SMILE ON 65+ Oral Encounter Form

Patient Name: _____ Date of Treatment: _____

Clinic Worker Initials: _____

Effective 09 / 2026

SMILE ON 65+ Wellness Markers

Is the patient cavity free? **Circle one**: WELLD NonWELLD

Did the patient come to the office in pain? **Circle One:** No

Yes – pt is now pain free HEALD

Yes – pt is not yet pain free NonHEALD

SMILE ON 65+ Oral Care Encounter: What care was provided to the enrollee? (Select all that apply)

Quantity		Time Value
	Trans - Transportation Voucher $10	
	Trans - Transportation Voucher $20	
	Trans - Transportation Voucher $30	
	Trans - Transportation Voucher $40	
	120 - Periodic Oral Evaluation	15
	140 - Limited Oral evaluation - problem focused	15
	150 - Comprehensive Oral Evaluation - new or established patient	30
	170 - Re-evaluation - limited, problem focused	15
	180 - Comprehensive Periodontal Evaluation	15
	190 - Screening of a patient	15
	191 - Assessment of a patient	15
	210 - Intraoral complete film series (14-22 periapical and posterior bitewing images)	15
	220 - Intraoral - Periapical First Film	5
	230 – Intraoral - Periapical Each Additional film	5 +
	270 – Bitewing - single film	5
	272 - Bitewings - two films	5
	273 - Bitewings - three films	5
	274 - Bitewings - four films	5
	275 - Bitewings - Each additional film	5
	277 - Vert Bitewings - Seven to eight	10
	330 - Panoramic film	5
	364 – Cone beam CT capture & interpretation – less than one whole jaw	5
	365 - Cone beam CT capture & interpretation – full arch/mandible	5
	366 - Cone beam CT capture & interpretation – full arch/maxilla	5
	367 - Cone beam CT capture & interpretation – both jaws	5
	380 - Cone beam CT capture with limited view	5
	383 - Cone beam CT capture with view of both jaws	5
	470 - Diagnostic Casts	5
	1110 - Prophylaxis-adult	45
	1206 - Application of topical fluoride varnish	
	1330 - Oral Hygiene Instructions	5
	1351 - Sealant-per tooth	5 +
	1354 - Interim caries arresting medicament application (silver ion products) per tooth	5 +
	2140 - Amalgam-one surface permanent	15 +

	2150 - Amalgam-two surfaces permanent	15 +
	2160 - Amalgam-three surfaces permanent	15 +
	2161 - Amalgam-four surface/perm	15 +
	2330 - Resin one surface - Anterior	15 +
	2331 - Resin two surfaces - Anterior	15 +
	2332 - Resin three surfaces - Anterior	15 +
	2335 - Resin four surfaces or w incis - Anterior	15 +
	2390 - Ant. Resin-based cmpst crown	30 +
	2391 - Posterior one surface resin	15 +
	2392 - Posterior two surface resin	15 +
	2393 - Posterior three surface resin	15 +
	2394 - Posterior four surface resin	15 +
	2721-PREP - Crown - resin/metal base: Prep Visit - Limit of one per patient per year	90 +
	Lab Assist-2721 - 2721 Crown Lab Assist $150 (One-time crown lab assistance code may be submitted on the prep visit for the crown)	+
	2721-SEAT - Crown-resin/metal base: Seat Visit	90 +
	2722-PREP - Crown-resin/metal noble Prep Visit -Limit of one per patient per year	90 +
	Lab Assist-2722 - 2722 Crown Lab Assist $150 (One-time crown lab assistance code may be submitted on the prep visit for the crown)	+
	2722-SEAT - Crown-resin/metal noble Seat Visit	90 +
	2740-PREP - Crown-Porcelain/ceramic: Prep Visit - Limit of one per patient per year	90 +
	Lab Assist-2740 - 2740 Crown Lab Assist $150 (One-time crown lab assistance code may be submitted on the prep visit for the crown)	+
	2740-SEAT - Crown-Porcelain/ceramic: Seat Visit	90 +
	2750-PREP - Crown-Porcelain/metal high noble: Prep Visit - Limit of one per patient per year	90 +
	Lab Assist - 2750 - 2750 Crown Lab Assist $150 (One-time crown lab assistance code may be submitted on the prep visit for the crown)	+
	2750-SEAT - Crown-Porcelain/metal high noble: Seat Visit	90 +
	2751-PREP - Crown/Porcelain/metal base: Prep Visit - Limit of one per patient per year	90 +
	Lab Assist - 2751 - 2751 Crown Lab Assist $150 (One-time crown lab assistance code may be submitted on the prep visit for the crown)	+
	2751-SEAT - Crown-Porcelain/metal base: Seat Visit	90 +
	2752-PREP - 2752–PREP Crown-Porcelain/metal noble: Prep Visit - Limit of one per patient per year	90 +
	Lab Assist - 2752 - 2752 Crown Lab Assist $150 (One-time crown lab assistance code may be submitted on the prep visit for the crown)	+
	2752- SEAT - 2752–SEAT Crown-Porcelain/metal noble: Seat Visit	90 +
	2753-PREP - 2753–PREP Crown-Porcelain fused to titanium and titanium alloys: Prep Visit - Limit of one per patient per year	90 +
	Lab Assist - 2753 - Lab Assist - 2753 2753 Crown Lab Assist $150 (One-time crown lab assistance code may be submitted on the prep visit for the crown)	+
	2753-SEAT - Crown-Porcelain fused to titanium and titanium alloys: Seat Visit	90 +
	2781 - PREP - Crown-3/4 metal base: Prep Visit - Limit of one per patient per year	90 +
	Lab Assist - 2781 - 2781 Crown Lab Assist $150 (One-time crown lab assistance code may be submitted on the prep visit for the crown)	+
	2781-SEAT - Crown-3/4 metal base: Seat Visit	90 +
	2782-PREP - 2782–PREP Crown-3/4 metal noble: Prep Visit - Limit of one per patient per year	90 +
	Lab Assist - 2782 - 2782 Crown Lab Assist $150 (One-time crown lab assistance code may be submitted on the prep visit for the crown)	+

	2782-SEAT -Crown-3/4 metal noble: Seat Visit	90 +
	2783-PREP - Crown-3/4 Porcelain/ceramic: Prep Visit - Limit of one per patient per year	90 +
	Lab Assist - 2783 - 2783 Crown Lab Assist $150 (One-time crown lab assistance code may be submitted on the prep visit for the crown)	+
	2783-SEAT - 2783–SEAT Crown-3/4 Porcelain/ceramic: Seat Visit	90 +
	2791-PREP - Crown – full metal base: Prep Visit - Limit of one per patient per year	90 +
	Lab Assist - 2791 - 2791 Crown Lab Assist $150 (One-time crown lab assistance code may be submitted on the prep visit for the crown)	+
	2791-SEAT - Crown – full metal base: Seat Visit	90 +
	2792-PREP - Crown – full metal noble: Prep Visit - Limit of one per patient per year	90 +
	Lab Assist - 2792 - Lab Assist - 2792 2792 Crown Lab Assist $150 (One-time crown lab assistance code may be submitted on the prep visit for the crown)	+
	2792-SEAT - Crown – full metal noble: Seat Visit	90 +
	2915 - Recement cast or prefab post	15 +
	2920 - Recement crown	15 +
	2933 - Prefabricated stainless-steel crown	30 +
	2940 - Sedative filling	15 +
	2950 - Core-buildup including any pins	15 +
	2954 - Prefabricated post and core	15 +
	2955 - Post Removal	15 +
	2980 - Crown repair	15 +
	2991- application of hydroxyapatite regeneration medicament per tooth	5+
	3220 - Therapeutic pulpotomy	15 +
*	3310 – Root Canal - anterior Limits apply for Provider Clinic and Dentist availability	60+
	Root Canal Assist - 3310 – anterior tooth $300 (one-time root canal assist code can only be submitted on the first root canal visit) Limits apply for Provider Clinic and Dentist availability	
	3320 – Root Canal – bicuspid Limits apply for Provider Clinic and Dentist availability	75+
	Root Canal Assist - 3320 – premolar $350 (one-time root canal assist code can only be submitted on the first root canal visit) Limits apply for Provider Clinic and Dentist availability	
	~~3330 – Root Canal – molar~~	95+
	~~Root Canal Assist - 3330 – molar $400 (one-time root canal assist code can only be submitted on the first root canal visit)~~	
	3346 - Retreat of previous root canal therapy – anterior tooth Limits apply for Provider Clinic and Dentist availability	60+
	Root Canal Retreat Assist - 3346 – anterior tooth $300 (one-time root canal retreat assist code can only be submitted on the first root canal retreat visit) Limits apply for Provider Clinic and Dentist availability	
	3347 - Retreat of previous root canal therapy – premolar tooth Limits apply for Provider Clinic and Dentist availability	75+
	Root Canal Retreat Assist - 3347 – premolar $350 (one-time root canal retreat assist code can only be submitted on the first root canal retreat visit) Limits apply for Provider Clinic and Dentist availability	
	~~3348 - Retreat of previous root canal therapy – molar tooth~~	95+
	~~Root Canal Retreat Assist - 3348 – molar $400 (one-time root canal retreat assist code can only be submitted on the first root canal retreat visit)~~	
	No Code – Root Canal Second Visit	
	3734 – Recheck	
	4341 - Periodontal scaling/root planing 4+ teeth per quadrant	45 +
	4342 - Periodontal scaling and root planing 1-3 teeth per quadrant	30 +

	4346 - Scaling in presence of generalized moderate or severe gingival inflammation - full mouth, after oral evaluation	45
	4355 - Full mouth debridement to enable comprehensive evaluation and diagnosis on a subsequent visit	45
	4910 - Periodontal maintenance procedures	45
	No Code - Denture step Maxillary: use for steps such as wax-rims, try in visits during fabrication or adjustments, repairs, etc. not eligible for reimbursement due to timeframe limits	
	No Code -Denture step Mandibular: use for steps such as wax-rims or try in visits during fabrication or adjustments, repairs, etc. not eligible for reimbursement due to timeframe limits	
	5110 INT - Complete denture maxillary: INITIAL STEP– 5 years or more since last appliance	75
	Lab Assist - 5110 - 5110 Lab Assist $400 (One-time denture lab assistance code may be submitted on the initial visit for the denture)	
	5110-DEL - 5110 – DEL Complete denture maxillary: DELIVERY– 5 years or more since last appliance	75
	5120-INT - Complete denture mandible: INITIAL STEP – 5 years or more since last appliance	75
	Lab Assist -5120 - 5120 Lab Assist $400 (One-time denture lab assistance code may be submitted on the initial visit for the denture)	
	5120-DEL - Complete denture mandible: DELIVERY – 5 years or more since last appliance	75
	5130-INT - Complete denture immediate maxillary: INITIAL STEP – 5 years or more since last appliance	75
	Lab Assist-5130 - 5130 Lab Assist $400 (One-time denture lab assistance code may be submitted on the initial visit for the denture)	
	5130-DEL - Complete denture immediate maxillary: DELIVERY– 5 years or more since last appliance	75
	5140-INT - Complete denture immediate mandible: INITIAL STEP– 5 years or more since last appliance	75
	Lab Assist-5140 - 5140 Lab Assist $400 (One-time denture lab assistance code may be submitted on the initial visit for the denture)	
	5140-DEL - Complete denture immediate mandible: delivery– 5 years or more since last appliance	75
	5211-INT - Partial denture resin base – maxillary: INITIAL STEP– 5 years or more since last appliance	75
	Lab Assist - 5211 - 5211 Lab Assist $400 (One-time denture lab assistance code may be submitted on the initial visit for the denture)	
	5211-DEL - Partial denture resin base – maxillary: DELIVERY– 5 years or more since last appliance	75
	5212-INT - Partial denture resin base – mandible: INITIAL STEP– 5 years or more since last appliance	75
	Lab Assist-5212 - 5212 Lab Assist $400 (One-time denture lab assistance code may be submitted on the initial visit for the denture)	
	5212-DEL - Partial denture resin base – mandible: DELIVERY– 5 years or more since last appliance	75
	5213-INT - Partial denture - metal base – maxillary: INITIAL STEP– 5 years or more since last appliance	75
	Lab Assist-5213 - 5213 Lab Assist $400 (One-time denture lab assistance code may be submitted on the initial visit for the denture)	
	5213-DEL - Partial denture - metal base – maxillary: DELIVERY– 5 years or more since last appliance	75
	5214-INT - Partial denture - metal base – mandible: INITIAL STEP– 5 years or more since last appliance	75

	Lab Assist-5214 - 5214 Lab Assist $400 (One-time denture lab assistance code may be submitted on the initial visit for the denture)	
	5214-DEL - Partial denture - metal base – mandible: DELIVERY– 5 years or more since last appliance	75
	5221-INT - Partial denture resin base immediate maxillary: INITIAL STEP– 5 years or more since last appliance	75
	Lab Assist-5221 - 5221 Lab Assist $400 (One-time denture lab assistance code may be submitted on the initial visit for the denture)	
	5221-DEL - Partial denture resin base immediate maxillary: DELIVERY– 5 years or more since last appliance	75
	5222-INT - Partial denture resin base immediate mandible: INITIAL STEP– 5 years or more since last appliance	75
	Lab Assist-5222 - 5222 Lab Assist $400 (One-time denture lab assistance code may be submitted on the initial visit for the denture)	
	5222-DEL - Partial denture resin base immediate mandible: DELIVERY– 5 years or more since last appliance	75
	5225-INT - Partial denture flexible base maxillary: INITIAL STEP– 5 years or more since last appliance	75
	Lab Assist-5225 - 5225 Lab Assist $400 (One-time denture lab assistance code may be submitted on the initial visit for the denture)	
	5225-DEL - Partial denture flexible base maxillary: DELIVERY– 5 years or more since last appliance	75
	5226-INT - Partial denture flexible base mandible: INITIAL STEP – 5 years or more since last appliance	75
	Lab Assist-5226 - 5226 Lab Assist $400 (One-time denture lab assistance code may be submitted on the initial visit for the denture)	
	5226-DEL - Partial denture flexible base mandible: DELIVERY– 5 years or more since last appliance	75
	5284-INT - Removeable unilateral partial denture/one-piece flexible base: INITIAL STEP– 5 years or more since last appliance	75
	Lab Assist-5284 – 5284 Lab Assist $400 (One-time denture lab assistance code may be submitted on the initial visit for the denture)	
	5284-DEL - Removeable unilateral partial denture/one-piece flexible base: DELIVERY– 5 years or more since last appliance	75
	5286-INT - Removable unilateral partial denture/one piece resin: INITIAL STEP– 5 years or more since last appliance	75
	Lab Assist-5286 - 5286 Lab Assist $400 (One-time denture lab assistance code may be submitted on the initial visit for the denture)	
	5286-DEL - Removable unilateral partial denture/one piece resin: DELIVERY– 5 years or more since last appliance	75
	5410 - Adjust complete denture maxillary – one per year, appliance more than 6 months since delivery	15
	5411 -Adjust complete denture mandibular – one per year, appliance more than 6 months since delivery	15
	5421 - Adjust partial denture maxillary – one per year, appliance more than 6 months since delivery	15
	5422 - Adjust partial denture mandibular– one per year, appliance more than 6 months since delivery	15
	Lab ASSIST - Misc. - Relines or repairs sent to lab $150	
	DEL – Reline or repair sent to lab	

	5511 - Repair broken complete denture base mandibular – one per year, appliance more than 6 months since delivery	30
	5512 - Repair broken complete denture base maxillary – one per year, appliance more than 6 months since delivery	30
	5520 - Replace broken/missing denture teeth complete denture – one per year, appliance more than 6 months since delivery	30
	5611 - Repair resin partial denture base, mandibular – one per year, appliance more than 6 months since delivery	30
	5612 - Repair resin partial denture base, maxillary – one per year, appliance more than 6 months since delivery	30
	5621 - Repair cast partial denture frame, mandibular – one per year, appliance more than 6 months since delivery	30
	5622 - Repair cast partial denture frame, maxillary – one per year, appliance more than 6 months since delivery	30
	5630 -Repair/replace partial denture clasp – one per year, appliance more than 6 months since delivery	30
	5640 - Replace missing/broken partial denture teeth – one per year, appliance more than 6 months since delivery	30
	5650 - Add tooth to existing partial denture – one per year, appliance more than 6 months since delivery	30
	5660 - Add clasp to existing partial denture - one per year, appliance more than 6 months since delivery	30
	5670 - Replace all teeth - partial denture – maxillary - one per year, appliance more than 6 months since delivery	30
	5671 - Replace all teeth - partial denture - mandible – one per year, appliance more than 6 months since delivery	30
	5730 - Reline complete maxillary denture – chairside - one per year, appliance more than 1 year since delivery	30
	5731 - Reline complete mandibular denture - chairside – one per year, appliance more than 1 year since delivery	30
	5740 - Reline partial maxillary denture - chairside – one per year, appliance more than 1 year since delivery	30
	5741 - Reline partial mandibular denture - chairside – one per year, appliance more than 1 year since delivery	30
	5750 - Reline complete maxillary denture - lab – one per year, appliance more than 1 year since delivery	30
	5751 - Reline complete mandibular denture - lab – one per year, appliance more than 1 year since delivery	30
	5760 -Reline partial maxillary denture - lab – one per year, appliance more than 1 year since delivery	30
	5761 -Reline partial mandibular denture - lab – one per year, appliance more than 1 year since delivery	30
	5850 - Denture tissue conditioning maxillary– one per year, appliance more than 6 months since delivery	15
	5851 - Denture tissue conditioning mandible – one per year, appliance more than 6 months since delivery	15
	5863-INT - Overdenture - complete maxillary: INITIAL STEP – 5 years or more since last appliance	75
	Lab Assist-5863 - 5863 Lab Assist $400 (One-time denture lab assistance code may be submitted on the initial visit for the denture)	

	5863-DEL - Overdenture - complete maxillary: DELIVERY – 5 years or more since last appliance	75
	5864-INT - Overdenture partial Maxillary: INITIAL STEP – 5 years or more since last appliance	75
	Lab Assist-5864 - 5864 Lab Assist $400 (One-time denture lab assistance code may be submitted on the initial visit for the denture)	
	5864-DEL - Overdenture partial Maxillary: DELIVERY – 5 years or more since last appliance	75
	5865-INT - Overdenture - complete mandible: INITIAL STEP – 5 years or more since last appliance	75
	Lab Assist-5865 - 5865 Lab Assist $400 (One-time denture lab assistance code may be submitted on the initial visit for the denture)	
	5865-DEL - Overdenture - complete mandible: DELIVERY – 5 years or more since last appliance	75
	5866-INT - Overdenture partial Mandibular: INITIAL STEP – 5 years or more since last appliance	75
	Lab Assist-5866 - 5866 Lab Assist $400 (One-time denture lab assistance code may be submitted on the initial visit for the denture)	
	5866-DEL - Overdenture partial Mandibular: DELIVERY – 5 years or more since last appliance	75
**	~~6010 – Implant Placement for retention of denture/**Pre-Auth Required** $500~~	~~+~~
	~~6011 – Implant Second Step - $200~~	~~+~~
	~~6056 – Prefabricated Abutment for implant retained denture~~	~~45+~~
	6058-PREP – Abutment Supported Porcelain/ceramic Crown: Prep Visit - Limit of one per patient per year	30+
	Lab Assist - 6058 - 6058 Crown Lab Assist $150 (One-time crown lab assistance code may be submitted on the prep visit for the crown)	
	6058-SEAT - 6058–SEAT Abutment Supported Porcelain/ceramic Crown: Seat Visit	30+
	6080 – Implant Maintenance Procedures – 6 months after implant and once a year	15
	~~6200-PREP – Max Ant Bridge Prep/ **Pre-Auth Required – specify number of units**~~	~~40+~~
	~~Lab Assist-6200 - Bridge Lab Assist $150 per unit (One-time bridge lab assistance code may be submitted on the bridge prep visit)~~	~~+~~
	~~6200-SEAT – Bridge Seat~~	~~90~~
	6930 - Recement bridge	15 +
	6980 - Bridge repair	15 +
	7111 - Extraction - coronal remnants of primary tooth	15 +
	7140 - Extraction - erupted tooth or exposed root	15 +
	7210 - Extraction surgical (requires removal of bone and/or mucoperiosteal flap)	15 +
	7220 - Removal of impacted tooth-soft tissue	15 +
	7230 - Removal of impacted tooth-partially bony	15 +
	7240 - Removal of impacted tooth-complete bony	30 +
	7241 - Removal of impacted tooth - complete bony with unusual surgical complications	30 +
	7250 - Surgical removal of residual tooth roots (includes cutting of soft tissue and bone and closure)	15 +
	7251 - Coronectomy	15+
	7261 - Primary closure of a sinus perforation	15 +
	7285 - Biopsy of oral tissue hard	15 +
	7286 - Biopsy of oral tissue-soft (all others)	15 +
	7310 - Alveoplasty in conjunction with extractions (4 or more teeth or tooth spaces per quadrant)	15 +
	7311 - Alveoplasty in conjunction with extractions (1-3 teeth or tooth spaces per quadrant)	15 +
	7320 - Alveoplasty not in conjunction with extractions (4 or more teeth or tooth spaces per quadrant)	15 +
	7321 - Alveoplasty not in conjunction with extractions (1-3 teeth or tooth spaces per quadrant)	15 +
	7410 - Excision of benign lesion up to 1.25 cm	15 +

	7411 - Excision benign lesion>1.25 cm	15 +
	7412 - Excision benign lesion complicated	15 +
	7413 - Excision malignant lesion up to 1.25 cm	15 +
	7414 - Excision malignant lesion >1.25 cm	15 +
	7415 - Excision malignant lesion complicated	15 +
	7440 - Excision malignant tumor exc to 1.25 cm	15
	7451 - Removal of benign odontogenic cyst/tumor > 1.25 cm	15
	7460 - Removal of benign nonodontogenic cyst/tumor up to 1.25 cm	15 +
	7461 - Removal of benign nonodontogenic cyst/tumor > 1.25 cm	15 +
	7471 - Removal of lateral exostosis-maxillary or mandibular per site	15 +
	7472 - Removal of torus palatinus	30
	7473 - Removal of torus mandibularis	30
	7485 - Surgical reduction of osseous tuberosity	30
	7510 - Incision and drainage of abscess-intraoral	15 +
	7511 - Incision and drainage of abscess - intraoral - complicated (includes drainage of multiple fascial spaces)	15 +
	7970 - Excision of hyperplastic tissue per arch Mandibular	15
	7970 - Excision of hyperplastic tissue per arch Maxillary	15
	7971 - Excision of pericoronal gingiv	15 +
	7972 - Surgical reduction of fibrous tuberosity	15 +
	9110 - Palliative (emergency) treatment of dental pain - minor procedure	15 +
	9120 - Fixed partial denture sectioning	15
	9210 - Local anesthesia not in conjunction with operative or surgical procedures	15
	9230 - Inhalation of nitrous oxide/analgesia, anxiolysis	15
	9239 - Intravenous moderate (conscious) sedation/analgesia-first 15 min. increment	15
	9243 - Intravenous moderate (conscious) sedation/analgesia-each subsequent 15 min. increment	15 +
	9310 - Consultation-diagnostic service provided by dentist o physician other than requesting dentist or physician	15
	9440 - Office visit after regularly scheduled office hours	15
	9630 - Drugs or medicaments dispensed in the office for home use	5
	9911 - Desensitizing resin for cervical and/or root surface, per tooth (not for under restorations)	15
	9940 - Dental occlusal guard	15
	9944 - Occ guard hard appliance full arch	15
	9945 - Occ guard soft appliance full arch	15
	9946 - Occ guard hard appliance partial arch	15
	DEL – Occ guard appliance	
	9951 - Limited occlusal adjustment	15+
	9995 - encounter conducted by a dentist Teledentistry – synchronous; real-time encounter	
	9996 - encounter conducted by an RDH or RDA or CDHC Teledentistry – asynchronous; information stored and forwarded to dentist for subsequent review	
	No Code - Unspecified appointment (include narrative)	30
	Tele0190 screening of a patient - $25	
	Tele0999 unspecified diagnostic procedure- $50	
	Video0140 limited oral evaluation – problem focused $65	
	Video0170 re-evaluation – limited, problem focused (established patient; not post-operative visit) $65	
	Video0171 re-evaluation – post-operative office visit $65	
	Video0190 screening of a patient - $35	

**Effective 9/15/2026, root canals have limited coverage in the SO65+ program.*

***Effective 7/1/2026, implants and bridges are no longer covered services in the SO65+ program.*