



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*
D0120	Periodic oral evaluation - established patient	0	0
D0120		0	0
D0145	Limited oral evaluation - problem focused Oral evaluation - patient under 3 years of age	0	0
D0143	Comprehensive oral evaluation - new or established patient	0	0
D0160	Detailed and extensive oral evaluation - roblem focused, by report	0	0
D0170		0	0
D0170	Re-evaluation - limited, problem focused (established patient; not post-operative visit)	0	0
D0180 D0210	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
	Intraoral - periapical each additional film		
D0240	Intraoral - occlusal film	0	0
D0250	Extraoral - first film	0	0
D0270	Bitewing - single film	0	0
D0272	Bitewings - two films	0	0
D0273	Bitewings - three films	0	0
D0274	Bitewings - four films	0	0
D0277	Vertical bitewings - 7 to 8 films	0	0
D0330	Panoramic film	0	0
D0340	Cephalometric film	0	0
D0350	2D oral/facial photographic image obtained intra-orally or extra-orally	0	0
D0391	Interpretation of diagnostic image	0	0
D0470	Diagnostic casts (*Only allowed up to age 19 (end of month))	NA	50%
D1110	Prophylaxis - adult	0	0
D1120	Prophylaxis - child	0	0
D1206	Topical 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	NA	0
D1510	Space maintainer - fixed - unilateral - per quadrant (*Only allowed up to age 19 (end of month))	NA	208
D1516	Space maintainer - fixed - bilateral, maxillary (*Only allowed up to age 19 {end of month})	NA	238
D1517	Space maintainer - fixed - bilateral, mandibular (*Only allowed up to age 19 {end of month})	NA	238
D1520	Space maintainer - removable - unilateral - per quadrant (*Only allowed up to age 19 {end of month})	NA NA	145
D1526	Space maintainer - removable - bilateral, maxillary (*Only allowed up to age 19 {end of month})	NA NA	171
D1527	Space maintainer - removable - bilateral, mandibular (*Only allowed up to age 19 {end of month})	NA NA	171
D1551	Re-cementation of bilateral space maintainer - maxillary (*Only allowed up to age 19 (end of month))	NA NA	33
D1551	Re-cementation of bilateral space maintainer - maximary ("Only allowed up to age 19 (end of month)) Re-cementation of bilateral space maintainer - mandibular ("Only allowed up to age 19 (end of month))	NA NA	33
		NA NA	33
D1553 D2140	Re-cementation of unilateral space maintainer - per quadrant (*Only allowed up to age 19 (end of month))	34	34
D2140 D2150	Amalgam - one surface, primary or permanent	46	46
	Amalgam - two surfaces, primary or permanent		
D2160	Amalgam - three surfaces, primary or permanent	69	69
D2161	Amalgam - four or more surfaces, primary or permanent	76	76
D2330	Resin-based composite - one surface, anterior	57	57
D2331	Resin-based composite - two surfaces, anterior	72	72
D2332	Resin-based composite - three surfaces, anterior	83	83
D2335	Resin-based composite - four or more surfaces or involving incisal angle (anterior)	98	98
D2390	Resin-based composite crown, anterior	133	133
D2391	Resin-based composite - one surface, posterior	66	66
D2392	Resin-based composite - two surfaces, posterior	94	94
D2393	Resin-based composite - three surfaces, posterior	109	109
D2394	Resin-based composite - four or more surfaces, posterior	126	126
D2510	Inlay - metallic - one surface	226	226
D2520	Inlay - metallic - two surfaces	267	267
D2530	Inlay - metallic - three or more surfaces	291	291
D2542	Onlay - metallic - two surfaces	334	334
D2543	Onlay - metallic - three surfaces	382	375
D2544	Onlay - metallic - four or more surfaces	402	375
D2610	Inlay - porcelain/cermaic - one surface	392	375
D2620	Inlay - porcelain/cermaic - two surfaces	412	375
D2630	Inlay - porcelain/cermaic - three or more surfaces	438	375
D2642	Onlay - porcelain/ceramic - two surfaces	427	375
D2643	Onlay - porcelain/ceramic - three surfaces	475	375
D2644	Onlay - porcelain/ceramic - furee surfaces Onlay - porcelain/ceramic - four or more surfaces	502	375
D2650	Inlay - resin-based composite - one surface	258	258
D2651	Inlay - resin-based composite - two surfaces	306	306
D2652	Inlay - resin-based composite - two surfaces Inlay - resin-based composite - three or more surfaces	322	322
	· ·		
D2662	Onlay - resin-based composite - two surfaces	407	375
D2663	Onlay - resin-based composite - three surfaces	389	375
D2664	Onlay - resin-based composite - four or more surfaces	401	375
D2710	Crown - resin (indirect)	147	147
D2720	Crown - resin with high noble metal	510	375
	Crown - resin with predominantly base metal	472	375
D2721			
D2721 D2722 D2740	Crown - porcelain/ceramic	476 516	375 375

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*
D2750	Crown - porcelain fused to high noble metal	532	375
D2751	Crown - porcelain fused to predominantly base metal	504	375
D2752	Crown - porcelain fused to noble metal	509 413	375 352
D2753 D2780	Crown - porcelain fused to titanium and titanium alloys Crown - 3/4 cast high noble metal	510	375
D2781	Crown - 3/4 cast predominantly base metal	496	375
D2782	Crown - 3/4 cast noble metal	513	375
D2783	Crown - 3/4 porcelain/ceramic	542	375
D2790	Crown - full cast high noble metal	506	375
D2791	Crown - full cast predominantly base metal	484	375
D2792	Crown - full cast noble metal	492	375
D2794	Crown - titanium and titanium alloys	602	375
D2910	Re-cement or re-bond inlay, onlay, veneer or partial coverage restoration	27	27
D2920	Recement crown	65	65
D2928	Prefabricated porcelain/ceramic crown - permanent tooth	142	142
D2929	Prefabricated porcelain/ceramic crown – primary tooth	186	186
D2930	Prefabricated stainless steel crown - primary tooth	174	174
D2931 D2932	Prefabricated stainless steel crown - permanent tooth Prefabricated resin crown	175 120	175 120
D2932 D2933	Prefabricated stainless steel crown with resin window	212	212
D2940	Protective restoration	67	67
D2950	Core buildup, including any pins	166	166
D2951	Pin retention - per tooth, in addition to restoration	32	32
D2952	Cast post and core in addition to crown	225	225
D2953	Each additional cast post - same tooth	89	89
D2954	Prefabricated post and core in addition to crown	210	210
D2955	Post removal (not in conjunction with endodontic therapy)	88	88
D2957	Each additional prefabricated post - same tooth	44	44
D2980	Crown repair, by report	94	94
D2981	Inlay repair by report	106	106
D2982	Onlay repair by report	106	106
D2983	Veneer repair by report	106	106
D2990	Resin infilt of incipient lesions	44	44 44
D3110 D3120	Pulp cap - direct (excluding final restoration) Pulp cap - indirect (excluding final restoration)	44 33	33
D3120	Therapeutic pulpotomy (excluding final restoration) - removal of pulp coronal to the dentinocemental junction and	107	107
D3221	Pulpal debridement, primary and permanent teeth	106	106
D3222	Partial pulpotomy for apexogenesis - permanent tooth with incomplete root development	114	114
D3230	Pulpal therapy (resorbable filling) - anterior, primary tooth (excluding final restoration)	63	63
D3240	Pulpal therapy (resorbable filling) - posterior, primary tooth (excluding final restoration)	107	107
D3310	Anterior (excluding final restoration)	364	364
D3320	Premolar (excluding final restoration)	454	375
D3330	Molar tooth (excluding final restoration)	608	375
D3331	Treatment of root canal obstruction; non-surgical access	139	139
D3332	Incomplete endodontic therapy; inoperable or fractured tooth	204	204
D3333	Internal root repair of perforation defects	94	94
D3346	Retreatment of previous root canal therapy - anterior	509	375
D3347	Retreatment of previous root canal therapy - premolar	591	375
D3348	Retreatment of previous root canal therapy - molar	720	375
D3351 D3352	Apexification/recalcification – initial visit (apical closure / calcific repair of perforations, root resorption, etc.)	109 62	109 62
D3353	Apexification/recalcification - interim medication replacement (apical closure/calcific repair of perforations, root Apexification/recalcification - final visit (includes completed root canal therapy - apical closure/calcific repair of	175	175
D3355	Pulpal regeneration - initial visit	143	143
D3356	Pulpal regeneration - interim medication replacement	70	70
D3357	Pulpal regeneration - completion of treatment	157	157
D3410	Apicoectomy/periradicular surgery - anterior	460	375
D3421	Apicoectomy/periradicular surgery - premolar (first root)	315	315
D3425	Apicoectomy/periradicular surgery - molar (first root)	568	375
D3426	Apicoectomy/periradicular surgery (each additional root)	190	190
D3430	Retrograde filling - per root	140	140
D3450	Root amputation - per root	177	177
D3471	Surgical repair of root resorption - anterior	379	352
D3472	Surgical repair of root resorption - premolar	237	237
D3473	Surgical repair of root resorption - molar	378	285
D3501	Surgical exposure of root surface without apicoectomy or repair of root resorption - anterior	379 237	352 237
D3502 D3503	Surgical exposure of root surface without apicoectomy or repair of root resorption - premolar Surgical exposure of root surface without apicoectomy or repair of root resorption - molar	237 378	237 285
D3920	Hemisection (including any root removal), not including root canal therapy	140	140
D3950	Canal preparation and fitting of preformed dowel or post	63	63
D4210	Gingivectomy or gingivoplasty - four or more contiguous teeth or bounded teeth spaces per quadrant	393	375
D4211	Gingivectomy or gingivoplasty - one to three teeth, per quadrant	148	148
D4212	Gingivectomy or gingivoplasty to allow access for restorative procedure, per tooth	119	119
D4240	Gingival flap procedure, incl root planing - four or more contiguous teeth or bounded teeth spaces/quad	463	375
D4241	Gingival flap procedure, including root planing - one to three teeth, per quadrant	337	337
D4245	Apically positioned flap	263	263
D4249	Clinical crown lengthening - hard tissue	528	375
D4260	Osseous surgery (incl flap entry & closure) - four or more contiguous teeth or bounded teeth spaces/quad	467	375
D4261	Osseous surgery (including flap entry and closure) - one to three teeth, per quadrant	432	375
D4263	Bone replacement graft - first site in quadrant	253	253
D4264	Bone replacement graft - each additional site in quadrant	97	97
D4266	Guided tissue regeneration, natural teeth – resorbable barrier, per site	307	307

Code Code Name Patient Co-Pays* Patient Co-Pays* D4268 Guided Issues repensation, natural teeth – non-resorbable barrier, per site 350 350 D4268 Surgical revision procedure, per tooth 266 266 D4273 Autogenous connective Issue graft procedure 347 347 D4273 Autogenous connective Issue graft procedure (including donor and recipient surgical sites) first tooth, implant, or 489 342 D4277 Soft Issue graft procedure sets based to the surgical sites of the surgical procedure sets based to the surgical sites of the surgical procedure sets and to the surgical sites of the surgical sit	-Pay*
D4268 Surgical revision procedure, per tooth D4270 Pedical soft bissey graft procedure D4273 Autogenous connective tissue graft procedure (including donor and recipient surgical sites) first tooth, implant, or A89 342 D4277 Soft tissue graft procedure (including donor and recipient surgical sites) first tooth, implant, or A88 244 D4277 Soft tissue graft procedure eith add tooth D4278 Soft tissue graft procedure eith add tooth D4322 Splint - eith-accornal; natural teeth or prosthetic crowns D4322 Splint - eith-accornal; natural teeth or prosthetic crowns D4322 Splint - eith-accornal; natural teeth or prosthetic crowns D4322 Splint - eith-accornal; natural teeth or prosthetic crowns D4323 Splint - eith-accornal; natural teeth or prosthetic crowns D4324 Pericodoral sceiling and root planing, four or more configuous teeth or bounded teeth spaces per quadrant D4324 Pericodoral sceiling and root planing, four or more configuous teeth or bounded teeth spaces per quadrant D4325 Full month debriddement to enable a comprehensive oral periodoratal evaluation and diagnosis on a subsequent visit D4325 Full month debriddement to enable a comprehensive oral periodoratal evaluation and diagnosis on a subsequent visit D5330 Immediate denture - maxiliary D5330 Immediate denture - maxiliary B777 375 D5130 Immediate denture - maxiliary B777 375 D5130 Immediate denture - maxiliary B778 375 D5131 Maxiliary partial denture - este hase (moluding retentive/clasping materials, rests, and teeth) B534 375 D5214 Maxiliary partial denture - este hase (moluding retentive/clasping materials, rests, and teeth) B537 Maxiliary partial denture - este hase (moluding retentive/clasping materials, rests, and teeth) B538 375 B74 Maxiliary partial denture - este	
D4270 Pedics soft tissus graft procedure (including donor and recipient surgical sites) first tooth, implant, or 489 342 D4275 Scft tissus allograft (1994) Autopenous connective issus egraft procedure (including donor and recipient surgical sites) first tooth, implant, or 489 2290 D4278 Scft tissus allograft (1994) 2090 D4278 Scft tissus graft procedure sech add tooth 427 375 Scft tissus graft procedure sech add tooth 427 375 Scft tissus graft procedure sech add tooth 427 375 Scft sites graft graft sech sites graft graft sech sites graft graft sech sites graft graft sech sites graft graft	
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D4275 Soft issue allograft D4276 Soft issue allograft D4278 Soft issue graft procedure first both D4278 Soft issue graft procedure sech add both D4278 Soft issue graft procedure sech add both D4278 Soft issue graft procedure sech add both D4279 Soft issue graft procedure sech add both D4273 Soft issue graft procedure sech add both D4274 Periodoral analysis and root planing, four or more configure seeh both bounded teeth spaces per quadrant D4342 Periodoral analysis, one to three teeth, por quadrant D4342 Periodoral analysis and root planing, four or more configure seeh procedural evaluation and disgnosis on a subsequent visit D4342 Periodoral maintenance D4343 Periodoral maintenance B57 G7 D4342 Periodoral maintenance B57 G7 D4343 Periodoral maintenance B57 G7 D4344 Periodoral maintenance B57 G7 D4345 Periodoral main	
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D4322 Splint - intra-coronal; netural teeth or prosthetic crowns D4322 Splint - intra-coronal; netural teeth or prosthetic crowns D4341 Peniodonal scaling and root planing, four or more contiguous teeth or bounded teeth spaces per quadrant D4342 Peniodonal scaling and root planing, four or more contiguous teeth or bounded teeth spaces per quadrant D4355 Full mouth debrodement to enable a comprehensive oral periodonal evaluation and disgnosis on a subsequent visit P4010 Peniodonal maintenance B3 83 83 B510 Complete denture - maxillary B77 375 D5120 Complete denture - maxillary B77 375 D5120 Complete denture - maxillary B77 375 D5130 Immediate denture - maxillary B5140 Maxillary partial denture - resin base (including retentive/clasping materials, rests, and teeth) B541 Maxillary partial denture - resin base (including retentive/clasping materials, rests, and teeth) B541 Maxillary partial denture - resin base (including retentive/clasping materials, rests, and teeth) B542 Maxillary partial denture - cast metal framework with resin denture bases B54 375 D5213 Maxillary partial denture - cast metal framework with resin denture bases B54 375 D5283 Removable unlateral partial denture - one piece cast metal, maxillary (including clasps and teeth) D5283 Removable unlateral partial denture - one piece cast metal, maxillary (including clasps and teeth) D5286 Removable unlateral partial denture - one piece cast metal, maxillary (including clasps and teeth) D5411 Adjust complete denture - maxillary D5412 Adjust partial denture - one piece cast metal, maxillary (including clasps and teeth) D5286 Removable unlateral partial denture - one piece cast metal, maxillary (including clasps and teeth) D5287 Removable unlateral partial denture - one piece cast metal, maxillary (including clasps and teeth) D5412 Adjust partial denture - one piece cast metal, maxillary (including clasps and teeth) D5413 Adjust complete denture - maxillary D5414 Adjust partial denture - one piece cast metal, maxillary (including clasps and teeth) D5516	
D4323 Spirit - extra-coronal, natural teeth or prosthetic crowns 137 137 137 142 142 142 142 1434 Periodontal scaling and root planing, four or more configuous teeth or bounded teeth spaces per quadrant 67 67 67 67 67 67 67 6	
D4342 Periodontal scaling and root planing, one to three teeth, per quadrant D4342 Fill mouth debrothement to enable a comprehensive oral periodontal evaluation and diagnosis on a subsequent visit 97 97 D4910 Periodontal maintenance 83 383 B5110 Complete denture - mandibular 877 375 D5120 Complete denture - mandibular 877 375 D5130 Immediate denture - mandibular 877 375 D5130 Immediate denture - mandibular 878 375 D5141 Mexiliar partial denture - ensin base (including retentive/clasping materials, rests, and teeth) 854 375 D5211 Mendibular partial denture - ensin base (including retentive/clasping materials, rests, and teeth) 854 375 D5213 Mendibular partial denture - cast metal framework with resin denture bases 980 375 D5213 Mexiliar partial denture - cast metal framework with resin denture bases 980 375 D5212 Mendibular partial denture - cast metal framework with resin denture bases 980 375 D5282 Removable unilateral partial denture - one piece cast metal, mandibular (including clasps and teeth) 248 248 D5283 Removable unilateral partial denture - one piece cast metal, mandibular (including clasps and teeth) 244 244 D5284 Removable unilateral partial denture - one piece leats metal, mandibular (including clasps and teeth) 2526 Removable unilateral partial denture - one piece leats base (including clasps and teeth) 2526 Removable unilateral partial denture - one piece hase (including clasps and teeth) 25284 Removable unilateral partial denture - one piece hase (including clasps and teeth) 25284 Removable unilateral partial denture - one piece hase (including clasps and teeth) 25285 Removable unilateral partial denture - one piece hase (including clasps and teeth) 2529 Agus partial denture - mandibular 2535 235 D5266 Removable unilateral partial denture - one piece hase (including clasps and teeth) 2540 Agus partial denture - mandibular 2551 Agus partial denture - mandibular 2551 Repair cost partial framework, mandibular 2551 Repair cost partial framework, mandibular 2551 Repair cost partial framework, mandibu	
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D5511 Repair broken complete denture base, mandibular Repair broken complete denture base, maxillary D5520 Replace missing or broken teeth - complete denture (each tooth) D5611 Repair resin partial denture base, mandibular D5612 Repair resin partial denture base, mandibular D5612 Repair cast partial framework, mandibular D5621 Repair cast partial framework, mandibular D5622 Repair cast partial framework, mandibular D5630 Repair cast partial framework, mandibular D5630 Repair or replace broken retentive/clasping materials - per tooth B660 Replace broken teeth - per tooth D5630 Replace broken teeth - per tooth D5640 Replace broken teeth - per tooth D5650 Add tooth to existing partial denture D5660 Add clasp to existing partial denture D5710 Rebase complete maxillary denture D5711 Rebase complete maxillary denture D5720 Rebase mandibular denture D5730 Reline complete maxillary denture (chairside) D5731 Reline complete maxillary partial denture (chairside) D5740 Reline mandibular partial denture (chairside) D5750 Reline mandibular partial denture (chairside) D5750 Reline complete maxillary denture (chairside) D5750 Reline complete maxillary denture (chairside) D5751 Reline complete maxillary denture (chairside) D5751 Reline complete maxillary denture (chairside) D5750 Reline complete maxillary denture (chairside) D5751 Reline complete maxillary denture (chairside) D5750 Reline complete maxillary denture (chairside) D5751 Reline complete maxillary denture (chairside) D5750 Reline complete maxillary denture (chairside) D5751 Reline complete maxillary denture (chairside) D5750 Reline complete maxillary denture (laboratory) D5751 Reline complete maxillary denture (laboratory) D5751 Reline complete maxillary denture (laboratory) D5751 Reline complete maxillary denture (laboratory)	
D5512 Repair broken complete denture base, maxillary 79 79 D5520 Replace missing or broken teeth - complete denture (each tooth) 51 51 D5611 Repair resin partial denture base, mandibular 83 83 D5612 Repair resin partial denture base, maxillary 81 81 D5621 Repair cast partial framework, mandibular 100 100 D5621 Repair cast partial framework, maxillary 101 101 D5622 Repair cast partial framework, maxillary 101 101 D5630 Repair creplace broken retentive/clasping materials - per tooth 86 86 D5640 Replace broken retenti- per tooth 87 87 D5650 Add tooth to existing partial denture 89 89 D5710 Rebase complete maxillary denture 221 221 D5711 Rebase complete maxillary denture 212 212 D5721 Rebase maxillary partial denture 209 209 D5721 Rebase maxillary partial denture 209 209 D5731 Reli	
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D5612 Repair resin partial denture base, maxillary 81 81 D5621 Repair cast partial framework, mandibular 100 100 D5622 Repair cast partial framework, maxillary 101 101 D5630 Repair or replace broken retentive/clasping materials - per tooth 86 86 D5640 Replace broken teeth - per tooth 87 87 D5650 Add tooth to existing partial denture 119 119 D5660 Add clasp to existing partial denture 89 89 D5710 Rebase complete maxillary denture 221 221 D5711 Rebase complete mandibular denture 209 209 D5720 Rebase maxillary partial denture 209 209 D5721 Rebase maxillary partial denture 209 209 D5730 Reline complete maxillary denture (chairside) 126 126 D5741 Reline maxillary partial denture (chairside) 126 126 D5740 Reline maxillary partial denture (chairside) 115 115 D5750 Reline mandibular pa	
D5621 Repair cast partial framework, mandibular 100 100 D5622 Repair cast partial framework, maxillary 101 101 D5630 Repair or replace broken retentive/clasping materials - per tooth 86 86 D5640 Replace broken retentive/clasping materials - per tooth 87 87 D5650 Add tools to existing partial denture 119 119 D5660 Add clasp to existing partial denture 89 89 D5710 Rebase complete maxillary denture 221 221 D5711 Rebase complete maxillary denture 212 212 D5720 Rebase maxillary partial denture 209 209 D5721 Rebase mandibular partial denture 209 209 D5730 Reline complete maxillary denture (chairside) 126 126 D5741 Reline maxillary partial denture (chairside) 126 126 D5740 Reline maxillary partial denture (chairside) 115 115 D5750 Reline mandibular partial denture (chairside) 115 115 D5751	
D5622 Repair cast partial framework, maxillary 101 101 D5630 Repair or replace broken retentive/clasping materials - per tooth 86 86 D5640 Replace broken teeth - per tooth 87 87 D5650 Add tooth to existing partial denture 119 119 D5660 Add clasp to existing partial denture 89 89 D5710 Rebase complete maxillary denture 221 221 D5711 Rebase complete maxillary denture 212 212 D5721 Rebase maxillary partial denture 209 209 D5721 Rebase mandibular partial denture 209 209 D5730 Reline complete maxillary denture (chairside) 126 126 D5731 Reline complete maxillary denture (chairside) 126 126 D5740 Reline maxillary partial denture (chairside) 115 115 D5750 Reline maxillary denture (chairside) 115 115 D5750 Reline complete maxillary denture (laboratory) 264 264 D5751 Reline complete maxi	
D5630 Repair or replace broken retentive/clasping materials - per tooth 86 86 D5640 Replace broken teeth - per tooth 87 87 D5650 Add tooft to existing partial denture 119 119 D5660 Add clasp to existing partial denture 89 89 D5710 Rebase complete maxillary denture 221 221 D5711 Rebase complete mandibular denture 212 212 D5720 Rebase maxillary partial denture 209 209 D5721 Rebase mandibular partial denture 209 209 D5730 Reline complete maxillary denture (chairside) 126 126 D5731 Reline complete maxillary denture (chairside) 126 126 D5740 Reline maxillary partial denture (chairside) 115 115 D5741 Reline maxillary partial denture (chairside) 115 115 D5741 Reline maxillary denture (chairside) 115 115 D5750 Reline maxillary denture (laboratory) 264 264 D5751 Reline complete maxillar	
D5640 Replace broken teeth - per tooth 87 87 D5650 Add tooth to existing partial denture 119 119 D5660 Add clasp to existing partial denture 89 89 D5710 Rebase complete maxillary denture 221 221 D5711 Rebase complete mandibular denture 212 212 D5720 Rebase maxillary partial denture 209 209 D5721 Rebase mandibular partial denture 209 209 D5730 Reline complete maxillary denture (chairside) 126 126 D5731 Reline complete mandibular denture (chairside) 126 126 D5740 Reline maxillary partial denture (chairside) 115 115 D5741 Reline mandibular partial denture (chairside) 115 115 D5750 Reline complete maxillary denture (laboratory) 264 264 D5751 Reline complete mandibular denture (laboratory) 166 166	
D5650 Add tooth to existing partial denture 119 119 D5660 Add clasp to existing partial denture 89 89 D5710 Rebase complete maxillary denture 221 221 D5711 Rebase complete mandibular denture 212 212 D5720 Rebase maxillary partial denture 209 209 D5721 Rebase mandibular partial denture 209 209 D5730 Reline complete maxillary denture (chairside) 126 126 D5731 Reline complete mandibular denture (chairside) 126 126 D5740 Reline maxillary partial denture (chairside) 115 115 D5741 Reline mandibular partial denture (chairside) 115 115 D5750 Reline complete maxillary denture (laboratory) 264 264 D5751 Reline complete mandibular denture (laboratory) 166 166	
D5660 Add clasp to existing partial denture 89 89 D5710 Rebase complete maxillary denture 221 221 D5711 Rebase complete mandibular denture 212 212 D5720 Rebase maxillary partial denture 209 209 D5721 Rebase mandibular partial denture 209 209 D5730 Reline complete maxillary denture (chairside) 126 126 D5731 Reline complete mandibular denture (chairside) 126 126 D5740 Reline maxillary partial denture (chairside) 115 115 D5741 Reline mandibular partial denture (chairside) 115 115 D5750 Reline complete maxillary denture (laboratory) 264 264 D5751 Reline complete mandibular denture (laboratory) 166 166	
D5710 Rebase complete maxillary denture 221 221 D5711 Rebase complete mandibular denture 212 212 D5720 Rebase maxillary partial denture 209 209 D5721 Rebase mandibular partial denture 209 209 D5730 Reline complete maxillary denture (chairside) 126 126 D5731 Reline complete mandibular denture (chairside) 126 126 D5740 Reline maxillary partial denture (chairside) 115 115 D5741 Reline mandibular partial denture (chairside) 115 115 D5750 Reline complete maxillary denture (laboratory) 264 264 D5751 Reline complete mandibular denture (laboratory) 166 166	
D5711 Rebase complete mandibular denture 212 212 D5720 Rebase maxillary partial denture 209 209 D5721 Rebase mandibular partial denture 209 209 D5730 Reline complete maxillary denture (chairside) 126 126 D5731 Reline complete mandibular denture (chairside) 126 126 D5740 Reline maxillary partial denture (chairside) 115 115 D5741 Reline mandibular partial denture (chairside) 115 115 D5750 Reline complete maxillary denture (laboratory) 264 264 D5751 Reline complete mandibular denture (laboratory) 166 166	
D5720 Rebase maxillary partial denture 209 209 D5721 Rebase mandibular partial denture 209 209 D5730 Reline complete maxillary denture (chairside) 126 126 D5731 Reline complete mandibular denture (chairside) 126 126 D5740 Reline maxillary partial denture (chairside) 115 115 D5741 Reline mandibular partial denture (chairside) 115 115 D5750 Reline complete maxillary denture (laboratory) 264 264 D5751 Reline complete maxillary denture (laboratory) 166 166	
D5721 Rebase mandibular partial denture 209 209 D5730 Reline complete maxillary denture (chairside) 126 126 D5731 Reline complete mandibular denture (chairside) 126 126 D5740 Reline maxillary partial denture (chairside) 115 115 D5741 Reline mandibular partial denture (chairside) 115 115 D5750 Reline complete maxillary denture (laboratory) 264 264 D5751 Reline complete mandibular denture (laboratory) 166 166	
D5730 Reline complete maxillary denture (chairside) 126 126 D5731 Reline complete mandibular denture (chairside) 126 126 D5740 Reline maxillary partial denture (chairside) 115 115 D5741 Reline mandibular partial denture (chairside) 115 115 D5750 Reline complete maxillary denture (laboratory) 264 264 D5751 Reline complete mandibular denture (laboratory) 166 166	
D5731 Reline complete mandibular denture (chairside) 126 126 D5740 Reline maxillary partial denture (chairside) 115 115 D5741 Reline mandibular partial denture (chairside) 115 115 D5750 Reline complete maxillary denture (laboratory) 264 264 D5751 Reline complete mandibular denture (laboratory) 166 166	
D5741 Reline mandibular partial denture (chairside) 115 115 D5750 Reline complete maxillary denture (laboratory) 264 264 D5751 Reline complete mandibular denture (laboratory) 166 166	
D5750 Reline complete maxillary denture (laboratory) 264 264 D5751 Reline complete mandibular denture (laboratory) 166 166	
D5751 Reline complete mandibular denture (laboratory) 166 166	
D5760 Reline maxillary partial denture (laboratory) 164 164	
D5761 Reline mandibular partial denture (laboratory) 164 164	
D5810 Interim complete denture (maxillary) 269 269	
D5811 Interim complete denture (mandibular) 269 269	
D5820 Interim partial denture (maxillary) 388 375	
D5821 Interim partial denture (mandibular) 270 270	
D5850 Tissue conditioning, maxillary 53 53	
D5851 Tissue conditioning, mandibular 53 53	
D6010 Surgical placement of implant body: endosteal implant (*Only allowed up to age 19 (end of month)) NA 375 D6012 Surgical placement of integrin implant body: for transitional protetted implant (*Only allowed up to age 19 (end of month)) NA 375	
D6012 Surgical placement of interim implant body for transitional prosthesis: endosteal implant (*Only allowed up to age 19 NA 375 D6040 Surgical placement: endosteal implant (*Only allowed up to age 19 {end of month}) NA 375	
The state of the s	
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 364	
D6055 Dental implant supported connecting bar (*Only allowed up to age 19 {end of month}) NA 364 D6056 Prefabricated abutment - includes placement (*Only allowed up to age 19 {end of month}) NA 345	
D6056 Prerabricated abutment - includes placement (*Only allowed up to age 19 {end of month}) NA 345 D6057 Custom abutment - includes placement (*Only allowed up to age 19 {end of month}) NA 301	
D6057 Custom abutment - Includes placement ("Only allowed up to age 19 (end of month)) D6058 Abutment supported porcelain/ceramic crown 817 368	
D6059 Abutment supported porcelamic crown D6059 Abutment supported porcelamic crown (high noble metal) 798 360	
D6060 Abutment supported porcelain fused to metal crown (predominantly base metal) 767 375	
D6061 Abutment supported porcelain fused to metal crown (noble metal) 754 369	
D6062 Abuthernt supported cast metal crown (high noble metal) 754 375	
D6063 Abutment supported cast metal crown (predominantly base metal) 710 375	
D6064 Abutment supported cast metal crown (noble metal) 705 375	
D6065 Implant supported porcelain/ceramic crown 770 347	
D6066 Implant supported crown - porcelain fused to high noble alloys 835 375	
D6067 Implant supported crown - high noble alloys 716 266	
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 NA 375	
D6070 Abutment supported retainer for porcelain fused to metal FPD (predominantly base metal) ("Only allowed up to age NA 375	
D6071 Abutment supported retainer for porcelain fused to metal FPD (noble metal) (*Only allowed up to age 19 (end of 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 NA 375	

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Decode Regair mount abstracet, by report ("Only absord go to go 19 of end of mornit) NA 128				
D0098	D6091	Replacement of semi-precision or precision attachment of implant/abutment supported prosthesis, per attachment	NA	142
D8099	D6095	Repair implant abutment, by report (*Only allowed up to age 19 {end of month})	NA	128
D6100 Surgical memoral of impriorit body, Crity allowed up to ago 9 (9 end of morth) NA 131	D6098	Implant supported retainer – porcelain fused to predominantly base alloys (*Only allowed up to age 19 {end of month})	NA	375
D6101 Detriment of periminant ordered. ("O'v) allowed up to age 19 (and of morth) NA 351	D6099	Implant supported retainer for FPD – porcelain fused to noble alloys (*Only allowed up to age 19 {end of month})	NA	375
D6102 District of perhapsint offset ("Dry's allowed to to age 13 for of month) NA 159		Surgical removal of implant body (*Only allowed up to age 19 {end of month})	NA	251
De103 Size graft repair of perimptin ("Only aboved up to age 19 (and or more)) NA 194				
D6104 Sense grid at faire of impaint placement ("Cony aboved up to age 19 (end of morth)) NA				
D6105 Removal of mighant body not requiring bore removal or fage devalon ("Colv slowed up to age 15 end of menth) NA 307				
D6106 Guided Issue regeneration - reportable barries, par implient [*Only allowed up to pag 19 (end of morth)] NA 350				
D6107 Cuided Issus regereration - non-resortable barrier, per implant ("Only allowed pol bage 19 (and of month)) NA 375				
D6120				
D6121 Impliest supported relatiner for matel FFD – preforminantly base alloys NA 375				
Del 122		,		
D6132 Implant supported retainer for metal FPD – Stantum and trainium alloys D6190 Portic - cast high noble metal D6210 Portic - cast high noble metal D6211 Portic - cast high noble metal D6211 Portic - cast high noble metal D6211 Portic - cast noble metal D6212 Portic - cast noble metal D6212 Portic - cast noble metal D6213 Portic - stantonium and startum alloys D6214 Portic - stantonium and startum alloys D6214 Portic - stantonium and startum alloys D6214 Portic - porcealin stast to predominariny base metal D6214 Portic - porcealin stast to predominariny base metal D6214 Portic - porcealin stast to predominariny base metal D6214 Portic - porcealin stast to startum alloys D6214 Portic - porcealin stast to startum alloys D6215 Portic - porcealin stast to startum alloys D6216 Portic - porcealin stast to startum alloys D6217 Portic - porcealin stast to startum alloys D6218 Portic - porcealin stast to startum alloys D6219 Portic - porcealin stast to startum alloys D6219 Portic - porcealin startum alloys allows allo				
D6190				
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D6242 Pontic - poncelain fused to noble metal 468 375				
D6243				
D6256 Portic - procelamiceramic 457 375				
D6250				
D6251 Contic. resin with predominantly base metal 439 375				
D6252				
D6548 Retainer - porcelain/ceramic for resin bonded fixed prosthesis 440 368 375 D6721 Retainer crown - resin with high noble metal 495 375 D6721 Retainer crown - resin with predominantly base metal 467 375 D6722 Retainer crown - resin with moble metal 467 375 D6722 Retainer crown - resin with moble metal 4467 375 D6722 Retainer crown - procelain/used to high noble metal 445 375 D6750 Retainer crown - procelain/used to high noble metal 497 375 D6751 Retainer crown - procelain fused to high noble metal 497 375 D6752 Retainer crown - procelain fused to predominantly base metal 497 375 D6752 Retainer crown - procelain fused to noble metal 502 375 D6753 Retainer crown - procelain fused to high noble metal 502 375 D6753 Retainer crown - 314 cast high noble metal 486 375 D6760 Retainer crown - 314 cast predominantly base metal 486 375 D6761 Retainer crown - 314 cast predominantly base metal 483 375 D6762 Retainer crown - 314 cast prodominantly base metal 433 375 D6762 Retainer crown - 314 cast prodominantly base metal 433 375 D6762 Retainer crown - 314 cast prodominantly base metal 439 375 D6763 Retainer crown - 314 cast prodominantly base metal 439 375 D6763 Retainer crown - 314 porcelain/ceramic 440 375 D6764 Retainer crown - 314 porcelain/ceramic 440 375 D6764 Retainer crown - 314 porcelain/ceramic 440 375 D6764 Retainer crown - 314 porcelain/ceramic 440 375 D6769 Retainer crown - 101 cast prodominantly base metal 474 375 D6769 Retainer crown - 101 cast prodominantly base metal 474 375 D6769 Retainer crown - 101 cast prodominantly base metal 474 375 D6769 Retainer crown - 101 cast prodominantly base metal 474 375 D6769 Retainer crown - 101 cast prodominantly base metal 474 375 D6769 Retainer crown - 101 cast prodominantly base metal 474 375 D6769 Retainer crown - 101 cast prodominantly ba			439	
D6720 Retainer crown - resin with high noble metal 495 375 D6721 Retainer crown - resin with pedominantly base metal 463 375 D6722 Retainer crown - resin with noble metal 467 375 D6740 Retainer crown - prorelain/oramic 445 375 D6740 Retainer crown - prorelain/oramic 445 375 D6751 Retainer crown - prorelain fused to high noble metal 525 375 D6751 Retainer crown - prorelain fused to predominantly base metal 497 376 D6752 Retainer crown - prorelain fused to noble metal 502 375 D6753 Retainer crown - prorelain fused to train and training and and and and an arranged and training and and an arranged and training	D6545	Retainer - cast metal for resin bonded fixed prosthesis	266	266
D6721 Retainer crown - resin with predominantly base metal D6720 Retainer crown - resin with noble metal D6740 Retainer crown - proceedinates and to reside the process of	D6548	Retainer - porcelain/ceramic for resin bonded fixed prosthesis	440	368
D6722 Retainer crown - resin with noble metal 467 375	D6720	Retainer crown - resin with high noble metal	495	
D6740 Retainer crown - procelain fused to high noble metal 525 375 D6750 Retainer crown - porcelain fused to high noble metal 525 375 D6751 Retainer crown - porcelain fused to predominantly base metal 497 375 D6752 Retainer crown - porcelain fused to trainful mad titanium alidys 350 301 D6780 Retainer crown - 344 cast high noble metal 486 375 D6781 Retainer crown - 344 cast high noble metal 486 375 D6782 Retainer crown - 344 cast noble metal 433 375 D6783 Retainer crown - 344 cast noble metal 439 375 D6783 Retainer crown - 344 cast noble metal 440 375 D6794 Retainer crown - 411 cast high noble metal 500 375 D6790 Retainer crown - 411 cast high noble metal 500 375 D6791 Retainer crown - 411 cast high noble metal 474 375 D6792 Retainer crown - 411 cast noble metal 474 375 D6806 Fixed parial denture repair mecassitated by restorative material failure <				
D6750 Retainer crown - procelain fused to predominantly base metal 497 375			<u> </u>	
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D6781 Retainer crown - 3/4 cast predominantly base metal 433 375				
D6782 Retainer crown - 3/4 cost noble metal 439 375				
D6784 Retainer crown - 3/4 porcelain/ceramic D6784 Retainer crown - 1/4 inclination and titanium alloys D6796 Retainer crown - 1/4 inclination and titanium alloys D6797 Retainer crown - 1/4 cast high noble metal D6791 Retainer crown - 1/4 cast predominantly base metal D6791 Retainer crown - 1/4 cast noble metal D6792 Retainer crown - 1/4 cast noble metal D6793 Retainer crown - 1/4 cast noble metal D6794 Retainer crown - 1/4 cast noble metal D6795 Retainer crown - 1/4 cast noble metal D6796 Retainer crown - 1/4 cast noble metal D6797 Retainer crown - 1/4 cast noble metal D6798 Recement fixed partial denture repair necessitated by restorative material failure D75				
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Code	Code Name	Patient Co-Pay*	Patient Co-Pay*
D7921	Collection and application of autologous blood concentrate product	115	115
D7953	Bone replacement graft for ridge preservation – per site	181	181
D7956	Guided tissue regeneration, edentulous area - resorbable barrier, per site	307	307
D7957	Guided tissue regeneration, edentulous area - non-resorbable barrier, per site	350	350
D7961	Buccal / labial frenectomy (frenulectomy)	285	285
D7962	Lingual frenectomy (frenulectomy)	285	285
D7971	Excision of pericoronal gingiva	72	72
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
D9215	Local anesthesia	12	12
D9222	Deep sedation/general anesthesia - first 15 minutes	80	80
D9223	Deep sedation/general anesthesia - each subsequent 15 minute increment	80	80
D9230	Analgesia, anxiolysis, inhalation of nitrous oxide	32	32
D9239	Intravenous moderate (conscious) sedation/analgesia - first 15 minutes	73	73
D9243	Intravenous moderate (conscious) sedation/analgesia - each subsequent 15 minute increment	73	73
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	27	27
D9930	Treatment of complications (post-surgical) - unusual circumstances, by report	42	42
D9944	Occlusal guard - hard appliance, full arch	336	336
D9945	Occlusal guard - soft appliance, full arch	298	298
D9946	Occlusal guard - hard appliance, partial arch	323	323
D9951	Occlusal adjustment - limited	45	45
D9995	Teledentistry - synchronous; real-time encounter	0	0