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State/Territory Name: **New Jersey** / Region II

State Plan Amendment (SPA) #: **NJ-18-0001**

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- 2) Approved 4.19B Page (Attachment 4.19B, Page 36 and Page 36a)
- 3) CMS 179

DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
26 Federal Plaza, Room 37-100  
New York, NY 10278



**NEW YORK REGIONAL OPERATIONS GROUP**

**DMCHO: ZYM: SPA-NJ-18-0001-Approval Letter**

November 15, 2019

Jennifer Jacobs  
Medicaid Director of Medical Assistance and Health Services  
Department of Human Services  
CN 12 Quakerbridge Plaza  
Trenton, New Jersey 08625-0712

RE: Title XIX State Plan Amendment (SPA), Transmittal # NJ 18-0001

Dear Ms. Jacobs:

We have reviewed the proposed New Jersey State Plan Amendment 18-0001, which was submitted to the New York Regional Operations Group on March 29, 2018. This amendment authorizes rate updates to various 2018 Medicaid fee schedules published under the rate and code section of the state web page listing all published fees.

Based on the information provided, SPA 18-0001 was approved on November 15, 2019. The effective date of this amendment is January 1, 2018. We are enclosing the approved CMS-179 and the plan pages.

If you have any additional questions or need further assistance, please contact Yvette Moore at (646) 694-0915 or [Yvette.Moore@cms.hhs.gov](mailto:Yvette.Moore@cms.hhs.gov).

Sincerely,

*Nicole McKnight*

Nicole McKnight  
Acting Deputy Director  
New York Regional Operations Group

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

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

**TO: REGIONAL ADMINISTRATOR  
CENTERS FOR MEDICARE & MEDICAID SERVICES  
DEPARTMENT OF HEALTH AND HUMAN SERVICES**

1. TRANSMITTAL NUMBER:  
18-0001 MA

2. STATE  
New Jersey

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE  
SOCIAL SECURITY ACT (MEDICAID)

4. PROPOSED EFFECTIVE DATE  
January 1, 2018

5. TYPE OF PLAN MATERIAL (*Check One*):

NEW STATE PLAN       AMENDMENT TO BE CONSIDERED AS NEW PLAN       AMENDMENT  
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (*Separate Transmittal for each amendment*)

6. FEDERAL STATUTE/REGULATION CITATION:

42 U.S. C. 1396a(a)(30)(A)

7. FEDERAL BUDGET IMPACT:

a. FFY 2018 \$620,700

b. FFY 2019 \$206,900

8. PAGE NUMBER OF THE PLAN SECTION OR  
ATTACHMENT:

Attachment 4.19-B Page 36  
Attachment 4.19-B Page 36 a

9. PAGE NUMBER OF THE SUPERSEDED PLAN  
SECTION OR ATTACHMENT (*If Applicable*):

Same  
Same

10. SUBJECT OF AMENDMENT:

2018 Fee Schedule

11. 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:  
Not required, pursuant to 7.4 of the Plan

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME: Carole Johnson

14. TITLE: Acting Commissioner,  
Department of Human Services

15. DATE SUBMITTED:

3/29/18

16. RETURN TO:

Meghan Davey, Director  
Division of Medical Assistance and Health  
Services  
P.O. Box 712, Mail Code #26  
Trenton, NJ 08625-0712

**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED:

18. DATE APPROVED:

NOVEMBER 15, 2019

**PLAN APPROVED - ONE COPY ATTACHED**

19. EFFECTIVE DATE OF APPROVED MATERIAL:

JANUARY 01, 2018

21. TYPED NAME:

NICOLE MCKNIGHT

23. REMARKS:

20. SIGNATURE OF REGIONAL OFFICIAL:

22. TITLE:

NY REGIONAL OPERATIONS GROUP

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
STATE OF NEW JERSEY

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES FOR NON-  
INSTITUTIONAL SERVICES

FEE SCHEDULE EFFECTIVE DATES AND LINKS

The fees in the State's fee schedules referenced in Attachment 4.19-B were set on January 1, 2018 and are effective for services provided on or after that date. Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of the Medicaid services listed below. Services for both ABP and non-ABP beneficiaries utilize the same rates unless otherwise noted in the plan. All applicable procedure code listings and/or rates are published on the State's website at [www.njmmis.com](http://www.njmmis.com) under the link for 'Rate and Code Information' and can be found in the following locations:

- **Medicaid Fee Schedules:**

- **Location: Procedure Master Listing – Medicaid Fee for Service - CY 2018 (last updated in SPA 18-0001 effective 1/1/2018)**
- **Description:** Main file of procedure codes billable to Medicaid for all services except as listed below.

- **Children's Rates: (excluding Special Education Medicaid Initiative (SEMI))**

All applicable procedure code listings and/or rates are published on the State's website at [www.njmmis.com](http://www.njmmis.com) under the link for 'Rate and Code Information' and can be found in the following locations:

- **Location: Procedure Master Listing – Children's Rates – CY 2018 (SPA 18-0001 – effective 1/1/2018)**
- **Description:** File contains procedure codes billable to Medicaid for services provided to beneficiaries under the age of 21 except as listed below.

- **Outpatient Laboratory Billing Only:**

All applicable procedure code listings and/or rates are published on the State's website at [www.njmmis.com](http://www.njmmis.com) under the link for 'Rate and Code Information' and can be found in the following locations:

- **Location: Procedure Master Listing - Outpatient Hospital Laboratory Billing Only – CY 2018 (SPA NJ 18-0001 effective 1/1/2018)**
- **Description:** File contains procedure codes billable to Medicaid for laboratory services conducted in an outpatient hospital setting as described beginning on Page 2 of this Section.

18-0001 MA (NJ)

TN: 18-0001 MA (NJ)

Approval Date: November 15, 2019

SUPERCEDES: 17-0003

Effective Date: January 1, 2018

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
STATE OF NEW JERSEY

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES FOR NON-  
INSTITUTIONAL SERVICES  
FEE SCHEDULE EFFECTIVE DATES AND LINKS (Cont'd)

- **Outpatient Psychiatric Services Only:**

The fees in the State's fee schedules referenced in Attachment 4.19-B were set on January 1, 2018 and are effective for services provided on or after that date. Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of the Medicaid services listed below. Services for both ABP and non-ABP beneficiaries utilize the same rates unless otherwise noted in the plan.

All applicable procedure code listings and/or rates are published on the State's website at [www.njmmis.com](http://www.njmmis.com) under the link for 'Rate and Code Information' and can be found in the following locations:

- **Location: Procedure Code Master Listing – Outpatient Psychiatric Services Only – CY 2018(last updated in SPA 18-0001 effective 1/1/2018)**
- **Description:** File containing Revenue Codes and rates for Outpatient Psychiatric Services provided to adults and children, as described under Outpatient Mental Health Services on Page 2a of this Section.

- **Home Health Rates Only:**

The fees in the State's fee schedules referenced in Attachment 4.19-B were set on January 1, 2016 and are effective for services provided on or after that date. Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of the Medicaid services listed below. Services for both ABP and non-ABP beneficiaries utilize the same rates unless otherwise noted in the plan.

All applicable procedure code listings and/or rates are published on the State's website at [www.njmmis.com](http://www.njmmis.com) under the link for 'Rate and Code Information' and can be found in the following locations:

- **Location: Skilled Nursing Service Rates – Statewide and Provider Specific Rates**
- **Description:** File containing Revenue Codes and rates for statewide Home Health services as described on Page 6a of this Section.

18-0001 MA (NJ)

TN: 18-0001 MA (NJ)

Approval Date: November 15, 2019

**SUPERCEDES: 17-0003**

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