

**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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September 14, 2022

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

Re: GA State Plan Amendment (SPA) 22-0005

Dear Executive Director Rhodes:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 22-0005. This amendment proposes to update the legal name of GA Medicaid's medical management and utilization review vendor, remove the list of specific items and services deemed experimental or investigational, and correctly reflect the non-covered services and procedures.

We conducted our review of your submittal according to statutory requirements in CFR 440.230. This letter is to inform you that Georgia Medicaid SPA 22-0005 was approved on September 14, 2022, with an effective date of July 1, 2022. Enclosed is a copy of the CMS-179 summary form and the approved page for incorporation into the Georgia State Plan.

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,

James G. Scott, Director  
Division of Program Operations

Enclosures

cc: Brian Dowd

Organ transplant center criteria is specified in Attachment 3.1-E.

**For All EPSDT Eligible Recipients:**

All medically necessary diagnostic and treatment services will be provided to correct and ameliorate defects and physical and mental illnesses whether or not such services are covered or exceed the benefit limitations in the hospital program if medical necessity is properly documented and prior approval is obtained.

**Non-Covered Services and Procedures:**

1. Services and supplies which are inappropriate or medically unnecessary as determined by the Department, Alliant Health Solutions, or other authorized agent.
2. Private duty nurses or sitters/companions.
3. Non-therapeutic sterilizations performed on persons under age 21 or persons who are not legally competent to give informed consent.
4. Services not medically necessary (i.e., television, telephone, guest meals, cots, etc.).
5. Services or items furnished for which the hospital does not normally charge.
6. Experimental or investigational services (except as required by section 1905(a)(30) of the Act), drugs or procedures which are not generally recognized by the Food and Drug Administration, the U.S. Public Health Service, Medicare, and the Department's contracted Peer Review Organization as acceptable treatment.
7. Cosmetic surgery and all related services