

## **Table of Contents**

**State Territory Name: NEW JERSEY**

**State Plan Amendment (SPA) #: 24-0001**

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

**DEPARTMENT OF HEALTH & HUMAN SERVICES**

Centers for Medicare & Medicaid Services  
Center for Medicaid & CHIP Services  
230 South Dearborn  
Chicago, Illinois 60604



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**Financial Management Group**

June 5, 2024

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

RE: TN 24-0001

Dear Director Jacobs:

The Centers for Medicare & Medicaid Services (CMS) has reviewed the proposed New Jersey state plan amendment (SPA) to Attachment 4.19-B 24-0001, which was submitted to CMS on March 27, 2024. This plan amendment updates Fee-for Service rate schedules across benefit categories.

We reviewed your SPA submission for compliance with statutory requirements including in sections 1902(a)(2), 1902(a)(13), 1902(a)(30), and 1903 as it relates to the identification of an adequate source for the non-federal share of expenditures under the plan, as required by 1902(a)(2), of the Social Security Act and the applicable implementing Federal regulations.

Based upon the information provided by the state, we have approved the amendment with an effective date of January 1, 2024. 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 Debi Benson at 312-886-0360 or via email at [Deborah.Benson@cms.hhs.gov](mailto:Deborah.Benson@cms.hhs.gov).

Sincerely,



Todd McMillion  
Director  
Division of Reimbursement Review

Enclosures

**TRANSMITTAL AND NOTICE OF APPROVAL OF  
STATE PLAN MATERIAL  
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES**

1. TRANSMITTAL NUMBER

2 4 — 0 0 0 1

2. STATE

NJ

3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT

XIX  XXI

TO: CENTER DIRECTOR  
CENTERS FOR MEDICAID & CHIP SERVICES  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

January 1, 2024

5. FEDERAL STATUTE/REGULATION CITATION

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

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)

a. FFY 2024 \$ 2,665,634  
b. FFY 2025 \$ 2,753,600

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Attachment 4.19-B Page 36 and 36a

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)

same

9. SUBJECT OF AMENDMENT

January 1, 2024 rate update

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

OTHER, AS SPECIFIED:

11. SIGNATURE OF STATE AGENCY OFFICIAL

12. TYPED NAME  
Sarah Adelman

13. TITLE  
Commissioner, Department of Human Services

14. DATE SUBMITTED  
3/27/24

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

**FOR CMS USE ONLY**

16. DATE RECEIVED  
March 27, 2024

17. DATE APPROVED  
June 5, 2024

**PLAN APPROVED - ONE COPY ATTACHED**

18. EFFECTIVE DATE OF APPROVED MATERIAL

January 1, 2024

19. SIGNATURE OF APPROVING OFFICIAL

20. TYPED NAME OF APPROVING OFFICIAL

Todd McMillion

21. TITLE OF APPROVING OFFICIAL

Director, Division of Reimbursement Review

22. REMARKS

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

Except where noted otherwise, the fees in the State’s fee schedules referenced in Attachment 4.19-B below were set on January 1, 2024 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 2024 (last updated in SPA 24-00xx effective 1/1/24 )**
  - **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 2024 (last updated in SPA 24-00xx– effective 1/1/2024)**
- **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 2024 (SPA NJ 24-000x effective 1/1/2024)**
- **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.

**24-0001 MA (NJ)**

**TN: 24-0001**

**Approval Date:** June 5, 2024

**SUPERCEDES: 23-0023**

**Effective Date:** January 1, 2024

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:**

Except where otherwise noted, the fees in the State's fee schedules referenced in Attachment 4.19-B below were set on January 1, 2024 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 2024 (last updated in SPA 24-00xx effective 1/1/2024)**
- **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:**

Except where otherwise noted, the fees in the State's fee schedules referenced in Attachment 4.19-B below were set on January 1, 2024 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.

24-0001 MA (NJ)

TN: 24-0001

Approval Date: June 5, 2024

SUPERCEDES: 23-0021

Effective Date: January 1, 2024