alloys	408	375
D2780	Crown - 3/4 cast high noble metal	408	375
D2781	Crown - 3/4 cast predominantly base metal	385	375
D2782	Crown - 3/4 cast noble metal	403	375
D2783	Crown - 3/4 porcelain/ceramic	418	375
D2790	Crown - full cast high noble metal	412	375
D2791	Crown - full cast predominantly base metal	375	375
D2792	Crown - full cast noble metal	395	375
D2794	Crown - titanium and titanium alloys	592	375
D2910	Re-cement or re-bond inlay, onlay, veneer or partial coverage restoration	24	24
D2920	Recement crown	57	57
D2928	Prefabricated porcelain/ceramic crown - permanent tooth	140	140
D2929	Prefabricated porcelain/ceramic crown - primary tooth	178	178
D2930	Prefabricated stainless steel crown - primary tooth	168	168
D2931	Prefabricated stainless steel crown - permanent tooth	168	168
D2932	Prefabricated resin crown	97	97
D2933	Prefabricated stainless steel crown with resin window	176	176
D2940	Protective restoration	60	60
D2950	Core buildup, including any pins	148	148
D2951	Pin retention - per tooth, in addition to restoration	27	27
D2952	Cast post and core in addition to crown	191	191
D2953	Each additional cast post - same tooth	66	66
D2954	Prefabricated post and core in addition to crown	183	183
D2955	Post removal (not in conjunction with endodontic therapy)	76	76
D2957	Each additional prefabricated post - same tooth	50	50
D2980	Crown repair, by report	92	92
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	41	41
D3110	Pulp cap - direct (excluding final restoration)	38	38
D3120	Pulp cap - indirect (excluding final restoration)	30	30
D3220	Therapeutic pulpotomy (excluding final restoration) - removal of pulp coronal to the dentinocemental junction and application of medicament	94	94
D3221	Pulpal debridement, primary and permanent teeth	105	105
D3222	Partial pulpotomy for apexogenesis - permanent tooth with incomplete root development	110	110
D3230	Pulpal therapy (resorbable filling) - anterior, primary tooth (excluding final restoration)	60	60
D3240	Pulpal therapy (resorbable filling) - posterior, primary tooth (excluding final restoration)	99	99
D3310	Anterior (excluding final restoration)	317	317
D3320	Premolar (excluding final restoration)	387	375
D3330	Molar tooth (excluding final restoration)	513	375
D3331	Treatment of root canal obstruction; non-surgical access	81	81
D3332	Incomplete endodontic therapy; inoperable or fractured tooth	251	251
D3333	Internal root repair of perforation defects	95	95
D3346	Retreatment of previous root canal therapy - anterior	442	375
D3347	Retreatment of previous root canal therapy - premolar	504	375
D3348	Retreatment of previous root canal therapy - molar	609	375
D3351	Apexification/recalcification - initial visit (apical closure / calcific repair of perforations, root resorption, etc.)	89	89
D3352	Apexification/recalcification - interim medication replacement (apical closure/calcific repair of perforations, root resorption, etc.)	53	53
D3353	Apexification/recalcification - final visit (includes completed root canal therapy - apical closure/calcific repair of perforations, root resorption, etc.)	141	141
D3355	Pulpal regeneration - initial visit	91	91
D3356	Pulpal regeneration - interim medication replacement	58	58
D3357	Pulpal regeneration - completion of treatment	99	99
D3410	Apicoectomy/periradicular surgery - anterior	382	375
D3421	Apicoectomy/periradicular surgery - premolar (first root)	266	266
D3425	Apicoectomy/periradicular surgery - molar (first root)	481	375
D3426	Apicoectomy/periradicular surgery (each additional root)	161	161
D3430	Retrograde filling - per root	118	118
D3450	Root amputation - per root	150	150
D3471	Surgical repair of root resorption - anterior	371	371
D3472	Surgical repair of root resorption - premolar	232	232
D3473	Surgical repair of root resorption - molar	370	370
D3501	Surgical exposure of root surface without apicoectomy or repair of root resorption - anterior	371	371
D3502	Surgical exposure of root surface without apicoectomy or repair of root resorption - premolar	232	232
D3503	Surgical exposure of root surface without apicoectomy or repair of root resorption - molar	370	370
D3920	Hemisection (including any root removal), not including root canal therapy	113	113
D3950	Canal preparation and fitting of preformed dowel or post	56	56
D4210	Gingivectomy or gingivoplasty - four or more contiguous teeth or bounded teeth spaces per quadrant	302	302
D4211	Gingivectomy or gingivoplasty - one to three teeth, per quadrant	125	125
D4212	Gingivectomy or gingivoplasty to allow access for restorative procedure, per tooth	114	114
D4240	Gingival flap procedure, incl root planing - four or more contiguous teeth or bounded teeth spaces/quad	356	356
D4241	Gingival flap procedure, including root planing - one to three teeth, per quadrant	220	220
D4245	Apically positioned flap	166	166

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.

Code	Code Name	Patient Co-Pay*	Patient Co-Pay*
D4249	Clinical crown lengthening - hard tissue	382	375
D4260	Osseous surgery (incl flap entry & closure) - four or more contiguous teeth or bounded teeth spaces/quad	351	351
D4261	Osseous surgery (including flap entry and closure) - one to three teeth, per quadrant	339	339
D4263	Bone replacement graft - first site in quadrant	252	252
D4264	Bone replacement graft - each additional site in quadrant	91	91
D4266	Guided tissue regeneration, natural teeth – resorbable barrier, per site	261	261
D4267	Guided tissue regeneration, natural teeth – non-resorbable barrier, per site	301	301
D4268	Surgical revision procedure, per tooth	118	118
D4270	Pedicle soft tissue graft procedure	263	263
D4273	Autogenous connective tissue graft procedure (including donor and recipient surgical sites) first tooth, implant, or	474	375
D4275	Soft tissue allograft	411	375
D4277	Soft tissue graft procedure first tooth	498	375
D4278	Soft tissue graft procedure each add tooth	454	375
D4322	Splint - intra-coronal; natural teeth or prosthetic crowns	144	144
D4323	Splint - extra-coronal; natural teeth or prosthetic crowns	127	127
D4341	Periodontal scaling and root planing, four or more contiguous teeth or bounded teeth spaces per quadrant	136	136
D4342	Periodontal scaling and root planing, one to three teeth, per quadrant	72	72
D4355	Full mouth debridement to enable a comprehensive oral periodontal evaluation and diagnosis on a subsequent visit	89	89
D4910	Periodontal maintenance	79	79
D5110	Complete denture - maxillary	684	375
D5120	Complete denture - mandibular	684	375
D5130	Immediate denture - maxillary	744	375
D5140	Immediate denture - mandibular	750	375
D5211	Maxillary partial denture – resin base (including retentive/clasping materials, rests, and teeth)	574	375
D5212	Mandibular partial denture – resin base (including retentive/clasping materials, rests, and teeth)	661	375
D5213	Maxillary partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests, and teeth)	756	375
D5214	Mandibular partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests, and teeth)	756	375
D5282	Removable unilateral partial denture - one piece cast metal, maxillary (including clasps and teeth)	255	255
D5283	Removable unilateral partial denture - one piece cast metal, mandibular (including clasps and teeth)	252	252
D5284	Removable unilateral partial denture – one piece flexible base (including clasps and teeth) – per quadrant	243	243
D5286	Removable unilateral partial denture – one piece resin (including clasps and teeth) – per quadrant	255	255
D5410	Adjust complete denture - maxillary	24	24
D5411	Adjust complete denture - mandibular	25	25
D5421	Adjust partial denture - maxillary	25	25
D5422	Adjust partial denture - mandibular	25	25
D5511	Repair broken complete denture base, mandibular	78	78
D5512	Repair broken complete denture base, maxillary	77	77
D5520	Replace missing or broken teeth - complete denture (each tooth)	43	43
D5611	Repair resin partial denture base, mandibular	82	82
D5612	Repair resin partial denture base, maxillary	80	80
D5621	Repair cast partial framework, mandibular	96	96
D5622	Repair cast partial framework, maxillary	96	96
D5630	Repair or replace broken retentive/clasping materials - per tooth	66	66
D5640	Replace broken teeth - per tooth	71	71
D5650	Add tooth to existing partial denture	92	92
D5660	Add clasp to existing partial denture	69	69
D5710	Rebase complete maxillary denture	159	159
D5711	Rebase complete mandibular denture	151	151
D5720	Rebase maxillary partial denture	151	151
D5721	Rebase mandibular partial denture	152	152
D5730	Reline complete maxillary denture (chairside)	97	97
D5731	Reline complete mandibular denture (chairside)	94	94
D5740	Reline maxillary partial denture (chairside)	85	85
D5741	Reline mandibular partial denture (chairside)	89	89
D5750	Reline complete maxillary denture (laboratory)	201	201
D5751	Reline complete mandibular denture (laboratory)	126	126
D5760	Reline maxillary partial denture (laboratory)	123	123
D5761	Reline mandibular partial denture (laboratory)	124	124
D5810	Interim complete denture (maxillary)	210	210
D5811	Interim complete denture (mandibular)	223	223
D5820	Interim partial denture (maxillary)	288	288
D5821	Interim partial denture (mandibular)	266	266
D5850	Tissue conditioning, maxillary	46	46
D5851	Tissue conditioning, mandibular	44	44
D6010	Surgical placement of implant body: endosteal implant (*Only allowed up to age 19 (end of month))	NA	375
D6012	Surgical placement of interim implant body for transitional prosthesis: endosteal implant (*Only allowed up to age 19 (end of month))	NA	375
D6040	Surgical placement: endosteal implant (*Only allowed up to age 19 (end of month))	NA	375
D6050	Surgical placement: transosteal implant (*Only allowed up to age 19 (end of month))	NA	375
D6055	Dental implant supported connecting bar (*Only allowed up to age 19 (end of month))	NA	375
D6056	Prefabricated abutment - includes placement (*Only allowed up to age 19 (end of month))	NA	337
D6057	Custom abutment - includes placement (*Only allowed up to age 19 (end of month))	NA	375
D6058	Abutment supported porcelain/ceramic crown	833	375
D6059	Abutment supported porcelain fused to metal crown (high noble metal)	840	375
D6060	Abutment supported porcelain fused to metal crown (predominantly base metal)	815	375
D6061	Abutment supported porcelain fused to metal crown (noble metal)	801	375
D6062	Abutment supported cast metal crown (high noble metal)	801	375
D6063	Abutment supported cast metal crown (predominantly base metal)	747	375

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.

Code	Code Name	Patient Co-Pay*	Patient Co-Pay*
D6064	Abutment supported cast metal crown (noble metal)	746	375
D6065	Implant supported porcelain/ceramic crown	787	375
D6066	Implant supported crown - porcelain fused to high noble alloys	854	375
D6067	Implant supported crown - high noble alloys	726	375
D6068	Abutment supported retainer for porcelain/ceramic FPD (*Only allowed up to age 19 (end of month))	NA	375
D6069	Abutment supported retainer for porcelain fused to metal FPD (high noble metal) (*Only allowed up to age 19 (end of month))	NA	375
D6070	Abutment supported retainer for porcelain fused to metal FPD (predominantly base metal) (*Only allowed up to age 19 (end of month))	NA	375
D6071	Abutment supported retainer for porcelain fused to metal FPD (noble metal) (*Only allowed up to age 19 (end of month))	NA	375
D6072	Abutment supported retainer for cast metal FPD (high noble metal) (*Only allowed up to age 19 (end of month))	NA	375
D6073	Abutment supported retainer for cast metal FPD (predominantly base metal) (*Only allowed up to age 19 (end of month))	NA	375
D6074	Abutment supported retainer for cast metal FPD (noble metal) (*Only allowed up to age 19 (end of month))	NA	375
D6075	Implant supported retainer for ceramic FPD (*Only allowed up to age 19 (end of month))	NA	375
D6076	Implant supported retainer for FPD - porcelain fused to high noble alloys (*Only allowed up to age 19 (end of month))	NA	375
D6077	Implant supported retainer for metal FPD - high noble alloys (*Only allowed up to age 19 (end of month))	NA	375
D6080	Implant maintenance procedures, including removal of prosthesis, cleansing of prosthesis and abutments and reinsertion of prosthesis (*Only allowed up to age 19 (end of month))	NA	78
D6082	Implant supported crown - porcelain fused to predominantly base alloys (*Only allowed up to age 19 (end of month))	NA	375
D6083	Implant supported crown - porcelain fused to noble alloys (*Only allowed up to age 19 (end of month))	NA	375
D6084	Implant supported crown - porcelain fused to titanium and titanium alloys (*Only allowed up to age 19 (end of month))	NA	375
D6086	Implant supported crown - predominantly base alloys (*Only allowed up to age 19 (end of month))	NA	375
D6087	Implant supported crown - noble alloys (*Only allowed up to age 19 (end of month))	NA	375
D6088	Implant supported crown - titanium and titanium alloys (*Only allowed up to age 19 (end of month))	NA	375
D6090	Repair implant supported prosthesis, by report (*Only allowed up to age 19 (end of month))	NA	83
D6091	Replacement of semi-precision or precision attachment of implant/abutment supported prosthesis, per attachment (*Only allowed up to age 19 (end of month))	NA	107
D6095	Repair implant abutment, by report (*Only allowed up to age 19 (end of month))	NA	126
D6098	Implant supported retainer - porcelain fused to predominantly base alloys (*Only allowed up to age 19 (end of month))	NA	375
D6099	Implant supported retainer for FPD - porcelain fused to noble alloys (*Only allowed up to age 19 (end of month))	NA	375
D6100	Surgical removal of implant body (*Only allowed up to age 19 (end of month))	NA	246
D6101	Dbdrmt of peri-implant defect (*Only allowed up to age 19 (end of month))	NA	134
D6102	Dbdrmt of peri-implant defect (*Only allowed up to age 19 (end of month))	NA	362
D6103	Bone graft repair of peri-implant (*Only allowed up to age 19 (end of month))	NA	164
D6104	Bone graft at time of implant placement (*Only allowed up to age 19 (end of month))	NA	133
D6105	Removal of implant body not requiring bone removal or flap elevation (*Only allowed up to age 19 (end of month))	NA	78
D6106	Guided tissue regeneration - resorbable barrier, per implant (*Only allowed up to age 19 (end of month))	NA	261
D6107	Guided tissue regeneration - non-resorbable barrier, per implant (*Only allowed up to age 19 (end of month))	NA	301
D6120	Implant supported retainer - porcelain fused to titanium and titanium alloys (*Only allowed up to age 19 (end of month))	NA	375
D6121	Implant supported retainer for metal FPD - predominantly base alloys (*Only allowed up to age 19 (end of month))	NA	375
D6122	Implant supported retainer for metal FPD - noble alloys (*Only allowed up to age 19 (end of month))	NA	375
D6123	Implant supported retainer for metal FPD - titanium and titanium alloys (*Only allowed up to age 19 (end of month))	NA	375
D6190	Radiographic/surgical implant index, by report (*Only allowed up to age 19 (end of month))	NA	76
D6210	Pontic - cast high noble metal	371	371
D6211	Pontic - cast predominantly base metal	336	336
D6212	Pontic - cast noble metal	331	331
D6214	Pontic - titanium and titanium alloys	540	375
D6240	Pontic - porcelain fused to high noble metal	416	375
D6241	Pontic - porcelain fused to predominantly base metal	370	370
D6242	Pontic - porcelain fused to noble metal	389	375
D6243	Pontic - porcelain fused to titanium and titanium alloys	371	371
D6245	Pontic - porcelain/ceramic	423	375
D6250	Pontic - resin with high noble metal	393	375
D6251	Pontic - resin with predominantly base metal	341	341
D6252	Pontic - resin with noble metal	387	375
D6545	Retainer - cast metal for resin bonded fixed prosthesis	228	228
D6548	Retainer - porcelain/ceramic for resin bonded fixed prosthesis	349	349
D6720	Retainer crown - resin with high noble metal	349	349
D6721	Retainer crown - resin with predominantly base metal	348	348
D6722	Retainer crown - resin with noble metal	348	348
D6740	Retainer crown - porcelain/ceramic	420	375
D6750	Retainer crown - porcelain fused to high noble metal	423	375
D6751	Retainer crown - porcelain fused to predominantly base metal	393	375
D6752	Retainer crown - porcelain fused to noble metal	404	375
D6753	Retainer crown - porcelain fused to titanium and titanium alloys	352	352
D6780	Retainer crown - 3/4 cast high noble metal	418	375
D6781	Retainer crown - 3/4 cast predominantly base metal	392	375
D6782	Retainer crown - 3/4 cast noble metal	385	375
D6783	Retainer crown - 3/4 porcelain/ceramic	424	375
D6784	Retainer crown 3/4 - titanium and titanium alloys	400	375
D6790	Retainer crown - full cast high noble metal	410	375
D6791	Retainer crown - full cast predominantly base metal	375	375
D6792	Retainer crown - full cast noble metal	393	375
D6930	Recement fixed partial denture	66	66
D6980	Fixed partial denture repair necessitated by restorative material failure	117	117
D7111	Coronal remnants - deciduous tooth	45	45
D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)	59	59

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.

Code	Code Name	Patient Co-Pay*	Patient Co-Pay*
D7210	Surgical removal of erupted tooth requiring elevation of mucoperiosteal flap and removal of bone and/or section of	116	116
D7220	Removal of impacted tooth - soft tissue	151	151
D7230	Removal of impacted tooth - partially bony	183	183
D7240	Removal of impacted tooth - completely bony	243	243
D7241	Removal of impacted tooth - completely bony, with unusual surgical complications	287	287
D7250	Surgical removal of residual tooth roots (cutting procedure)	152	152
D7251	Coronectomy – intentional partial tooth removal, impacted teeth only	255	255
D7270	Tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth	145	145
D7280	Surgical access of an unerupted tooth	254	254
D7285	Biopsy of oral tissue - hard (bone, tooth)	266	266
D7286	Biopsy of oral tissue - soft (all others)	125	125
D7310	Alveoloplasty in conjunction with extractions - per quadrant	86	86
D7311	Alveoloplasty in conjunction with extractions - one to three teeth or tooth spaces, per quadrant	108	108
D7320	Alveoloplasty not in conjunction with extractions - per quadrant	150	150
D7321	Alveoloplasty not in conjunction with extractions - one to three teeth or tooth spaces, per quadrant	175	175
D7471	Removal of lateral exostosis (maxilla or mandible)	382	375
D7510	Incision and drainage of abscess - intraoral soft tissue	103	103
D7910	Suture of recent small wounds up to 5 cm	23	23
D7921	Collection and application of autologous blood concentrate product	111	111
D7953	Bone replacement graft for ridge preservation – per site	197	197
D7956	Guided tissue regeneration, edentulous area - resorbable barrier, per site	261	261
D7957	Guided tissue regeneration, edentulous area - non-resorbable barrier, per site	301	301
D7961	Buccal / labial frenectomy (frenulectomy)	279	279
D7962	Lingual frenectomy (frenulectomy)	279	279
D7971	Excision of pericoronal gingiva	64	64
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	58	58
D9215	Local anesthesia	10	10
D9222	Deep sedation/general anesthesia - first 15 minutes	82	82
D9223	Deep sedation/general anesthesia - each subsequent 15 minute increment	82	82
D9230	Analgesia, anxiolysis, inhalation of nitrous oxide	28	28
D9239	Intravenous moderate (conscious) sedation/analgesia - first 15 minutes	69	69
D9243	Intravenous moderate (conscious) sedation/analgesia - each subsequent 15 minute increment	69	69
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	28	28
D9930	Treatment of complications (post-surgical) - unusual circumstances, by report	41	41
D9944	Occlusal guard - hard appliance, full arch	354	354
D9945	Occlusal guard - soft appliance, full arch	317	317
D9946	Occlusal guard - hard appliance, partial arch	341	341
D9951	Occlusal adjustment - limited	38	38
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.