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**State/Territory Name: North Carolina**

**State Plan Amendment (SPA) #: 14-0031**

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form
- 3) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
Atlanta Regional Office  
61 Forsyth Street, Suite 4T20  
Atlanta, Georgia 30303



**DIVISION OF MEDICAID & CHILDREN'S HEALTH OPERATIONS**

January 19, 2017

Mr. Dave Richard  
Deputy Secretary  
Division of Medical Assistance  
North Carolina Department of Health and Human Services  
2501 Mail Service Center  
Raleigh, North Carolina 27699-2501

Attention: Teresa Smith

RE: North Carolina Title XIX State Plan Amendment, Transmittal # NC 14-0031

Dear Mr. Richard:

We reviewed the proposed amendment to the North Carolina Medicaid State Plan Amendment (SPA) NC 14-0031 (Other Licensed Practitioner) that was submitted to CMS on September 30, 2014. This amendment originally proposed implementing a 1 percent rate reduction and rate freeze for subsequent years. After intensive collaboration with CMS, the State removed the 1 percent rate reduction and revised the SPA pages to clarify that this program will be reimbursed at the lower of the submitted charge or the rate from the North Carolina Medicaid fee schedule in effect at a given point in time.

Based on the information provided, we are now ready to approve the Medicaid State Plan Amendment NC 14-0031. This SPA was approved on January 19, 2017. The effective date of this amendment is January 1, 2015. We are enclosing the signed paper-based HCFA-179 and the approved plan pages.

If you have any questions or need any further assistance, please contact Michelle White at (404) 562-7328, or Donald Graves at 919-828-2999.

Sincerely,

//s//

Jackie Glaze  
Associate Regional Administrator  
Division of Medicaid & Children's Health Operations

Enclosures

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b>		1. TRANSMITTAL NUMBER: 14-031	2. STATE NC
<b>FOR: HEALTH CARE FINANCING ADMINISTRATION</b>		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
<b>TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES</b>		4. PROPOSED EFFECTIVE DATE January 1, 2015	
5. TYPE OF PLAN MATERIAL ( <i>Check One</i> ):			
<input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT			
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT ( <i>Separate Transmittal for each amendment</i> )			
6. FEDERAL STATUTE/REGULATION CITATION:  42 CFR 447.201		7. FEDERAL BUDGET IMPACT:  a. FFY 2015 (\$195) b. FFY 2016 (\$260)	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:  Attachment 4.19-B Supplement 3, Page 1i and Attachment 4.19-B Supplement 3, Page 2i		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT ( <i>If Applicable</i> ):  Attachment 4.19-B Supplement 3, Page 1i	
10. SUBJECT OF AMENDMENT:  Licensed Practitioners Services			
11. GOVERNOR'S REVIEW ( <i>Check One</i> ):			
<input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input checked="" type="checkbox"/> OTHER, AS SPECIFIED: Secretary			
<input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED			
<input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL			
12. SIGNATURE OF STATE AGENCY OFFICIAL: //s//		16. RETURN TO:  Office of the Secretary Department of Health and Human Services 2001 Mail Service Center Raleigh, NC 27699-20014	
13. TYPED NAME: Aldona Z. Wos, M.D.			
14. TITLE: Secretary			
15. DATE SUBMITTED: 09/18/14			
<b>FOR REGIONAL OFFICE USE ONLY</b>			
17. DATE RECEIVED: 09/30/14		18. DATE APPROVED: 01/19/17	
PLAN APPROVED – ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: 01/01/15		20. SIGNATURE OF REGIONAL OFFICIAL: //s//	
21. TYPED NAME: Jackie Glaze		22. TITLE: Associate Regional Administrator Division of Medicaid & Children Health Opns	
23. REMARKS: Approved with the following changes to block #7, 8 and 9.  Block # 7 changed to read: 7a FFY 2015 (\$0) and 7b FFY 2016 (\$0).  Block # 8 changed to read: Attachment 4.19-B Section 6, page 1e and Attachment 4.19-B Supplement 3, page 1i.  Block # 9 changed to read: Attachment 4.19-B Section 6, page 1e and Attachment 4.19-B Supplement 3, page 1i.			

State Plan Under Title XIX of the Social Security Act  
Medical Assistance  
State: NORTH CAROLINA

#### PAYMENTS FOR MEDICAL AND REMEDIAL CARE AND SERVICES

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Medical care and any other type of remedial care recognized under State law, furnished by licensed practitioners within the scope of their practice as defined by State law:

Chiropractic Services, Podiatry Services, Optometry Services, Nurse Practitioner Services, Independent Practitioner Services and Other Licensed Practitioner Services.

f. Other Licensed Practitioner Services:

(1) CPT code rates for these licensed practitioners are adjusted annually in accordance with the physician services. A maximum fee is established for each service and is applicable to all specialties and setting in which the service is rendered. Payments for these Other Licensed Practitioner Services covered under Attachment 3.1-A.1, are equal to the lower of the submitted charge or the fee schedule rate. All rates are published on the DMA website at: <https://dma.ncdhhs.gov/providers/fee-schedules>.

The following licensed practitioners will have the following reductions to their maximum fee of the physician fee schedule rate.

- (a) Licensed Nurse Practitioners certified in child and adolescent psychiatry will receive 85%,
  - (b) Licensed Clinical Social Workers will receive 75%,
  - (c) Licensed Professional Counselors will receive 75%,
  - (d) Licensed Marriage and Family Therapists will receive 75%,
  - (e) Licensed Clinical Nurse Specialists certified in child and adolescent psychiatry will receive 85%,
  - (f) Certified Psychological Associates will receive 75%,
  - (g) Licensed Clinical Addictions Specialists and Certified Clinical Supervisors who are licensed as clinical addiction specialists will receive 75%,
- (2) Any mental health non-CPT codes service which are available for other practitioners to bill will have its rate established based on Attachment 4.19-B, Section 13. Effective on or after October 1, 2014, the practitioner rates are based on the rates established on the Physician's fee schedule.

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

Payments for Medical and Remedial Care and Services

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TN-No: 14-031  
Supersedes  
TN- No. 11-014

Approval Date: 01/19/17

Eff. Date: 01/01/2015