

CPT/HCPC S Code	Description	AR Count	SB 347 Fiscal Impact			National 50 Percentile (LR) (Base)	Year 1 - 60 %	Year 2 - 80%	Year 3 - 100%	Year 1 Impact	Year 2 Impact	Year 3 Impact
			CMS Special Needs Estimate	Special Needs Claim Estimate	Arkansas Medicaid							
			Special Needs	Special Needs	Arkansas Medicaid							
D0120	PERIODIC ORAL EXAM ESTABLISHED PATIENT	310,811		34,189	\$26.60	\$58.24	\$34.94	\$46.59	\$58.24	\$285,275	\$683,511	\$1,081,747
D1208	TOPICAL APPLICATION OF FLUORIDE	192,822		21,210	\$19.95	\$40.51	\$24.31	\$32.41	\$40.51	\$92,393	\$264,239	\$436,086
D1110	PROPHYLAXIS - ADULT	151,751		16,693	\$48.45	\$101.28	\$60.77	\$81.02	\$101.28	\$205,620	\$543,745	\$881,871
D1120	PROPHYLAXIS - CHILD	155,078		17,059	\$36.10	\$75.12	\$45.07	\$60.10	\$75.12	\$153,050	\$409,338	\$665,626
D2150	AMALGAM-TWO SURFACES, PRIMARY OR PERMANENT AMALGAM-TWO SURFACES, PRIMARY	68,653		7,552	\$80.75	\$202.56	\$121.54	\$162.05	\$202.56	\$308,009	\$613,949	\$919,888
D1206	TOPICAL APPLICATION OF FLUORIDE VARNISH	107,387		11,813	\$19.95	\$42.20	\$25.32	\$33.76	\$42.20	\$63,434	\$163,132	\$262,830
D2140	AMALGAM-ONE SURFACE, PRIMARY OR PERMANENT AMALGAM-ONE SURFACE, PRIMARY O	64,387		7,083	\$65.55	\$160.36	\$96.22	\$128.29	\$160.36	\$217,194	\$444,346	\$671,498
D7140	EXTRACTION, ERUPTED TOOTH OR EXPOSED ROOT (ELEVATION AND/OR FORCEPS REMO	86,696		9,537	\$72.20	\$211.00	\$126.60	\$168.80	\$211.00	\$518,789	\$921,232	\$1,323,675
D2930	PREFABRICATED STAINLESS STEEL CROWN - PRIMARY TOOTH	57,210		6,293	\$140.60	\$295.40	\$177.24	\$236.32	\$295.40	\$230,579	\$602,376	\$974,172
D1351	SEALANT - PER TOOTH	77,101	11%	8,481	\$28.50	\$60.77	\$36.46	\$48.62	\$60.77	\$67,527	\$170,606	\$273,685
D2160	AMALGAM-THREE SURFACES, PRIMARY OR PERMANENT AMALGAM-THREE SURFACES, PRI	19,953		2,195	\$94.05	\$244.76	\$146.86	\$195.81	\$244.76	\$115,900	\$223,342	\$330,783
D2332	RESIN-THREE SURFACES, ANTERIOR	10,277		1,130	\$114.95	\$278.52	\$167.11	\$222.82	\$278.52	\$58,968	\$121,939	\$184,911
D2330	RESIN-ONE SURFACE, ANTERIOR	11,920		1,311	\$76.95	\$189.90	\$113.94	\$151.92	\$189.90	\$48,501	\$98,301	\$148,100
D2331	RESIN-TWO SURFACES, ANTERIOR	8,615		948	\$95.95	\$227.88	\$136.73	\$182.30	\$227.88	\$38,643	\$81,833	\$125,023
D7210	EXTRACTION, ERUPTED TOOTH REQUIRING REMOVAL OF BONE AND/OR SECTIONING OF TOOTH, AND INCLUDING ELEVATION OF MUCOPERISOTEAL FLAP IF INDICATED.	12,744		1,402	\$138.70	\$312.28	\$187.37	\$249.82	\$312.28	\$68,225	\$155,778	\$243,331
D2931	PREFABRICATED STAINLESS STEEL CROWN - PERMANENT TOOTH	2,935		323	\$158.65	\$348.57	\$209.14	\$278.86	\$348.57	\$16,301	\$38,809	\$61,316
D1510	SPACE MAINTAINER - FIXED-UNILATERAL	1,713		188	\$171.95	\$337.60	\$202.56	\$270.08	\$337.60	\$5,768	\$18,491	\$31,213
D2335	RESIN-FOUR OR MORE SURFACES ON INVOLVING INCISAL ANGLE	3,668		403	\$144.40	\$350.26	\$210.16	\$280.21	\$350.26	\$26,531	\$54,796	\$83,060
									Total Computable	\$2,520,705	\$5,609,760	\$8,698,816
									FMAP		69.71%	
									Federal Share	\$1,757,184	\$3,910,564	\$6,063,944
									State Share	\$763,522	\$1,699,196	\$2,634,871
									Year 1	Year 2	Year 3	

Since the Special Needs population is not defined we used CMS Statistics to derive this number. We estimate a Total Computable for Year 1 of \$2.5 million, or \$764 thousand State Share. We estimate a Total Computable for Year 2 of \$5.6 million, or \$1.7 million State Share. We estimate a Total Computable for Year 3 of \$8.7 million, or \$2.6 million State Share.