SMILE ON 65+

A healthy mouth unlocks a vibrant life

Dental Provider Partner Office Reference Manual

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EXHIBITS

Introduction

Mission and Vision

*SMILE ON 65+'s **mission** is to improve the overall well-being of older adults in Tennessee by removing barriers to oral health care through awareness, affordability, and accessibility.*

*SMILE ON 65+'s **vision** is that Tennessee's older adults have the opportunity to unlock a vibrant life through a healthy smile.*

Getting to good oral health is like going through a series of locked doors. Without the right keys, most people can't get there – no matter how hard they try. The health of the mouth also impacts other aspects of overall health, and too often in Tennessee, income-constrained older adults are locked out of both. A healthy mouth unlocks a vibrant life. SMILE ON 65+ is a statewide oral health program that improves the overall wellbeing of income-constrained older adults by removing barriers to affordable dental care. SMILE ON 65+ has three main objectives:

- **Awareness – SMILE ON 65+ seeks out older Tennesseans and helps them understand the benefits of better oral health.**

  For those who are unable to see a dentist regularly, the connection between oral health and overall health may not be obvious. We educate older Tennesseans and the organizations that serve them on the importance of oral health across the lifespan.

- **Affordability – SMILE ON 65+ patients receive the oral care they need for a small fee.**

  Oral Health for older adults in Tennessee is among the worst in the nation. SMILE ON 65+ seeks to control or eliminate oral infection; correct oral conditions that prevents an older adult from eating; and correct oral conditions that contribute to embarrassment when smiling, which may lead to depression or isolation. Cleanings, extractions, and dentures are included services.

- **Accessibility – SMILE ON 65+ provider partners are present in all regions of the state, and Community Dental Health Coordinators (CDHCs) help patients overcome barriers to get the care they need.**

  We identify older Tennesseans in need of a dental home and connect them to an oral health provider that meets their needs. CDHCs help older adults navigate, from start to finish, their journey toward improved oral health.

Roles and Responsibilities

A **SMILE ON 65+ Dental Provider Partner** participates in older adult oral care competency training, allocates time to care for the referred clients and provides quality dental services that are within their scope and their agencies' scope. Dental Provider Partners are also responsible for creating their own policies and procedures for implementing SMILE ON 65+, including but not limited to

transportation assistance, background checks, and client follow up and integration. Dental Provider Partners are responsible for screening callers for program eligibility or asking them to call the SMILE ON 65+ hotline to be screened, verifying client eligibility and keeping documentation on file, and scheduling client appointments for eligible clients. All policies and procedures should be compliant with any SMILE ON 65+ policies and procedures, standard of care, as well as state and federal laws.

Dental Provider Partner administrators are responsible to accurately enter required SMILE ON 65+ information in the iCarol database. (See iCarol User Manual for specific instructions.) Dental Provider Partners are responsible for explaining SMILE ON 65+ policies and obtaining the client's signature on the Client Rights and Responsibilities Form (Exhibit F), providing the client with a copy, and keeping the original copy in the client's clinical records, subject to periodic auditing.

Dental Provider Partner administrators are also responsible for updating SMILE ON 65+ team members with any changes to staff, contact information, clinical hours, clinic capacity, and other factors that may impact delivery of SMILE ON 65+ care and services.

SMILE ON 65+ Community Dental Health Coordinators (CDHCs) act as a liaison among patients, the community, and dental resources. They aim to facilitate access to oral healthcare services and improve the quality of life for Tennessee's older adults. They are licensed dental professionals and certified SHIP navigators. CDHCs may assist Dental Provider Partners in many ways, including following up with referred clients and offering transportation assistance when necessary.

Some examples of when to REFER to Your CDHC:

- R- Resources and Rides
- E- Evaluate missed appointments for possible barriers
- F- Find another safety net or partner clinic
- E- Extra support for clinic including iCarol assistance
- R- Review program information with patients when needed

You can also connect your CDHC to the following opportunities:

- Health fairs
- Senior Center Presentations/Bingo
- AAAD
- Oral Health Advocacy
- Senior Resource Networking Groups/Professional workgroups

The **SMILE ON 65+ Hotline** acts as a resource for older adults to receive information about SMILE ON 65+ and other safety net dental services. The SMILE ON 65+ hotline will screen callers for eligibility using iCarol and the SMILE ON 65+ Registration Form then refer them to the closest SMILE ON 65+ Dental Provider Partner if they are presumed eligible. The hotline does not determine eligibility or ask for documents to verify eligibility. The hotline will not schedule or confirm appointments for any partner clinic.

Partner Marketing Resources:

Marketing materials for Dental Provider Partners promoting SMILE ON 65+ objectives include a **One Page Flyer with Patient Success Stories** and **Elevator Pitch Script** as Exhibit N.

Eligible Clients

The target population of SMILE ON 65+ is mobile (able to transport or receive transport), dentally uninsured or limited dental insurance only, Tennesseans age 65+ that are experiencing poverty. Older adults with incomes at or below 200% of the current Federal Poverty Guidelines and below will be eligible for transportation assistance and clinical dental care from SMILE ON 65+. Eligibility verification must be completed upon initial enrollment in the program and annually for continued participation. Verification is entered in the iCarol system.

Older adults of any income level are eligible to participate in oral health education workshops and Dental Bingos and receive oral health information.

Client Acceptance

Clients may enter the SMILE ON 65+ system and present at a Dental Provider Partner via the following pathways:

- CDHC contact at an outreach event
- Senior Center referral
- SHIP Navigator referral
- Hotline referral
- Directly contacting the Dental Provider Partner

This initial contact serves to collect baseline encounter information, which is entered into the iCarol database. At this time, **presumptive eligibility** is determined. In the event the client is presumed to be eligible, they continue with case management which assesses the need for transportation and/or interpreter assistance. The client is then provided contact information for the nearest program Dental Provider Partner that matches their needs.

Clinical Guidelines

The clinical guidelines contained within are meant to be general and allow the dental provider to have the flexibility to offer the best care available for SMILE ON 65+ eligible clients. A comprehensive list of the Covered Benefits codes can be found in Exhibit A of this manual. SMILE ON 65+ is designed to encourage the following outcomes from clinical care provided by our Dental Provider Partners:

- Older adults participate in a clinical exam, develop a care plan, and have their future disease risk lowered by having an oral cancer screening and by receiving preventive therapies (fluoride varnish and silver diamine fluoride appropriately)

- Older adults are prevented from having a potential emergency room visit due to a dental infection, because they receive dental care
- Older adults have their teeth cleaned and demonstrate the self-care skills necessary to keep their teeth
- Older adults are restored to function (can chew) and "social six" esthetics (top front six teeth are present and disease free)

As stated above, the program's emphasis is on early intervention and promoting access to medically necessary dental care, thereby improving health outcomes for clients. For this reason, all services must be determined under the definition to be **medically necessary** by the Dental Provider Partner. Services cannot be cosmetic in nature.

It is expected that Provider Partners will make every effort to complete as much care as is safe for the patient at each visit to minimize patient trips.

It is strongly recommended that acute pain relief and Phase One therapy (prophylaxis or scaling and root planing, oral hygiene instruction, fluoride varnish, extractions, silver ion products and decay removal) occur before any Phase Two therapy (removable prosthetics).

Wellness Markers

Wellness markers are patient-centered success codes that allow us to show health, social and spiritual impact in a more meaningful way. Two dental wellness markers are included in the SMILE ON 65+ Clinical Contact Form as means to measure patient success across the network.

WELLD: given to patients once they are cavity free

- Shows ability to treat and heal active disease, demonstrates comprehensive health improvement

HEALD: patients who come to the office in pain AND leave pain free

- Shows healing impact of care, shows ability to address an urgent health issue, maximizes overall community resources by eliminating costly ER dental visits where care is not provided.

The following questions will be required each time clinical care is entered into iCarol.

1. Is the patient cavity free? **WELLD**
    a. No
    b. Yes
2. Did the patient come to the office in pain? **HEALD**
    a. No
    b. Yes
        i. Patient is now pain free **HEALD**
        ii. Patient is not yet pain free **NonHEALD**

Medical Necessity Guidelines

To be deemed medically necessary, a medical item or service must satisfy each of the following criteria:

1. It must be recommended by a licensed physician who is treating the client or other licensed Dental Provider Partner practicing within the scope of his / her license who is treating client;
2. It must be required in order to diagnose or treat a client's medical condition;
3. It must be safe and effective;
4. It must not be experimental or investigational; and
5. It must be the least costly alternative course of diagnosis or treatment that is adequate for the client's medical condition.

The convenience of a client, the client's family, the client's caregiver, and/or a Dental Provider Partner, shall not factor or justify determining that a medical item or service is medically necessary. In addition, the reason a treatment is being performed must be noted in the client record.

Fraud and Abuse

SMILE ON 65+ is committed to detecting and preventing potential fraud and abuse. Site visits, including record reviews, will be conducted twice a year to ensure that SMILE ON 65+ policies and procedures are being followed and accurately reported and documented. In addition, every SMILE ON 65+ Dental Provider Partner is subject to random chart/treatment reviews as detailed in "General Guidelines" below.

Fraud and abuse are defined as:

Fraud: Intentional deception or misrepresentation made by a person with the knowledge that the deception could result in some unauthorized benefit to himself or some other person. It includes any act that constitutes fraud under federal or state law.

Client Abuse: Intentional infliction of physical harm, injury caused by negligent acts or omissions, unreasonable confinement, sexual abuse or sexual assault.

Abuse: Dental Provider Partner practices that are inconsistent with sound fiscal, business, or medical practices and result in unnecessary cost to the program, or in reimbursement for services that are not medically necessary or that fail to meet professionally recognized standards for health care. It also includes client practices that result in unnecessary cost to SMILE ON 65+.

Clinical Criteria

All covered dental services must also be "medically necessary" as defined on **page 5** of this manual. The clinical criteria presented in **Sections 1 through 10** will be used by SMILE ON 65+ for making medical necessity determinations for those specific procedures. In addition, please review the general benefit limitations for each dental procedure.

General Guidelines:

- For all procedures, every SMILE ON 65+ Dental Provider Partner is subject to random chart/treatment reviews. These reviews may occur in the Dental Provider Partner's office, as well as in the office of SMILE ON 65+. The Dental Provider Partner will be notified of the results of the reviews within fourteen (14) calendar days. In the event audit findings require further examination, any requested records must be made available upon request to SMILE ON 65+ within seven (7) calendar days.
- All procedures require that acceptable documentation standards are met. Documentation for all procedures rendered must justify the need for the procedure performed due to medical necessity.
- Failure to provide the required documentation, site visit findings, or the failure to maintain acceptable practice standards may result in recoupment of funding, follow-up audits, or removal of the Dental Provider Partner from SMILE ON 65+.

Section 1: Emergency Services

Emergency services are defined as services for the treatment of acute pain or infection, including, but not limited to emergency examinations, diagnostic dental radiographs, caries control, extractions, and subgingival curettage.

Section 2: Restorative Services (Fillings)

Summary of Criteria:

- Both amalgam (silver) and composite resin (tooth-colored) fillings for posterior teeth (premolars and molars), and composite resin (tooth-colored) fillings for anterior teeth (cuspid to cuspid) are covered services.
- Inlays and onlays are not covered services.
- Liners and desensitizing agents used under fillings and placed the same day as the filling are included in the filling code.

Section 3: Crowns

(Reference Exhibit B for Crown Cheat Sheet)

Summary of Criteria: Posterior single unit crowns

- Teeth are no more involved than periodontal case type III
- Crown and tooth would have good 5-year prognosis
- Posterior teeth used as partial denture abutments
- Premolars (bicuspid teeth) should have destruction to the tooth by caries or trauma, and this should involve three or more surfaces and at least one cusp.
- Molar teeth should have destruction to the tooth by caries or trauma, and this should involve four or more surfaces and two or more cusps.

Summary of Criteria: Anterior single unit crowns

• The tooth should have destruction to the tooth by caries or trauma and this must involve four or more surfaces and at least 50% of the incisal edge (note: the facial or lingual surface shall not be considered as involved for a mesial or distal proximal restoration unless the proximal restoration wraps around the tooth to at least the midline anterior teeth)
• The tooth should have destruction to the tooth by caries or trauma and the loss of an incisal angle involving a minimum area of ½ the incisal width and ½ the height of the anatomical crown.
• The tooth should have destruction to the tooth by caries or trauma and an incisal angle may not be involved, but more than 50% of the clinical crown appears to be involved.
• Teeth are no more involved than periodontal case type III
• Tooth and crown must have a good 5-year prognosis

Summary of Criteria: Request for a crown following root canal therapy

• Tooth should be filled sufficiently close to the radiological apex to ensure that an apical seal is achieved, unless there is a curvature or calcification of the canal that limits the ability to fill the canal to the apex.
• The filling material must be properly condensed/obturated. Filling material does not extend excessively beyond the apex.
• Exceptions to above will be made if tooth has been non-symptomatic for over one year.

Summary of Criteria: Request for a core build up or a prefabricated post and core

• Presence of greater than 50% bone support
• Absence of sub-osseous decay and/or furcation involvement
• Absence of tooth structure to support crown
• Clinically acceptable root canal fill

Authorizations for crowns will not meet criteria if:
• A lesser means of restoration is possible.
• Tooth has subosseous and/or furcation caries.
• Tooth is a primary tooth.

- Crowns are being planned to alter vertical dimension.
- Tooth has no apparent destruction due to caries or trauma.

Limitations on crowns:

- Crowns will not be covered for cosmetic purposes.
- **Effective 7/1/2026, crowns are limited to 1 (one) per patient per year.**
- One crown per tooth shall be allowed per 5-year period, unless justified by extenuating circumstances, i.e., the onset of severe xerostomia (dry mouth) leading to recurrent decay.
- All proposed crowns must be opposed by a tooth or denture in the opposite arch or be an abutment for a partial denture.
- The patient must be free from active and advanced periodontal disease.
- Crowns are expected to last a minimum of 5 years.

Special Note:
The fee for crowns includes the temporary crown that is placed on the prepared tooth and worn while the permanent crown is being fabricated.

A one-time crown lab assist fee may be submitted at the crown prep visit to help provider partners offset the cost of fabricating the crown.

If a patient elects to have a gold crown, the additional lab cost may be requested from the patient. This difference must be between the lab cost of the gold crown and the highest crown lab cost paid by that Provider Partner. Documentation of lab costs paid by the provider will be requested at the site visit.

Documentation required for crown reimbursement:

1. Diagnostic radiographs clearly showing the adjacent and opposing teeth and the caries/trauma must be in the patient's record; bitewings, periapicals, or panorex. Radiographs must be current, within 12 months of the crown prep date.

2. Appropriate diagnostic radiographs showing the completed restoration must be in the patient's record.

Section 4: Bridges

Effective 7/1/2026, bridges are no longer a covered service in the SMILE ON 65+ program.

Section 5: Removable Prosthodontics (Full and Partial Dentures)

(Reference Exhibit B for Removable Prosthodontics Cheat Sheet)

Prosthetic services are intended to restore oral form and function due to premature loss of permanent teeth that have resulted in significant occlusal dysfunction.

Summary of Criteria:

- In general, a partial denture is a covered benefit if it replaces one or more anterior teeth, or replaces two or more posterior teeth unilaterally, or replaces three or more posterior teeth bilaterally, excluding third molars, and it can be demonstrated that masticatory function has been severely impaired. The replacement teeth should be anatomically full-sized teeth.
- Adjustments and repairs of dentures and partials are included with the denture fee within the first 6 months after insertion.
- Tissue conditioning procedures are included with the denture fee within the first 6 months after insertion. Following this period, tissue conditioning may be reimbursed once per year.
- **It is expected that new (non-immediate) complete dentures and partial dentures would not require relines in the first year of use. If they require this, it will be at the cost of the Dental Provider Partner.**
- **Relines are covered benefits once per appliance per year if dentures and partial dentures were immediate or if they are more than one year old.**
- Immediate complete dentures or immediate acrylic partial dentures may be replaced after four months if it is determined that relines would not make them clinically acceptable.
- Partial dentures are covered only for recipients with good oral health and hygiene, good periodontal health (AAP Type I or II), and a favorable prognosis where continuous deterioration is not expected.
- It is required that before partial denture prosthetic procedures are started that there are no untreated cavities or active periodontal disease in the abutment teeth, and majority of teeth must be at least 50% supported in bone.
- As part of any removable prosthetic service, dentists are expected to instruct the client in proper care of the prosthesis.
- The recipient must be able to accommodate and properly maintain the prosthesis (lodge, gag reflex, potential for swallowing the prosthesis, severe disability).
- The recipient must not have a history of or an inability to wear prosthesis due to psychological or physiological reasons.

Adding teeth and/or a clasp to a partial denture is a covered benefit, **once per appliance per year,** if the addition makes the denture functional. However, if extensive repairs are to be performed on a

marginally functional partial denture and a new partial denture would be better for the health of the recipient, the repairs would not be warranted.

Complete or partial dentures may be replaced after 5 years due to:

- Prevention of a significant disability
- Catastrophic loss of prosthetic appliance
- Surgical or traumatic loss of oral-facial anatomic structures
- Complete deterioration of the denture base or teeth
- Complete loss of retentive ability

Special Notes:

- Fabrication of a removable prosthetic includes multiple steps (impressions, try-ins, adjustments, delivery etc.) and are compensated at a set amount. Half of the reimbursement is paid at the initial step and the remaining half at the delivery of the removable prosthetic, based on the assigned time values in the SMILE ON 65+ formulary. **In the rare circumstance that it is not possible to deliver the removable prosthetic, please notify holly@interfaithdental.com to discuss potential alternatives.**
- A one-time denture lab assist fee may be submitted at the initial denture visit to help provider partners offset the cost of fabricating the denture.
- Adjustments for newly fabricated dentures and partial dentures are not covered procedures within the first 6 months.
- A set of diagnostic casts are an approved benefit for complex cases.
- A new prosthesis will not be reimbursed within 24 months of reline or repair of the existing prosthesis unless adequate documentation has been presented that all procedures to render the denture serviceable have been exhausted.
- The use of preformed dentures with teeth already mounted (that is, teeth set in acrylic before the initial impression) may be used for the fabrication of a new denture.
- **There is a $100 maximum patient portion for removable prosthetic fabrication. Adjustments and repairs during the first 6 months following delivery are at no charge to the patient and are not eligible for reimbursement.** Provider Partners are expected to complete steps for upper and lower removable prosthodontics at the same time whenever possible. If the initial and delivery steps for upper and lower dentures and partials can't be completed on the same visit, a narrative must be added to the notes section of the clinical form in iCarol, outlining the treatment needs of the patient.

Section 6: Oral Surgery

Simple extractions, surgical extractions, incision and drainage, and other minor surgical procedures are covered expenses. Surgical removal of complete or partially impacted wisdom teeth is covered. Alveoloplasty to prepare an arch for removable prosthetic is covered. Nitrous oxide and IV sedation are covered benefits but must meet medical necessity.

- The prophylactic removal of disease-free unerupted third molars is not considered medically necessary and, therefore, will not be authorized.
- Impaction alone, absent pathology, does not meet medical necessity criteria. For an extraction to be considered medically necessary, an unerupted third molar must show pathology or an unerupted third molar must demonstrate, by radiographic evidence, both an aberrant tooth position beyond normal variations and substantial (> 50%) root formation.
- Discomfort from natural tooth eruption not caused by pathology or an aberrant tooth position will not qualify an unerupted third molar extraction for authorization.
- When at least a single third molar meets the criteria above, the extraction of additional unerupted third molar teeth to avoid risk from multiple exposures of the client to anesthesia would be covered.

Special Notes:

- For an extraction to qualify for D7210, the procedure must require a flap or removal of bone to complete the procedure.
- Routine incision and drainage is not considered a separate benefit if the extraction serves in this function.
- Excision of lesion in conjunction with extraction is considered part of the extraction procedure.

Alveoloplasty in conjunction with extractions

Treatment notes must indicate that Alveoloplasty is a separate surgical procedure from tooth removal.

Alveoloplasty NOT in conjunction with extractions

- Requires that a prosthesis is being considered.
- This procedure is not allowed with extractions in same quadrant on same date of service.

Excision of bone tissue

To ensure the proper seating of a removable prosthetic (partial or full denture), some treatment plans may require the removal of excess bone tissue prior to the fabrication of the prosthesis and would be covered.

Section 7: IV Sedation

Dental Provider Partners who perform in-office sedation must comply with the rules and regulations established by the Tennessee Board of Dentistry as they apply to sedation.

IV sedation is authorized for procedures covered by SMILE ON 65+ if any of the following criteria are met:

Extensive or complex oral surgical procedures such as:

- Unerupted wisdom teeth
- Surgical root recovery from maxillary antrum
- Radical excision of lesions in excess of 1.25 cm
- More than 6 teeth being removed, or multi-quad Alveoloplasty, or extensive exostosis removal

And/or one of the following medical conditions:

- Medical condition(s) which require monitoring (cardiac problems, severe hypertension, etc).
- Underlying hazardous medical condition (cerebral palsy, epilepsy, or intellectual disability) which would render client non-compliant.
- Documented failed sedation or a condition where severe periapical infection would render local anesthesia ineffective.

IV sedation limitations:

- Maximum of five 15-minute increments are covered unless extenuating circumstances.
- Client has eligibility for a maximum of 2 IV sedations per 2-year period.

Section 8: Preventive Services

Dental prophylaxis (teeth cleaning), application of silver ion products, application of fluoride varnish and application of sealants are covered services. Dispensing of prescription medicated toothpaste or prescription chlorhexidine are covered services and frequency is at the discretion of the Dental Provider Partner (code D9630). Appropriate documentation must be in the client record that these products are being used and include instructions given to the client on usage.

Recommended Frequencies:

- Clinical oral exam and prophylaxis is recommended every 6 months.
- Periodontal maintenance is covered a maximum of four times a year unless scaling and root planing has also occurred in that year, and then it will be covered a maximum of three times.
- Fluoride varnish application frequency is at the discretion of the Dental Provider Partner.
- Silver ion product reimbursement is limited to two applications per tooth per year.
- Oral hygiene instruction review and modification is recommended at every visit.

Section 9: Periodontal (Gum) Treatment

All medically necessary scaling and root planings are covered expenses. Periodic periodontal recall is also an approved procedure. Gingivectomy and periodontal gingival flap surgery are covered expenses. Periodontal surgery of all other types is not covered (osseous surgery, mucogingival surgery, bone grafts, tissue grafts, etc.).

Definition: Periodontal scaling and root planing per quadrant involves instrumentation of the crown and root surfaces of the teeth to remove plaque and calculus from these surfaces. It is indicated for clients with periodontal disease and is therapeutic, not prophylactic, in nature. Root planing is the definitive procedure designed for the removal of cementum and dentin that is rough, and/or permeated by calculus or contaminated with toxins or microorganisms. Some soft tissue removal occurs. This procedure may be used as a definitive treatment in some stages of periodontal disease and as a part of pre-surgical procedures in others. It is anticipated that this procedure would be performed in cases of severe periodontal conditions (i.e., late Type II, III, IV periodontitis) where definitive comprehensive root planing, requiring local/regional block anesthesia and several appointments, would be indicated.

Criteria for Periodontal Treatment:

- Four (4) of eight (8) teeth affected in the quadrant for code D4341 and one to three teeth for code D4342.
- Periodontal charting indicating abnormal pocket depths in multiple sites.
- Additionally, at least one of the following must be present:
    - Radiographic evidence of root surface calculus.
    - Radiographic evidence of significant loss of bone support.

Criteria for Periodontal gingival flap surgical procedures:

- Four (4) of eight (8) teeth affected in the quadrant for code D4241.
- Periodontal charting indicates abnormal pocket depths in multiple sites after scaling and root planing.
- Moderate to severe bone loss.

Clarification of code D4355 - full mouth debridement to enable comprehensive evaluation and diagnosis

Definition: The gross removal of plaque and calculus that interfere with the ability of the dentist to perform a comprehensive oral evaluation. This preliminary procedure does not preclude the need for additional procedures.

Clarification of code D4346 – scaling in presence of generalized moderate or severe gingival inflammation – full mouth, after oral evaluation

Definition: The removal of plaque, calculus and stains from supra- and sub-gingival tooth surfaces whether generalized moderate or severe gingival inflammation in the absence of periodontitis. It is indicated for clients who have swollen, inflamed gingiva, generalized

suprabony pockets and moderate to severe bleeding on probing. Should not be reported in conjunction with prophylaxis, scaling and root planing, or debridement procedures.

Clarification of D1110 prophylaxis – adult

Definition: Removal of plaque, calculus, and stains from the tooth structures in the permanent and transitional dentition. It is intended to control local irritation factors.

Section 10: Occlusal Guards

Occlusal night guards for bruxism (teeth grinding) are covered.

Definition: Occlusal guards (D9940, D9944 and D09946) are removable appliances designed to minimize the effect of bruxism and other occlusal factors.

Criteria for Occlusal Guards:

- Occlusal guards for the purpose of tooth whitening trays, TMD (temporomandibular disorder) treatment or athletic mouth guards are not considered medically necessary criteria and are therefore not a covered service.
- The fee for the occlusal guard includes six months of follow-up care, including adjustments.

Section 11: Diagnostic Services

General Guidelines:

- Screening information must be completed annually for all clients enrolled in SMILE ON 65+. Updates are entered into the iCarol system. (See iCarol User Guide.)
- A Comprehensive oral evaluation (D0150) may be completed annually. A comprehensive periodontal evaluation (D0180) may be completed annually but may not be billed on the same date of service as a comprehensive oral evaluation.
- Clinical oral evaluation every 6 months.
- To reduce unnecessary exposure, efforts should be made to obtain recent radiographs from a previous Dental Provider Partner.
- Full mouth radiographs/Panorex every 3 years or as needed. Clients with rapidly advancing dental decay or periodontal disease may need a complete set of dental radiographs more frequently. The frequency of this service is to be determined by the Dental Provider Partner. Clients in need of oral surgery who require a Panorex even though they have had a complete set of diagnostic radiographs within the 3-year timeframe will have this service covered.
- Bitewing radiographs every 6 months or as needed.
- 1 set of diagnostic casts for complex cases involving dentures.

Guidelines for Prescribing Dental Radiographs:

New Client or Client being evaluated for dental diseases and dental development and is one of two types: Adult Dentate or Partially Edentulous Client:

Individualized radiographic exam consists of posterior bitewings with panoramic exam or posterior bitewings and selected periapical images. A full mouth intraoral radiographic exam is preferred when the client has clinical evidence of generalized dental disease or a history of extensive dental treatment.

Adult, Edentulous:

Individualized radiographic exam, based on clinical signs and symptoms.

Recall client with clinical caries or at increased risk for caries:

Posterior bitewing exam at 6-18-month intervals.

Recall client with no clinical caries and not at increased risk for caries:

Posterior bitewing exam at 24-36-month intervals.

Recall client with periodontal disease:

Clinical judgment will determine the need for and type of radiographic images for the evaluation of periodontal disease. Imaging may consist of, but is not limited to, selected bitewing and/or periapical images of areas where periodontal disease (other than nonspecific gingivitis) can be identified clinically.

Client with other circumstances including, but not limited to existing implants, pathology, restorative/endodontic needs, treated periodontal disease and caries remineralization:

Clinical judgment will determine the need for and type of radiographic images for evaluation and/or monitoring in these circumstances.

Section 12: Endodontics

(Reference Exhibit B for Endodontics Cheat Sheet)

Effective 9/15/2026, endodontic therapy is a limited covered procedure.

- Coverage is restricted to anterior and premolar teeth and is subject to provider availability within the Provider Partner Network.
- Molar endodontic therapy is not a covered procedure.

Provider Partner Network Limitation:
Due to limited endodontic capacity within the Provider Partner Network, coverage of endodontic therapy is restricted to anterior and premolar teeth when a qualified provider is available at the treating Provider Partner Clinic. Authorization will only be considered when the procedure can be performed by a qualified provider employed by or practicing within that clinic.

Coverage is not intended to facilitate referral to another Provider Partner Clinic, specialist, or external practice for endodontic treatment. In the absence of in-house provider availability, endodontic treatment will not be authorized.

Molar endodontic therapy is not a covered service under this program effective 9/15/2026.

Required Documentation needed for procedure:

• Diagnostic radiographs showing clearly the adjacent and opposing teeth and a pre-operative radiograph of the tooth to be treated; bitewings, periapicals, or panorex must be maintained in the patient's chart. A dated post-operative radiograph must be maintained in the patient's chart showing properly condensed/obturated canal(s), for review during site visits.

General criteria:

• Fill should be sufficiently close to the radiological apex to ensure that an apical seal is achieved, unless there is a curvature or calcification of the canal that limits the dentist's ability to fill the canal to the apex.
• Fill must be properly condensed/obturated. The filling material does not extend excessively beyond the apex.
• Coverage is limited to endodontic treatment of anterior and premolar teeth when the treating Provider Partner Clinic has a qualified provider available to perform the procedure.

Approval for root canal therapy and root canal re-treatment will not meet criteria if:

• Gross periapical or periodontal disease is demonstrated radiographically (caries subcrestal or to the furcation, deeming the tooth non-restorable).
• Root canal therapy is requested for a molar tooth.
• Root canal therapy is for third molars unless they are an abutment for a partial denture.
• Tooth does not demonstrate 50 percent bone support.
• Root canal therapy is in anticipation of placement of an overdenture.
• Filling material not accepted by the Federal Food and Drug Administration.

• The treating Provider Partner Clinic does not have a qualified provider available to perform the procedure.

Other considerations:

• Root canal therapy for permanent teeth includes diagnosis, extirpation of the pulp, shaping and enlarging the canals, temporary fillings, filling and obturation of root canal(s), and progress radiographs, including a root canal fill radiograph.

Special Notes:

The fee for root canals includes all steps necessary to complete the therapy. Reimbursement is provided at the first visit for all needed steps.

Retreatment of previous root canal therapy is allowed once per tooth per patient. Retreatments are covered only when completed by a provider outside of provider partner clinic or is at least 1-year post-treatment if completed by the retreating clinic.

A one-time root canal assist fee may be submitted at the first visit to help provider partners offset the additional costs associated with providing endodontic therapy.

Section 13: Implants

Effective 7/1/2026, implants are no longer a covered procedure in SMILE ON 65+.

Section 14: Services Not Covered

Implants, bridges, crowns in excess of 1 (one) per patient per year, orthodontics, cosmetic dentistry, treatment of temporomandibular joint disorders (TMJ or TMD) and hospital dentistry (including general anesthesia) are not covered. If these services are available at contracted Dental Provider Partners, they may be offered on the clinic's fee schedules.

Teledentistry Guidelines

With the increasing need for Teledentistry, we have included ways to incorporate Teledentistry into SMILE ON 65+ care plans and added acceptable billing codes into iCarol at the following reimbursement rates:

9995 - encounter conducted by a dentist Teledentistry – synchronous, real-time encounter
Reported in addition to other procedures (e.g., diagnostic) delivered to the patient on the date of service.
Appearing as: 9995 - encounter conducted by a dentist Teledentistry – synchronous; real-time encounter

If your encounter is by phone (Patient contact with dentist who provides the consultation using audio means only) also code:
Tele0999 unspecified diagnostic procedure, by report, used for procedure that is not adequately described by a code) $50.
Appearing as: Tele0999 unspecified diagnostic procedure- $50

If your encounter utilizes audio and video (Patient contact with dentist who provides the problem focused evaluation using audio and visual means) also code:
Video0140 limited oral evaluation – problem focused $65
Appearing as: Video0140 limited oral evaluation – problem focused $65

Video0170 re-evaluation – limited, problem focused (established patient; not post-operative visit) $65
Assessing the status of a previously existing condition. For example:
- a traumatic injury where no treatment was rendered but patient needs follow-up monitoring.
- evaluation for undiagnosed continuing pain.
- soft tissue lesion requiring follow-up evaluation

Appearing as: Video0170 re-evaluation – limited, problem focused (established patient; not post-operative visit) $65

Video0171 re-evaluation – post-operative office visit $65
Appearing as: Video0171 re-evaluation – post-operative office visit $65

9996 - encounter conducted by an RDH or RDA or CDHC Teledentistry – asynchronous; information stored and forwarded to dentist for subsequent review
Reported in addition to other procedures (e.g., diagnostic) delivered to the patient on the date of service.
Appearing as: 9996 - encounter conducted by an RDH or RDA or CDHC Teledentistry – asynchronous; information stored and forwarded to dentist for subsequent review -
If your encounter is by phone also code:
Tele0190 screening of a patient (a screening, to determine an individual's need to be seen by a dentist for diagnosis) $25.
Appearing as: Tele0190 screening of a patient - $25

If your encounter is by audio and video also code:

Video0190 screening of a patient (a screening to determine an individual's need to be seen by a dentist for diagnosis) $35.
Appearing as: Video0190 screening of a patient - $35

*Note that the procedure codes define the actual contact service and need to be used in addition to the standard Teledentistry codes for payment. *

These guidelines are subject to re-evaluation.

Additional Guidelines:

1. Providers are required to obtain patient consent to conduct a visit using teledentistry and retain that documentation in the patient's record.
2. Providers must maintain proper documentation of the encounter in the patient's record.
3. SMILE ON 65+ stresses the need to be in compliance with TN Board of Dentistry and ADA guidelines at all times.

Additional Resources regarding Teledentistry use and best practices available on the SMILE ON 65+ Provider Portal: see access information below.

PROVIDER PORTAL

https://interfaithdental.com/smileon65providerportal/

Password: smileon65tn

SMILE ON 65+ Administrative Policies and Guidelines

The administrative guidelines contained within are meant to provide a framework for execution of the SMILE ON 65+ goals. Please contact the SMILE ON 65+ team for clarification regarding administrative policies or procedures (see Exhibit C). Resources for partners administering the SMILE ON 65+ program including program forms, Policy, and Procedure Manuals, etc. are available on the SMILE ON 65+ Provider Portal (see Exhibit O).

Income / Eligibility Verification Process

Income and eligibility verification must be completed upon initial enrollment in the program and updated annually, **at the first visit of each new calendar year,** for continued participation. Verification is entered into the iCarol system. *Documents used to verify eligibility should be retained in the client's file for auditing/monitoring purposes.* Please see the Eligibility Verification Process Checklist (Exhibit K) for assistance.

Eligibility Criteria and Acceptable Documentation

Age: Clients must be 65 or over.
Acceptable forms of verification: TN ID/Driver's License, social security card, passport, immigration documents, birth certificate, or another legal document verifying DOB

Residency: Client must be a resident of Tennessee.
Acceptable forms of verification: TN ID/Driver's License, Voter Registration card, recent mail piece which verifies current address such as utility bill, bank statement, phone bill, or other type of official correspondence.

Income: Gross (before-tax) Household income must be at or below 200% of the Federal Poverty Guidelines (see Exhibit D).
Acceptable forms of verification: two current (within past two months at time of verification) pay stubs for every working adult in the household; **current year's** social security/pension benefit amount verified via statement or bank deposit (use total SSI income minus any deductions for Medicare premiums), bank account records, etc. If the client does not have any current source of income this should be noted clearly in his/her record.

Dentally Uninsured: Clients must have only limited dental coverage or no dental insurance coverage. For purposes of SMILE ON 65+ limited dental coverage means:

1. Preventive coverage - cleanings, x-rays, exams, and fluoride
2. Comprehensive care – restorative, prosthetic, periodontal, extractions, etc. that is severely limited. (Please see Insurance Cheat sheet for the current year which lists eligible plans.)

Acceptable forms of verification: Copies of all medical and supplemental insurance cards. **Please note in the client's record if they do not have any medical or dental insurance to verify.** Note in the client's record the date you verified the client's insurance plan does not include dental coverage that exceeds the eligibility guidelines above, including any reference numbers provided when applicable.

**Over 65* – verify Medicare insurance does not include supplemental dental coverage (Medicare Part A and Part B = no dental); Medicare Advantage Plans *may* include dental coverage; Medigap plans are unlikely to cover dental. *Please review the patient's medical cards thoroughly! You may also refer to our Insurance Verification Guide* (Exhibit I) *which includes commonly seen plans. The insurance, plan type and coverage are listed as well as whether it is accepted by SMILE ON 65+ or not. Please use this as a reference when you are verifying insurance at your clinics. If you come across a plan that is not listed here, please go ahead and check the benefits as before and proceed following the criteria above.*

A few important notes:

1. Limited coverage as indicated on the Insurance Cheat Sheet is not considered dental insurance for the purposes of SMILE ON 65+. When completing the Registration Contact Form in iCarol, continue to choose "No" under "Dental Insurance" in the Presumptive Eligibility area.
2. At no time should the coverage provider/insurance company and SMILE ON 65+ be billed for the same service.
3. Our goal is to help navigate seniors into a dental home, so if there is a provider in the patient's area that accepts their plan, please help them get connected with that provider.

Eligibility Changes

If at any time a client presents information that changes their eligibility, such as a change in income or insurance, clinics should be prepared to handle these eligibility status changes.

A sample script follows for how you might handle a patient with a change in insurance eligibility:

If a SMILE ON 65+ patient brings in new insurance that now includes comprehensive dental:

"That's great that you have dental coverage now. It does change things on our end a bit. This program allows us to see you at $25 per visit – and requires that patients in the program not have insurance. Let's work together to figure out what your options are. The good news is your insurance is great. Let's look for a dental home nearby that takes this insurance."

- You can help the patient find the insurance company phone number to find a local dentist.
- You can check online using the patient's insurance card to provide a list of dentists.
- You can refer to a CDHC for continued navigation if needed.

Some things to note:

- Never encourage a patient to cancel their insurance to continue the SMILE ON 65+ program. Encourage them to take advantage of the insurance they have.
- The CDHC for your clinic can help with these conversations – please use them.

Database Entry

The iCarol database has been designed to collect all required program data. A client registration must be created in iCarol for each client at program enrollment, and a clinical form for each visit, including documenting eligibility verification. Documentation of SMILE ON 65+ client care must be entered into iCarol. Payment vouchers are created using reports generated through iCarol, so it is essential that all completed procedures are entered accurately. Dental Provider Partners must also use their own clinical record keeping systems in addition to iCarol used for SMILE ON 65+.

Client Fees

Patients are expected to contribute a facility fee of $25 at each appointment, although services will not be denied based on inability to contribute the fee. All preventive, emergency, and basic restorative procedures are covered under this facility fee*. Patients are expected to contribute a maximum of $100 for removable prosthetic fabrication, which includes all steps needed in that process.* **Provider Partners are expected to complete steps for upper and lower removable prosthodontics at the same time whenever possible. If the initial and delivery steps for upper and lower dentures and partials can't be completed on the same visit, a narrative must be added to the notes section of the clinical form in iCarol, outlining the treatment needs of the patient.**

For procedures not covered, patients will pay on the Dental Provider Partner's fee scale. When SMILE ON 65+ patients are seen by the provider for noncovered procedures, the facility fee should ***not*** be collected as the client will be paying on the provider's sliding fee scale.

Documentation of facility fees should be made in the client's file to show consistency of the process.

SMILE ON 65+ does not prevent Dental Provider Partners from billing additional programs for procedures performed for older adults. Additional fees for covered services may at **NO TIME** be passed onto the client, except when **a patient or provider elects to have a gold crown, the additional lab cost may be requested from the patient. This difference must be between the lab cost of the gold crown and the highest lab cost paid by that Provider Partner.**

Payment Vouchers

SMILE ON 65+ will generate a quarterly payment voucher based on the Dental Provider Partner's input on the iCarol system. Dental Provider Partners must have all billing information entered into iCarol by the monthly deadline, which is the **10th** of the following billing month. **SMILE ON 65+ is not liable for reimbursement of billing information entered in iCarol after the deadline. Prior period adjustments must be submitted within 120 days of the date of service and within the current contract year to be eligible for reimbursement.**

Dental Provider Partners will be compensated for services provided to recipients using the SMILE ON 65+ formulary. All preventive, emergent, removable prosthetics, and basic restorative services will be reimbursed using the formulary. Payment vouchers will be created using the time values listed in Exhibit A - SMILE ON 65+ Formulary and the breakdown below, effective 7/1/2025.

Time Values of 1 - 60 minutes = $200

Time Values of 61 - 90 minutes = $250

Time Values of 91 - 120 minutes = $300

Transportation Assistance

Transportation assistance is available to eliminate transportation as a barrier to care. Transportation needs will be reviewed during iCarol registration by the clinic, CDHC, or SMILE ON 65+ hotline staff prior to a clinical appointment. Changes to transportation needs should be updated in iCarol as needed.

Travel Vouchers

If the client identifies transportation as a barrier to care during registration with the clinic (via iCarol registration question: How will you get to your first appointment?), the Dental Provider Partner should find out what the client's transportation needs are when scheduling or confirming his/her appointment to determine if a travel voucher is needed to remove transportation as a barrier to care. Travel voucher details should generally be arranged prior to the appointment so that the clinic can be prepared to issue the type of voucher needed at the clinical appointment. If a client has not identified transportation assistance as a need *prior to the clinical appointment*, the clinic is not required to provide a travel voucher but may do so at the clinic's discretion. The clinic may update the client's case management information in iCarol at any time if the client has a change in circumstances and transportation is a new barrier, so that the client may receive travel vouchers at future appointments.

If the client is generally prepared to arrange their own transportation and needs assistance with cost only, the provider clinic may provide a "travel voucher" using the guidelines below. Also see Transportation Flow Chart – Clinic (Exhibit L) for a quick reference guide.

To create a consistent client experience around transportation assistance through SMILE ON 65+ across the state, the following options are acceptable forms of travel assistance:

1. Cash (to pay transportation provider or reimburse for gas)
2. Bus Pass/Pre-Paid Travel Pass
3. Gas Card/Gift Card
4. Lyft Concierge or Uber Health ride (if available in your area) arranged by your CDHC.
5. CDHC may help arrange direct payment to transportation partners through SMILE ON 65+
6. Clinic may pay transportation provider directly (retain receipt/bill in client's file)

Travel Vouchers may be issued in the amounts of $10, $20, $30, or $40. These funds may be used by the client to reimburse them for part or the entire cost of the transportation method they choose, including but not limited to rideshare services, public transportation, medical transport services, etc. The ***Travel Voucher Mileage Guide*** below should be used to determine the amount of travel voucher offered based on the distance between the client's home address and the Dental

Provider Partner's address, *with the goal of eliminating transportation as a barrier to receiving care. Travel vouchers may or may not cover the entire cost of travel, but rather are intended to cover enough of the cost to eliminate the barrier*. If the amount of the voucher exceeds the suggested mileage rates below, the clinic should include a note in the Clinical Contact Form in iCarol explaining why a larger travel voucher was needed (example: "*The client took ETHRA at the cost of $30 round trip and reimbursing the entire cost was needed for client to maintain his appointment."*). Clients should complete a Travel Assistance Form/Receipt (Exhibit E) at the Dental Provider Partner clinic acknowledging receipt of transportation assistance. Travel assistance should be entered into iCarol in the client's Clinical Call Report at each appointment assistance is provided.

Travel Voucher Mileage Guide

Distance between Client Home and Clinic	Travel Voucher Amount
1 - 10 miles	$10
11 - 20 miles	$20
21 – 30 miles	$30
31 miles and up / or Extenuating Circumstances (complex navigation, emergency needs, unavoidable last-minute coordination) *Requires note in iCarol	$40

Referring to a CDHC/Rider Assessment

If the client identifies availability and/or cost of transportation as a barrier, the clinic may provide a list of regional transportation providers (available on the Provider Portal). If the client needs additional assistance beyond what the clinic can provide, the clinic may refer the client to a CDHC for case management services. The clinic should email their CDHC the following referral information: The client's iCarol registration contact form number and all currently scheduled dental appointment dates.

The CDHC will assess the client based on the following guidelines:

- Mobility
- Cognitive function
- Ability to receive and understand text messages
- Language Barriers
- General Safety

Based on this assessment, the CDHC will review suitable transportation options with the client, and the client will choose their transportation provider. All transportation services may not be suitable for all clients.

CDHCs may assist clients with arranging transportation services in their region. Once transportation arrangements have been made, the CDHC may contact the clinic and let them know the client will be receiving transportation assistance and if the clinic should be prepared to issue a voucher directly to the client or if the client is using a SMILE ON 65+ transportation provider partner. The clinic will have the client sign a Travel Assistance Acknowledgement Form at the appointment.

Site Visits

Dental Provider Partners are expected to participate in periodic site visits conducted by SMILE ON 65+ staff (see Exhibit G – Record Review Form). Site visits are intended to assess program compliance and will examine documentation that includes but is not limited to the following:

- Consistency of documentation (the procedures in iCarol should match those in paper or the electronic charts of the clinic)
- Assessment completed and documentation retained to verify financial need and program eligibility
- Preventive, emergent, and basic restorative procedures provided for $25 facility fee at each appointment (services not denied for inability to pay facility fee).
- Removable prosthetics are provided for a maximum patient contribution of $100, with the only exception being the excess lab cost of a gold crown.
- Patient accounts show no outstanding fees or balances for covered services remaining
- Every effort is being made to complete as much care as safely possible for the patient at each visit (quadrant dentistry where possible).
- For Procedures not covered, older adults would pay on the Dental Provider Partner's sliding fee scale
- Transportation assistance offered if applicable
- Clinic policies and procedures for SMILE ON 65+

If a client is found to be ineligible for SMILE ON 65+, any reimbursement for services provided to the ineligible client will be evaluated. These funds will be adjusted on the next monthly payment voucher, following the site visit.

- If removable prosthetic treatment is in progress, the provider should complete that process for the client to ensure consistency of care.
- For clients who are in process on a treatment plan, every effort should be made to convert that client to the clinic's sliding fee schedule.
- If the client cannot continue with the provider under the clinic's sliding fee scale, resources for finding other providers must be distributed to them. The Community Dental Health Coordinator in your region can be of assistance if needed.

Background Check Policy

In accordance with Tennessee law relative to the protection of elderly and disabled adults, all SMILE ON 65+ employees providing direct patient care **must** have any valid licenses or certifications required by the State of Tennessee (Tennessee Code Annotated Section 63-5-107(c)(1)) to perform services to be verified at the time of employment and annually thereafter. All applicants for licensure in Tennessee undergo a background check according to state law (Public Chapter 1084). Compliance with all regulations of the Tennessee Board of Dentistry is the responsibility of the employee. Access to employee licenses must be provided during audits as requested by SMILE ON 65+ staff.

Grantees must complete the Background Check screening form (Exhibit H) annually for everyone who works on SMILE ON 65+ and anyone who has direct contact with older adults or their personal information – both employees and volunteers. Grantees should have employee or volunteer complete the Background Check Authorization form (Exhibit G) prior to completing the screening form. If you have completed the background check form for a current employee or volunteer within the past year, you would NOT need to have them sign a new authorization or complete an additional background check form until a year has passed since their last screening.

A completed Background Check form must be submitted prior to any employee gaining access to the iCarol database. Background Check Forms should be completed annually thereafter for each current employee or volunteer.

A yearly list of staff and volunteers who had contact with SMILE ON 65+ clients, along with their most recent completed background check forms, should be sent to the SMILE ON 65+ Program Administrator. We will retain these records for monitoring purposes.

Grievance Policy

Dental Provider Partners are encouraged to address client grievances on an individual basis. A client concern or complaint regarding the quality of work done should be addressed by the provider as soon as possible. If the solution for a grievance regarding the quality of work done results in a redo of the procedure, no additional fees will be paid through SMILE ON 65+.

If client grievances cannot be resolved at the dental provider partner level, please direct concerns to Holly Plemons, Chief Officer of Statewide Initiatives. Please submit notification via email and include provider name, initial date of service, procedure, client name and complaint.

SMILE ON 65+ reserves the right to employ peer review of grievances to assess the claim.

Required Language for Public Notices

All notices, informational pamphlets, press releases, research reports, signs, and similar public notices prepared and released by the Grantee in relation to this Grant Contract shall include the statement, “This project is funded under a Grant Contract with the State of Tennessee.” All notices by the Grantee in relation to this Grant Contract shall be approved by the state.

Please send all notices to the Program Administrator at: amy@smileon65plus.com for approval.

Patient Stories

Patient Stories are an integral part of our sustainability plan and demonstrate the program’s success. Dental Provider Partners are strongly encouraged to take Before and After photos of each client and submit photos of the very best transformations and patient stories to SMILE ON 65+ to use in reports and marketing materials. Clinics should use the SMILE ON 65+ Story Template **(EXHIBIT M)** and submit to the Program Administrator, Amy Ayers at amy@smileon65plus.com.

EXHIBIT A

SMILE ON 65+ Formulary – also found in iCarol database

SMILE ON 65+

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 p[illegible]nal therapy – molar tooth~~	95+
	~~Root Canal Retreat [illegible] 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 +

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

	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 +

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

	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	

SMILE ON 65+ Crown Cheat Sheet

***Please see full description of clinical criteria and guidelines as outlined in the SMILE ON 65+ Program Manual.**

	New Crown	Crown (post-seat – 5 years)	Crown (more than 5 years since delivery)
Reimbursement Available	Yes	No	Yes
Lab Assist	Yes – at crown prep visit	No	Yes – at crown prep visit
Temporary Crowns	Included in crown reimbursement	No	Included in crown reimbursement
Adjustments	Included in crown reimbursement	Yes – if 12 months after seat date	Included in crown reimbursement
Repairs	Included in crown reimbursement	Yes – if 12 months after seat date	Included in crown reimbursement
Replacements	No	No	No
Recement	No	Yes – if 12 months after seat date	Yes

Special Notes:
Effective 7/1/2026 crowns are limited to 1 (one) per patient per year (July 1 – June 30).
Crowns will not be covered for cosmetic purposes or if outside of clinical criteria and guidelines as specified in the SMILE ON 65+ Program Manual.
A one-time crown lab assist fee may be submitted at the crown prep visit to help provider partners offset the cost of fabricating the crown.
If a patient elects to have a gold crown, the additional lab cost may be requested from the patient. This difference must be between the lab cost of the gold crown and the highest crown lab cost paid by that Provider Partner. Documentation of lab costs paid by the provider will be requested at the site visit.

Documentation required for crown reimbursement:
1. Diagnostic radiographs showing clearly the adjacent and opposing teeth and the caries/trauma must be in the patient's record; bitewings, periapicals or panorex. Radiographs must be current, within 12 months of the crown prep date.
2. Appropriate diagnostic radiographs showing the completed restoration must be in the patient's record.

Patient Fees:
Patients are expected to contribute the $25 facility fee at the crown prep and crown seat visits, with a maximum of $50 contribution for the crown process.
If a patient elects to have a gold crown, the additional lab cost may be requested from the patient. This difference must be between the lab cost of the gold crown and the highest crown lab cost paid by that Provider Partner. Documentation of lab costs paid by the provider will be requested at the site visit.

Billing Tips:

Visit 1	Visit 2
**Make sure there is a pre-op x-ray in the patient's chart*	
Enter Crown code using CDT and Prep, for example:	Enter Crown code using same CDT submitted in Prep step, for example:
2721-PREP - Crown - resin/metal base: Prep Visit	**2721**-SEAT - Crown-resin/metal base: Seat Visit
Add quantity of 1	Add quantity of 1
Enter Lab Assist Code that corresponds to the code listed in crown prep above:	**Take post-op x-ray to show seated crown and retain in patient's chart*
Lab Assist-**2721** - 2721 Crown Lab Assist $150 (One-time crown lab assistance code may be submitted on the prep visit for the crown)	
Add quantity of 1	

4/1/2026

SMILE ON 65+ Removable Prosthodontics Cheat Sheet

*Please see full description of clinical criteria and guidelines as outlined in the SMILE ON 65+ Program Manual.

	New Denture or partial (up to 6 months post-delivery)	Denture or partial (6 -12 months post-delivery)	Denture or partial (more than 1 year since delivery)	New Immediate Denture or partial (up to 4 months post-delivery)	Immediate Denture or partial (more than 4 months since delivery)
Lab Assist	Yes	No	Misc. Lab Assist - Once per year for lab relines or lab repairs	Yes	Yes
Adjustments	No	Once per year	Once per year	No	No
Tissue Conditioning	No	Once per year	Once per year	No	No
Repairs	No	Once per year	Once per year	No	No
Relines	No	No	Once per year	No*	Yes – if not replaced with conventional
Replacement	No	No	No	No*	Yes – if not relined
Adding teeth and/or clasp to partial	No	No	Once per year	No	Once per year if not replaced or relined

*If it is determined that relines or replacements are needed prior to the 4-month period, please reach out to Holly Plemons (holly@interfaithdental.com) to request an exception.

Special Notes:
Fabrication of a removable prosthetic includes multiple steps (impressions, try-ins, adjustments, delivery etc.) and are compensated at a set amount. Half of the reimbursement is paid at the initial step and the remaining half at the delivery of the removable prosthetic, based on the assigned time values in the SMILE ON 65+ formulary.

Enter No Code – Denture Step Maxillary or No Code-Denture Step Mandibular

- This code should be used for try-ins, wax rims and any other step in the denture process not entered as the initial or delivery step, as well as for any adjustments, repairs, etc., not eligible for reimbursement due to timeframe limits.
- This code also should be used for *adjustments needed on repairs and relines* not eligible for reimbursement due to timeframe limits.

Enter Lab Assist Codes for new dentures or partials on the initial step (when impressions are taken).
In the rare circumstance that it is not possible to deliver the removable prosthetic, please notify Holly (holly@interfaithdental.com) to discuss potential alternatives.

Patient Fees: There is a $100 maximum patient portion for removable prosthetic fabrication. Provider Partners are expected to complete steps for upper and lower removable prosthodontics at the same time whenever possible. If the initial and delivery steps for upper and lower dentures and partials can't be completed on the same visit, a narrative must be added to the Clinical Form's Notes Section in iCarol, outlining the patient's treatment needs.

Please see Billing Examples below:

6.2025

Billing Example for new appliances:

Visit 1: Enter Denture code using CDT as INITIAL:
5110 INT - Complete denture maxillary: INITIAL STEP– 5 years or more since last appliance
Enter Lab Assist Code that corresponds to the denture listed in the initial step above:
Lab Assist - 5110 - 5110 Lab Assist
Visit 2: No Code - Denture Step Maxillary
Visit 3: No Code - Denture Step Maxillary
Visit 4: Enter the same Denture code submitted in initial step above (must match) as DELIVERY:
5110-DEL Complete denture maxillary: DELIVERY– 5 years or more since last appliance

	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

Billing Example with use of Lab for Repairs and Relines:

Visit 1: Enter Repair or Reline Code using CDT:
5511 – Repair broken complete denture base mandibular – one per year, appliance more than 6 months since delivery - 30
Enter Lab Assist – Misc – Relines or repairs sent to lab $150
Visit 2: DEL – reline or repair sent to lab – 15
If pt must return within 6 months for an adjustment on the Repair or Reline:
Visit 3: Enter the No Code used for adjustments, etc directly following a new appliance delivery
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 + **this step can be repeated as many times as needed during the 6-month period following repair*

	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	15
	5511 - Repair broken complete denture base mandibular – one per year, appliance more than 6 months since delivery	30

*Please see full description of clinical criteria and guidelines as outlined in the SMILE ON 65+ Program Manual.

	Reimbursement Available
Root Canal	Yes
Root Canal Assist	Yes – at initial visit
2nd Step	Included in endo reimbursement
Retreats	Yes – 1 per tooth per lifetime and if original RCT was completed by a provider outside of organization or at least 1 year past treatment date if completed by the retreating clinic
Root Canal Retreat Assist	Yes – at initial retreat step if original RCT was completed by a provider outside of organization or at least 1 year past treatment date if completed by the retreating clinic

Provider Partner Network Limitation:
Due to limited endodontic capacity within the Provider Partner Network, coverage of endodontic therapy is restricted to anterior and premolar teeth when a qualified provider is available at the treating Provider Partner Clinic. Authorization will only be considered when the procedure can be performed by a qualified provider employed by or practicing within that clinic.

Coverage is not intended to facilitate referral to another Provider Partner Clinic, specialist, or external practice for endodontic treatment. In the absence of in-house provider availability, endodontic treatment will not be authorized. Molar endodontic therapy is not a covered service under this program effective 9/15/2026.

Special Notes:
- Effective 9/15/2026, endodontic therapy is a limited covered procedure.
- Coverage is restricted to anterior and premolar teeth and is subject to provider availability within the Provider Partner Network.
- Molar endodontic therapy is not a covered procedure.

The fee for root canals includes all steps necessary to complete the therapy. Reimbursement is provided at the first visit for all needed steps.

Retreatment of previous root canal therapy is allowed once per tooth per lifetime. Retreatments are covered only when completed by a provider outside of provider partner clinic or is at least 1-year post-treatment if completed by the retreating clinic.

A one-time root canal assist fee may be submitted at the first visit to help provider partners -offset the additional costs associated with providing endodontic therapy.

Documentation required for root canal reimbursement:
1. Diagnostic radiographs showing clearly the adjacent and opposing teeth, the caries/trauma, and a pre-operative radiograph of the tooth to be treated must be in the patient's record; bitewings, periapicals or panorex. Radiographs must be current, within 12 months of the root canal therapy date.
2. A dated post-operative radiograph must be maintained in the patient's chart showing properly condensed/obturated canal(s), for review during site visits.

General Criteria:
• Fill should be sufficiently close to the radiological apex to ensure that an apical seal is achieved, unless there is a curvature or calcification of the canal that limits the dentist's ability to fill the canal to the apex.

• Fill must be properly condensed/obturated. The filling material does not extend excessively beyond the apex.
• Coverage is limited to endodontic treatment of anterior and premolar teeth when the treating Provider Partner Clinic has a qualified provider available to perform the procedure.

Approval for Root Canal Therapy and Root Canal Re-treatment Will Not Meet Criteria If:
• Gross periapical or periodontal disease is demonstrated radiographically (caries subcrestal or to the furcation, deeming the tooth non-restorable).
• Root canal therapy is requested for a molar tooth.
• Root canal therapy is for third molars unless they are an abutment for a partial denture.
• Tooth does not demonstrate 50 percent bone support.
• Root canal therapy is in anticipation of placement of an overdenture.
• Filling material not accepted by the Federal Food and Drug Administration.
• The treating Provider Partner Clinic does not have a qualified provider available to perform the procedure.

Other Considerations:
Root canal therapy for permanent teeth includes diagnosis, extirpation of the pulp, shaping and enlarging the canals, temporary fillings, filling and obturation of root canal(s), and progress radiographs, including a root canal fill radiograph.

Patient Fees:
Patients are expected to contribute the $25 facility fee at the initial and 2nd step appointments (when applicable), with a maximum of $50 contribution for root canal therapy.

Billing Tips:

Visit 1
Make sure there is a pre-op x-ray in the patient's chart
Enter Endo code using CDT for example:
3310 – Root Canal - anterior
Add quantity
Enter Root Canal Assist Code that corresponds to the code listed in the root canal above:
Root Canal Assist - 3310 – anterior tooth
Add quantity
If Complete – make sure that there is a post-op x-ray in the patient's chart
Visit 2
No Code – Root Canal Second Visit
If Complete – make sure that there is a post-op x-ray in the patient's chart

EXHIBIT C

SMILE ON 65+ Staff Contact Information

Chief Officer of Statewide Initiatives

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615-988-9249

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EXHIBIT D

Current Federal Poverty Level Guidelines

200% Federal Poverty Guidelines - 2026

Household #	Annual	Monthly	Weekly
1	$31,920	$2,660	$613
2	$43,280	$3,607	$832
3	$54,640	$4,554	$1,050
4	$66,000	$5,500	$1,269
5	$77,360	$6,447	$1,487
6	$88,720	$7,394	$1,706
7	$100,080	$8,340	$1,924
8	$111,440	$9,287	$2,143

For families/households with more than 8 people, add $11,000 for each additional person per year.

Sources: https://aspe.hhs.gov/topics/poverty-economic-mobility/poverty-guidelines

EXHIBIT E

Travel Assistance Form/Receipt

For Clinic Use Only:
$_____
Other:

Travel Assistance Form/Receipt

It is my choice to be in SMILE ON 65+ and I have received travel assistance. I chose the transportation I used to receive SMILE ON 65+ services. I understand the travel assistance is to be used for the cost of travel to get dental services through SMILE ON 65+. The travel assistance may not cover the total cost of the transportation I chose. I understand that the amount of travel assistance given is based on the distance between my home address and the Dental Provider Partner Clinic.

I understand that SMILE ON 65+ is not in charge of the transportation I chose for myself. I agree that SMILE ON 65+, Interfaith Dental, the Dental Provider Partner Clinic listed below, and anyone connected to them is not responsible in any way for any accident, illness, injury, death, damage to property, loss of property, or destruction of property. I understand and agree that travel by automobile is dangerous and may cause injury or death and I accept the risks. I understand that this agreement is based on the laws of Tennessee and that the location for any action taken in a court from this agreement shall be in Tennessee. If anything in this agreement is decided to be illegal, unable to be enforced, or in conflict with any law over this agreement, the remaining sections shall not be affected.

I have read this agreement and understand it is a release of all liability for my injury, death or damage to my property that happens during travel to or from SMILE ON 65+ programs and services. This release covers all travel assistance offered through SMILE ON 65+. I understand all risks.

Client Signature_____Date_____

Dental Provider Partner Clinic Representative: _____

Dental Provider Partner Clinic Name:_____

Travel Assistance Issue Date: _____

EXHIBIT F

Client Rights and Responsibilities Agreement

I understand it is my choice to be a part of the SMILE ON 65+ Program. I agree:

- I will show up to my appointments and follow the guidelines at my home clinic, including always treating all members of the SMILE ON 65+ team and clinic staff with respect.
- The information I have shown and given to be a part of this program is true and correct.
- I am expected to pay a facility fee of $25 at each appointment for most procedures covered by SMILE ON 65+, except for dentures or partials which will cost $100 total. For any procedures not covered by SMILE ON 65+, I understand I will pay based on my clinic's sliding fee scale.
- I agree to have my before and after photo taken by clinic staff. I understand my photos may be used for advertising, fundraising, or any other reason decided by this clinic and the SMILE ON 65+ program.

You have the right to expect the following from SMILE ON 65+ staff and partner clinic staff:

- You can expect to be treated with respect.
- You can expect to be fully informed of the services available to you and your responsibility as a patient in the program.
- You can expect your information will be kept private.

If you ever feel one or more of these rights have been violated or believe you have not been treated fairly, you have the right to share your concerns with the dental provider clinic.

If the concern cannot be resolved between you and the dental provider clinic, you have a right to make a formal complaint to SMILE ON 65+. Please share the information with Holly Plemons, Chief Officer of Statewide Initiatives for Interfaith Dental, within 3 days. Please send an email to holly@interfaithdental.com and include your name and the name of your dental provider, the date you were seen, what you were having done, and your concern. If you are not able to send an email, you may call 615-988-9249. All concerns are taken seriously, and every effort is made to resolve concerns as soon as possible.

Client Signature_____Date_____

Dental Provider Partner Clinic Name: _____

EXHIBIT G
Record Review Form

SMILE ON 65+ - Record Review
Dental Provider Partner

Dental Provider Partner: _____ Date of Review: _____

Client Name (First Name; Middle Initial, Last Name): _____

Date of Birth: _____ Age: _____ County: _____

Record Review		C – Compliant NC – Non-compliant N/A – Not Applicable	Comments
Eligibility Verification date:			
Eligibility Documents in Patient Record	Age 65 and over (ID w/DOB)		
	Tennessee resident		
	Income less than 200 FPL (# of members of the household ____)		
	Dentally Uninsured		
Client's Rights and Responsibilities Form Completed			
Transportation Assistance Form Competed (when applicable)			
Screening Completed on date: _____			
All SMILE ON 65+ covered services are provided for $25 facility fee at each appointment (Services not denied for inability to pay co-pay), $100 max for dentures			
Remaining balances from SMILE ON 65+ covered services are not present on patient's ledger			
For procedures not covered by SMILE ON 65+, patients pay on the provider's sliding fee scale			
Database entry consistent with clinic's internal documentation			

Record Review	C – Compliant NC – Non-compliant N/A – Not Applicable	Codes listed in Client File:	Pre- and post-op x-rays in chart when applicable
Treatment Date: Codes in iCarol:			
Treatment Date: Codes in iCarol:			
Treatment Date: Codes in iCarol:			
Treatment Date: Codes in iCarol:			
Treatment Date: Codes in iCarol:			
Treatment Date: Codes in iCarol:			
Treatment Date: Codes in iCarol:			
Treatment Date: Codes in iCarol:			
Treatment Date: Codes in iCarol:			
Every effort is being made to provide as much care as safely possible per visit. Yes or No			
Wellness Markers – Documented and in agreement with chart notes			

EXHIBIT H

Background Check Acknowledgement/Screening Forms

SMILE ON 65+ Background Check Acknowledgement Form

As required by the State of Tennessee, clinics must verify any employee or volunteer who will provide care through the SMILE ON 65+ program is properly licensed and screened, including but not limited to the following registry checks and criminal history searches:

Felony Offender Registry
Abuse Registries
Sex Offender Registry
Professional License Search and Verification
Local County Criminal Records Search

Please see the complete Background Check Policy in the SMILE ON 65+ Program Manual.

I consent to this background check for Clinic: _____

I will be: ____an employee ____a volunteer
who will provide direct care or have access to SMILE ON 65+ patient information.

- The information provided below is true and accurate.
- I acknowledge that the information collected will remain confidential and protected in my employee file for auditing verification only.
- I understand that I have a right to obtain a copy of the results of this search.

Employee/Volunteer Name: _____
(Last) (First) (Middle) (Suffix Jr., Sr., Etc.)

Other Names Used (Maiden, Aliases): _____

Date of Birth (Month / Day / Year): _____ / _____ / _____

Address: _____

City / State / Zip: _____

Do you hold a professional license? No_____ If Yes, list License # below beside your Profession:

#_____RDH #_____RDA #_____DDS/DMD #_____Other

Employee/Volunteer Signature: _____

Today's Date: _____

Background Check Form

Employee/Volunteer name: _____
(Last) (First) (Middle) (Suffix Jr., Sr., Etc.)

Professional License to Verify: _____ RDH _____ RDA _____ DDS/DMD

Check the following:

Felony Offender Registry

(https://apps.tn.gov/foil) Date: _____

Abuse Registries

(https://www.nsopw.gov/) Date: _____

(https://apps.health.tn.gov/abuseregistry/) Date: _____

Professional License Search and Verification

(https://apps.health.tn.gov/Licensure) Date: _____

License #_____

Local law enforcement background check Date: _____

_____ County

Checked by: _____ Date: _____

EXHIBIT I

Insurance Cheat Sheet *most current found on Provider Portal

SMILE ON 65+ Insurance Cheat Sheet - 2026

Partner Version

Insurance	Plan Type	Plan(s)	SO 65+	Coverage	Annual Limit	Dentists who are Providers?	Phone #
AARP Medicare Advantage Access from UHC TN-7 (PPO) (not offered in 2026) H2001_086_000							
AARP® Medicare Advantage from UHC TC-0002 (HMO-POS) new in 2026	Medicare Advantage	H525-047-000	N	Preventive & comprehensive	$2,500	uhcmedicaredentalproviderqrg.com	1-866-272-1967
AARP® Medicare Advantage from UHC TC-0003 (HMO-POS) new in 2026	Medicare Advantage	H5253-048-000	N	Preventive & comprehensive	$3,500	uhcmedicaredentalproviderqrg.com	1-866-272-1967
AARP® Medicare Advantage from UHC TN-0004 (HMO-POS) new in 2026	Medicare Advantage "West"	H5253-082-000	N	Preventive & comprehensive	$5,000	uhcmedicaredentalproviderqrg.com	1-877-370-4874
AARP Medicare Advantage from UHC TN-0005 (HMO-POS) (not found in 2026) H5253-083-000							
AARP Medicare Advantage from UHC TN-0006 (HMO-POS)	Medicare Advantage	H5253-084-0 "Middle"	N	Preventive & comprehensive	$1,500	AARPMedicarePlans.com	1-877-370-4874
AARP® Medicare Advantage Giveback from UHC TC-4 (HMO-POS)	Medicare Advantage	H5253-121-000	N	Preventive & comprehensive	$1,000	AARPMedicareplans.com	1-866-272-1967
AARP® Medicare Advantage Patriot No Rx TC-MA01 (HMO-POS)	Medicare Advantage	H5253-113-000	N	Preventive & comprehensive	$4,000	AARPMedicareplans.com	1-866-272-1967
AARP® Medicare Advantage from UHC TN-0001 (PPO) (not offered in 2026) H2001-093-000/H2577-007							
AARP Medicare RX Preferred (PDP), AARP Medicare Rx Saver from UHC (PDP)	Medicare prescription Drug Plan (Part D)	S5921-393; S5921-357	Y	No DENTAL - Rx only plan	N/A	myAARPMedicare.com	1-866-870-3470
AARP Medicare Supplement	Medigap	Supplement plan only; Plan A, B, C, F, G, K, L, N,G1, N1	Y	NO DENTAL - discount plans only	N/A	myAARPMedicare.com	1-866-870-3470

SMILE ON 65+ Insurance Cheat Sheet - 2026

Partner Version

Insurance	Plan Type	Plan(s)	SO 65+	Coverage	Annual Limi	Dentists who are Providers?	Phone #
Aetna Medicare Eagle Giveback Plan (PPO)	Medicare Advantage	H5521-279	N	Preventive & comprehensive	$2,000	AetnaMedicare.com/H5521-141	1-833-570-6670
Aetna Medicare Signature Giveback PPO- new in 2026	Medicare Advantage	H5521-141	N	Preventive & comprehensive	$1,500	AetnaMedicare.com/H5521-141	1-833-570-6670
Aetna Medicare Eagle Giveback (PPO) - new in 2026	Medicare Advantage	H5521-279	N	Preventive & comprehensive	$2,000	Aetnamedicare.com	1-833-570-6670
Aetna Medicare Signature Care PPO - new in 2026	Medicare Advantage	West H5521-502; Middle H5521-254	Y	Preventive only	N/A	AetnaMedicare.com/dental	1-833-570-6670
Aetna Medicare Value Plus Plan (HMO)	Medicare Advantage	H3146-012	N	Preventive & comprehensive	$1,000	AetnaMedicare.com/H3146-012	1-833-570-6670
Aetna Medicare Value Plus (PPO) - not offered in 2026 H5521-501-0							
Aetna Medicare Enhanced HMO - new in 2026	Medicare Advantage	H3146-041	N	Preventive & comprehensive	$1,750	AetnaMedicare.com/H3146-041 o	1-833-570-6670
Aetna Medicare Enhanced HMO - new in 2026	Medicare Advantage	H3146-046	N	Preventive & comprehensive	$1,000	AetnaMedicare.com/H3146-041 o	1-833-570-6670
Aetna Medicare Enhanced PPO - new in 2026	Medicare Advantage	H5521-501	N	Preventive & comprehensive	$1,000	AetnaMedicare.com/H5521-501	1-833-570-6670
Aetna SilverScript Choicer PDP	Rx only	S5601-024	Y	No DENTAL - Rx only plan	N/A	N/A	1-866-235-5660
Abilis Health (HMO I-SNP) Signature Advantage (HMO SNP)	Medicare Advantage Special Needs Plan	H2400-001-0	N	Preventive & Comprehensive	$2,000	http://www.abilishealth.com/	http://www.abilishealth.com/

SMILE ON 65+ Insurance Cheat Sheet - 2026

Partner Version

Insurance	Plan Type	Plan(s)	SO 65+	Coverage	Annual Limit	Dentists who are Providers?	Phone #
Ambetter Health Premier - Bronze, Silver, Gold	HAS-EPO	201, 202, 203	Y if no rider, N if optional dental rider included	No Dental unless Optional Dental Rider- (Will say Dental on card if pt opted in)		https://enroll.ambetterhealth.com/	
American Health Advantage of TN HMO - I-SNP	Special Needs Plan (usually nursing home care)	H7779-001	Y	none	NA	https://directory.amhealthplans.com/h7779/	1-844-321-1763
BCBS Blue Advantage Diamond PPO	Medicare Advantage	NE- H7917-011-0; Middle and West H7917-009; Southeast H7917-10	N	Preventive & comprehensive	$3,500	http://www.bcbstmedicare.com/	1-800-831-2583
BCBS Elite Medigap - not found in 2026							
BCBS Blue Advantage Extra PPO	Medicare Advantage	H7917-041	N	Preventive & comprehensive	$2,500.00	http://www.bcbstmedicare.com/	1-800-831-2583
BCBS Freedom	Medicare Advantage	H7917-039	N	Preventive & comprehensive	$2,500	http://www.bcbstmedicare.com/	1-800-831-2583
Blue Advantage Garnett PPO	Medicare Advantage	West Tn-7917-033; Middle 7917-032	N	Preventive & comprehensive	$2,000	http://www.bcbstmedicare.com/	1-800-831-2583
BCBS Blue Advantage Prime (PPO) Not found in 2026							
BCBS Ruby PPO	Medicare Advantage	Middle H9717-013; NE-H7917-015; SE-H7917-014; West H7917-012	N	Preventive & comprehensive	Middle-$2,250; NE$2,750; SE $2,250; West 2,250.00	http://www.bcbstmedicare.com/	1-800-831-2583
Blue Advantage Sapphire PPO	Medicare Advantage	East-H7917-038; SE 7917-030; NE-7917-031	N	Preventive & comprehensive	East 2,250; Southeast 2,250	http://www.bcbstmedicare.com/	1-800-831-2583

SMILE ON 65+ Insurance Cheat Sheet - 2026

Partner Version

Insurance	Plan Type	Plan(s)	SO 65+	Coverage	Annual Limit	Dentists who are Providers?	Phone #
Blue Advantage Total Heart and Diabetes Plus PPO C-SNP (new in 2026)	Special Needs Plan	H7917-26	N	Preventive & comprehensive	2,000.00	http://www.bcbstmedicare.com/	1-800-831-2583
BCBS BlueCare - Not found in 2026							
BlueCarePlus HM0 SNP	Special Needs Plan	H3259-001	N	Preventive & comprehensive	$3,000	www.bluecareplus.bcbst.com	1-866-238-2627
BlueCare Plus Choice HMO D-SNP	Special Needs Plan	H3259-002	N	Preventive & comprehensive	TennCare/ Renaissance	https://www.bluecareplus.bcbst.com	1-800-332-5762
BlueCare Select HMO DSNP	Special Needs Plan	H3259-003	N	Preventive & comprehensive	$3,000	www.bluecareplus.bcbst.com	1-866-238-2726
BCBS Federal Employee Plan	Other	Standard and High Options	N	Preventive & comprehensive	$1,500-$3,000	www.bcbsfepdental.com	1-855-504-2582
Cigna Extra Rx, Assurance Rx, Saver Rx, Secure Rx -not found in 2026							
DEVOTED CHOICE Tennessee (PPO)	Medicare Advantage	H9231-015-000; H9231-016-000; H9231-011-000; H9231-010-000; H9231-007-000	N	Preventive & Comprehensive	$3,500	http://www.devoted.com/	1-800-338-6833
Devoted Choice Giveback Tennessee (PPO)	Medicare Advantage	H9231-005-000; H9231-002-000; H9231-012-000; H9231-006-000	N	Preventive & Comprehensive	$2,500	http://www.devoted.com/	1-800-338-6833
DEVOTED CORE Tennessee (HMO)	Medicare Advantage	H7605-007-000; H7605-009-000; H7605-001-000; H7605-004-000; H7605-010-000	N	Preventive & Comprehensive	$2,500	http://www.devoted.com/	1-800-338-6833

SMILE ON 65+ Insurance Cheat Sheet - 2026

Partner Version

Insurance	Plan Type	Plan(s)	SO 65+	Coverage	Annual Limit	Dentists who are Providers?	Phone #
DEVOTED GIVEBACK Tennessee (HMO)	Medicare Advantage	H7605-008-000; H7605-001-000; H7605-002-000; H7605-005-000	N	Preventive & Comprehensive	$2,500	http://www.devoted.com/	1-800-338-6833
DEVOTED C-SNP CHOICE PLUS TN (PPO C-SNP) (new in 2026)	Medicare Advantage Special Needs Plan	H9231-020-000; H9231-020-000; H9231-002-000;	N	Preventive & Comprehensive	$2,500	http://www.devoted.com/	1-800-338-6833
DEVOTED C-SNP CHOICE PREMIUM (PPO C-SNP) (new in 2026)	Medicare Advantage Special Needs Plan	H9231-018-000; H9231-017-000; H9231-019-000	N	Preventive & Comprehensive	$2,000	http://www.devoted.com/	1-800-338-6833
GEHA- Government Employees Health Association Inc	Other	High and Standard - Optional Dental Plans	N	Preventive & Diagnostic	$1,000	www.geha.com/Find-Care	1888-895-2434
HealthSpring Courage (HMO)	Medicare Advantage	H4513-033-000	N	Preventive & Comprehensive	$2,500	https://healthspring-search.phynd.com/select-a-location?radius=20	877.652.1790
HealthSpring Preferred (HMO)	Medicare Advantage	H4513-049-001, H4513-037-000 East, H4513-049-004 West	N	Preventive & Comprehensive	$2,550	https://healthspring-search.phynd.com/select-a-location?radius=20	877.652.1790
HealthSpring Preferred Savings (HMO)	Medicare Advantage	H4513-068-001, H4513-068-002 West	N	Preventive & Comprehensive	$1,300	https://healthspring-search.phynd.com/select-a-location?radius=20	877.652.1790
HealthSpring Preferred Full Savings (HMO)	Medicare Advantage	H4513-090-000	N	Preventive & Comprehensive	$950	https://healthspring-search.phynd.com/select-a-location?radius=20	877.652.1790

SMILE ON 65+ Insurance Cheat Sheet - 2026

Partner Version

Insurance	Plan Type	Plan(s)	SO 65+	Coverage	Annual Limit	Dentists who are Providers?	Phone #
HealthSpring Premier (HMO-POS)	Medicare Advantage	H4513-036-000	N	Preventive & Comprehensive	$2,000	https://healthspring-search.phynd.com/select-a-location?radius=20	877.652.1790
HealthSpring Primary (HMO)	Medicare Advantage	H4513-053-000, H4513-035-000 East	N	Preventive & Comprehensive	$1,650	https://healthspring-search.phynd.com/select-a-location?radius=20	877.652.1790
HealthSpring TotalCare Plus (HMO D-SNP)	Medicare Advantage	H4513-034-000	N	Preventive & Comprehensive	$4,000	https://healthspring-search.phynd.com/select-a-location?radius=20	877.652.1790
HealthSpring True Choice (PPO)	Medicare Advantage	H7849-153-000	Y	Preventive & Limited Basic	N/A	https://healthspring-search.phynd.com/select-a-location?radius=20	877.652.1790
HealthSpring Achieve (HMO C-SNP) (new in 2026)	Medicare Advantage	H4513-097-000	N	Preventive & Comprehensive	$1,500	https://healthspring-search.phynd.com/select-a-location?radius=20	877.652.1790
Humana Basic RX Plan (RDP)	RX only - PDP	S5884-106	Y	No DENTAL - Stand Alone Rx drug plan	N/A	www.Humana.com/PlanDocuments	800-281-6918
Humana Gold Plus (HMO)	Medicare Advantage	H4461-025 (West), H4461-035 (East) Mand Supp Dent Ben: DEN441	N	Preventive, Basic, Major	$3,000	www.Humana.com/PlanDocuments	800-457-4708
Humana Gold Plus (HMO)	Medicare Advantage	H4461-040 (East) Mand Supp Dent Ben: DEN479	N	Preventive, Basic, Major	$5,000	www.Humana.com/PlanDocuments	800-457-4708
Humana Gold Plus (HMO)	Medicare Advantage	H4461-041(East), Mand Supp Dent Ben: DEN458	N	Preventive, Basic, Major	$4,000	www.Humana.com/PlanDocuments	800-457-4708
Humana Total Complete (HMO)	Medicare Advantage	H4461-043, Mand Supp Dent Ben: DENF75	N	Preventive, Basic, Major	$2,000	www.Humana.com/PlanDocuments	800-457-4708

SMILE ON 65+ Insurance Cheat Sheet - 2026

Partner Version

Insurance	Plan Type	Plan(s)	SO 65+	Coverage	Annual Limit	Dentists who are Providers?	Phone #
Humana Essentials Plus Giveback (HMO)	Medicare Advantage	H4461-039, Mand Supp Dent Ben DENF32	N	Preventive, Basic, Major	$3,000	www.Humana.com/PlanDocuments	800-457-4708
Humana Gold Plus Diabetes and Heart (HMO-C-SNP)	Medicare Advantage	H4461-042 (Memphis), Mand Supp Dent Ben DEN441	N	Preventive, Basic, Major	$3,000	www.Humana.com/PlanDocuments	800-457-4708
Humana Gold Plus SNP-DE (HMO D-SNP)	Special Needs Plan	H4461-038 , Mand Supp Dent Ben DEN338	Y	Preventive & Limited Basic	N/A	www.Humana.com/PlanDocuments	800-457-4708
Humana USAA Honor Giveback (HMO)	Medicare Advantage	H4461-004, Mand Supp Dent Ben: DENF90	N	Preventive, Basic, Major	$4,000	www.Humana.com/PlanDocuments	800-457-4708
Humana USAA Honor Giveback (PPO)	Medicare Advantage	H5216-235, Mand Supp Dent Ben: DENA75	N	Preventive, Basic, Major	$2,000	www.Humana.com/PlanDocuments	800-457-4708
Humana Premier RxPlan (RDP)	RX Only	S5884-158	Y	No DENTAL - Stand Alone Rx drug plan	N/A	www.Humana.com/PlanDocuments	800-281-6918
Humana Together in Health (PPO I-SNP)	Special Needs Plan	H5216-416, Mand Supp Dent Ben: DEN968	N	Preventive, Basic, Major	$1,000	www.Humana.com/PlanDocuments	800-457-4708
Humana Together in Health Select(PPO I-SNP)	Special Needs Plan	H5216-453, Mand Supp Dent Ben: DEN968	N	Preventive, Basic, Major	$1,000	www.Humana.com/PlanDocuments	800-457-4708
Humana Choice PPO	Medicare Advantage	H5216-097 - Mandatory Supp Dent Benefit DENF73	N	Preventive, Basic, Major	$1,750	www.Humana.com/PlanDocuments	800-457-4708
Humana Choice PPO	Medicare Advantage	H5216-449 (Nashville) - Mand Supp Dent Ben: DEN87	N	Preventive, Basic, Major	$3,000	www.Humana.com/PlanDocuments	800-457-4708

SMILE ON 65+ Insurance Cheat Sheet - 2026

Partner Version

Insurance	Plan Type	Plan(s)	SO 65+	Coverage	Annual Limit	Dentists who are Providers?	Phone #
Humana Choice PPO	Medicare Advantage	H5216-450 (Nashville) - Mandatory Supp Dent Benefit DENF77	N	Preventive, Basic, Major	$2,000	www.Humana.com/PlanDocuments	800-457-4708
Humana Choice Regional PPO	Medicare Advantage	R0110-017: Mand Supp dent Ben: DENB65	N	Preventive & Comprehensive	$1,250	www.Humana.com/PlanDocuments	800-457-4708
Humana Choice Regional PPO	Medicare Advantage	R0110-018: Mand Supp dent Ben: DENC78	N	Preventive, Basic, Major	$1,250	www.Humana.com/PlanDocuments	800-457-4708
Humana Value Plus (PPO)	Medicare Advantage	H5216-180, Mand Supp Dent Ben: DEN287	N	Preventive, Basic, Major	$2,000	www.Humana.com/PlanDocuments	800-457-4708
Humana Value Plus (PPO)	Medicare Advantage	H7617-088, Mand Supp Dent Ben DEN287	N	Preventive, Basic, Major	$2,000	www.Humana.com/PlanDocuments	800-457-4708
Humana Value Rx Plan (PDP)	RX only	S5884-191	Y	No DENTAL - Stand Alone Rx drug plan	N/A	www.Humana.com/PlanDocuments	800-281-6918
NHC Advantage (HMO-I-SNP)	Medicare Advantage	H417-001-0	N	Preventive & Comprehensive	$1,650	www.nhcadvantageplan.com	844.854.6886
Senior Care (HMO-I-SNP) (by NHC Advantage) (new in 2026)	Medicare Advantage	H4172, Plan 003	N	Preventive & Comprehensive	$2,000	www.nhcadvantageplan.com	844.854.6886
Physicians Mutual Economy	Other	Private Dental Plan	N	Preventive & Comprehensive	No annual max - pays % of services	www.physiciansmutual.com	844.525.3993

SMILE ON 65+ Insurance Cheat Sheet - 2026

Partner Version

Insurance	Plan Type	Plan(s)	SO 65+	Coverage	Annual Limit	Dentists who are Providers?	Phone #
Physicians Mutual Preferred	Other	Private Dental Plan	N	Preventive & Comprehensive	No annual max - pays % of services	www.physiciansmutual.com	844.525.3993
Physicians Mutual Standard	Other	Private Dental Plan	N	Preventive & Comprehensive	No annual max - pays % of services	www.physiciansmutual.com	844.525.3993
Physicians Mutual Premier	Other	Private Dental Plan	N	Preventive & Comprehensive	No annual max - pays % of services	www.physiciansmutual.com	844.525.3993
UHC Complete Care Support TC-6 (HMO-POS C-SNP)	Special Needs Plan	H5253-194-001 (Middle, West)	N	Preventive & Comprehensive	$2,000	UHC.com/Medicare	1-866-367-7527
UHC Complete Care Support TC-6 (HMO-POS C-SNP)	Special Needs Plan	H5253-194-002 (East)	N	Preventive & Comprehensive	$3,000	UHC.com/Medicare	1-866-367-7527
UHC Dual Complete TN-S001 (HMO-POS D-SNP)	Dual Eligible Special Needs Plans	H0251-002-0 (Middle, West, East)	N	Preventive & Comprehensive	$3,000	MyUHC.com/CommunityPlan.	1-844-560-4944
UHC Complete Care TC-0005 ((HMO-POS C-SNP)	Special Needs	H5253-193-001 (Middle, West)	Y if no rider, N if optional dental rider included	Preventive Only without optional rider	If rider is added, $1,500 in comprehensive coverage	UHC.com/Medicare	1-866-367-7527
UHC Dual Complete TN-Y001 (HMO-POS D-SNP)	Dual Eligible Special Needs Plans	H0251-004-0 (Middle, West, East)	N	Preventive & Comprehensive	$5,000	MyUHC.com/CommunityPlan.	1-844-560-4944
UHC Dual Complete TN-Y2 (HMO-POS D-SNP) new in 2026	Dual Eligible Special Needs Plans	H0251-008-0 (Middle, West, East)	N	Preventive & Comprehensive	$4,000	MyUHC.com/CommunityPlan.	1-844-560-4944

SMILE ON 65+ Insurance Cheat Sheet - 2026

Partner Version

Insurance	Plan Type	Plan(s)	SO 65+	Coverage	Annual Limit	Dentists who are Providers?	Phone #
UHC Medicare Advantage TC-0001 (PPO)	Medicare Advantage	H2001-104-000 (East)	Y if no rider, N if optional dental rider included	Preventive only with optional comprehensive rider	Preventative Only or $1,000 with optional dental rider	UHC.com/Medicare	1-844-723-6473
UnitedHealthcare Community Plan	Other	TennCare	N	Preventive and Comprehensive	No Annual Max	TennCare Providers Only	1-855-418-1622
WellCare Assist HMO POS	Medicare Advantage	H1416-042, H1416-083	N	Preventive & Comprehensive	$5,000	www.wellcare.com/medicare	1-833-444-9088
WellCare Classic PDP	Rx only	S4802-071	Y	No DENTAL - Stand Alone Rx drug plan	N/A	N/A	1-833-444-9088
WellCare Dual Access (HMO D-SNP)	Special Needs Plan	H1416-035	N	Preventive & Comprehensive	$5,000	www.wellcare.com/medicare	1-844-917-0175
WellCare Giveback (HMO-POS) -	Medicare Advantage	H1416-079	Y	Preventive Only	N/A	www.wellcare.com/medicare	1-844-917-0175
WellCare Giveback Open PPO (not offered in 2026) H9428-002							
Wellcare Simple HMO-POS	Medicare Advantage	H1416-077	N	Preventive & Comprehensive	$5,000	www.wellcare.com/medicare	1-844-917-0175
WellCare No Premium Open PPO (not offered in 2026) H9428-001							
Wellcare Value Script PDP	Perscription Drug	S4802-147	Y	No DENTAL - Stand Alone Rx drug plan	N/A	www.wellcare.com/medicare	1-833-444-9089
Wellcare Medicare Rx Value Plus PDP (not offered in 2026)							
WellCare Patriot Giveback HMO-POS	Medicare Advantage	H1416-061	N	Preventive & Comprehensive	$2,000	www.wellcare.com/medicare	1-833-444-9088
Wellpoint Extra Help (HMO)	Medicare Advantage	H5828 - 008 - 0	N	Preventive and Comprehensive	$3,000	www.wellcare.com/medicare	1-833-444-9088

SMILE ON 65+ Insurance Cheat Sheet - 2026

Partner Version

Insurance	Plan Type	Plan(s)	SO 65+	Coverage	Annual Limit	Dentists who are Providers?	Phone #
Wellpoint Medicare Advantage (HMO-POS)	Medicare Advantage	H5828 - 013-000	N	Preventive & Comprehensive	$2,000	https://shop.wellpoint.com/medicare	1-888-291-3759
Wellpoint Medicare Advantage 2 (HMO-POS)	Medicare Advantage	H5828-016	N	Preventive and Comprehensive	$2,500	https://shop.wellpoint.com/medicare	1-888-291-3760
Wellpoint Full Dual Advantage (HMO D-SNP)	Special Needs Plan	H5828 - 002	N	Preventive & Comprehensive	$6,000	https://shop.wellpoint.com/medicare	1-888-291-3761
Wellpoint Full Dual Advantage Support (HMO D-SNP)	Special Needs Plan	H5828-001	N	Preventive & Comprehensive	$6,000	https://shop.wellpoint.com/medicare	1-888-291-3762
Wellpoint Full Dual Advantage 2 (HMO D-SNP) - new in 2026	Special Needs Plan	H5828-018	N	Preventive & Comprehensive	$6,000	https://shop.wellpoint.com/medicare	1-888-291-3761
Wellpoint	Other	Tenncare Only	N	Preventive & Comprehensive	N/A - TennCare Plan	Renaissance	866-864-2526
Zing Open Choice TN (PPO)	Medicare Advantage	H6876-009	Y	Preventive Only	N/A	https://www.myzinghealth.com/plans	1-866-946-4458

Medicare Savings Programs:

Qualified Medicare Beneficiary (QMB):

Helps pay Medicare Part A and Part B premiums, and other cost-sharing (like deductibles, coinsurance, and copayments). Some people with QMB are also eligible for full Medicaid benefits (QMB+).

Specified Low-Income Medicare Beneficiary (SLMB):

Helps pay Part B premiums. Some people with SLMB are also eligible for full Medicaid benefits (SLMB+).

Qualifying Individual (QI):

Helps pay Part B premiums.

Qualified Disabled & Working Individuals (QDWI):

Helps pay Part A premiums.

EXHIBIT J
Registration and Baseline Condition

SMILE ON 65+
Registration and Baseline Condition
Please fill out the following information

Name: _____ **Phone #:** _____

Address: _____

Date of Birth: _____ **Last four of SSN #:** _____

What is your gender? ☐ Female ☐ Male ☐ Transgender ☐ Other

Which of the following best describes you?

☐ White/Caucasian ☐ Black/African American ☐ Hispanic/Latino ☐ Multi-Racial

☐ American Indian / Alaska Native ☐ Pacific Islander ☐ Asian ☐Prefer Not to Answer

What other programs are you on?

☐ Medicare ☐TennCare / Medicaid ☐ Medicare Advantage / Supplement Plan

☐ Section 8 / Low Income Housing ☐ SNAP/Food Stamps ☐ SSI / SSDI

What is your annual household income range? ☐ $0 - 31,300 ☐ $31,301 - 42,300

Amount _____ ☐ $42,301 – 53,300 ☐ $53,301 – 64,300 ☐ $64,301+

Number of people in household? _____ **Are you a Veteran?** ☐ Yes or ☐ No

When was your last dental visit?

☐less than 12 months ago ☐1-2 year ago ☐3-5 years ago ☐More than 5 years ago

How did you hear about the SMILE ON 65+ Program? _____

Do you have dental insurance? ☐ Yes or ☐ N

Type / Plan _____

Do you need help using your benefits? ☐ Yes ☐ No ☐ N/A

Are you currently experiencing pain, swelling, or infection? ☐ Yes or ☐ No

Are you limited in what you can eat? ☐ Yes or ☐ No

How would you describe the condition of your mouth?

☐ Very Good ☐ Good ☐ Fair ☐ Poor ☐ Don't Know

Have you ever felt that the appearance of your mouth and teeth affected your quality of life? ☐ Yes or ☐ No

What keeps you from seeing a dentist regularly?

☐ Transportation (cost or availability) ☐ Dental Cost (no insurance or minimal insurance)

☐ Rural location/no available providers ☐ Personal Isolation

☐ Fear ☐ Physical mobility and health

How will you get to your first appointment?

☐ Drive Myself ☐ Depend on a friend or family member

☐ Public Transportation ☐ Not sure ☐ Other _____

Your health and wellness are very important to us at SMILE ON 65+.

1. A lot of people are having trouble paying for things like food, housing, utilities, transportation, or childcare. Is that a concern for you? ☐ Yes or ☐ No

If NO, then proceed to Question #2. If YES, proceed to Question #3.

2. These days lots of people are feeling lonely. Do you have friends or family nearby that you could call on for help or if you're feeling lonely? ☐ Yes or ☐ No

If YES, then no further questions are needed. If NO, proceed to Question #3.

3. Our Community Dental Health Coordinators can connect you to available services such as food, transportation, or utilities. Would you like to talk to them? ☐ Yes or ☐ No

If NO, then no further questions are needed. If YES, refer patient to CDHC.

How would you like the SMILE ON 65+ Team to contact you?

☐ Phone _____ ☐ Text _____

☐ E-mail _____

☐ Mail _____ ☐ Other _____

EXHIBIT K
Eligibility Verification Process Checklist

SMILE ON 65+ Eligibility Verification Process Checklist

*Income and eligibility verification must be completed upon initial enrollment in the program and updated annually, **at the first visit of each new calendar year,** for continued participation. Verification is entered into the iCarol system. *Documents used to verify eligibility should be retained in the client's file for auditing/monitoring purposes.* Contact your CDHC with questions.

Eligibility Criteria and Acceptable Documentation

Age: Clients must be 65 or over. One of the following:

____ TN ID / Driver's License
____ Passport
____ Immigration document
____ Birth certificate
____ Other legal document verifying DOB

Residency: Client must be a resident of Tennessee. One of the following:

____ TN ID/Driver's License
____ Voter Registration card
____ Recent mail piece which verifies current address such as utility bill, bank statement, etc
____ Phone bill or other type of official correspondence

Income: Gross (before-tax) Household income must be at or below 200% of the Federal Poverty Guidelines. One of the following:

____ Two current (within past two months at time of verification) pay stubs for every working adult in the household
____ **Current year's** Social Security statement or Pension Benefit statement:
Please use amount received after Medicare premiums are deducted in income calculation
____ Bank account records (which show income deposits- SSI, Alimony, Pension, annuities, etc.)
____ If client does not have any current source of income, this should be noted clearly in record
***Please do not consider SNAP benefits as income

Dentally Uninsured: Clients must have only limited dental coverage or no dental insurance coverage.

____Copies of all medical and supplemental insurance cards
____ Verify Medicare insurance does not include supplemental dental coverage
____ **Please note in the client's record if they do not have any medical or dental insurance to verify**

EXHIBIT L

Transportation Flow Chart

Initial Contact

- Register Client and ensure eligibility for SO65+

Ask Client: "How do you plan to get to your appointment?"

If no barrier is indicated:
Let Client know that assistance is available if needed for future appointments
Remind Client to notify the clinic of changes
If a barrier is indicated = continue below

Ask Client: "Is cost or availability a barrier?"

Client answers "YES" to Cost of Transportation as a barrier

- Let client know Clinic can provide a Travel Voucher
  - Reimbursement may vary according to your Clinic's plan; refer to SO65+ Policy and Procedure Manual
- Clinic should note that Client will need Voucher and should have Client sign Travel Voucher Acknowledgement Form
- Refer Client to CDHC if Client needs transportation resources. Continue below

Client answers "YES" to Availability of Transportation Provider as a barrier

- Clinic should refer Client to CDHC by email with iCarol Contact number and ensure registration includes Client's phone number
- Clinic may:
  - Refer Client to CDHC for assistance to discuss transportation options available in the area
  - Or provide Client a copy of your region's Transportation Resources (available on Provider Portal)

CDHC navigates additional transportation needs

- CDHC will screen Rider and discuss appropriate options to meet Rider's needs
- Client chooses Transportation Provider
- If Provider is SO65+ Partner, CDHC will:
  - 1. verify with Provider that Client is SO65+
  - 2. confirm appointment; date/time with Clinic
  - 3. "approve" ride with Transportation Provider Partner
- Transportation Partner will bill SO65+ for Qualified Rider's Name, Date, and Destination Clinic

Client Receives Assistance to Appointment

- Clinic **always** has Client sign "Travel Voucher Acknowledgement Form"
- Clinic enters reimbursement cost into iCarol if they are issuing a Voucher
- If Clinic did not issue Voucher and ride was reimbursed by directing billing or via CDHC, SO65+ will document in iCarol. Clinic will still need to have Client sign Transportation Acknowledgement Form.

EXHIBIT M

SMILE ON 65+ Story Template

SMILE ON 65+

Patient Story Form

Patient Name: _____ **iCarol Reg Form #**_____

1. Before seeing the dentist, how did you feel about your smile and your oral health? How did it affect your everyday life? What kept you from seeing the dentist before you heard about the SMILE ON 65+ program?

2. What does it mean to you to get dental care? (Such as – a better smile, being able to eat or chew, better emotional health, more chances for work, better overall health, and well-being) How do you feel about your smile now?

3. Is there anything else you would like to say about your time getting dental care through the SMILE ON 65+ program?

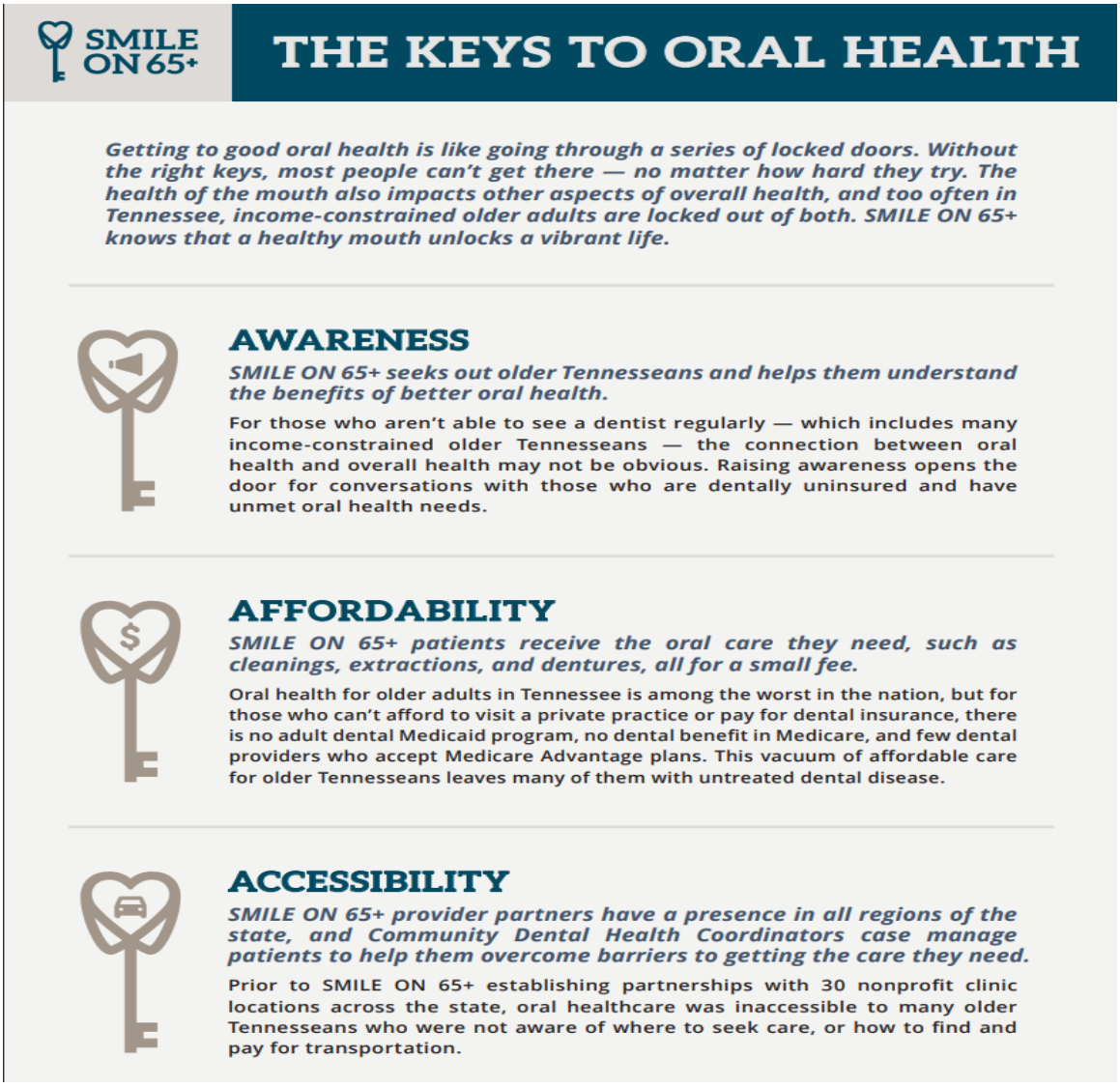
Please submit this form with Before and After photos to amy@smileon65plus.com

"W:\NEW SMILE ON 65+\Collateral and Marketing\Stories\Smile on 65+ Story Template.docx"

EXHIBIT N: SMILE ON 65+ Marketing Materials – Elevator Pitch Script, Keys to Oral Health, Patient Success Stories

ELEVATOR PITCH SCRIPT:

"I am a partner provider for SMILE ON 65+, a statewide program that removes barriers to affordable dental care for income-constrained older adults. Oral health for seniors in Tennessee is among the worst in the nation, and we do not have a safety net health insurance program for older adults who cannot afford private dental insurance. SMILE ON65+ identifies these adults who need a dental home and connects them to oral healthcare they can afford, ultimately alleviating the pain, embarrassment, and health risks caused by untreated oral decay and disease. We have improved the health and wellbeing of more than 10,000 Tennesseans through education and affordable dental care."



SMILE ON 65+

PATIENT SUCCESS STORIES

Nine years ago, after having three heart valves replaced, **Eddie** began bleeding from his mouth, waking up in the morning with blood on his pillow and sheets. Following the advice of his cardiologist, Eddie had all his teeth pulled and planned to get dentures. On his return visit to the dentist, however, he was informed that the dentures would require an up front payment of $3,500. Living on disability payments of only $600 per month, this was far out of reach for Eddie. He left embarrassed and without the dentures he needed. Eddie went eight years without teeth; his face sunk in and people told him he looked sick. He grew a beard to try to fill in his face. Then a relative told him about SMILE ON 65+. After getting dentures, Eddie shaved his beard and says he'll never grow it back again. His face has filled back out and now that he can eat regular food again, his nutrition has improved, along with his overall health.

Prior to SMILE ON 65+, **Robert** had several missing teeth. He also had several cavities and some teeth were severely broken off, as far down as the gumline. He regularly experienced acid reflux from his inability to chew his food. Since getting his dentures, Robert's acid reflux has improved, along with his overall quality of life. He feels comfortable smiling again, and no longer covers his mouth when he talks or laughs like he used to. This has made him more social. Before, his daily life involved work and home. Now, he enjoys venturing out in public and has become more involved at church. This has given him a better outlook on life and he has become more positive about the future. He has even referred several others to SMILE ON 65+ so that they can experience the positive benefits of good oral health.

Simone had numerous health issues that led to the decline of her oral health. For more than 10 years, she covered her mouth whenever she could, embarrassed by tooth decay; she even began hiding inside her home to avoid being seen. Thanks to a referral to a SMILE ON 65+ provider, Simone got the extractions and full set of dentures that she desperately needed. She recently reconnected with family and allowed herself to be photographed for the first time in years. "Just to smile again is such a blessing," she said.