

STATE OF NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES

ROY COOPER
GOVERNOR

KODY H. KINSLEY
SECRETARY

December 13, 2023

James Scott, Director Division of Program Operations Department of Health & Human Services Centers for Medicare & Medicaid Services 601 East 12th Street Room 355 Kansas City, Missouri 64106

SUBJECT: State Plan Amendment

Title XIX, Social Security Act Transmittal #2023-0041

Dear Mr. Scott:

Please find attached an amendment for North Carolina's State Plan under Title XIX of the Social Security Act for the Medical Assistance Program.

This State Plan Change will increase reimbursement to Ambulatory Surgical Centers so that services billed under procedure code G0330 are 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. Starting January 1, 2024, and each year thereafter, rates will be updated annually at ninety-five percent (95%) of the Medicare Part B OPPS payment rate, in effect as of January 1.

The proposed effective date of the SPA is October 04, 2023.

Your approval of this state plan amendment is requested. If you have any questions or concerns, please contact me or Betty J. Staton at (919) 538-3215.

Sincerely,

DocuSigned by:

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Jay Ludlam Deputy Secretary

Enclosures

Attachment 4.19-B Section 9, Page 2

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

Payments for Medical and Remedial Care and Services

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.

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

TN. No: 23-0041

Supersedes Approval Date: Effective Date: 10/04/2023
TN. No: 14-025