

**DEPARTMENT OF HEALTH & HUMAN SERVICES**  
Centers for Medicare & Medicaid Services  
601 E. 12th St., Room 355  
Kansas City, Missouri 64106



Medicaid and CHIP Operations Group

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August 3, 2022

Lynnette R. Rhodes, Esq.  
Executive Director, Medical Assistance Plans  
Department of Community Health  
2 Peachtree Street, 36<sup>th</sup> Floor  
Atlanta, GA 30303

Re: GA State Plan Amendment (SPA) 21-0016

Dear Ms. Rhodes:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 21-0016. This amendment proposes to add Lactation Consultants as a new provider type.

We conducted our review of your submittal according to statutory requirements in 42 CFR 440.220 of the Social Security Act. This letter is to inform you that Georgia Medicaid SPA 21-0016, was approved on August 2, 2022, with an effective date of October 1, 2021.

If you have any questions, please contact Etta Hawkins at (404) 562-7429 or via email at [Etta.Hawkins@cms.hhs.gov](mailto:Etta.Hawkins@cms.hhs.gov).

Sincerely,

A handwritten signature in blue ink that reads "James G. Scott".

Digitally signed by James  
G. Scott -S  
Date: 2022.08.03  
12:38:48 -05'00'

James G. Scott, Director  
Division of Program Operations

cc: Brian Dowd  
Falecia Smith, Acting Branch Manager, DPO-South

**TRANSMITTAL AND NOTICE OF APPROVAL OF  
STATE PLAN MATERIAL**

**FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES**

1. TRANSMITTAL NUMBER

2 1 — 0 0 1 6

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

October 1, 2021

5. FEDERAL STATUTE/REGULATION CITATION

42 CFR 440.220

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)

a. FFY 2022 \$ 0

b. FFY 2023 \$ 0

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Attachment 3.1-A, Page 3a-1.b (new)

Attachment 4.19-B, page 1(d) (new)

8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION  
OR ATTACHMENT (If Applicable)

N/A

N/A

9. SUBJECT OF AMENDMENT

Addition of Lactation Consultants as a new provider type.

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

*Lynnette R. Rhodes*

12. TYPED NAME

Lynnette R. Rhodes

13. TITLE

Executive Director, Medical Assistance Plans

14. DATE SUBMITTED

12/31/2021

15. RETURN TO

Lynnette R. Rhodes  
Executive Director, Medical Assistance Plans  
Department of Community Health  
2 Peachtree St., 36th Floor  
Atlanta, Georgia 30303

**FOR CMS USE ONLY**

16. DATE RECEIVED

December 31, 2021

17. DATE APPROVED

August 2, 2022

**PLAN APPROVED - ONE COPY ATTACHED**

18. EFFECTIVE DATE OF APPROVED MATERIAL

October 1, 2021

19. SIGNATURE OF APPROVING OFFICIAL

*James G. Scott*

Digitally signed by James G. Scott -S

Date: 2022.08.03 12:39:21 -05'00'

20. TYPED NAME OF APPROVING OFFICIAL

James G. Scott

21. TITLE OF APPROVING OFFICIAL

Director  
Division of Program Operations

22. REMARKS

Pen and ink change in boxes 7 & 8 to include reimbursement  
pages authorized by state via email on 7/13/2022 - MW

6d. OTHER PRACTITIONER'S SERVICES

D. LACTATION CONSULTANTS

The scope of services includes the provision of lactation care and services to pregnant and lactating women and children who are breastfeeding. Such services include lactation assessment implementation of a plan of care, and education and counseling. Lactation services may be rendered in the following settings: hospital, physician practice, and home setting.

Lactation Consultants must be licensed in accordance with the Georgia Lactation Consultants Practice Act as outlined in the Official Code of Georgia.

T.N. No.: 21-0016

Supersedes

Approval Date: August 2, 2022 Effective Date: October 1, 2021

T.N. No: NEW

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

Lactation Consultant Services:

The Department will reimburse for Lactation Consultant Services billed utilizing one or both of the following codes:

1. S4443 (Lactation Class)
2. S4445 (Patient Counseling).

Reimbursement is based upon an established fee schedule which can be located at

<https://www.mmis.georgia.gov/portal/PubAccess.Provider%20Information/Fee%20Schedules/tabId/20/Default.aspx>.

Lactation services may be rendered in the following settings: hospital, physician practice, and home setting.

Effective Date of Payment:

This reimbursement methodology applies to services rendered on or after October 1, 2021.

Limitations:

Lactation Consultant Services are limited to five (5) sessions unless deemed medically necessary.