August 3, 2022

Lynnette R. Rhodes, Esq.
Executive Director, Medical Assistance Plans
Department of Community Health
2 Peachtree Street, 36th 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.

Sincerely,

James G. Scott, Director
Division of Program Operations

cc: Brian Dowd
Falecia Smith, Acting Branch Manager, DPO-South
TO: CENTER DIRECTOR  
CENTERS FOR MEDICAID & CHIP SERVICES  
DEPARTMENT OF HEALTH AND HUMAN SERVICES  

4. PROPOSED EFFECTIVE DATE  
October 1, 2021  

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)  

9. SUBJECT OF AMENDMENT  
Addition of Lactation Consultants as a new provider type.  

11. SIGNATURE OF STATE AGENCY OFFICIAL  
Lynnette R. Rhodes  
Executive Director, Medical Assistance Plans  
Department of Community Health  
2 Peachtree St., 36th Floor  
Atlanta, Georgia 30303  

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  

16. DATE RECEIVED  
December 31, 2021  

17. DATE APPROVED  
August 2, 2022  

18. EFFECTIVE DATE OF APPROVED MATERIAL  
October 1, 2021  

19. SIGNATURE OF APPROVING OFFICIAL  
Digitally signed by James G. Scott  
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.
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/tabld/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.