

## **PUBLIC NOTICE**

Pursuant to the state plan, the Georgia Department of Community Health is required to give public notice of any significant proposed change in benefit design for the PeachCare for Kids™ State Children's Health Insurance Program.

Effective for dates of service on and after July 1, 2005, the Dental Services benefit for members of PeachCare for Kids™ will consist of the procedures and services set forth on Appendix A, attached hereto and incorporated herein by reference.

This public notice is available for review at each county Department of Family and Children Services office. Citizens wishing to comment in writing on the proposed changes should do so before June 9, 2005, to the Board of Community Health, P. O. Box 38406, Atlanta, Georgia 30334.

Comments so submitted will be available for review by the public at the Department of Community Health, Monday – Friday, 9:00 a.m. to 4:30 p.m., in Room 4074, 2 Peachtree Street, NW, Atlanta, Georgia 30303.

An opportunity for public comment will be held on June 9, 2005, at 12:00 p.m. in conjunction with the June meeting of the Board of Community Health. Individuals who are disabled and in need of assistance to participate during the meeting should call (404) 656-4479. The Board will vote on the proposed change after comments have been received. The June Board meeting will be held in the Floyd Room of the Twin Towers Building, 20th Floor, West Tower, 200 Piedmont Avenue, Atlanta, Georgia.

**NOTICE IS HEREBY GIVEN THIS 12th DAY OF MAY, 2005.**

**Tim Burgess, Commissioner**

## PeachCare Dental Benefit Plan

Effective July 1, 2005

All dental service procedures and services for eligible PeachCare for Kids members are subject to the terms and conditions and reimbursement rates outlined Part I Policy and Procedures for Medicaid/PeachCare for Kids and Part II Policy and Procedure for Dental Services Service manuals.

### **Proc CD**

### **Short Procedure Description**

|       |   |
|-------|---|
| D0120 | Periodic Oral Evaluation                  |
| D0140 | Limit Oral Evaluation - Problem Focus     |
| D0150 | Comprehensive Oral Evaluation             |
| D0210 | Intraoral Complete Series                 |
| D0220 | Intraoral Periapical First Film           |
| D0230 | Intraoral Periapical Each Additional Film |
| D0240 | Intraoral Occlusal Film                   |
| D0270 | Bitewing Single Film                      |
| D0272 | Bitewings Two Films                       |
| D0274 | Bitewings Four Films                      |
| D0330 | Panoramic Film                            |
| D1110 | Prophylaxis - Adult                       |
| D1120 | Prophylaxis - Child                       |
| D1203 | Topical Application of Fluoride           |
| D1351 | Dental Sealant - Per Tooth                |
| D1510 | Space Maintainer Fixed Unilateral         |
| D2140 | Amalgam - One Surface                     |
| D2150 | Amalgam Two Surfaces                      |
| D2160 | Amalgam Three Surfaces                    |
| D2330 | Resin-based Comp, One Surface, Ant        |
| D2331 | Resin-based Comp, Two Surfaces, Ant       |
| D2332 | Resin-based Comp, Three Surfaces, Ant     |
| D2391 | Resin-based Comp, One Surface, Post       |
| D2392 | Resin-based Comp, Two Surfaces, Post      |
| D2394 | Resin-based Comp, >=Four, Surfaces, Post  |
| D2920 | Recement Crown                            |
| D2930 | Prefab Stainless Steel Crown, Primary     |
| D2931 | Prefab Stainless Steel Crown, Permanent   |
| D2932 | Prefabricated Resin Crown                 |
| D2940 | Dental Sedative Filling                   |
| D2951 | Pin Retention – Per tooth                 |
| D2954 | Prefabricated Post and Core               |
| D3220 | Therapeutic Pulpotomy                     |
| D3221 | Pulpal Debridement                        |

**Proc CD**

D3310

D3320

D3410

D4341

D7111

D7140

D7210

D7220

D9230

D9420

**Short Procedure Description**

Anterior

Bicuspid

Apicoect/Periradicular Surgery Anterior

Periodontal Scaling &amp; Root Planning

Extractions, Coronal Remnants - Deciduous

Extractions, Erupted Tooth or Exposed root

Surgical Removal of Erupted Tooth

Removal of Impact Tooth – Soft Tissue

Analgesia, Anxiolysis, Inhalation of Nitrous Oxide

Hospital Call