REVISED PUBLIC NOTICE

Pursuant to 42 C.F.R. § 447.205, the Georgia Department of Community Health is required to give public notice of any significant proposed change in its methods and standards for setting payment rates for services.

Medical Assistance Plans: Dental Rate Increase.

Effective July 1, 2018, upon Final Board approval, the Department proposes to increase reimbursement rates for dental procedure codes.

This proposed reimbursement rate change is estimated to increase expenditures as follows:

Program	State Cost	Federal Cost	Total Cost	
Aged, Blind and				
Disabled; SFY 2019	\$62,435	\$131,704	\$194,139	
Low Income				
Medicaid; SFY 2019	\$402,621	\$849,310	\$1,251,931	

Effective July 1, 2018, pending Final Board approval, the Department proposes the following reimbursement rate increase for the following dental services:

Procedure	Description	Current	Proposed
Code		Rate	Rate
D0120	Periodic Oral Evaluation - Established Patient	\$ 25.05	\$25.30
D0150	Comprehensive Oral Evaluation	\$ 43.27	\$43.70
D0220	Intraoral - Periapical First Radiographic Image	\$ 14.80	\$14.95
D0230	Intraoral - Periapical Each Additional Radiographic Image	\$ 11.39	\$11.50
D0272	Bitewings - Two Radiographic Images	\$ 23.91	\$24.15
D0274	Bitewings - Four Radiographic Images	\$36.44	\$36.80
D0330	Panoramic Radiographic Image	\$ 62.62	\$63.25
D1110	Prophylaxis - Adult	\$ 35.29	\$35.64
D1120	Prophylaxis - Child	\$ 35.29	\$35.64
D1206	Topical Application Fluoride Varnish	\$ 19.35	\$19.54
D1208	Topical Application Of Fluoride-Excluding Varnish	\$ 19.35	\$19.54
D1351	Sealant Per Tooth	\$ 30.74	\$31.05
D2140	Amalgam - One Surface, Primary	\$ 59.21	\$59.80
D2140	Amalgam - One Surface, Permanent	\$ 66.04	\$66.70
D2150	Amalgam - Two Surfaces, Primary	\$ 76.28	\$77.04
D2150	Amalgam - Two Surfaces, Permanent	\$ 85.39	\$86.24
D2391	Resin-Based Composite - One Surface, Posterior-Primary	\$ 80.73	\$81.54
D2392	Resin-Based Composite - Two Surfaces, Posterior-Primary	\$ 104.75	\$105.80
D2930	Prefabricated Stainless Steel Crown Primary Tooth	\$ 158.25	\$159.83
D7140	Extract Erupted Tooth/Exposed Root	\$ 61.06	\$61.67

This public notice is available for review at each county Department of Family and Children Services office. An opportunity for public comment will be held on **June 21, 2018, 2:30 p.m.**, at the Department of Community Health (2 Peachtree Street, N.W., Atlanta, Georgia 30303) in the 5th Floor Commissioner's Conference Room. Individuals who are disabled and need assistance to

participate during this meeting should call (404) 656-4479. Individuals wishing to comment in writing on any of the proposed changes should do so on or before **June 28, 2018**, to the Board of Community Health, Post Office Box 38406, Atlanta, Georgia 30301. You may also email comments to Danisha Williams, <u>danwilliams@dch.ga.gov</u> or fax to 404-651-6880.

Comments submitted will be available for review by submitting a request via email to Danisha Williams, danwilliams@dch.ga.gov. Comments from written and public testimony will be provided to the Board of Community Health prior to the **July 12, 2018** Board meeting. The Board will vote on the proposed changes at the Board meeting to be held at 10:30 a.m. at the Department of Community Health (2 Peachtree Street, N.W., Atlanta, Georgia 30303) in the 5th Floor Board Room.

NOTICE IS HEREBY GIVEN THIS 14th DAY OF JUNE, 2018 Frank W. Berry, Commissioner