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State/Territory Name: NORTH CAROLINA

State Plan Amendment (SPA) #: NC-23-0024

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



Financial Management Group

November 17, 2023

Jay Ludlam
Deputy Secretary
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 23-0024

Dear Deputy Secretary 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 September 29, 2023. This plan amendment increases the rates for maternal health services offered under the Other Licensed Practitioner benefit.

Based upon the information provided by the State, we have approved the amendment with an effective date of July 1, 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

Sincerely,

A solid black rectangular box redacting the signature of Todd McMillion.

Todd McMillion
Director
Division of Reimbursement Review

Enclosures

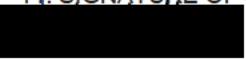
TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES	1. TRANSMITTAL NUMBER <u>2 3 — 0 0 2 4</u>	2. STATE <u>NC</u>
	3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT <input checked="" type="radio"/> XIX <input type="radio"/> XXI	
TO: CENTER DIRECTOR CENTERS FOR MEDICAID & CHIP SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE July 01, 2023	
5. FEDERAL STATUTE/REGULATION CITATION 42 CFR 447.400	6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars) a. FFY <u>23</u> \$ <u>10,191,655</u> b. FFY <u>24</u> \$ <u>5,739,514</u>	
7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Attachment 4.19-B Section 5, Page 1a, 1f, Attachment 4.19-B Section 6, Page 1c, 1d; Section 17 Page 1	8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) Attachment 4.19-B Section 5, Page 1a, 1f, Attachment 4.19-B Section 6, Page 1c, 1d; Section 17 Page 1	

9. SUBJECT OF AMENDMENT


Maternity Services

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 	15. RETURN TO Office of the Deputy Secretary Department of Health and Human Services 2001 Mail Service Center Raleigh, NC 27699-20014
12. TYPED NAME Jay Ludlam	
13. TITLE Deputy Secretary	
14. DATE SEP 18 2023 9:55 AM EDT	

FOR CMS USE ONLY

16. DATE RECEIVED September 29, 2023	17. DATE APPROVED November 17, 2023
PLAN APPROVED - ONE COPY ATTACHED	
18. EFFECTIVE DATE OF APPROVED MATERIAL July 1, 2023	19. SIGNATURE OF APPROVING OFFICIAL 
20. TYPED NAME OF APPROVING OFFICIAL Todd McMillion	21. TITLE OF APPROVING OFFICIAL Director, Division of Reimbursement

22. REMARKS

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

- (c) Administration of Vaccinations whether furnished in the office, the patient's home, a hospital, a nursing facility or elsewhere, or billed under Physician, Nurse Practitioner, Physician Assistant, 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.

Increased Primary Care Service Payment 42 CFR 447.405, 447.410, 447.415

Enhanced Affordable Care Act (ACA) Payments for Primary Care Services as defined in section 1202 with dates of service effective January 1, 2013 – December 31, 2014 will be reimbursed at no less than the Medicare Cost Share rates in effect January 1, 2013 – December 31, 2014 or, if greater, the Medicare Resource-Based Relative Value Scale (RBRVS) physician fee schedule (PFS) in effect as of July 1, 2009.

- (d) Effective July 1, 2023, in adherence to Sections 4.2.(a) and 4.2.(b) of Session Law 2023-14 Senate Bill 20, the Medicaid rate of reimbursement for the following Maternity services codes will be paid at least seventy-one percent (71%) of the Medicare rate in effect as of July 21, 2023. Codes: 59400, 59409, 59410, 59425, 59426, 59430, 59510, 59514, 59515, 59610, 59612, 59614, 59618, 59620, 59622

Providers will be reimbursed a flat add-on incentive rate of \$250.00 when an individual Medicaid beneficiary participates in five (5) or more group prenatal care visits recorded and billed by one provider for the same Medicaid beneficiary.

Eligible Indian Health Services/638 Compact Tribal providers will be reimbursed at the OMB rate when rendering this service in a setting that has an applicable OMB rate.

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

PAYMENTS FOR MEDICAL AND REMEDIAL CARE AND SERVICES

Physician Assistant Services:

Payments for Physician Assistant Services covered under Attachment 3.1-A.1 are equal to the lower of the submitted charge or the appropriate fee from the North Carolina Medicaid Physician Assistant Services Fee Schedule. The agency's rates were set as of January 01, 2014 and are effective on or after that date. All rates are published on the website at https://ncdhhs.servicenowservices.com/fee_schedules. Except as otherwise noted in the plan, State developed fee schedule rates are the same for both governmental and private providers.

(a) Effective January 1, 2014, new Physician Assistant Services shall be reimbursed at 100 percent of the North Carolina Medicaid Physician Services Fee Schedule in effect at the time the service is established.

(b) Effective January 1, 2019, all Evaluation and Management codes ranging from 99201 to 99499 and any new codes established within that range as defined in Section 1202 of the Affordable Care Act (ACA) and paid to Physician Assistants shall be reimbursed based on the Medicare Resource-Based Relative Value Scale (RBRVS) physician fee schedule (PFS) in effect as of January 01, 2018. In addition to the ACA primary care practitioners, Obstetricians and Gynecologists shall also be included as primary care Physicians. Reimbursement shall be based on the following methodology:

The Physician Assistants Medicaid Facility rate is set at 85 percent of the Medicare Physician Facility rate.

The Physician Assistants Medicaid Non-Facility rate is set at 85 percent of the Medicare Physician Non-Facility rate.

(c) Effective July 1, 2023, in adherence to Sections 4.2.(a) and 4.2.(b) of Session Law 2023-14 Senate Bill 20, the Medicaid rate of reimbursement for the following Maternity services codes will be paid at least seventy-one percent (71%) of the Medicare rate in effect as of July 21, 2023. Codes: 59400, 59409, 59410, 59425, 59426, 59430, 59510, 59514, 59515, 59610, 59612, 59614, 59618, 59620, 59622

Providers will be reimbursed a flat add-on incentive rate of \$250.00 when an individual Medicaid beneficiary participates in five (5) or more group prenatal care visits recorded and billed by one provider for the same Medicaid beneficiary.

Eligible Indian Health Services/638 Compact Tribal providers will be reimbursed at the OMB rate when rendering this service in a setting that has an applicable OMB rate.

Exceptions: Effective April 1, 2020, Physician Assistants' services rendered in calendar year 2019 and thereafter, will be set at 1 percent above the Medicaid Physician Assistant rates if the calculated rate is less than or equal to the Medicaid Physician Fee Schedule rate.

Effective December 1, 2022, circumcision codes 54150, 54160 and 54161 will be set at 200 percent of the 2009 Medicare Resource-Based Relative Value Scale (RBRVS) physician fee schedule (PFS) and adjusted annually going forward if the 2009 Medicare RBRVS is less than the Medicare RBRVS in effect January 1.

Effective December 1, 2022, psychiatric collaborative care codes 99492, 99493 and 99494 will be set at 120 percent of the 2022 Medicare Resource-Based Relative Value Scale (RBRVS) physician fee schedule (PFS) and adjusted annually if the 2022 Medicare RBRVS is less than the Medicare RBRVS in effect January 1.

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

PAYMENTS FOR MEDICAL AND REMEDIAL CARE AND SERVICES

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.

d. Nurse Practitioner Services:

Payments for Nurse Practitioner Services covered under Attachment 3.1-A.1 are equal to the lower of the submitted charge or the appropriate fee from the North Carolina Medicaid Nurse Practitioner Services Fee Schedule. The agency's rates were set as of January 1, 2014 and are effective on or after that date. All rates are published on the website at https://ncdhhs.servicenowservices.com/fee_schedules. Except as otherwise noted in the plan, State developed fee schedule rates are the same for both governmental and private providers.

(1) Effective January 1, 2014, rates for new Nurse Practitioner Services shall be reimbursed at 100 percent of the North Carolina Medicaid Physician Services Fee Schedule in effect at the time the service is established.

(2) Enhanced Payments for Pregnancy Medical Home Services will be made to licensed nurse practitioners for services provided by a Pregnancy Medical Home provider as specified in Attachment 3.1-B, Page 7(a) and Attachment 3.1-F. Reimbursement will be as described in Attachment 4.19-B Section 5, Page 4 of the State Plan. There shall be no cost settlement for any provider in any setting for these services reimbursed at the enhanced rates

(3) Effective January 1, 2019, all Evaluation and Management codes ranging from 99201 to 99499 and any new codes established within that range as defined in Section 1202 of the Affordable Care Act (ACA) and paid to Nurse Practitioners shall be reimbursed based on the Medicare Resource-Based Relative Value Scale (RBRVS) physician fee schedule (PFS) in effect as of January 01, 2018. In addition to the ACA primary care practitioners, Obstetricians and Gynecologists shall also be included as primary care Physicians. Reimbursement shall be based on the following methodology:

The Nurse practitioner Medicaid Facility rate is set at 85 percent of the Medicare Physician Facility rate.

The Nurse practitioner Medicaid Non-Facility rate is set at 85 percent of the Medicare Physician Non-Facility rate.

Exceptions: Effective April 1, 2020, Nurse practitioners' services rendered in calendar year 2019 and thereafter, will be set at 1 percent above the Medicaid Nurse practitioner rates if the calculated rate is less than or equal to the Medicaid Physician Fee Schedule rate.

Effective December 1, 2022, circumcision codes 54150, 54160 and 54161 will be set at 200 percent of the 2009 Medicare Resource-Based Relative Value Scale (RBRVS) physician fee schedule (PFS) and adjusted annually going forward if the 2009 Medicare RBRVS is less than the Medicare RBRVS in effect January 1.

Effective December 1, 2022, psychiatric collaborative care codes 99492, 99493 and 99494 will be set at 120 percent of the 2022 Medicare Resource-Based Relative Value Scale (RBRVS) physician fee schedule (PFS) and adjusted annually if the 2022 Medicare RBRVS is less than the Medicare RBRVS in effect January 1.

(4) Effective July 1, 2023, in adherence to Sections 4.2.(a) and 4.2.(b) of Session Law 2023-14 Senate Bill 20, the Medicaid rate of reimbursement for the following Maternity services codes will be paid at least seventy-one percent (71%) of the Medicare rate in effect as of July 21, 2023. Codes: 59400, 59409, 59410, 59425, 59426, 59430, 59510, 59514, 59515, 59610, 59612, 59614, 59618, 59620, 59622

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

PAYMENTS FOR MEDICAL AND REMEDIAL CARE AND SERVICES

d. Nurse Practitioner Services (Continued):

Providers will be reimbursed a flat add-on incentive rate of \$250.00 when an individual Medicaid beneficiary participates in five (5) or more group prenatal care visits recorded and billed by one provider for the same Medicaid beneficiary.

Eligible Indian Health Services/638 Compact Tribal providers will be reimbursed at the OMB rate when rendering this service in a setting that has an applicable OMB rate.

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.

e. Independent Practitioner Services (IPS): Physical, Occupational, Speech, Language Pathology/Audiology, and Respiratory Therapy.

Payments for Independent Practitioner Services covered under Attachment 3.1-A.1, are equal to the lower of the submitted charge or the appropriate fee from the specific Independent Practitioner Services Fee Schedule. The agency's fee schedule rates were set as of July 1, 2012 and are effective for services provided on or after that date. All rates are published on the website at:

https://ncdhhs.servicenowservices.com/fee_schedules. Except as otherwise noted in the plan, State developed fee schedule rates are the same for both governmental and private providers.

Effective July 1, 2012, rates for new Independent Practitioner Services shall be set at 98% percent of North Carolinas' Medicaid Physician Services Fee Schedule.

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

PAYMENTS FOR MEDICAL AND REMEDIAL CARE AND SERVICE

17. A. Nurse-Midwife Services.

Payments for Nurse-Midwife Services covered under Attachment 3.1-A.1 are equal to the lower of the submitted charge or the appropriate fee from the North Carolina Medicaid Nurse-Midwife Services Fee Schedule.

The agency's rates were set as of January 1, 2014 and are effective on or after that date. All rates are published on the website at https://ncdhhs.servicenow.com/fee_schedules. Except as otherwise noted in the plan, State developed fee schedule rates are the same for both governmental and private providers.

Effective January 1, 2014, rates for new Nurse-Midwife Services rates shall be set at 98% percent of North Carolinas' Medicaid Physician Services Fee Schedule.

Enhanced Payments for Pregnancy Medical Home Services will be made to licensed nurse midwives for services provided by a Pregnancy Medical Home provider as specified in Attachment 3.1-B, Page 7(a) and Attachment 3.1-F. Reimbursement will be as described in Attachment 4.19-B Section 5, Page 4 of the State Plan. There shall be no cost settlement for any provider in any setting for these services reimbursed at the enhanced rates.

Effective July 1, 2023, in adherence to Sections 4.2.(a) and 4.2.(b) of Session Law 2023-14 Senate Bill 20, the Medicaid rate of reimbursement for the following Maternity services codes will be paid at least seventy-one percent (71%) of the Medicare rate in effect as of July 21, 2023. Codes: 59400, 59409, 59410, 59425, 59426, 59430, 59510, 59514, 59515, 59610, 59612, 59614, 59618, 59620, 59622

Providers will be reimbursed a flat add-on incentive rate of \$250.00 when an individual Medicaid beneficiary participates in five (5) or more group prenatal care visits recorded and billed by one provider for the same Medicaid beneficiary.

Eligible Indian Health Services/638 Compact Tribal providers will be reimbursed at the OMB rate when rendering this service in a setting that has an applicable OMB rate.