Table of Contents

State/Territory Name: New Jersey

State Plan Amendment (SPA) #: 22-0011

This file contains the following documents in the order listed:

1) Approval Letter
2) CMS 179 Form/Summary Form (with 179-like data)
3) Approved SPA Pages
Financial Management Group

June 23, 2022

Carole Johnson
Commissioner
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 #22-0011

Dear Ms. Johnson:

We have reviewed the proposed amendment to Attachment 4.19-B of your Medicaid State plan submitted under transmittal number 22-0011. This amendment was submitted in order to update the nurse midwife rates.

Based upon the information provided by New Jersey, we have approved the amendment with an effective date of January 1, 2022. We are enclosing the approved CMS-179 and a copy of the new state plan pages.

If you have any additional questions or need further assistance, please contact Division of Reimbursement Review (DRR) analyst Debi Benson at (312) 886-0360 or Deborah.Benson@cms.hhs.gov

Sincerely,

[Redacted]
Director
Division of Reimbursement Review

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

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

<table>
<thead>
<tr>
<th>1. TRANSMITTAL NUMBER</th>
<th>2. STATE</th>
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<tbody>
<tr>
<td>22-0011</td>
<td>NJ</td>
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**3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT**

<table>
<thead>
<tr>
<th>O</th>
<th>XIX</th>
<th>XXI</th>
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**4. PROPOSED EFFECTIVE DATE**

January 1, 2022

**5. FEDERAL STATUTE/REGULATION CITATION**

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

**6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)**

<table>
<thead>
<tr>
<th>a. FFY 2022</th>
<th>$3,434</th>
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</thead>
<tbody>
<tr>
<td>b. FFY 2023</td>
<td>$4,578</td>
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</tbody>
</table>

**7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT**

Attachment 4.19-B Page 16

Attachment 4.19-B Page 36

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (if Applicable)**

same

same

**9. SUBJECT OF AMENDMENT**

Updating Attachment 4.19-B Page 16 to reflect rate change made via SPA 21-0002.

**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

**11. SIGNATURE OF STATE AGENCY OFFICIAL**

[Signature]
Sarah Adelman

[Title]
Acting Commissioner, Department of Human Services

[Date Submitted]
March 31, 2022

**12. TYPED NAME**

Sarah Adelman

**13. TITLE**

Acting Commissioner, Department of Human Services

**14. DATE SUBMITTED**

March 31, 2022

**15. RETURN TO**

Jennifer Langer Jacobs, Assistant Commissioner
Division of Medical Assistance and Health Services
P.O. Box 712, Mail Code #26
Trenton, NJ 08625-0712

**16. DATE RECEIVED**

March 31, 2022

**17. DATE APPROVED**

June 23, 2022

**18. EFFECTIVE DATE OF APPROVED MATERIAL**

January 1, 2022

**19. TYPED NAME OF APPROVING OFFICIAL**

Todd McMillion

**20. TITLE OF APPROVING OFFICIAL**

Director, Division of Reimbursement Review

**22. REMARKS**

Instructions on Back
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  

NURSE MIDWIFERY SERVICES  

Reimbursement for nurse midwifery services shall be made in accordance with a fee schedule using the HCPCS procedure code system and is based on payment of 70 percent of the physician’s specialist fee for the same procedure.  

Reimbursement for nurse midwives who participate as HealthStart providers shall be made in accordance with a fee schedule utilizing the HCPCS codes developed for HealthStart.  

Except as otherwise noted in the plan, state developed fee schedule rates are the same for both governmental and private providers of Nurse Midwifery services.  In no event shall the payment exceed the charge by the provider for identical services to other governmental agencies, or other groups or individuals in the community.  

The effective date of the applicable fee schedules as well as a link to their electronic publication can be found on page 36 of Attachment 4.19-B of the State Plan.  

Payment for Part B co-insurance and deductible shall be paid only up to the Title XIX maximum allowable (less any other third party payments).  

22-00xx MA (NJ)  

TN: 22-00xx MA (NJ)  

Approval Date: June 23, 2022  

SUPERCEDES: TN: 13-14 MA (NJ)  

Effective Date: January 1, 2022
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, 2022 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 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 2022 (last updated in SPA 22-00011 effective 1/1/22) Rates affected by SPA 22-0006 were effective 2/2/22)
  - **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 under the link for ‘Rate and Code Information’ and can be found in the following locations:
  - **Location:** Procedure Master Listing – Children’s Rates – CY 2020 (SPA 19-0001 – effective 1/1/2019)
  - **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 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 2022 (SPA NJ 22-0004 effective 1/1/2022)
  - **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.

**TN: 22-0011**
**Approval Date:** June 23, 2022
**SUPERCEDES:** 22-0006
**Effective Date:** January 1, 2022