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State/Territory Name: **New Jersey**

State Plan Amendment (SPA) #: **14-0004**

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 Page



DIVISION OF MEDICAID AND CHILDREN'S HEALTH OPERATIONS

DMCHO: JH

November 17, 2014

Valerie Harr
State Medicaid Director
Department of Human Services
Division of Medical Assistance and Health Services
State of New Jersey
P.O. Box 712
Trenton, NJ 08625-0712

Dear Director Harr:

This is to notify you that New Jersey State Plan Amendment (SPA) #14-04 MA has been approved for adoption into the State Medicaid Plan with an effective date of January 1, 2014. This State Plan Amendment updates the fee schedule for various non-institutional services and provides information on how to locate the fee schedules.

Enclosed are copies of SPA #14-04 and the HCFA-179 form, as approved. As requested by the state, CMS has entered pen & ink changes to: Blocks 7a and 7b, Federal Budget Impact, to correct the FFYs and the respective budget impact amounts; and Block 9, Date Submitted to enter a submission date.

If you have any questions or wish to discuss this SPA further, please contact Shing Jew at (212) 616-2426 or Joanne Hounsell at (212) 616-2446.

Sincerely,

/s/

Michael Melendez
Associate Regional Administrator
Division of Medicaid and Children's Health Operations

Enclosures: HCFA-179 Form
State Plan Page

cc: J. Velez
J. Hubbs
G. Lovell
R. Weaver
M. Cieslicki
J. Guhl
G. Critelli
S. Jew
J. Hounsell
M. Lopez

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

FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES

1. TRANSMITTAL NUMBER:
14-04- MA

2. STATE
New Jersey

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

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

4. PROPOSED EFFECTIVE DATE
January 1, 2014

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 2014 \$27,000.00 (# 35,804)
b. FFY 2015 \$36,000.00 (# 47,738)

8. PAGE NUMBER OF THE PLAN SECTION OR
ATTACHMENT:
Attachment 4.19-B Page 36

9. PAGE NUMBER OF THE SUPERSEDED PLAN
SECTION OR ATTACHMENT (If Applicable):
Attachment 4.19-B Page 36

10. SUBJECT OF AMENDMENT:
2014 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: Jennifer Velez

14. TITLE: Commissioner,
Department of Human Services

15. DATE SUBMITTED: March 24, 2014

16. RETURN TO:

Valerie Harr, 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 17, 2014

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:
January 01, 2014

20. SIGNATURE OF REGIONAL OFFICIAL:
/s/

21. TYPED NAME: Michael Melendez

22. TITLE: Associate Regional Administrator

23. REMARKS:

OFFICIAL

**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, 2014 and are effective for services provided on or after that date. All applicable procedure code listings and/or rates are published on the State's website and can be located using the following links:

- **Medicaid Fee Schedules:**
 - **Location:** <https://www.njmmis.com/downloadDocuments/CPTHCPSCODES.pdf>
 - **Description:** Main file of procedure codes billable to Medicaid for all services outlined in the Table of Contents on Page 1 of this Section, except as listed below.

- **Children's Rates:**
 - **Location:** <https://www.njmmis.com/downloadDocuments/childrensrates.pdf>
 - **Description:** File contains procedure codes billable to Medicaid for services outlined in the Table of Contents on Page 1 of this Section provided to beneficiaries under the age of 21.

- **Outpatient Laboratory Billing Only:**
 - **Location:** <https://www.njmmis.com/downloadDocuments/Outpatientlabonly.pdf>
 - **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.

- **ACA Enhanced Rates:**
 - **Location:** <https://www.njmmis.com/downloadDocuments/CPTCodesACA.pdf>
 - **Description:** File containing the procedure codes with ACA enhanced rates for physician services. Any Evaluation and Management/Vaccine Administration codes with enhanced rates per the ACA are also available at this location.

- **Outpatient Mental Health Services Only:**
 - **Location:** https://www.njmmis.com/ps_revCodes.aspx
 - **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:**
 - **Location:** https://www.njmmis.com/hh_revCodes.aspx
 - **Description:** File containing Revenue Codes and rates for statewide Home Health services as described on Page 6a of this Section.

TN: 14-04 MA (NJ)

SUPERCEDES: 13-14

14-04 MA (NJ)
Approval Date: NOV 17 2014
Effective Date: JAN 01 2014