

## **Table of Contents**

**State/Territory Name: NORTH CAROLINA**

**State Plan Amendment (SPA) #: NC-23-0041**

This file contains the following documents in the order listed:

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

**DEPARTMENT OF HEALTH & HUMAN SERVICES**

Centers for Medicare & Medicaid Services  
Center for Medicaid & CHIP Services  
233 North Michigan Ave., Suite 600  
Chicago, Illinois 60601



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**Financial Management Group**

February 15, 2024

Jay Ludlam  
Office of the Deputy Secretary  
Department of Health and Human Services  
2001 Mail Service Center  
Raleigh, NC 27699-20014

**RE: North Carolina State Plan Amendment (SPA) Transmittal Number SPA # NC-23-0041**

Dear Deputy Director Ludlam,

We have reviewed the proposed North Carolina State Plan Amendment (SPA) to Attachment 4.19-B, which was submitted to the Centers for Medicare & Medicaid Services (CMS) on December 28, 2023. This plan amendment will increase reimbursement to Ambulatory Surgical Centers (ASC)/Dental Procedures.

Based upon the information provided by the State, we have approved the amendment with an effective date of October 4, 2023. 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 Ysabel Gavino at [maria.gavino@cms.hhs.gov](mailto:maria.gavino@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 3 — 0 0 4 1

2. STATE

NC

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

October 04, 2023

5. FEDERAL STATUTE/REGULATION CITATION

42 C.F.R. §416

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)

a. FFY 24 \$ 136,577  
b. FFY 25 \$ 587,696

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Attachment 4.19-B Section 9, Page 2

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)

Attachment 4.19-B Section 9, Page 2

9. SUBJECT OF AMENDMENT

Ambulatory Surgery Centers (ASC)/Dental Procedures Increase

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: Secretary

11. SIGNATURE OF STATE AGENCY OFFICIAL

12. TYPED NAME  
Jay Ludlam

13. TITLE  
Deputy Secretary

14. DATE SUBMITTED 12/13/23 | 1:35 PM EST

15. RETURN TO

Office of the Deputy Secretary  
Department of Health and Human Services  
2001 Mail Service Center  
Raleigh, NC 27699-20014

**FOR CMS USE ONLY**

16. DATE RECEIVED  
December 28, 2023

17. DATE APPROVED  
February 15, 2024

**PLAN APPROVED - ONE COPY ATTACHED**

18. EFFECTIVE DATE OF APPROVED MATERIAL  
October 04, 2023

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  
Medical Assistance Program  
State: North Carolina

Payments for Medical and Remedial Care and Services

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- c. Effective October 4, 2023, Ambulatory Surgical Centers (ASC) performing dental procedures billed under procedure code G0330 will be reimbursed at ninety-five percent (95%) of the total payment rate listed on the Medicare Part B Hospital Outpatient Prospective Payment System (OPPS), in effect as of January 1, 2023. As of January 1, 2024, and each year thereafter, the rates for procedure code G0330 will be updated annually to reimburse at ninety-five percent (95%) of the Medicare Part B OPPS payment rate, in effect as of January 1.

Rates for non-dental new services provided by licensed Ambulatory Surgical Centers are reimbursed at ninety-five percent of the Palmetto Government Benefits Administrator (GBA) ASC Medicare Part B Fee Schedule in effect on January of each year located at: <https://www.palmettogba.com/palmetto/jmb.nsf/DID/8XUG6XKVSR>

Tribal/IHS providers performing dental procedures in a hospital ASC billed and considered to be an outpatient setting will receive the outpatient OMB rate. Tribal providers performing the dental services billed under G0330 in an ASC independent of a hospital will receive the established G0330 rate.

Additional ancillary services, such as laboratory, x-ray and general anesthesia services, are reimbursed at the comparable fees paid to other providers.

Except as otherwise noted in the plan, State developed fee schedule rates are the same for both governmental and private providers of licensed Ambulatory Surgical Centers and the fee schedule and any annual/periodic adjustments to the fee schedules are published on the NC Division of Medical Assistance Web site [https://ncdhhs.servicenowservices.com/fee\\_schedules](https://ncdhhs.servicenowservices.com/fee_schedules).

The agency's fee schedule rate was set as of July 1, 2012 and is effective for services provided on or after that date.

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TN. No: 23-0041  
Supersedes  
TN. No: 14-025

Approval Date: February 15, 2024

Effective Date: 10/04/2023