

**SMILES FOR CHILDREN DENTAL RATES AND
 PREAUTHORIZATION (PA) / PREPAYMENT REVIEW (PR) REQUIREMENTS FOR RECIPIENTS UNDER AGE 21*
 Effective May 1, 2006**

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 Applicable FARS/DFARS Apply.

PROC. CODE	DESCRIPTION	RATE	PA/PR	NOTES	IC RATE
D0120	PERIODIC ORAL EVALUATION	20.15			
D0140	LIMITED ORAL EVALUATION - PROBLEM FOCUSED	24.83			
D0150	COMPREHENSIVE ORAL EVALUATION - NEW OR ESTABLISHED PATIENT	31.31			
D0210	INTRAORAL - COMPLETE SERIES (INCLUDING BITEWINGS)	71.91			
D0220	INTRAORAL - PERIAPICAL FIRST FILM	11.18			
D0230	INTRAORAL - PERIAPICAL, EACH	11.18			
D0240	INTRAORAL - OCCLUSAL FILM	12.27			
D0250	EXTRAORAL - FIRST FILM	47.19			
D0260	EXTRAORAL FILE, ADDITIONAL	42.94			
D0270	BITEWING, SINGLE FILM	11.18			
D0272	BITEWINGS - TWO FILMS	20.15			
D0274	BITEWINGS - FOUR FILMS	27.60			
D0330	PANORAMIC FILM	53.99			
D0340	CEPHALOMETRIC FILM	72.02			
D0470	DIAGNOSTIC CASTS	52.15			
D1110	PROPHYLAXIS - ADULT	47.19			
D1120	PROPHYLAXIS - CHILD	33.52			
D1203	TOPICAL APPLICATION OF FLUORIDE (PROPHYLAXIS NOT INCLUDED) - CHILD	20.79			
D1204	TOPICAL APPLICATION OF FLUORIDE (PROPHYLAXIS NOT INCLUDED) - ADULT	20.79			
D1351	SEALANT - PER TOOTH	32.28			
D1510	SPACE MAINTAINER - FIXED - UNILATERAL	137.84			
D1515	SPACE MAINTAINER - FIXED - BILATERAL	228.49			
D1520	SPACE MAINTAINER - REMOVABLE - UNILATERAL	137.84			
D1525	SPACE MAINTAINER - REMOVABLE - BILATERAL	228.49			
D1550	RE-CEMENTATION OF SPACE MAINTAINER	53.40			
D2140	AMALGAM - ONE SURFACE, PRIMARY OR PERMANENT	59.38			
D2150	AMALGAM - TWO SURFACES, PRIMARY OR PERMANENT	75.53			
D2160	AMALGAM - THREE SURFACES, PRIMARY OR PERMANENT	89.18			

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D2161	MALGAM - FOUR OR MORE SURFACES, PRIMARY OR PERMANENT	100.36			
D2330	RESIN-BASED COMPOSITE - ONE SURFACE, ANTERIOR	74.28			
D2331	RESIN-BASED COMPOSITE - TWO SURFACES, ANTERIOR	89.18			
D2332	RESIN-BASED COMPOSITE - THREE SURFACES, ANTERIOR	115.27			
D2335	RESIN-BASED COMPOSITE - FOUR OR MORE SURFACES OR INVOLVING INCISAL ANGLE (ANTERIOR)	132.66			
D2390	RESIN-BASED COMPOSITE CROWN, ANTERIOR	158.38			
D2391	RESIN-BASED COMPOSITE - ONE SURFACE, POSTERIOR	74.28			
D2392	RESIN-BASED COMPOSITE - TWO SURFACES, POSTERIOR	89.18			
D2393	RESIN-BASED COMPOSITE - THREE SURFACES, POSTERIOR	115.27			
D2394	RESIN BASED COMPOSITE, 4 OR MO	127.70			
D2710	CROWN - RESIN (INDIRECT)	244.64	PR	Pre-Op X-Rays	
D2721	CROWN - RESIN WITH PREDOMINANTLY BASE METAL	500.00	PR	Pre-Op X-Rays	
D2722	CROWN - RESIN WITH NOBLE METAL	500.00	PR	Pre-Op X-Rays	
D2751	CROWN - PORCELAIN FUSED TO PREDOMINANTLY BASE METAL	500.00	PR	Pre-Op X-Rays	
D2752	CROWN - PORCELAIN FUSED TO NOBLE METAL	500.00	PR	Pre-Op X-Rays	
D2791	CROWN - FULL CAST PREDOMINANTLY BASE METAL	500.00	PR	Pre-Op X-Rays	
D2792	CROWN - FULL CAST NOBLE METAL	500.00	PR	Pre-Op X-Rays	
D2794	CROWN - TITANIUM	500.00	PR	Pre-Op X-Rays	
D2915	RECEMENT POST AND CORE	43.46			
D2920	RECEMENT CROWN	43.46			
D2930	PREFABRICATED STAINLESS STEEL CROWN - PRIMARY TOOTH	136.93			
D2931	PREFABRICATED STAINLESS STEEL CROWN - PERMANENT TOOTH	136.93			
D2932	PREFABRICATED RESIN CROWN	128.22			
D2933	PREFABRICATED STAINLESS STEEL CROWN WITH RESIN WINDOW	179.88			
D2934	STAINLESS STEEL CR - ESTHETIC	179.88			
D2940	SEDATIVE FILLING	40.98			

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D2950	CORE BUILDUP, INCLUDING ANY PINS	110.27			
D2951	PIN RETENTION - PER TOOTH, IN ADDITION TO RESTORATION	19.87			
D2952	CAST POST AND CORE IN ADDITION TO CROWN	123.06			
D2954	PREFABRICATED POST AND CORE IN ADDITION TO CROWN	110.27			
D2962	LABIAL VENEER (PORCELAIN LAMINATE) - LABORATORY	362.06	PR	Pre-Op X-Rays	
D3110	PULP CAP DIRECT	18.41			
D3120	PULP CAP, INDIRECT	18.41			
D3220	THERAPEUTIC PULPOTOMY (EXCLUDING FINAL RESTORATION) - REMOVAL OF PULP CORONAL TO THE DENTI	83.19			
D3221	GROSS PULPAL DEBRIDEMENT, PRIMARY AND PERMANENT TEETH	67.49			
D3230	PULPAL THERAPY, ANTERIOR, PRIM	165.65			
D3240	PULPAL THERAPY, POST-PRIMARY	208.59			
D3310	ANTERIOR (EXCLUDING FINAL RESTORATION)	375.00			
D3320	BICUSPID (EXCLUDING FINAL RESTORATION)	430.00			
D3330	MOLAR (EXCLUDING FINAL RESTORATION)	679.00			
D3351	APEXIFICATION/RECALCIFICATION - INITIAL VISIT (APICAL CLOSURE/CALCIFIC REPAIR OF PERFORAT	92.03			
D3352	APEXIFICATION/RECALCIFICATION - INTERIM MEDICATION REPLACEMENT (APICAL CLOSURE/CALCIFIC	61.35			
D3353	APEXIFICATION/RECALCIFICATION - FINAL VST (INC COMPLETED ROOT CANAL THRPHY - APICAL CLOSURE	404.91			
D3410	APICOECTOMY/PERIRADICULAR SURGERY - ANTERIOR	278.17	PR	Pre-Op X-Rays	
D3421	APICOECTOMY/PERIRADICULAR SURGERY - BICUSPID (FIRST ROOT)	278.17	PR	Pre-Op X-Rays	
D3425	APICOECTOMY/PERIRADICULAR SURGERY - MOLAR (FIRST ROOT)	278.17	PR	Pre-Op X-Rays	
D3426	APICOECTOMY/PERIRADICULAR SURGERY (EACH ADDITIONAL ROOT)	122.70	PR	Pre-Op X-Rays	
D3430	RETROGRADE FILLING - PER ROOT	61.35	PR	Pre-Op X-Rays	
D4210	GINGIVECTOMY OR GINGIVOPLASTY - FOUR OR MORE CONTIGUOUS TEETH OR BOUNDED TEETH SPACES PER	340.26			

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D4211	GINGIVECTOMY OR GINGIVOPLASTY - ONE TO THREE TEETH, PER QUADRANT	200.00			
D4260	OSSEOUS SURGERY (INCLUDING FLAP ENTRY AND CLOSURE) - FOUR OR MORE CONTIGUOUS TEETH OR BOUN	527.77	PR	Periodontal Charting and Pre-Op X-Rays	
D4261	OSSEOUS SURGERY (INCLUDING FLAP ENTRY AND CLOSURE) - ONE TO THREE TEETH, PER QUADRANT	368.04	PR	Periodontal Charting and Pre-Op X-Rays	
D4263	BONE GRAFT, 1ST SITE-QUADRANT	218.00	PR	Periodontal Charting and Pre-Op X-Rays	
D4264	BONE GRAFT ADDTL SITE, QUAD	109.00	PR	Periodontal Charting and Pre-Op X-Rays	
D4270	PEDICLE SOFT TISSUE GRAFT PROCEDURE	244.64			
D4271	FREE SOFT TISSUE PROCEDURE (INCLUDING DONOR SITE SURGERY)	337.43			
D4273	SUBEPITHELIAL SOFT TISSUE GRAF	398.71			
D4320	PROVISIONAL SPLINTING - INTRACORONAL	146.52			
D4321	PROVISIONAL SPLINTING - EXTRACORONAL	257.06			
D4341	PERIODONTAL SCALING AND ROOT PLANING - FOUR OR MORE CONTIGUOUS TEETH OR BOUNDED TEETH SPAC	93.14			
D4342	PERIODONTAL SCALING AND ROOT PLANING - ONE TO THREE TEETH, PER QUADRANT	49.08			
D4355	FULL MOUTH DEBRIDEMENT TO ENABLE COMPREHENSIVE EVALUATION AND DIAGNOSIS	19.57			
D4910	PERIODONTAL MAINTENANCE	62.09			
D5110	COMPLETE DENTURE - MAXILLARY	674.85			
D5120	COMPLETE DENTURE - MANDIBULAR	674.85			
D5211	MAXILLARY PARTIAL DENTURE - RESIN BASE (INCLUDING ANY CONVENTIONAL CLASPS, RESTS AND TEETH	660.65	PR	Pre-Op X-Rays of All Teeth in Arch	
D5212	MANDIBULAR PARTIAL DENTURE - RESIN BASE (INCLUDING ANY CONVENTIONAL CLASPS, RESTS AND TEET	660.65	PR	Pre-Op X-Rays of All Teeth in Arch	
D5213	AXILLARY PARTIAL DENTURE - CAST METAL FRAMEWORK WITH RESIN DENTURE BASES (INCLUDING ANY CO	742.34	PR	Pre-Op X-Rays of All Teeth in Arch	
D5214	MANDIBULAR PARTIAL DENTURE - CAST METAL FRAMEWORK WITH RESIN DENTURE BASES (INCLUDING ANY	742.34	PR	Pre-Op X-Rays of All Teeth in Arch	
D5225	MAX PART DENTURE, FLEX. BASE	660.65	PR	Pre-Op X-Rays of All Teeth in Arch	
D5226	MAND PART DENTURE, FLEX BASE	660.65	PR	Pre-Op X-Rays of All Teeth in Arch	
D5281	REMOVABLE UNILATERAL PARTIAL DENTURE - ONE PIECE CAST METAL (INCLUDING CLASPS AND TEETH)	273.99	PR	Pre-Op X-Rays of All Teeth in Arch	

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D5410	ADJUST COMPLETE DENTURE - MAXILLARY	32.28			
D5411	ADJUST COMPLETE DENTURE - MANDIBULAR	32.28			
D5421	ADJUST PARTIAL DENTURE - MAXILLARY	19.87			
D5422	ADJUST PARTIAL DENTURE - MANDIBULAR	19.87			
D5510	REPAIR BROKEN COMPLETE DENTURE BASE	83.19			
D5520	REPLACE MISSING OR BROKEN TEETH - COMPLETE DENTURE (EACH TOOTH)	68.29			
D5610	REPAIR RESIN DENTURE BASE	83.19			
D5620	REPAIR CAST FRAMEWORK	120.47			
D5630	REPAIR OR REPLACE BROKEN CLASP	115.48			
D5640	REPLACE BROKEN TEETH - PER TOOTH	109.27			
D5650	ADD TOOTH TO EXISTING PARTIAL DENTURE	95.63			
D5660	ADD CLASP TO EXISTING PARTIAL DENTURE	115.48			
D5730	RELINE COMPLETE MAXILLARY DENTURE (CHAIRSIDE)	202.39			
D5731	RELINE COMPLETE MANDIBULAR DENTURE (CHAIRSIDE)	202.39			
D5740	RELINE MAXILLARY PARTIAL DENTURE (CHAIRSIDE)	103.06			
D5741	RELINE MANDIBULAR PARTIAL DENTURE (CHAIRSIDE)	103.06			
D5750	RELINE COMPLETE MAXILLARY DENTURE (LABORATORY)	237.14			
D5751	RELINE COMPLETE MANDIBULAR DENTURE (LABORATORY)	237.14			
D5760	RELINE MAXILLARY PARTIAL DENTURE (LABORATORY)	146.52			
D5761	RELINE MANDIBULAR PARTIAL DENTURE (LABORATORY)	146.52			
D5951	FEEDING AID	391.41			
D6205	PONTIC, RESIN BASED	500.00	PR	Pre-Op X-Rays of All Teeth in Arch	
D6211	PONTIC - CAST PREDOMINANTLY BASE METAL	500.00	PR	Pre-Op X-Rays of All Teeth in Arch	
D6212	PONTIC - CAST NOBLE METAL	500.00	PR	Pre-Op X-Rays of All Teeth in Arch	
D6214	PONTIC, TITANIUM	500.00	PR	Pre-Op X-Rays of All Teeth in Arch	
D6241	PONTIC - PORCELAIN FUSED TO PREDOMINANTLY BASE METAL	500.00	PR	Pre-Op X-Rays of All Teeth in Arch	
D6242	PONTIC - PORCELAIN FUSED TO NOBLE METAL	500.00	PR	Pre-Op X-Rays of All Teeth in Arch	
D6251	PONTIC - RESIN WITH PREDOMINANTLY BASE METAL	500.00	PR	Pre-Op X-Rays of All Teeth in Arch	
D6252	PONTIC - RESIN WITH NOBLE METAL	500.00	PR	Pre-Op X-Rays of All Teeth in Arch	

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D6545	RETAINER - CAST METAL FOR RESIN BONDED FIXED PROSTHESIS	293.56	PR	Pre-Op X-Rays of All Teeth in Arch	
D6710	CROWN, RESIN BASED	500.00	PR	Pre-Op X-Rays of All Teeth in Arch	
D6721	CROWN - RESIN WITH PREDOMINANTLY BASE METAL	500.00	PR	Pre-Op X-Rays of All Teeth in Arch	
D6722	CROWN - RESIN WITH NOBLE METAL	500.00	PR	Pre-Op X-Rays of All Teeth in Arch	
D6751	CROWN - PORCELAIN FUSED TO PREDOMINANTLY BASE METAL	500.00	PR	Pre-Op X-Rays of All Teeth in Arch	
D6752	CROWN - PORCELAIN FUSED TO NOBLE METAL	500.00	PR	Pre-Op X-Rays of All Teeth in Arch	
D6791	CROWN - FULL CAST PREDOMINANTLY BASE METAL	500.00	PR	Pre-Op X-Rays of All Teeth in Arch	
D6792	CROWN - FULL CAST NOBLE METAL	500.00	PR	Pre-Op X-Rays of All Teeth in Arch	
D6794	CROWN, TITANIUM	500.00	PR	Pre-Op X-Rays of All Teeth in Arch	
D6930	RECEMENT FIXED PARTIAL DENTURE	63.33			
D6970	CAST POST AND CORE IN ADDITION TO FIXED PARTIAL DENTURE RETAINER	123.06			
D6971	CAST POST AS PART OF FIXED PARTIAL DENTURE RETAINER	78.27			
D6972	PREFABRICATED POST AND CORE IN ADDITION TO FIXED PARTIAL DENTURE RETAINER	110.27			
D6973	CORE BUILD UP FOR RETAINER, INCLUDING ANY PINS	110.27			
D7111	CORONAL REMNANTS - DECIDUOUS TOOTH	18.41			
D7140	EXTRACTION, ERUPTED TOOTH OR EXPOSED ROOT (ELEVATION AND/OR FORCEPS REMOVAL)	69.00			
D7210	SURGICAL REMOVAL OF ERUPTED TOOTH REQUIRING ELEVATION OF MUCOPERIOSTEAL FLAP AND REMOVAL O	128.00			
D7220	REMOVAL OF IMPACTED TOOTH - SOFT TISSUE	154.00			
D7230	REMOVAL OF IMPACTED TOOTH - PARTIALLY BONY	213.00			
D7240	REMOVAL OF IMPACTED TOOTH - COMPLETELY BONY	247.00			
D7241	REMOVAL OF IMPACTED TOOTH - COMPLETELY BONY, WITH UNUSUAL SURGICAL COMPLICATIONS	266.00	PR	Pre-Op X-Rays	
D7250	SURGICAL REMOVAL OF RESIDUAL TOOTH ROOTS (CUTTING PROCEDURE)	128.00			
D7260	OROANTRAL FISTULA CLOSURE	382.38			
D7261	PRIMARY CLOSURE OF A SINUS PERFORATION	184.02			

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D7270	TOOTH REIMPLANTATION AND/OR STABILIZATION OF ACCIDENTALLY EVULSED OR DISPLACED TOOTH	337.43	PR	Narrative	
D7280	SURGICAL ACCESS OF AN UNERUPTED TOOTH	271.00	PR	Pre-Op X-Rays and Narrative	
D7282	MOBILIZATION OF ERUPTED OR MALPOSITIONED TOOTH TO AID ERUPTION	125.42			
D7283	PLACEMENT, DEVICE TO AID ERUPT	99.00	PR	Pre-Op X-Rays and Narrative	
D7285	BIOPSY OF ORAL TISSUE - HARD (BONE, TOOTH)	81.95			
D7286	BIOPSY OF ORAL TISSUE - SOFT (ALL OTHERS)	81.95			
D7288	BRUSH BIOPSY	61.35			
D7310	ALVEOLOPLASTY IN CONJUNCTION WITH EXTRACTIONS - PER QUADRANT	101.84			
D7311	ALVEOLOPLASTY W/ EXT 1-3 TEETH	49.08			
D7320	ALVEOLOPLASTY NOT IN CONJUNCTION WITH EXTRACTIONS - PER QUADRANT	171.38			
D7321	ALVEOLOPLASTY, W/O EXT	85.88			
D7450	REMOVAL OF BENIGN ODONTOGENIC CYST OR TUMOR - LESION DIAMETER UP TO 1.25 CM	142.14	PR	Copy of Pathology Report	
D7451	REMOVAL OF BENIGN ODONTOGENIC CYST OR TUMOR - LESION DIAMETER GREATER THAN 1.25 CM	161.01	PR	Copy of Pathology Report	
D7471	REMOVAL OF LATERAL EXOSTOSIS (MAXILLA OR MANDIBLE)	171.38			
D7472	REMOVAL OF TORUS PALATINUS	245.40			
D7473	REMOVAL OF TORUS MANDIBULARIS	171.38			
D7485	SURGICAL REDUCTION OF OSSEOUS TUBEROSITY	171.38			
D7510	INCISION AND DRAINAGE OF ABSCESS - INTRAORAL SOFT TISSUE	31.04			
D7511	INCISION, DRAINAGE INTRA - COM	68.00			
D7880	OCCLUSAL ORTHOTIC DEVICE, BY REPORT"	391.41			
D7960	FRENULECTOMY (FRENECTOMY OR FRENOTOMY) - SEPARATE PROCEDURE	340.26			
D7963	FRENULOPLASTY	368.04			
D7970	EXCISION OF HYPERPLASTIC TISSUE - PER ARCH	163.90			
D7971	EXCISION OF PERICORONAL GINGIVA	86.92			
D7972	SURGICAL REDUCTION OF FIBROUS TUBEROSITY	163.90			
D8020	LIMITED ORTHODONTIC TREATMENT OF THE TRANSITIONAL DENTITION	331.57	PR	Narrative of Need	
D8030	LIMITED ORTHODONTIC TREATMENT OF THE ADOLESCENT DENTITION	331.57	PR	Narrative of Need	

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D8040	LIMITED ORTHODONTIC TREATMENT OF THE ADULT DENTITION	331.57	PR	Narrative of Need	
D8070	COMPREHENSIVE ORTHODONTIC TREATMENT OF THE TRANSITIONAL DENTITION	IC	PA		3,509.22
D8080	COMPREHENSIVE ORTHODONTIC TREATMENT OF THE ADOLESCENT DENTITION	IC	PA		3,509.22
D8090	COMPREHENSIVE ORTHODONTIC TREATMENT OF THE ADULT DENTITION	IC	PA		3,509.22
D8210	REMOVABLE APPLIANCE THERAPY	202.46			
D8220	FIXED APPLIANCE THERAPY	245.88			
D8999	UNSPECIFIED ORTHODONTIC PROCEDURE - BY REPORT	IC	PR	Narrative of Need	
D9110	PALLIATIVE (EMERGENCY) TREATMENT OF DENTAL PAIN - MINOR PROCEDURE	48.43			
D9220	DEEP SEDATION/GENERAL ANESTHESIA - FIRST 30 MINUTES	128.00			
D9221	DEEP SEDATION/GENERAL ANES, AD	64.00			
D9230	ANALGESIA, ANXIOLYSIS, INHALATION OF NITROUS OXIDE	33.74			
D9241	INTRAVENOUS CONSCIOUS SEDATION/ANALGESIA - FIRST 30 MINUTES	110.00			
D9242	INTRAVENOUS SEDATION/ANALGESIA - EACH ADDITIONAL 15 MINUTES	50.00			
D9248	NON-INTRAVENOUS CONSCIOUS SEDATION	110.00			
D9310	CONSULTATION (DIAGNOSTIC SERVICE PROVIDED BY DENTIST OR PHYSICIAN OTHER THAN PRACTITIONER)	83.19			
D9420	HOSPITAL CALL	64.56			
D9440	OFFICE VISIT - AFTER REGULARLY SCHEDULED HOURS	32.28			
D9610	THERAPEUTIC DRUG INJECTION, BY REPORT	19.87			
D9630	OTHER DRUGS AND/OR MEDICAMENTS, BY REPORT	19.87			
D9910	APPLICATION OF DESENSITIZING MEDICAMENT	32.28			
D9920	BEHAVIOR MANAGEMENT, BY REPORT	68.50			
D9930	TREATMENT OF COMPLICATIONS (POST-SURGICAL) - UNUSUAL CIRCUMSTANCES, BY REPORT	33.52			
D9999	UNSPECIFIED PROCEDURE - BY REPORT	IC	PA	Hospital Cases Only	153.25

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		IC	PR	Non-Hospital Cases Narrative of Medical Need	
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