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State/Territory Name: GEORGIA

State Plan Amendment (SPA) #: GA-25-0005

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form/Summary Form
- 3) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES

Centers for Medicare & Medicaid Services
Center for Medicaid & CHIP Services
230 South Dearborn
Chicago, Illinois 60604



Financial Management Group

September 4, 2025

Stuart Portman
Executive Director
Medical Assistance Plans Division
Georgia Department of Community Health
2 Martin Luther King Jr. Drive, 19th Floor
Atlanta, Georgia 30334

RE: TN # GA-25-0005

Dear Executive Director Portman,

The Centers for Medicare & Medicaid Services (CMS) has reviewed the proposed Georgia State Plan Amendment (SPA) to Attachment 4.19-B GA-25-0005, which was submitted to CMS on June 25, 2025. This plan amendment updates the rate for Select Dental codes to 2.5%.

We reviewed your SPA submission for compliance with statutory requirements including in sections 1902(a)(2), 1902(a)(13), 1902(a)(30), and 1903 as it relates to the identification of an adequate source for the non-federal share of expenditures under the plan, as required by 1902(a)(2), of the Social Security Act and the applicable implementing Federal regulations.

Based upon the information provided by the state, we have approved the amendment with an effective date of July 1, 2025. We are enclosing the approved CMS-179 and a copy of the new state plan pages.

If you have any additional questions or need further assistance, please contact Ysabel Gavino via email at maria.gavino@cms.hhs.gov.

Sincerely,

A black rectangular box redacting the signature of Todd McMillion.

Todd McMillion
Director
Division of Reimbursement Review

Enclosures

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES**

1. TRANSMITTAL NUMBER

2 5 — 0 0 0 5

2. STATE

GA3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL
SECURITY ACT

XIX



XXI

TO: CENTER DIRECTOR
CENTERS FOR MEDICAID & CHIP SERVICES
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

July 1, 2025

5. FEDERAL STATUTE/REGULATION CITATION

42 CFR § 447.201(b), 1905(a)(10)

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)

a. FFY 25 \$ 378,022b. FFY 26 \$ 1,520,332

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Attachment 4.19-B Page 1c, Page 1c(1)

8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable)

Attachment 4.19-B Page 1c, Page 1c(1)

9. SUBJECT OF AMENDMENT

This amendment will increase funds to dental code reimbursement rates to 2.5%.

10. GOVERNOR'S REVIEW (Check One)



GOVERNOR'S OFFICE REPORTED NO COMMENT



COMMENTS OF GOVERNOR'S OFFICE ENCLOSED



NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL



OTHER, AS SPECIFIED:

AGENCY OFFICIAL

12. TYPED NAME
Perri Nena Smith13. TITLE
Medical Assistance Plans Attorney14. DATE SUBMITTED
06/25/2025

15. RETURN TO

Stuart Portman

Executive Director, Division of Medical Assistance Plans

Georgia Department of Community Health

2 Martin Luther King Jr. Drive, 19th Floor

Atlanta, Georgia 30334

Email: stuart.portman@dch.ga.gov

FOR CMS USE ONLY16. DATE RECEIVED
June 25, 202517. DATE APPROVED
September 4, 2025**PLAN APPROVED - ONE COPY ATTACHED**18. EFFECTIVE DATE OF APPROVED MATERIAL
July 1, 2025

19. SIGNATURE OF APPROVING OFFICIAL

20. TYPED NAME OF APPROVING OFFICIAL
Todd McMillion21. TITLE OF APPROVING OFFICIAL
Director, FMG Division of Reimbursement Review

22. REMARKS

The State authorizes a pen and ink change to add 1905(a)(10) benefit on Block 5 of the CMS form 179 - MYLG 8/1/2025
The State authorizes a pen and ink change to add Page 1c(1) on Blocks 7 and 8 of the CMS form 179 - MYLG 8/7/2025

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 for dates of services beginning July 1, 2021, and thereafter, the 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

Effective for dates of service beginning July 1, 2022, and thereafter, the reimbursement rate for the following dental codes will increase by 10%:

D7210, D7140

Effective for dates of service beginning July 1, 2022, and thereafter, the reimbursement rate for the following dental codes will increase by 7%:

D0220, D0270, D0272, D0274, D02140, D02150, D02160, D2330, D2331, D2332, D2335, D2393, D2394, D2930, D2931, D3220, D7111

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

Effective for dates of service beginning July 1, 2025, and thereafter, the reimbursement rate for the following dental codes for Health Check and Adults (unless otherwise noted) will increase by 2.5%:

D0120, D0140, D0150, D0180 (Pregnant Women Only), D0210, D0220, D0230, D0240, D0270, D0272, D0274, D0330, D1110, D1120, D1206, D1208, D1351, D1354, D1355, D1510, D1516, D1517, D1526, D1527, D1551, D1552, D1553, D2140 (Health Check Only), D2150 (Health Check Only), D2160 (Health Check Only), D2161, D2330, D2331, D2332, D2335, D2391, D2392, D2393, D2394, D2920, D2928, D2930, D2931, D2932, D2934, D2940, D2951, D2954, D3220, D3221, D3310, D3320, D3410, D4210, D4240, D4241 (Pregnant Women Only), D4260, D4270, D4341, D4342 (Pregnant Women Only), D4910 (Pregnant Women Only), D5110, D5120, D5130, D5140, D5211, D5212, D5410, D5411, D5421, D5422, D5511, D5512, D5640, D5650, D5660, D5750, D5751, D5850, D5851, D6240, D6750, D7111 (Health Check Only), D7140, D7210, D7220, D7230, D7240, D7250, D7260, D7270, D7280, D7286, D7310, D7311, D7320, D7321, D7450, D7451, D7460, D7461, D7471, D7510, D7520, D7540, D7550, D7620, D7640, D7910, D7961, D7962, D7970, D7971, D7997, D8080, D8660, D8670, D9110, D9215 (Pregnant Women Only), D9222, D9223, D9230, D9239, D9243, D9248, D9310, D9420, D9440, D9610, D9630, D9920

Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of dental services. The agency's fee schedule rate was revised with new fees for dental codes effective July 1, 2025. All rates are published in Part 1, Policies and Procedures Manual for Dental Services at the following link:

<https://www.mmis.georgia.gov/portal/PubAccess.Provider%20Information/Provider%20Manuals/tabId/18/Default.aspx>