



STATE OF NORTH CAROLINA  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

ROY COOPER  
GOVERNOR

KODY H. KINSLEY  
SECRETARY

March 12, 2024

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 #2024-0008

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 amend the Medicaid State Plan to apply rate increases defined by the Division of Health Benefits and supported by the North Carolina General Assembly appropriated funds in the Current Operations Appropriations Act of 2023 (SL 2023-134) House Bill 259 to the following Outpatient Behavioral Health psychotherapy services:

**Increase to 100% of Medicare**

- Interactive Complexity Add-on (90785)
- Psychotherapy (90832-90838)
- Brief Interventions - Tobacco Cessation (99406-99407)
- Brief Interventions - SBIRT (99408-99409)
- Family/Group Therapy (90846-90853)
- Electroconvulsive Therapy (90870)
- Therapeutic, prophylactic or diagnostic injection (96372)

**Increase to 120% of Medicare**

- Developmental/Psychological Testing and Evaluation (96110-96146)

**Inflationary Increase**

- Diagnostic Assessment (T1023)
- RBI-BHT (97151-97157)

The proposed effective date of the SPA is January 01, 2024.

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:

A handwritten signature in blue ink that reads "Jay Ludlam".

06555C1C2A8F4C8...

Jay Ludlam

Deputy Secretary

Enclosures

MEDICAL ASSISTANCE

State: North Carolina

PAYMENTS FOR MEDICAL AND REMEDIAL CARE AND SERVICE

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31) Interactive Complexity Add-on (90785)

The agency's fee schedule rate was set on January 1, 2024, based on 100% of the 2023 Medicare rate, and is effective for services provided on or after that date. Rates are based on the appropriate behavioral health provider type. The provider type fee schedules are published on the NC Division of Health Benefits website at [https://ncdhhs.servicenowservices.com/fee\\_schedules](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 of Interactive Complexity.

This service will be provided by direct enrolled Medicaid providers who may be either private or governmental. This service is not cost settled for any provider.

The facilities providing this service are not IMD facilities and NC Medicaid is not reimbursing room and board for this service.

In the event this service is operated by a 638 Compact or Indian Health Service Provider, the rate of reimbursement shall be the All-Inclusive Rate (AIR) established on an annual basis as published in the Federal Register.

In the event this service is operated by a 638 Compact or Indian Health Service Provider and is not covered under the criteria to receive the All-Inclusive Rate (AIR), the provider is subject to the NC Medicaid Fee Schedule or other agreed upon rate(s) by the payor.

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TN No: 24-0008

Supersedes

TN No: NEW

Approval Date:

Effective Date: 01/01/2024

MEDICAL ASSISTANCE

State: North Carolina

PAYMENTS FOR MEDICAL AND REMEDIAL CARE AND SERVICE

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32) Psychotherapy (90832-90838)

The agency's fee schedule rate was set on January 1, 2024, based on 100% of the 2023 Medicare rate, and is effective for services provided on or after that date. Rates are based on the appropriate behavioral health provider type. The provider type fee schedules are published on the NC Division of Health Benefits website at [https://ncdhhs.servicenowservices.com/fee\\_schedules](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 of Psychotherapy.

This service will be provided by direct enrolled Medicaid providers who may be either private or governmental. This service is not cost settled for any provider.

The facilities providing this service are not IMD facilities and NC Medicaid is not reimbursing room and board for this service.

In the event this service is operated by a 638 Compact or Indian Health Service Provider, the rate of reimbursement shall be the All-Inclusive Rate (AIR) established on an annual basis as published in the Federal Register.

In the event this service is operated by a 638 Compact or Indian Health Service Provider and is not covered under the criteria to receive the All-Inclusive Rate (AIR), the provider is subject to the NC Medicaid Fee Schedule or other agreed upon rate(s) by the payor.

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TN No: NEW

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33) Brief Interventions - Tobacco Cessation (99406-99407)

The agency's fee schedule rate was set on January 1, 2024, based on 100% of the 2023 Medicare rate, and is effective for services provided on or after that date. Rates are based on the appropriate behavioral health provider type. The provider type fee schedules are published on the NC Division of Health Benefits website at [https://ncdhhs.servicenowservices.com/fee\\_schedules](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 of Brief Interventions - Tobacco Cessation.

This service will be provided by direct enrolled Medicaid providers who may be either private or governmental. This service is not cost settled for any provider.

The facilities providing this service are not IMD facilities and NC Medicaid is not reimbursing room and board for this service.

In the event this service is operated by a 638 Compact or Indian Health Service Provider, the rate of reimbursement shall be the All-Inclusive Rate (AIR) established on an annual basis as published in the Federal Register.

In the event this service is operated by a 638 Compact or Indian Health Service Provider and is not covered under the criteria to receive the All-Inclusive Rate (AIR), the provider is subject to the NC Medicaid Fee Schedule or other agreed upon rate(s) by the payor.

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34) Brief Interventions - SBIRT (99408-99409)

The agency's fee schedule rate was set on January 1, 2024, based on 100% of the 2023 Medicare rate, and is effective for services provided on or after that date. Rates are based on the appropriate behavioral health provider type. The provider type fee schedules are published on the NC Division of Health Benefits website at [https://ncdhhs.servicenowservices.com/fee\\_schedules](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 of Brief Interventions - SBIRT.

This service will be provided by direct enrolled Medicaid providers who may be either private or governmental. This service is not cost settled for any provider.

The facilities providing this service are not IMD facilities and NC Medicaid is not reimbursing room and board for this service.

In the event this service is operated by a 638 Compact or Indian Health Service Provider, the rate of reimbursement shall be the All-Inclusive Rate (AIR) established on an annual basis as published in the Federal Register.

In the event this service is operated by a 638 Compact or Indian Health Service Provider and is not covered under the criteria to receive the All-Inclusive Rate (AIR), the provider is subject to the NC Medicaid Fee Schedule or other agreed upon rate(s) by the payor.

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35) Family/Group Therapy (90846-90853)

The agency's fee schedule rate was set on January 1, 2024, based on 100% of the 2023 Medicare rate, and is effective for services provided on or after that date. Rates are based on the appropriate behavioral health provider type. The provider type fee schedules are published on the NC Division of Health Benefits website at [https://ncdhhs.servicenowservices.com/fee\\_schedules](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 of Family/Group Therapy.

This service will be provided by direct enrolled Medicaid providers who may be either private or governmental. This service is not cost settled for any provider.

The facilities providing this service are not IMD facilities and NC Medicaid is not reimbursing room and board for this service.

In the event this service is operated by a 638 Compact or Indian Health Service Provider, the rate of reimbursement shall be the All-Inclusive Rate (AIR) established on an annual basis as published in the Federal Register.

In the event this service is operated by a 638 Compact or Indian Health Service Provider and is not covered under the criteria to receive the All-Inclusive Rate (AIR), the provider is subject to the NC Medicaid Fee Schedule or other agreed upon rate(s) by the payor.

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36) Electroconvulsive Therapy (90870)

The agency's Psychiatry Behavioral Health Physicians Services fee schedule rates were set on January 1, 2024, based on 100% of the 2023 Medicare rate, and are effective for services provided on or after that date. The Psychiatry Behavioral Health Physicians Services fee schedule is published on the NC Division of Health Benefits website at [https://ncdhhs.servicenowservices.com/fee\\_schedules](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 of Electroconvulsive Therapy.

This service will be provided by direct enrolled Medicaid providers who may be either private or governmental. This service is not cost settled for any provider.

The facilities providing this service are not IMD facilities and NC Medicaid is not reimbursing room and board for this service.

In the event this service is operated by a 638 Compact or Indian Health Service Provider, the rate of reimbursement shall be the All-Inclusive Rate (AIR) established on an annual basis as published in the Federal Register.

In the event this service is operated by a 638 Compact or Indian Health Service Provider and is not covered under the criteria to receive the All-Inclusive Rate (AIR), the provider is subject to the NC Medicaid Fee Schedule or other agreed upon rate(s) by the payor.

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TN No: NEW

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37) Therapeutic, Prophylactic or Diagnostic Injection (96372)

The agency's fee schedule rate was set on January 1, 2024, based on 100% of the 2023 Medicare rate, and is effective for services provided on or after that date. Rates are based on the appropriate behavioral health provider type. The provider type fee schedules are published on the NC Division of Health Benefits website at [https://ncdhhs.servicenowservices.com/fee\\_schedules](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 of Therapeutic, Prophylactic or Diagnostic Injection.

This service will be provided by direct enrolled Medicaid providers who may be either private or governmental. This service is not cost settled for any provider.

The facilities providing this service are not IMD facilities and NC Medicaid is not reimbursing room and board for this service.

In the event this service is operated by a 638 Compact or Indian Health Service Provider, the rate of reimbursement shall be the All-Inclusive Rate (AIR) established on an annual basis as published in the Federal Register.

In the event this service is operated by a 638 Compact or Indian Health Service Provider and is not covered under the criteria to receive the All-Inclusive Rate (AIR), the provider is subject to the NC Medicaid Fee Schedule or other agreed upon rate(s) by the payor.

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TN No: NEW

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PAYMENTS FOR MEDICAL AND REMEDIAL CARE AND SERVICE

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38) Developmental/Psychological Testing and Evaluation (96110-96146)

The agency's fee schedule rate was set on January 1, 2024, based on 120% of the 2023 Medicare rate, and is effective for services provided on or after that date. Rates are based on the appropriate behavioral health provider type. The provider type fee schedules are published on the NC Division of Health Benefits website at [https://ncdhhs.servicenowservices.com/fee\\_schedules](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 of Developmental/Psychological Testing and Evaluation.

This service will be provided by direct enrolled Medicaid providers who may be either private or governmental. This service is not cost settled for any provider.

The facilities providing this service are not IMD facilities and NC Medicaid is not reimbursing room and board for this service.

In the event this service is operated by a 638 Compact or Indian Health Service Provider, the rate of reimbursement shall be the All-Inclusive Rate (AIR) established on an annual basis as published in the Federal Register.

In the event this service is operated by a 638 Compact or Indian Health Service Provider and is not covered under the criteria to receive the All-Inclusive Rate (AIR), the provider is subject to the NC Medicaid Fee Schedule or other agreed upon rate(s) by the payor.

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Supersedes

TN No: NEW

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14) Diagnostic Assessment (T1023)

Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of Diagnostic Assessment. The agency's fee schedule rate of \$231.30 per event was set as of July 1, 2012 and is effective for services provided on or after that date.

Effective January 1, 2024, the agency's published Enhanced Mental Health Services fee schedule rates are effective for services provided on or after that date. The Enhanced Mental Health Services fee schedule is published on the Division of Health Benefits website at [https://ncdhhs.servicenowservices.com/fee\\_schedules](https://ncdhhs.servicenowservices.com/fee_schedules).

This service will be provided by direct enrolled Medicaid providers who may be either private or governmental. This service is not cost settled for any provider. This service is provided in accordance with Attachment 3.1-A.1 Page 7c.2, Paragraph 4.b.(8), subparagraph (b) and Attachment 3.1-A.1 Page 15a.1, Paragraph 13.D., subparagraph (ii).

The facilities providing this service are not IMD facilities and NC Medicaid is not reimbursing room and board for this service.

In the event this service is operated by a 638 Compact or Indian Health Service Provider, the rate of reimbursement shall be the All-Inclusive Rate (AIR) established on an annual basis as published in the Federal Register.

In the event this service is operated by a 638 Compact or Indian Health Service Provider and is not covered under the criteria to receive the All-Inclusive Rate (AIR), the provider is subject to the NC Medicaid Fee Schedule or other agreed upon rate(s) by the payor.

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TN No: 24-0008  
Supersedes  
TN No: 14-032

Approval Date:

Effective Date: 01/01/2024

MEDICAL ASSISTANCE

State: North Carolina

PAYMENTS FOR MEDICAL AND REMEDIAL CARE AND SERVICE

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30) Research-Based Intensive Behavioral Health Treatment (RBI-BHT) (97151-97157)

The agency's fee schedule rates are effective for services provided on or after the effective date of July 1, 2017.

Effective January 1, 2024, the agency's published fee schedule rates are effective for services provided on or after that date. Rates are based on the appropriate behavioral health provider type. The provider type fee schedules are published on the NC Division of Health Benefits website at [https://ncdhhs.servicenowservices.com/fee\\_schedules](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 of RBI-BHT services.

This service will be provided by direct enrolled Medicaid providers who may be either private or governmental. This service is not cost settled for any provider.

The facilities providing this service are not IMD facilities and NC Medicaid is not reimbursing room and board for this service.

In the event this service is operated by a 638 Compact or Indian Health Service Provider, the rate of reimbursement shall be the All-Inclusive Rate (AIR) established on an annual basis as published in the Federal Register.

In the event this service is operated by a 638 Compact or Indian Health Service Provider and is not covered under the criteria to receive the All-Inclusive Rate (AIR), the provider is subject to the NC Medicaid Fee Schedule or other agreed upon rate(s) by the payor.

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TN No: 24-0008

Supersedes

TN No: 21-0023

Approval Date:

Effective Date: 01/01/2024