



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

Code	Code Name	In Network Patient Co-Pay*	In and Out of Network Claim Payment*
D0120	Periodic oral evaluation - established patient	0	27
D0140	Limited oral evaluation - problem focused	0	40
D0145	Oral evaluation - patient under 3 years of age	0	37
D0150	Comprehensive oral evaluation - new or established patient	0	40
D0160 D0170	Detailed and extensive oral evaluation - problem focused, by report	0	96 30
D0170 D0180	Re-evaluation - limited, problem focused (established patient; not post-operative visit)  Comprehensive periodontal evaluation - new or established patient	0	45
D0180 D0210	Intraoral – complete comprehensive series of radiographic images	0	72
D0210	Intraoral - periapical first film	0	16
D0230	Intraoral - periapical each additional film	0	14
D0240	Intraoral - occlusal film	0	20
D0250	Extra-oral - 2D projection radiographic image	0	23
D0270	Bitewing - single film	0	15
D0272	Bitewings - two films	0	23
D0273	Bitewings - three films	0	34
D0274	Bitewings - four films	0	35
D0277	Vertical bitewings - 7 to 8 films	0	49
D0330 D0340	Panoramic film Cephalometric film	0	60
D0340 D0350	2D oral/facial photographic image obtained intra-orally or extra-orally	0	62 39
D0350 D0391	2D drainacial priotographic image obtained intra-draily of extra-draily  Interpretation of diagnostic image	0	97
D1110	Prophylaxis - adult	0	51
D1110	Prophylaxis - child	0	36
D1206	Topical application of fluoride varnish (*Only allowed up to age 19 {end of month})	0	25
D1208	Topical application of fluoride excl varnish (*Only allowed up to age 19 {end of month})	0	18
D1351	Sealant - per tooth (*Only allowed up to age 19 {end of month})	0	34
D1352	Preventive resin restoration in a moderate to high caries risk patient – permanent tooth (*Only allowed up to age 19 {end of month})	0	39
D1510	Space maintainer - fixed - unilateral - per quadrant (*Only allowed up to age 19 {end of month})	161	17
D1516	Space maintainer - fixed - bilateral, maxillary (*Only allowed up to age 19 {end of month})	215	23
D1517	Space maintainer - fixed - bilateral, mandibular (*Only allowed up to age 19 {end of month})	215	23
D1520	Space maintainer - removable - unilateral - per quadrant (*Only allowed up to age 19 {end of month})	98	98
D1526	Space maintainer - removable - bilateral, maxillary (*Only allowed up to age 19 {end of month})	155	152
D1527	Space maintainer - removable - bilateral, mandibular (*Only allowed up to age 19 (end of month))	155	152
D1551	Re-cementation of bilateral space maintainer - maxillary (*Only allowed up to age 19 {end of month})	30	8
D1552 D1553	Re-cementation of bilateral space maintainer - mandibular (*Only allowed up to age 19 {end of month})  Re-cementation of unilateral space maintainer - per quadrant (*Only allowed up to age 19 {end of month})	30 30	8 8
D1333 D2140	Amalgam - one surface, primary or permanent	28	43
D2150	Amalgam - two surfaces, primary or permanent	39	54
D2160	Amalgam - three surfaces, primary or permanent	53	51
D2161	Amalgam - four or more surfaces, primary or permanent	55	63
D2330	Resin-based composite - one surface, anterior	49	37
D2331	Resin-based composite - two surfaces, anterior	60	48
D2332	Resin-based composite - three surfaces, anterior	69	64
D2335	Resin-based composite - four or more surfaces or involving incisal angle (anterior)	83	75
D2390	Resin-based composite crown, anterior	100	99
D2391	Resin-based composite - one surface, posterior	57	43
D2392 D2393	Resin-based composite - two surfaces, posterior  Resin-based composite - three surfaces, posterior	81 95	51 66
D2393 D2394	Resin-based composite - three surfaces, posterior  Resin-based composite - four or more surfaces, posterior	95 108	69
D2510	Inlay - metallic - one surface	173	190
D2520	Inlay - metallic - two surfaces	239	243
D2530	Inlay - metallic - three or more surfaces	239	271
D2542	Onlay - metallic - two surfaces	296	210
D2543	Onlay - metallic - three surfaces	321	214
D2544	Onlay - metallic - four or more surfaces	352	227
D2610	Inlay - porcelain/cermaic - one surface	283	121
D2620	Inlay - porcelain/cermaic - two surfaces	292	126
D2630	Inlay - porcelain/cermaic - three or more surfaces	336	145
D2642 D2643	Onlay - porcelain/ceramic - two surfaces Onlay - porcelain/ceramic - three surfaces	363 402	155
D2643 D2644	Onlay - porcelain/ceramic - three surfaces Onlay - porcelain/ceramic - four or more surfaces	402	155 169
D2650	Inlay - resin-based composite - one surface	177	75
D2651	Inlay - resin-based composite - tine surfaces	246	105
D2652	Inlay - resin-based composite - three or more surfaces	241	104
D2662	Onlay - resin-based composite - two surfaces	306	131
D2663	Onlay - resin-based composite - three surfaces	315	164
D2664	Onlay - resin-based composite - four or more surfaces	321	176
D2710	Crown - resin (indirect)	168	166
	Crown - resin with high noble metal	418	245
D2720 D2721	Crown - resin with predominantly base metal	360	219

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D2740	Crown - porcelain/ceramic	456	275
D2750	Crown - porcelain fused to high noble metal	422	227
D2751	Crown - porcelain fused to predominantly base metal	367	190
D2752	Crown - porcelain fused to noble metal	372	197
D2753	Crown - porcelain fused to titanium and titanium alloys	381	197
D2780	Crown - 3/4 cast high noble metal	385	218
D2781	Crown - 3/4 cast predominantly base metal	355	194
D2782	Crown - 3/4 cast noble metal	361	198
D2783	Crown - 3/4 porcelain/ceramic	391	223
D2790	Crown - full cast high noble metal	400	223
D2791	Crown - full cast predominantly base metal	333	185
D2792	Crown - full cast noble metal	351	192
D2794	Crown - titanium and titanium alloys	564	62
D2910	Re-cement or re-bond inlay, onlay, veneer or partial coverage restoration	21	31
D2920	Recement crown	46	5
D2928	Prefabricated porcelain/ceramic crown - permanent tooth	135	75
D2929	Prefabricated porcelain/ceramic crown – primary tooth	167	39
D2930	Prefabricated stainless steel crown - primary tooth	140	15
D2931	Prefabricated stainless steel crown - permanent tooth	159	39
D2932	Prefabricated resin crown	86	85
D2933	Prefabricated stainless steel crown with resin window	155	38
D2940	Placement of interim direct restoration	52	5
D2950	Core buildup, including any pins	126	13
D2951	Pin retention - per tooth, in addition to restoration	26	5
D2952	Cast post and core in addition to crown	184	45
D2953	Each additional cast post - same tooth	64	63
D2954	Prefabricated post and core in addition to crown	151	16
D2955	Post removal (not in conjunction with endodontic therapy)	67	65
D2957	Each additional prefabricated post - same tooth	42	40
D2980	Crown repair, by report	96	26
D2981	Inlay repair by report	96	26
D2982	Onlay repair by report	96	26
D2983	Veneer repair by report	96	26
D2990	Resin infilt of incipient lesions	41	9
D2991	Application of hydroxyapatite regeneration medicament - per tooth	25	5
D3110	Pulp cap - direct (excluding final restoration)	36	8
D3120	Pulp cap - indirect (excluding final restoration)	27	7
D3220	Therapeutic pulpotomy (excluding final restoration) - removal of pulp coronal to the dentinocemental junction and	88	18
D3220	application of medicament	00	16
D3221	Pulpal debridement, primary and permanent teeth	98	25
D3222	Partial pulpotomy for apexogenesis - permanent tooth with incomplete root development	104	19
D3230	Pulpal therapy (resorbable filling) - anterior, primary tooth (excluding final restoration)	57	54
D3240	Pulpal therapy (resorbable filling) - posterior, primary tooth (excluding final restoration)	98	23
D3310	Anterior (excluding final restoration)	328	123
D3320	Premolar (excluding final restoration)	393	136
D3330	Molar tooth (excluding final restoration)	499	153
D3331	Treatment of root canal obstruction; non-surgical access	91	89
D3332	Incomplete endodontic therapy; inoperable or fractured tooth	236	58
D3333	Internal root repair of perforation defects	108	46
D3346	Retreatment of previous root canal therapy - anterior	415	138
D3347	Retreatment of previous root canal therapy - premolar	471	164
D3348	Retreatment of previous root canal therapy - molar	596	198
D3351	Apexification/recalcification – initial visit (apical closure / calcific repair of perforations, root resorption, etc.)	78	125
D3352	Apexification/recalcification - interim medication replacement (apical closure/calcific repair of perforations, root	47	46
20002	resorption, etc.)	71	1
D3353	Apexification/recalcification - final visit (includes completed root canal therapy - apical closure/calcific repair of	118	167
	perforations, root resorption, etc.)		
D3355	Pulpal regeneration - initial visit	80	128
D3356	Pulpal regeneration - interim medication replacement	52	51
D3357	Pulpal regeneration - completion of treatment	96	154
D3410	Apicoectomy/periradicular surgery - anterior	339	83
D3421	Apicoectomy/periradicular surgery - premolar (first root)	232	231
D3425	Apicoectomy/periradicular surgery - molar (first root)	421	104
D3426	Apicoectomy/periradicular surgery (each additional root)	140	35
D3430	Retrograde filling - per root	102	24
D3450	Root amputation - per root	131	131
D3471	Surgical repair of root resorption - anterior	360	89
D3472	Surgical repair of root resorption - premolar	225	224
D3473	Surgical repair of root resorption - molar	360	89
D3501	Surgical exposure of root surface without apicoectomy or repair of root resorption - anterior	360	89
D3502	Surgical exposure of root surface without apicoectomy or repair of root resorption - premolar	225	224
D3503	Surgical exposure of root surface without apicoectomy or repair of root resorption - molar	360	89
D3920	Hemisection (including any root removal), not including root canal therapy	98	96
D3950	Canal preparation and fitting of preformed dowel or post	43	42
D4210	Gingivectomy or gingivoplasty - four or more contiguous teeth or bounded teeth spaces per quadrant	248	61
D4211	Gingivectomy or gingivoplasty - one to three teeth, per quadrant	119	13
D4212	Gingivectomy or gingivoplasty to allow access for restorative procedure, per tooth	111	11
D4240	Gingival flap procedure, incl root planing - four or more contiguous teeth or bounded teeth spaces/quad	297	74
	- 5 Francisco	173	42

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Code	Code Name	In Network Patient Co-Pay*	In and Out of Network
D4245	Apically positioned flap	148	145
D4249	Clinical crown lengthening - hard tissue	329	81
D4260	Osseous surgery (incl flap entry & closure) - four or more contiguous teeth or bounded teeth spaces/quad	295	293
D4261	Osseous surgery (including flap entry and closure) - one to three teeth, per quadrant	274	68
D4263	Bone replacement graft - first site in quadrant	213	180
D4264	Bone replacement graft - each additional site in quadrant	118	117
D4266	Guided tissue regeneration, natural teeth – resorbable barrier, per site	245	119
D4267 D4268	Guided tissue regeneration, natural teeth – non-resorbable barrier, per site	295 114	149 114
D4200 D4270	Surgical revision procedure, per tooth  Pedicle soft tissue graft procedure	224	223
D4270	Autogenous connective tissue graft procedure (including donor and recipient surgical sites) first tooth, implant, or edentulous tooth position in graft	417	104
D4275	Soft tissue allograft	260	65
D4277	Soft tissue graft procedure first tooth	413	46
D4278	Soft tissue graft procedure each add tooth	259	23
D4322	Splint - intra-coronal; natural teeth or prosthetic crowns	187	187
D4323	Splint - extra-coronal; natural teeth or prosthetic crowns	159	156
D4341	Periodontal scaling and root planing, four or more contiguous teeth or bounded teeth spaces per quadrant	133	24
D4342	Periodontal scaling and root planing, one to three teeth, per quadrant	68	18
D4355	Full mouth debridement to enable a comprehensive oral periodontal evaluation and diagnosis on a subsequent visit	72	12
D4910	Periodontal maintenance	63	14
D5110	Complete denture - maxillary	655	155
D5120	Complete denture - mandibular	637	151
D5130	Immediate denture - maxillary	700	158
D5140 D5211	Immediate denture - mandibular	706 485	152 119
D5211	Maxillary partial denture – resin base (including retentive/clasping materials, rests, and teeth)  Mandibular partial denture – resin base (including retentive/clasping materials, rests, and teeth)	551	135
	Maxillary partial denture – reshi base (including retentive class) ing materials, resis, and reelif)  Maxillary partial denture - cast metal framework with resin denture bases		
D5213	(including retentive/clasping materials, rests, and teeth)  Mandibular partial denture - cast metal framework with resin denture bases	742	166
D5214	(including retentive/clasping materials, rests, and teeth)	742	166 214
D5282 D5283	Removable unilateral partial denture - one piece cast metal, maxillary (including clasps and teeth)  Removable unilateral partial denture - one piece cast metal, mandibular (including clasps and teeth)	215 211	214
D5284	Removable unilateral partial denture - one piece tast metal, mandibilar (including clasps and teeth) - per quadrant	202	202
D5286	Removable unilateral partial denture – one piece resin (including clasps and teeth) – per quadrant	214	213
D5410	Adjust complete denture - maxillary	22	21
D5411	Adjust complete denture - mandibular	22	20
D5421	Adjust partial denture - maxillary	25	22
D5422	Adjust partial denture - mandibular	25	22
D5511	Repair broken complete denture base, mandibular	76	20
D5512	Repair broken complete denture base, maxillary	75	20
D5520	Replace missing or broken teeth – complete denture – per tooth	40	39
D5611 D5612	Repair resin partial denture base, mandibular	77 75	20
D5612 D5621	Repair resin partial denture base, maxillary  Repair cast partial framework, mandibular	99	29
D5622	Repair cast partial framework, manifoldal	99	30
D5630	Repair or replace broken retentive/clasping materials - per tooth	61	58
D5640	Replace missing or broken teeth – partial denture – per tooth	74	18
D5650	Add tooth to existing partial denture – per tooth	81	20
D5660	Add clasp to existing partial denture	73	72
D5710	Rebase complete maxillary denture	146	145
D5711	Rebase complete mandibular denture	144	142
D5720	Rebase maxillary partial denture	126	126
D5721	Rebase mandibular partial denture	127	127
D5730	Reline complete maxillary denture (chairside)	93	93
D5731	Reline complete mandibular denture (chairside)	91	91
D5740 D5741	Reline maxillary partial denture (chairside)  Reline mandibular partial denture (chairside)	78 80	78 80
D5741 D5750	Reline mandibular partial denture (chairside)  Reline complete maxillary denture (laboratory)	80 194	49
D5750 D5751	Reline complete maxiliary denture (laboratory)  Reline complete mandibular denture (laboratory)	123	120
D5760	Reline maxillary partial denture (laboratory)	120	119
D5761	Reline mandibular partial denture (laboratory)	121	120
D5810	Interim complete denture (maxillary)	200	200
D5811	Interim complete denture (mandibular)	202	202
D5820	Interim partial denture (maxillary)	270	39
D5821	Interim partial denture (mandibular)	251	62
D5850	Tissue conditioning, maxillary	45	43
D5851	Tissue conditioning, mandibular	42	40
D6058	Abutment supported porcelain/ceramic crown	683	96
D6059	Abutment supported porcelain fused to metal crown (high noble metal)	614	68
D6060	Abutment supported porcelain fused to metal crown (predominantly base metal)	573	29
D6061	Abutment supported porcelain fused to metal crown (noble metal)	565	63
D6062 D6063	Abutment supported cast metal crown (high noble metal)  Abutment supported cast metal crown (predominantly base metal)	564 547	62 59
D6063 D6064	Abutment supported cast metal crown (predominantly base metal)  Abutment supported cast metal crown (noble metal)	532	61
D6065	Implant supported cast metal crown (noble metal)	648	137
D6066	Implant supported porcelain/ceramic crown  Implant supported crown - porcelain fused to high noble alloys	683	104
D6067	Implant supported crown - high noble alloys	610	151
D6210	Pontic - cast high noble metal	370	229

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D6211	Pontic - cast predominantly base metal	295	197
D6212	Pontic - cast noble metal	297	220
D6214	Pontic - titanium and titanium alloys	527	59
D6240 D6241	Pontic - porcelain fused to high noble metal  Pontic - porcelain fused to predominantly base metal	435 366	211 184
D6241	Pontic - porcelain fused to predominantly base metal  Pontic - porcelain fused to noble metal	399	199
D6243	Pontic - porcelain fused to floble frietal  Pontic - porcelain fused to titanium and titanium alloys	367	184
D6245	Pontic - porcelain/ceramic	362	195
D6250	Pontic - resin with high noble metal	400	214
D6251	Pontic - resin with predominantly base metal	346	218
D6252	Pontic - resin with noble metal	378	192
D6545	Retainer - cast metal for resin bonded fixed prosthesis	226	51
D6548	Retainer - porcelain/ceramic for resin bonded fixed prosthesis	319	119
D6720	Retainer crown - resin with high noble metal	404	235
D6721	Retainer crown - resin with predominantly base metal	398	243
D6722	Retainer crown - resin with noble metal	398	250
D6740	Retainer crown - porcelain/ceramic	376	226
D6750	Retainer crown - porcelain fused to high noble metal	447	239
D6751	Retainer crown - porcelain fused to predominantly base metal	351	181 209
D6752	Retainer crown - porcelain fused to noble metal	393	
D6753 D6780	Retainer crown - porcelain fused to titanium and titanium alloys  Retainer crown - 3/4 cast high noble metal	312 393	160 223
D6780 D6781	Retainer crown - 3/4 cast nign noble metal  Retainer crown - 3/4 cast predominantly base metal	393 378	209
D6781	Retainer crown - 3/4 cast predominantly base metal	353	195
D6783	Retainer crown - 3/4 porcelain/ceramic	381	215
D6784	Retainer crown ¾ – titanium and titanium alloys	373	206
D6790	Retainer crown - full cast high noble metal	384	215
D6791	Retainer crown - full cast predominantly base metal	352	195
D6792	Retainer crown - full cast noble metal	369	204
D6930	Recement fixed partial denture	62	15
D6980	Fixed partial denture repair necessitated by restorative material failure	115	37
D7111	Coronal remnants - deciduous tooth	44	21
D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)	62	31
D7210	Surgical removal of erupted tooth requiring elevation of mucoperiosteal flap and removal of bone and/or section of tooth	116	42
D7220	Removal of impacted tooth - soft tissue	151	42
D7230	Removal of impacted tooth - partially bony	180	66
D7240	Removal of impacted tooth - completely bony	236	50
D7241	Removal of impacted tooth - completely bony, with unusual surgical complications	251	67
D7250	Surgical removal of residual tooth roots (cutting procedure)	127	13
D7251	Coronectomy – intentional partial tooth removal, impacted teeth only	229	35
D7270	Tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth	142	141
D7280	Surgical access of an unerupted tooth	185	46
D7284	Excisional biopsy of minor salivary glands	152	38
D7285	Biopsy of oral tissue - hard (bone, tooth)	194	191
D7286	Biopsy of oral tissue - soft (all others)	95	95 70
D7310 D7311	Alveoloplasty in conjunction with extractions - per quadrant  Alveoloplasty in conjunction with extractions - one to three teeth or tooth spaces, per quadrant	72 100	24
D7311	Alveoloplasty not in conjunction with extractions - one to three teem of toom spaces, per quadrant  Alveoloplasty not in conjunction with extractions - per quadrant	109	109
D7320	Alveoloplasty not in conjunction with extractions - per quadrant  Alveoloplasty not in conjunction with extractions - one to three teeth or tooth spaces, per quadrant	138	36
D7321	Removal of lateral exostosis (maxilla or mandible)	323	79
D7510	Incision and drainage of abscess - intraoral soft tissue	100	26
D7910	Suture of recent small wounds up to 5 cm	22	33
D7921	Collection and application of autologous blood concentrate product	107	15
D7953	Bone replacement graft for ridge preservation – per site	152	17
D7956	Guided tissue regeneration, edentulous area - resorbable barrier, per site	245	119
D7957	Guided tissue regeneration, edentulous area - non-resorbable barrier, per site	295	149
D7961	Buccal / labial frenectomy (frenulectomy)	271	29
D7962	Lingual frenectomy (frenulectomy)	271	29
D7971	Excision of pericoronal gingiva	58	55
D9110	Palliative (emergency) treatment of dental pain – minor procedure – per visit	53	10
D9215	Local anesthesia	9	7
D9222	Deep sedation/general anesthesia - first 15 minutes	68	29
D9223	Deep sedation/general anesthesia - each subsequent 15 minute increment	68	29
D9230	Analgesia, anxiolysis, inhalation of nitrous oxide	26	5
D9239	Intravenous moderate (conscious) sedation/analgesia - first 15 minutes	75	22
D9243	Intravenous moderate (conscious) sedation/analgesia - each subsequent 15 minute increment	75	22
D9310	Consultation (diagnostic service by dentist or physician other than practitioner providing treatment)	0	78
D9430	Office visit for observation (during regularly scheduled hours) - no other services performed	0	36
D9440	Office visit - after regularly scheduled hours	0	57
D9610	Therapeutic parenteral drug, single administration	26	7
D9930 D9944	Treatment of complications (post-surgical) - unusual circumstances, by report	38	10
D9944 D9945	Occlusal guard - hard appliance, full arch Occlusal guard - soft appliance, full arch	279	25
D9945 D9946		243	22
1.79940	Occlusal guard - hard appliance, partial arch	266 34	24
D9951	Occlusal adjustment - limited		

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