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State/Territory Name: Georgia

State Plan Amendment (SPA) #: 22-0011

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

Financial Management Group

October 7, 2022
Lynette Rhodes, Esq.
Executive Director, Medical Assistance Plans
Department of Community Health
2 Peachtree Street, NW, Suite 36-450
Atlanta, Georgia 30303

RE: SPA 22-0011

Dear Director Rhodes:

We have reviewed the proposed Georgia State Plan Amendment (SPA) 22-0011, which was submitted to the Centers for Medicare & Medicaid Services (CMS) on September 22, 2022. This plan amendment updates reimbursement rates for select dental codes.

Based upon the information provided by the State, we have approved the amendment with an effective date of July 1, 2022. 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 Debi Benson at 312-886-0360 or Deborah.Benson@cms.hhs.gov.

Sincerely,

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 2 — 0 0 1 1

2. STATE
GA

3. 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, 2022

5. FEDERAL STATUTE/REGULATION CITATION
42 CFR § 447.201(b)

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)
a. FFY 23 \$ 651,290
b. FFY 24 \$ 2,675,501

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT
Attachment 4.19-B, Pages 1c and 1c(1)

8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (if Applicable)
Attachment 4.19-B, Page 1c

9. SUBJECT OF AMENDMENT

Increase the rates for two dental extraction codes by 10%. Increase the rates for seventeen restorative dental codes by 7% effective

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:

11. SIGNATURE OF STATE AGENCY OFFICIAL

[Redacted Signature]

12. TYPED NAME
Lynnette R. Rhodes

13. TITLE
Executive Director, Medical Assistance Plans Division

14. DATE SUBMITTED
9/22/2011

15. RETURN TO

**Lynnette R. Rhodes
Executive Director, Medical Assistance Plans Division
Georgia Department of Community Health
2 Peachtree St., 36th Floor
Atlanta, Georgia 30303
(404) 656-7513 Telephone**

FOR CMS USE ONLY

16. DATE RECEIVED **September 22, 2022**

17. DATE APPROVED
October 7, 2022

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL
July 1, 2022

19. SIGNATURE OF APPROVING OFFICIAL

[Redacted Signature]

20. TYPED NAME OF APPROVING OFFICIAL
Todd McMillion

21. TITLE OF APPROVING OFFICIAL
Director, Division of Reimbursement Review

22. 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 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

TN No.: 22-0011

Supersedes

TN No.: 21-0008

Approval Date: October 7, 2022

Effective Date: July1, 2022

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

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/Portals/0/StaticContent/Public/ALL/HANDBOOKS/Dental%20Svc%20July%202022%2020220615132149.pdf>

TN No.: 22-0011
Supersedes
TN No.: 21-0008

Approval Date: October 7, 2022

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