



Advantage Co-Pay (Nevada Individual)
Sample Co-Pay Schedule
Effective 1/1/2025
 Corporate (801)262-7475 Customer Service (800)662-5851
emihealth.com

Code	Code Name	Patient Co-Pay*
D0120	Periodic oral evaluation - established patient	0
D0140	Limited oral evaluation - problem focused	0
D0150	Comprehensive oral evaluation - new or established patient	0
D0210	Intraoral – complete comprehensive series of radiographic images	0
D0220	Intraoral - periapical first film	0
D0230	Intraoral - periapical each additional film	0
D0270	Bitewing - single film	0
D0272	Bitewings - two films	0
D0274	Bitewings - four films	0
D0330	Panoramic film	0
D1110	Prophylaxis - adult	0
D1120	Prophylaxis - child	0
D1208	Topical application of fluoride excl varnish (*Only allowed up to age 19 (end of month))	0
D1351	Sealant - per tooth (*Only allowed up to age 19 (end of month))	0
D2140	Amalgam - one surface, primary or permanent	31
D2150	Amalgam - two surfaces, primary or permanent	41
D2160	Amalgam - three surfaces, primary or permanent	60
D2161	Amalgam - four or more surfaces, primary or permanent	67
D2330	Resin-based composite - one surface, anterior	55
D2331	Resin-based composite - two surfaces, anterior	65
D2332	Resin-based composite - three surfaces, anterior	74
D2335	Resin-based composite - four or more surfaces or involving incisal angle (anterior)	89
D2391	Resin-based composite - one surface, posterior	61
D2392	Resin-based composite - two surfaces, posterior	84
D2393	Resin-based composite - three surfaces, posterior	100
D2394	Resin-based composite - four or more surfaces, posterior	125
D2740	Crown - porcelain/ceramic	454
D2750	Crown - porcelain fused to high noble metal	456
D2751	Crown - porcelain fused to predominantly base metal	430
D2752	Crown - porcelain fused to noble metal	443
D2920	Recement crown	49
D2950	Core buildup, including any pins	149
D2954	Prefabricated post and core in addition to crown	180
D3120	Pulp cap - indirect (excluding final restoration)	33
D3220	Therapeutic pulpotomy (excluding final restoration) - removal of pulp coronal to the dentinocemental junction and	99
D3310	Anterior (excluding final restoration)	332
D3320	Premolar (excluding final restoration)	408
D3330	Molar tooth (excluding final restoration)	555
D4341	Periodontal scaling and root planing, four or more contiguous teeth or bounded teeth spaces per quadrant	141
D4355	Full mouth debridement to enable a comprehensive oral periodontal evaluation and diagnosis on a subsequent visit	90
D4910	Periodontal maintenance	76
D6240	Pontic - porcelain fused to high noble metal	432
D6750	Retainer crown - porcelain fused to high noble metal	453
D7111	Coronal remnants - deciduous tooth	49
D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)	66
D7210	Surgical removal of erupted tooth requiring elevation of mucoperiosteal flap and removal of bone and/or section of	127
D7230	Removal of impacted tooth - partially bony	192
D7240	Removal of impacted tooth - completely bony	251
D9110	Palliative (emergency) treatment of dental pain – minor procedure – per visit	60
D9230	Analgesia, anxiolysis, inhalation of nitrous oxide	31

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. There may be cases when the negotiated provider fee for an in-network provider exceeds the sum of the listed copay and claim payments for a given service. In such cases, EMI Health will pay the difference.