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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



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**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](mailto:Deborah.Benson@cms.hhs.gov).

Sincerely,

*Todd McMillion*

Todd McMillion  
Director  
Division of Reimbursement Review

Enclosures

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>