

## **Table of Contents**

**State/Territory Name: Georgia**

**State Plan Amendment (SPA) #: 21-0008**

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form/Summary Form (with 179-like data)
- 3) Approved SPA Pages

**DEPARTMENT OF HEALTH & HUMAN SERVICES**

Centers for Medicare & Medicaid Services  
Center for Medicaid & CHIP Services  
233 North Michigan Ave., Suite 600  
Chicago, Illinois 60601



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**Financial Management Group**

August 19, 2021

Lynette Rhodes, Esq.  
Executive Director, Medical Assistance Plans  
Department of Community Health  
2 Peachtree Street, NW, Suite 36-450  
Atlanta, Georgia 30303

RE: TN 21-0008

Dear Ms. Rhodes:

We have reviewed the proposed Georgia State Plan Amendment (SPA), which was submitted to the Centers for Medicare & Medicaid Services (CMS) on July 2, 2021. This plan amendment adds a three percent increase to 15 select dental codes.

Based upon the information provided by the State, we have approved the amendment with an effective date of July 1, 2021. We are enclosing the approved CMS-179 and a copy of the new state plan page.

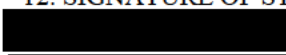
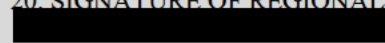
If you have any additional questions or need further assistance, please contact Moe Wolf at 410-786-9291 or [Moshe.Wolf@CMS.HHS.gov](mailto:Moshe.Wolf@CMS.HHS.gov).

Sincerely,

A solid black rectangular box redacting the signature of Todd McMillion.

Todd McMillion  
Director  
Division of Reimbursement Review

Enclosures

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b>		1. TRANSMITTAL NUMBER: <b>21-0008</b>	2. STATE <b>GEORGIA</b>
		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE AND MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE: <b>July 1, 2021</b>	
5. TYPE OF PLAN MATERIAL ( <i>Check One</i> ):			
NEW STATE PLAN		<input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN	
		<input checked="" type="checkbox"/> AMENDMENT	
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT ( <i>Separate Transmittal for each amendment</i> )			
6. FEDERAL STATUTE/REGULATION CITATION:  <b>42 CFR 447.201(b)</b>		7. FEDERAL BUDGET IMPACT:  <b>FFY21: \$237,490</b>	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:  <b>Attachment 4.19-B, Page 1e</b>		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT ( <i>If Applicable</i> ):  <b>Attachment 4.19-B, Page 1e</b>	
10. SUBJECT OF AMENDMENT: <b>The Department is seeking to add a three percent increase to 15 select dental codes.</b>			
11. GOVERNOR'S REVIEW ( <i>Check One</i> ):			
<input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT		<input checked="" type="checkbox"/> OTHER, AS SPECIFIED:	
<input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED		<b>Single State Agency Comments Attached</b>	
<input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL			
12. SIGNATURE OF STATE AGENCY OFFICIAL: 		16. RETURN TO:	
13. TYPED NAME: <b>LYNNETTE R. RHODES, ESQ.</b>		Department of Community Health Division of Medicaid 2 Peachtree Street, NW, 36th Floor Atlanta, Georgia 30303-3159	
14. TITLE: EXECUTIVE DIRECTOR, <b>MEDICAL ASSISTANCE PLANS</b>			
15. DATE SUBMITTED: <b>7/2/2021</b>			
<b>FOR REGIONAL OFFICE USE ONLY</b>			
17. DATE RECEIVED: <b>July 2, 2021</b>		18. DATE APPROVED: <b>August 19, 2021</b>	
PLAN APPROVED – ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: <b>July 1, 2021</b>		20. SIGNATURE OF REGIONAL OFFICIAL: 	
21. TYPED NAME: <b>Todd McMillion</b>		22. TITLE: <b>Director, Division of Reimbursement Review</b>	
23. REMARKS:			

POLICY AND METHODS FOR ESTABLISHING PAYMENT RATES  
FOR OTHER TYPES OF CARE OR SERVICES

c. Dental Services

Payments are made for specific authorized procedures on a statewide basis and are limited to the lower of:

- (1) The dentist's actual charge for the service; or
- (2) The statewide reimbursement rate in effect on the date of service.

Reimbursement will be made on a per procedure basis.

Reimbursement to providers of dental services is made on an established fee schedule not to exceed prevailing charges in the state.

The current reimbursement rates will be based on a percentage of usual and customary reimbursement, not to exceed 100 percent. The usual and customary reimbursement will be determined using regional data on a periodic basis.

Effective with dates of service beginning January 1, 2021 and thereafter, Silver Fluoride Diamine (HCPCS Code D1354) is a covered dental service for Category of Service-Health Check.

Limitations:

Silver Fluoride Diamine (HCPCS Code D1354) is limited to a maximum of two (2) applications per tooth.

Effective with dates of services beginning July 1, 2021 and thereafter, the following reimbursement rate for the following dental codes will increase by 3%.

D2140 D2150 D2160 D2330 D2331 D2332 D2335 D2393 D2394 D2930 D2931 D3220  
D7111 D7140 D7210.

All dental codes and reimbursement rates can be located in the Part II, Policies and Procedures Manual for Dental Services at the following link:

<https://www.mmis.georgia.gov/portal/PubAccess.Provider%20Information/Provider%20Manuals/tabId/39/Default.aspx>