

State Plan Under Title XIX of the Social Security Act  
Medical Assistance Program  
State: North Carolina

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PHYSICIAN'S FEE SCHEDULE

(a) Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of Physician Services. The agency's fee schedule rates were set as of July 1, 2011 and are effective for services provided on or after that date. All rates are published on the agency's website at <http://www.ncdhhs.gov/dma/fee/fee>.

(b) Physicians' services whether furnished in the office, the patient's home, a hospital, a nursing facility or elsewhere, shall be reimbursed based on the North Carolina Medicaid Fee Schedule which is based on 86 percent of the Medicare Fee Schedule Resource Based Relative Value System (RBRVS) in effect January 1 of each year, but with the following clarifications and modifications:

- (1) A maximum fee is established for each service and is applicable to all specialties and settings in which the service is rendered. Payment is equal to the lower of the maximum fee or the provider's customary charge to the general public for the particular service rendered.
- (2) Rates for services deemed to be associated with adequacy of access to health care services may be adjusted based on administrative review. The service must be essential to the health needs of the Medicaid recipients, no other comparable treatment available and a rate adjustment must be necessary to maintain physician participation within the geographic area at a level adequate to meet the needs of Medicaid recipients and for which no other provider is available.
- (3) Fees for new services are established based on this Rule, utilizing the most current RBRVS, if applicable. If there is no relative value unit (RVU) available from Medicare, fees shall be established based on the fees for similar services. If there is no RVU or similar service, the fee shall be set at 75 percent of the provider's customary charge to the general public. For codes not covered by Medicare that Medicaid covers, annual changes in the Medicaid payments shall be applied each January 1 and fee increases shall be applied based on the forecasted Gross National Product (GNP) Implicit Price Deflator. Said annual changes in the Medicaid payments shall not exceed the percentage increase granted by the North Carolina General Assembly.
- (4) Notwithstanding any other provision, if specified, these rates will be adjusted as shown on Attachment 4.19-B, Supplement 3, Page 1 of the State Plan.

(c) Administration of Vaccinations whether furnished in the office, the patient's home, a hospital, a nursing facility or elsewhere, shall be reimbursed based on the North Carolina Medicaid Fee Schedule. The fee for the Administration of Vaccinations is based on the CMS regional maximum, not to exceed the Medicare established cap.

Administration of Vaccinations is not subject to cost settlement when reimbursement on the North Carolina Medicaid Fee Schedule is equal to the CMS regional maximum cap.

TN. No. 11-021  
Supersedes  
TN. No. 10-014

Approval Date: 12-21-11

Eff. Date: 07/12/11

Revision: HCFA-PM-94-8  
OCTOBER 1994

State/Territory; NORTH CAROLINA

Citation

SOCIAL SECURITY ACT 1915 (a)

4.19 (m) Medicaid Reimbursement for Administration of Vaccines under the Pediatric Immunization Program

1928(c) (2)  
(C) (ii) of  
the Act

(i) A provider may impose a charge for the administration of a qualified pediatric vaccine as stated in 1928(c) (2) (C) (ii) of the Act. within this overall provision, Medicaid, reimbursement to providers will be, administered as follows.

(ii) The State:

  x   sets a payment rate at the level of the regional maximum established by the DHHS Secretary.

       is a Universal Purchase State and sets a payment rate at the level of the regional maximum established in accordance with state law.

       sets a payment rate below the level of the regional maximum established by the DHHS Secretary.

       is a Universal Purchase State and sets a payment rate below the level of the region" maximum established by the Universal Purchase State.

The state pays the following rate for the administration of a vaccine:

1926 of  
the Act

(iii) Medicaid beneficiary access to immunizations is assured through the following methodology:

Other