

DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
Atlanta Regional Office  
61 Forsyth Street, Suite 4T20  
Atlanta, Georgia 30303



**DIVISION OF MEDICAID & CHILDREN'S HEALTH OPERATIONS**

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November 14, 2014

Dr. Jerry Dubberly, Chief  
Medical Assistance Plans  
Georgia Department of Community Health  
2 Peachtree Street, NW, 40<sup>th</sup> Floor  
Atlanta, Georgia 30303

RE: Title XIX State Plan Amendment (SPA), Transmittal # GA 13-026

Dear Dr. Dubberly:

We have reviewed the proposed Georgia state plan amendment 13-026, which was submitted to the Atlanta Regional Office on December 20, 2013. The SPA reflects modifications to accommodate the January 1, 2014 change to cover benzodiazepines, barbiturates, smoking cessation agents, and expands tobacco cessation counseling to non-pregnant individuals.

Based on the information provided, the Medicaid State Plan Amendment 13-026 was approved on November 14, 2014. The effective date of this amendment is January 1, 2014. We are enclosing the approved HCFA-179 and the plan pages.

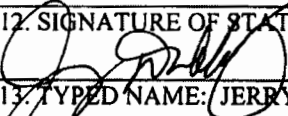
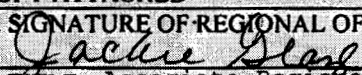
If you have any additional questions or need further assistance, please contact Tandra Hodges at (404) 562-7409 or [Tandra.Hodges@cms.hhs.gov](mailto:Tandra.Hodges@cms.hhs.gov).

Sincerely,

A handwritten signature in cursive script that reads "Jackie Glaze".

Jackie Glaze  
Associate Regional Administrator  
Division of Medicaid & Children's Health Operations

Enclosures

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b>		1. TRANSMITTAL NUMBER: 13-026	2. STATE GEORGIA
		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE AND MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE January 1, 2014	
5. TYPE OF PLAN MATERIAL (Check One):			
<input type="checkbox"/> NEW STATE PLAN                      AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)			
6. FEDERAL STATUTE/REGULATION CITATION: Section 175 of the Medicare Improvement for Patients and Providers Act of 2008 (MIPPA) amended section 1860D-2(e)(2)(A) Sec. 1927. [42 U.S.C. 1396r-8] (d)		7. FEDERAL BUDGET IMPACT: FFY 2014    \$ 5,328,819 FFY 2015    \$ 2,753,721	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:  Attachment 3.1-A Pages 5a-5a. 1b Attachment 3.1.-A Page 2a-2 Attachment 3.1-A Page 2		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):	
10. SUBJECT OF AMENDMENT:                      Update Prescribed Drugs Section to insure compliance with the new barbiturate/benzodiazepine and smoking cessation coverage, correct miscellaneous coverage issues, add missing statement regarding exclusion for manufacturer condition of sale for associated tests or monitoring, and add previously approved copy of supplemental rebate contract. Updated Smoking Cessation counseling services to reflect new coverage. Updated services to Categorically Needed to reflect new Smoking Cessation coverage.			
11. GOVERNOR'S REVIEW (Check One):			
<input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL		<input checked="" type="checkbox"/> OTHER, AS SPECIFIED: Single State Agency Comments Attached	
12. SIGNATURE OF STATE AGENCY OFFICIAL: 		16. RETURN TO:  Department of Community Health Division of Medicaid 2 Peachtree Street, NW, 36 <sup>th</sup> Floor Atlanta, Georgia 30303-3159	
13. TYPED NAME: JERRY DUBBERLY			
14. TITLE: CHIEF, DIVISION OF MEDICAID			
15. DATE SUBMITTED: 12/20/13			
<b>FOR REGIONAL OFFICE USE ONLY</b>			
17. DATE RECEIVED: 12/20/13		18. DATE APPROVED: 11/14/14	
<b>PLAN APPROVED – ONE COPY ATTACHED</b>			
19. EFFECTIVE DATE OF APPROVED MATERIAL: 01/01/14		20. SIGNATURE OF REGIONAL OFFICIAL: 	
21. TYPED NAME: Jackie Glaze		22. TITLE: Associate Regional Administrator Division of Medicaid & Children Health Opns	
23. REMARKS: Approved with following changes to items 8 and 9 as authorized by state agency on RAI Response dated 09/15/14. Block #8 changed to read: Attachment 3.1-A pages 3a-1.a, 5a and 5a.1; Attachment 4.19-B page 14. Block #9 changed to read: Attachment 3.1-A pages 5a and 5a.1 and Attachment 4.19-B page 14.			

6d. OTHER LICENSED PRACTITIONER'S SERVICES

**C. TOBACCO CESSATION COUNSELING SERVICES FOR NON-PREGNANT INDIVIDUALS**

Limitations:

Tobacco Cessation Counseling services are covered for all non-pregnant beneficiaries when medically necessary and provided by the following licensed practitioners within the scope of practice as defined by State law:

1. Physician Assistant;
2. Nurse Practitioner's;
3. Certified Nurse Midwives;
4. Psychologist; and
5. Any other fully licensed practitioner who is legally authorized to furnish such services under State law and who is authorized to provide Medicaid coverable services other than tobacco cessation counseling services.

Tobacco Cessation Counseling Codes:

1. 99406 – Smoking and tobacco use cessation counseling visit (intermediate); greater than 3 minutes up to 10 minutes; face-to-face
2. 99407 – Smoking and tobacco use cessation counseling visit (intensive); greater than 10 minutes; face-to-face

The benefit package should include at least four (4) counseling sessions per quit attempt with a minimum of two (2) quit attempts per 12 month period.

The procedure codes 99406 and 99407 are to be rendered in a face-to-face setting with the member for the purpose of promoting healthy habits. Prescribing pharmacotherapy medication is not a prerequisite for use of these procedure codes. However, if any of the pharmacotherapy medications are prescribed by the provider, a face to face counseling must be documented in the member's medical record every 30 days during the 12 week treatment period.

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**12a. PRESCRIBED DRUGS****Limitations**

Pharmacy services will be provided to recipients under age 21 for medically accepted indications when these services are provided within the laws and regulations governing the practice of pharmacy by the State.

**Covered Services**

Drugs, for which Medical Assistance reimbursement is available, are limited to the following:

Covered outpatient drugs of any manufacturer that has entered into and complied with an agreement under Section 1927(a) of the Act, which are prescribed for a medically accepted indication.

As provided by Section 1927(d)(2) of the Act, certain outpatient drugs may be excluded from coverage. Those excluded are:

- A) Agents used for anorexia, weight loss or weight gain.
- B) Agents used to promote fertility.
- C) Agents used for cosmetic purposes or hair growth.
- D) Drugs identified by the Centers for Medicare and Medicaid Services (CMS) as less than effective (DESI), as provided under Section 1927(k)(2).
- E) Legend Prescription Vitamins and Mineral Products with the following exceptions:
  - (1) Covered Legend Vitamin and Mineral Products include:
    - i. Prenatal vitamins for women
    - ii. Fluoride preparations that are not in combination with other vitamins
    - iii. Carnitor
    - iv. Folic Acid 1 mg
    - v. Vitamin B 12 injection
    - vi. Vitamin and Mineral Products for recipients <21 years of age
- F) Nonprescription drugs with the following exceptions:

*NOTE: all covered OTC drugs require a prescription.*

- Enteric coated aspirin (covered under per diem for nursing home members)
- Ibuprofen suspension for members <21
- Diphenhydramine
- Meclizine
- Select generic over-the-counter (OTC) non-sedating antihistamines, H-2 Receptor antagonists, topical antifungals and proton pump inhibitors.

**12a. PRESCRIBED DRUGS (cont'd)**

- G) Legend agents when used for the symptomatic relief of cough and colds for members 21 years of age and over.
- H) Agents prescribed for any indication that is not medically accepted.
- I) Drugs from manufacturers that do not have a signed rebate agreement.
- J) Non-FDA approved drugs
- K) Any Medicare Part D drug for full-benefit dual eligible individuals who are entitled to receive Medicare benefits under Part A or Part B.
- L) Covered outpatient drugs which the manufacturer seeks to require as a condition of sale that associated tests or monitoring services be purchased exclusively from the manufacturer or its designee.

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

W. Psychological Services:

Payments are limited to the lower of:

- (a) The submitted charge, or;
- (b) The statewide maximum allowable reimbursement which is 84.65% of the 2000 Resource Based Relative Value Scale (RBRVS) as specified by Medicare for Georgia locality 01 (Atlanta).

X. Counseling Services:

CPT code 99406 is reimbursed at 86.1% of the 2014 Medicare fee schedule for non-facilities using Georgia locality 01 (Atlanta). CPT code 99407 is reimbursed at 80.2% of the 2014 Medicare fee schedule for non-facilities using Georgia locality 01 (Atlanta).

Except as noted in this State Plan, all other counseling services are reimbursed at 84.645% of the January 1, 2000 Medicare fee schedule.