

REQUEST FOR BOARD ACTION

HENDERSON COUNTY BOARD OF COMMISSIONERS

MEETING DATE: October 5, 2020

SUBJECT: Revisions to FY 21 Public Health Fee Schedule

PRESENTER: Steve Smith, Health Director

ATTACHMENTS: 1. Detail for FY 21 Public Health Fee Schedule Revisions
2. DHHS Email Communication Regarding Increased Medicaid Rates

SUMMARY OF REQUEST:

The Henderson County Board of Health reviewed proposed changes to the current FY 21 Public Health fee schedule at its September 8, 2020 meeting. The revisions are in part necessitated by favorable changes with Medicaid reimbursement rates that were implemented in response to the COVID-19 pandemic to minimize negative financial impacts to safety net providers like local health departments. In order to realize these rate increases, the department's fee schedule must be amended to achieve full reimbursement. That process is described in the email communication from the NC Department of Health and Human Services dated September 3, 2020.

As noted on the detail, there are other proposed changes to eliminate rounding omissions and several corrections that are needed. In total, there are 12 fee decreases represented that are related to corrections or rounding and 54 fee increases with 11 due to rounding and 43 due to enhanced reimbursement rates.

It is worth noting that subsequent changes to Medicaid reimbursement rates by the NC Department of Health and Human Services in the future may require additional revisions to the fee schedule within this fiscal year.

The Henderson County Board of Health approved these proposed revisions at their September 8, 2020 meeting and requested that they be forwarded to the Henderson County Board of Commissioners for their consideration and approval.

BOARD ACTION REQUESTED:

The Board is requested to approve the represented revisions to the FY 21 Public Health fee schedule.

Suggested Motion:

I move the Board approve the revisions to the FY 21 Public Health fee schedule.

Item	FY21 Fee	Proposed Fee 9-8-2020	Result
1005F ASTHMA SYMPTOMS EVALUATED	\$0.00	\$0.00	↗
10060 INCISION & DRAINAGE ABCESS/SIMPLE SINGLE LESION	\$61.00	\$118.00	↗
10120 FOREIGN BODY REMOVAL, SKIN	\$139.00	\$144.00	↗
11106 INCISIONAL BIOPSY OF SKIN, SINGLE	\$115.00	\$183.00	↗
11107 INCISIONAL BIOPSY OF SKIN, EACH ADDITIONAL LESION	\$57.00	\$88.00	↗
11421 EXCISION LESION	\$115.00	\$162.00	↗
11981 INSERTION, NON-BIODEGRADABLE DRUG DELIVERY IMPLANT	\$149.00	\$150.00	↗
11982 REMOVAL, NON-BIODEGRADABLE IMPLANT	\$189.00	\$189.00	↗
11983 REMOVAL W/ REINSERTION, NON-BIODEGRADABLE IMPLANT	\$230.00	\$269.00	↗
16000 INITIAL TREATMENT FIRST DEGREE BURN	\$96.00	\$96.00	↗
16020 CLEAN AND DEBRIDE BURN	\$108.00	\$108.00	↗
17110 DSTRUCTION BENIGN LESIONS UP TO 14	\$207.00	\$207.00	↗
2016F ASTHMA SYMPTOMS EVALUATED - REPORT ONLY	\$0.00	\$0.00	↗
36000 INTRODUCTION NEEDLE/CATHETER VEIN	\$51.00	\$51.00	↗
36415 ROUTINE VENIPUNCTURE	\$15.00	\$15.00	↗
36416 CAPILLARY BLOOD DRAW	\$10.00	\$10.00	↗
4015F PERSISTENT ASTHMA LONG TERM CTRL MED - REPORT ONLY	\$0.00	\$0.00	↗
46900 DESTROY LESIONS ANAL, CHEMICAL	\$201.00	\$237.00	↗
46916 DESTROY LESIONS ANAL, CRYO	\$201.00	\$245.00	↗
46924 DESTROY LESION ANUL EXTENSIVE	\$201.00	\$529.00	↗
54050 DESTROY LESION PENIS, CHEMICAL	\$201.00	\$201.00	↗
54056 DESTROY LESION PENIS, CRYO	\$201.00	\$201.00	↗
54065 DESTROY LESION PENIS, EXTENSIVE	\$201.00	\$248.00	↗
55250 VASECTOMY, REMOVE SPERM DUCT	\$920.00	\$920.00	↗
56420 I&D OF BARTHOLINS GLAND ABSCESS	\$184.00	\$184.00	↗
56405 I&D OF VULVA OR PERINEAL ABSCESS	\$184.00	\$184.00	↗
56501 DESTROY VULVA LESIONS SIMPLE	\$201.00	\$201.00	↗
56605 BIOPSY VULVA/PERINEUM 1 LES SPX	\$113.00	\$113.00	↗
57061 DESTROY VAG LESIONS SIMPLE	\$201.00	\$201.00	↗
57065 DESTROY VAG LESIONS EXTENSIVE	\$201.00	\$220.00	↗
57170 FP FITTING OF DIAPHRAGM/CAP	\$118.00	\$118.00	↗
57452 COLPO W/O CERVICAL BIOPSY OR ECC	\$217.00	\$217.00	↗
57454 COLPO W/ CERVICAL BIOPSY & ECC	\$324.00	\$324.00	↗
57455 COLPO W/ CERVICAL BIOPSY	\$297.00	\$297.00	↗
57456 COLPO W/ ECC ONLY	\$271.00	\$271.00	↗
57505 ENDOCERVICAL CURRETAGE (ECC ONLY)	\$151.00	\$151.00	↗

Item	FY21 Fee	Proposed Fee 9-8-2020	Result
58300 FP INSERT IUD DEVICE	\$216.00	\$216.00	➔
58301 FP REMOVE IUD DEVICE	\$189.00	\$189.00	➔
59025 TC FETAL NON-STRESS TEST	\$31.00	\$31.00	➔
59025 TC FETAL NON-STRESS TEST	\$31.00	\$93.00	⬆
59025 FETAL NON-STRESS TEST	\$93.00	\$93.00	➔
59025 FETAL NON-STRESS TEST	\$93.00	\$93.00	➔
59425 ANTEPARTUM CARE ONLY, 4-6 VISITS	\$920.00	\$920.00	➔
59426 ANTEPARTUM CARE ONLY, 7 OR MORE VISITS	\$1,623.00	\$1,623.00	➔
59430 POSTPARTUM CARE ONLY	\$347.00	\$347.00	➔
69210 REMOVE IMPACTED EAR WAX, INSTRUMENTATION	\$97.00	\$97.00	➔
76801 OB US < 14 WKS TRANSABDOMINAL SINGL FETUS	\$125.00	\$155.00	⬆
76805 OB US >/= 14 WKS TRANSABDOMINAL SINGL FETUS	\$200.00	\$200.00	➔
76815 OB US LIMITED FETUS FOR AFI PLACENTA FETAL POSITION	\$145.00	\$145.00	➔
76816 OB US FOLLOW-UP TRANSABDOMINAL	\$125.00	\$132.00	⬆
76817 OB US TRANSVAGINAL	\$125.00	\$125.00	➔
76818 OB US BPP W/ NST	\$125.00	\$144.00	⬆
76830 GYN US, TRANSVAGINAL	\$125.00	\$141.00	⬆
80053 (90) COMPREHENSIVE METABOLIC PANEL (CMP)	\$0.00	\$0.00	➔
80061 LIPID PANEL	\$51.00	\$51.00	➔
80061 LIPID PANEL	\$51.00	\$51.00	➔
80061 (90) LIPID PANEL	\$0.00	\$51.00	⬆
80061 (90) LIPID PANEL	\$0.00	\$0.00	➔
80076 (90) LIVER FUNCTION TEST	\$0.00	\$0.00	➔
80305 (90) DRUG TEST, PRESUMP, ANY NUMBER DRUG CLASS/PROC	\$0.00	\$0.00	➔
80306 (90) DRUG TEST, READ BY INSTRUMENT, ASST DIR OPT	\$0.00	\$0.00	➔
80307 (90) DRUG TEST, PRES, ANY NUMBER CLASS/DEVIC BY CHEM ANAL	\$0.00	\$0.00	➔
81001 URINALYSIS AUTO W/ MICROSCOPY	\$20.00	\$20.00	➔
81003 URINALYSIS AUTOMATED W/O MICROSCOPY	\$10.00	\$10.00	➔
81025 URINE PREGNANCY TEST	\$0.00	\$0.00	➔
81220 (90) CYSTIC FIBROSIS GENE ANALYSIS	\$0.00	\$0.00	➔
81420 (90) FETAL CHROMOSOMAL ANALYSIS (INFORMASEQ)	\$0.00	\$0.00	➔
81511 (90) QUAD SCREEN	\$0.00	\$0.00	➔
82017 (90) (NBS) ACYLCARNITINES QUANTITATIV EA SPECIMEN	\$0.00	\$0.00	➔
82139 (90) (NBS) AMINO ACIDS 6/ AMINO ACIDS QUANTITATIVE	\$0.00	\$0.00	➔
82261 (90) (NBS) BIOTINIDASE EACH SPECIMEN	\$0.00	\$0.00	➔

Item	FY21 Fee	Proposed Fee 9-8-2020	Result
82270 FOBT, GUAIAC, COLON CA SCR	\$12.00	\$12.00	➔
82384 (90) CATAcholAMINES FRACTIONATED	\$0.00	\$0.00	➔
82550 (90) CPK CREATININE PHOSPHOKINASE	\$0.00	\$0.00	➔
82565 (90) CR CREATININE	\$0.00	\$0.00	➔
82575 (90) URINE CREATININE CLEARANCE TEST	\$0.00	\$0.00	➔
82627 (90) TESTOSTERONE TEST	\$0.00	\$0.00	➔
82705 (90) FAT/LIPIDS FECES QUALITATIVE	\$0.00	\$0.00	➔
82728 (90) FERRITIN	\$0.00	\$0.00	➔
82746 (90) FOLIC ACID SERUM	\$0.00	\$0.00	➔
82760 (90) (NBS) ASSAY OF GALACTOSE	\$0.00	\$0.00	➔
82775 (90) (NBS) GALACTOSE-1-PHOSPHATER URIDYL TRANSFERACE	\$0.00	\$0.00	➔
82784 (90) ASSAY OF GAMMAGLOBULIN IGA IGD IGG IGM	\$0.00	\$0.00	➔
82947 GLUCOSE , FASTING, RANDOM	\$11.00	\$11.00	➔
82950 GTT, GLUCOSE TOLERANCE TEST, 1 SPEC, 1 HR, PP	\$16.00	\$16.00	➔
82951 GTT, 2 HR, 3 SPEC	\$38.00	\$38.00	➔
83001 (90) GONADOTROPIN (FSH)	\$0.00	\$0.00	➔
83002 (90) GONADOTROPIN (LH)	\$0.00	\$0.00	➔
83020 (90) (NBS) HEMOGLOBIN ELECTROPHORESIS- SICKLE CELL	\$0.00	\$0.00	➔
83021 (90) (NBS) HEMOGLOBIN FRACT J/QUANT J CHROMOTOGRAPHY	\$0.00	\$0.00	➔
83036 HGB A1C GLYCOSLATED HEMOGLOBIN TEST	\$16.00	\$19.00	➔
83051 HEMAGLOBIN, HEMACUE	\$16.00	\$16.00	➔
83498 (90) (NBS) ASSAY OF HYDROXYPROGESTERONE 17-D	\$0.00	\$0.00	➔
83520 (90) (NBS) IMMUNOASSAY ANALYTE QUANTITATIVE NOS	\$0.00	\$0.00	➔
83540 (90) IRON SERUM	\$0.00	\$0.00	➔
83550 (90) IRON BINDING CAPACITY TEST	\$0.00	\$0.00	➔
83655 (90) LEAD SCR	\$0.00	\$0.00	➔
83655 LEAD SCR	\$20.00	\$23.00	➔
83690 (90) ASSAY OF LIPASE	\$0.00	\$0.00	➔
84030 (90) PKU	\$0.00	\$0.00	➔
84146 (90) ASSAY PROLACTIN	\$0.00	\$0.00	➔
84156 (90) URINE TOTAL PROTEIN, 24 HR	\$0.00	\$0.00	➔
84403 (90) ASSAY TESTOSTERONE TOTAL	\$0.00	\$0.00	➔
84437 (90) ASSAY OF THYROXINE REQUIRING ELUTION	\$0.00	\$0.00	➔
84439 (90) ASSAY OF FREE THYROXINE	\$0.00	\$0.00	➔

Item	FY21 Fee	Proposed Fee 9-8-2020	Result
84443 (90) TSH THYROID STIM HORMONE	\$0.00	\$0.00	➡
84450 TRANSFERASE ASPARTATE AMINO (AST)	\$16.00	\$16.00	➡
84460 (90) ALT	\$0.00	\$0.00	➡
84479 (90) THYROID HORMONE UPTAKE	\$0.00	\$0.00	➡
84480 (90) T3, TRIIODOTHYRONINE	\$0.00	\$0.00	➡
84481 (90) THYROID, FREE	\$24.00	\$0.00	➡
84702 (90) BHCG, QUANTITATIVE	\$0.00	\$0.00	➡
85018 HGB	\$12.00	\$12.00	➡
85027 COMPLETE CBC AUTOMATED	\$26.00	\$26.00	➡
85045 (90) BLOOD COUNT RETCULOCYTE AUTOMATED	\$0.00	\$0.00	➡
85651 (90) ESR, ESTIMATED SEDIMENTATION RATE	\$0.00	\$0.00	➡
86200 (90) CYCLIC CITRULLINATED PEPTIDE ANTIBODY	\$0.00	\$0.00	➡
86430 (90) RHEUMATOID FACTO QUALITATIVE	\$0.00	\$0.00	➡
86480 (90) QUANTIFERON GOLD (REPORT ONLY)	\$0.00	\$0.00	➡
86481 (90) T-SPOT TB TEST (REPORT ONLY)	\$0.00	\$0.00	➡
86580 (TST) TB INTRADERMAL TEST	\$12.00	\$12.00	➡
86592 (90) SYPHILIS TEST NON-TREPONEMAL ANTIBODY QUANT	\$0.00	\$0.00	➡
86593 (90) BLOOD SEROLOGY QUANTITATIVE -SYPHILLIS	\$0.00	\$0.00	➡
86615 (90) BORDETELLA PERTUSSIS ANTIBODY	\$0.00	\$0.00	➡
86638 (90) ANTIBODY COXIELLA BURNETII Q FEVER	\$0.00	\$0.00	➡
86644 (90) CMG, CYTOMEGALAVIRUS ANTIBODIES, IGA	\$0.00	\$0.00	➡
86654 (90) ANTIBODY ENCEPHALITIS WESYERN EQUINE	\$0.00	\$0.00	➡
86663 (90) ANTIBODY EPSTEIN-BARR EB VIRUS EARLY ANT	\$0.00	\$0.00	➡
86664 (90) ANTIBODY EPSTEIN-BARR EB VIRUS BUCLEAR A	\$0.00	\$0.00	➡
86665 (90) ANTIBODY EPSTEIN BARR	\$0.00	\$0.00	➡
86666 (90) ANTIBODY EHRlichia	\$0.00	\$0.00	➡
86677 (90) ANTIBODY HELIOBACTER PYLORI	\$0.00	\$0.00	➡
86694 (90) HERPES SIMPLEX ANITBODY, NON SPECIFIC	\$0.00	\$0.00	➡
86694 (90) HERPES SIMPLEX ANTIBODY, NOT SPECIFIC (FLAT FEE/PT CHOICE)	\$5.75	\$0.00	➡
86695 (90) HERPES SIMPLEX ANTIBODY TYPE 1	\$0.00	\$0.00	➡
86695 (90) HERPES SIMPLEX ANTIBODY TYPE 1 (FLAT FEE/PT CHOICE)	\$29.04	\$0.00	➡
86696 (90) HERPES SIMPLEX ANTIBODY TYPE 2	\$0.00	\$0.00	➡
86696 (90) HERPES SIMPLEX ANTIBODY TYPE (FLAT FEE/PT CHOICE)	\$29.04	\$0.00	➡
86703 (90) ANTIBODY HIV 1- & 2-SINGLE RESULT	\$0.00	\$0.00	➡

Item	FY21 Fee	Proposed Fee 9-8-2020	Result
86704 (90) HEPATITIS B CORE ANTIBODY HBCAB TOTAL	\$0.00	\$0.00	➔
86705 (90) HEPATITIS B CORE ANTIBODY IGM ANTIBODY	\$0.00	\$0.00	➔
86706 (90) HEPATITIS B SURF ANTIBODY HBSAB	\$0.00	\$0.00	➔
86709 (90) HEPATITIS ANTIBODY HAAB IGM ANTIBODY	\$0.00	\$0.00	➔
86762 (90) RUBELLA ANTIBODY	\$0.00	\$0.00	➔
86765 (90) ANTIBODY RUBIOLA	\$0.00	\$0.00	➔
86787 (90) VARICELLA ZOSTER ANTIBODY	\$0.00	\$0.00	➔
86788 (90) ANTIBODY WEST NILE VIRUS IGM	\$0.00	\$0.00	➔
86803 (90) HEPATITIS C AB TEST	\$0.00	\$0.00	➔
86850 (90) BLOOD ANTIBODY SCREEN	\$0.00	\$0.00	➔
86900 (90) BLOOD TYPING ABO	\$0.00	\$0.00	➔
86901 (90) BLOOD, RH	\$0.00	\$0.00	➔
87045 (90) CUL BACT STOOL, AEROBIC ISOL SALM	\$0.00	\$0.00	➔
87046 (90) CUL BACT STOOL, AEROBIC ADDL PATH	\$0.00	\$0.00	➔
87070 (90) THROAT CULTURE	\$0.00	\$0.00	➔
87071 (90) QUANTITATIVE AEROBIC W ISOLATION	\$0.00	\$0.00	➔
87075 (90) IDENTIFICATION OF MICRO ANY SOURCE EXCEPT BLOOD	\$0.00	\$0.00	➔
87076 (90) CULTURE ANAROBIE IDENT EACH	\$0.00	\$0.00	➔
87076 (90) URINE CULTURE/COLONY COUNT	\$0.00	\$0.00	➔
87077 (90) CULTURE DEFINITIVE	\$0.00	\$0.00	➔
87081 (90) CULTURE SCREEN ONLY, GC	\$0.00	\$0.00	➔
87081 CULTURE SCREEN ONLY, GC	\$55.00	\$55.00	➔
87109 (90) CULTURE MYCOPLASMA ANY SOURCE	\$0.00	\$0.00	➔
87116 (90) CULTURE TUBERCLE/OTHER ACID FAST BACILLI	\$0.00	\$0.00	➔
87140 (90) CULTURE TYPING IMMUNOFLUORESCENT EA	\$0.00	\$0.00	➔
87143 (90) CULTURE TYPING GAS/HIGH PRESA LIQ CHROMA	\$0.00	\$0.00	➔
87147 (90) CULTURE, SERIOLOGIC	\$0.00	\$0.00	➔
87149 (90) CULTURE TYPING NUCLEIC ACID PROBE DIR EA	\$0.00	\$0.00	➔
87177 (90) OVA & PARASITES SMEAR	\$0.00	\$0.00	➔
87188 (90) SC STD ANTIMCRB AGT MACROBROTH DIL METH E	\$0.00	\$0.00	➔
87205 SMEAR GRAM STAIN	\$12.00	\$12.00	➔
87206 (90) SMR PRIM SRC FLUORESCENT &/AFC BCT FNGL P	\$0.00	\$0.00	➔
87210 SMEAR WET MOUNT SALINE/INK	\$12.00	\$12.00	➔
87252 (90) HSV, HERPES SIMPLEX VIRUS CULTURE	\$0.00	\$0.00	➔
87274 (90) IAADI HERPES SIMPLX VIRUS TYPE I	\$0.00	\$0.00	➔
87290 (90) IAADI VERICELLA ZOSTER VIRUS	\$0.00	\$0.00	➔

Item	FY21 Fee	Proposed Fee 9-8-2020	Result
87299 (90) RABIES, DIRECT SPECIMEN TESTING	\$0.00	\$0.00	➔
87324 (90) IAADI EIA CLOSTRIDIUM DIFFICILE TXIN	\$0.00	\$0.00	➔
87340 (90) HEPATITIS B SURFACE AG EIA	\$0.00	\$0.00	➔
87341 (90) EIA HEPATITIS B SURFACE AG NEUTRALIZ	\$0.00	\$0.00	➔
87389 (90) HIV TEST	\$0.00	\$0.00	➔
87400 (90) RAPID FLU TEST, A AND B	\$0.00	\$0.00	➔
87491 (90) CHLAMYDIA TRACH DNA AMP PROBE	\$0.00	\$0.00	➔
87491 CHLAMYDIA DNA AMP PROBE PCR (FLAT FEE/PT CHOICE)	\$14.61	\$35.00	➔
87491 (90) CHLAMYDIA TRACH DNA AMP PROBE (FLAT FEE/PT CHOICE)			➔
87501 (90) INFLUENZA, AMP PROBE, EA	\$0.00	\$0.00	➔
87520 (90) IADNA HEPATITIS C DIRECT PROBE TECHNIQUE	\$0.00	\$0.00	➔
87521 (90) IADNA HEPATITIS C AMPLIFIED PROBE 7 REVERSE	\$0.00	\$0.00	➔
87535 (90) IADNA HIV-1 AMPLIFIED PROBE 7 REVERSE	\$0.00	\$0.00	➔
87591 (90) N. GONORRHOAE DNA AMP PROB	\$0.00	\$0.00	➔
87591 N. GONORRHOAE DNA AMP PROB PCR (FLAT FEE/PT CHOICE)	\$14.38	\$35.00	➔
87624 (90) HPV	\$0.00	\$0.00	➔
87660 (90) TEST FOR CANDIDA SPECIES, TRICHOMONAS VAGINALIS, GARDNERELLA			
VAGINALIS, VAGINAL SWAB PREFERRED	\$0.00	\$0.00	➔
87661 (90) IADNA TRICHOMONAS VAGINALIS AMP PROBE	\$0.00	\$0.00	➔
87798 PCR, INFECTIOUS AGENT DETECTION, EA ORGANISM	\$45.00	\$46.00	➔
87798 (90) PCR, INFECTIOUS AGENT DETECTION, EA ORGANISM	\$0.00	\$46.00	➔
87880 STREP A ASSAY, RAPID STREP	\$15.00	\$22.00	➔
88175 (90) PAP THIN PREP	\$0.00	\$0.00	➔
89310 (90) SEMEN ANALYSIS W/ COUNT, POST VAS	\$0.00	\$0.00	➔
90473 IMMUN ADMIN ORAL/NASAL W INJECTION	\$15.00	\$21.00	➔
90474 IMMUN ADMIN ORAL/NASAL W INJECTION	\$15.00	\$21.00	➔
90620 MENINGITIS B VACCINE (BEXSERO)	\$179.00	\$179.00	➔
90632 HEP A VACCINE ADULT IM (HAVRIX)	\$71.00	\$71.00	➔
90632 HEP A VACCINE ADULT IM (VAQTA)	\$69.00	\$69.00	➔
90633 HEP A VACCINE PED/ADOL IM 2 DOSE	\$33.00	\$33.00	➔
90633 HEP A VACCINE PED/ADOL IM 2 DOSE	\$0.00	\$0.00	➔
90636 HEP A-HEP-B (TWINRIX)	\$108.00	\$108.00	➔
90636 HEP A-HEP-B (TWINRIX)	\$0.00	\$0.00	➔
90648 HIB (ACT HIB)	\$9.00	\$9.00	➔

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90648 HIB (ACT HIB)	\$0.00	\$0.00	➡
90651 H PAPILOMA 9 VACC 3 DOSE IM	\$227.00	\$227.00	➡
90651 H PAPILOMA 9 VACC 3 DOSE IM	\$0.00	\$0.00	➡
90662 FLU VACCINE PRESERVE FREE, HIGH DOSE	\$50.80	\$51.00	⬆
90662 FLU VACCINE PRESERVE FREE, HIGH DOSE	\$0.00	\$0.00	➡
90670 PNEUMOC CONJUGATE, 13VALENT, IM PR	\$201.00	\$201.00	➡
90670 PNEUMOC CONJUGATE, 13VALENT, IM PR	\$0.00	\$0.00	➡
90675 RABIES VACCINE (RABAVERT)	\$347.00	\$347.00	➡
90675 RABIES VACCINE (RABAVERT)	\$0.00	\$0.00	➡
90681 ORAL NASAL ROTOVIRUS, 2 DOSE	\$124.00	\$124.00	➡
90681 ORAL NASAL ROTOVIRUS, 2 DOSE	\$0.00	\$0.00	➡
90685 FLU VACCINE, QUAD, IM 6m - 35m	\$18.01	\$18.00	⬆
90686 FLU VACCINE, QUAD, IM >36m	\$18.01	\$18.00	⬆
90691 TYPHOID VACCINE IM	\$66.00	\$66.00	➡
90696 DTaP-IPV (KINRIX)	\$51.00	\$51.00	➡
90696 DTaP-IPV (KINRIX)	\$0.00	\$0.00	➡
90698 DTAP-HIB-IP VACCINE (PENTACEL) IM	\$61.00	\$61.00	➡
90698 DTAP-HIB-IP VACCINE (PENTACEL) IM	\$0.00	\$0.00	➡
90700 DTAP VACCINE <7 YRS IM	\$23.00	\$23.00	➡
90700 DTAP VACCINE <7 YRS IM	\$0.00	\$0.00	➡
90707 MMR VACCINE SC	\$76.00	\$76.00	➡
90707 MMR VACCINE SC	\$0.00	\$0.00	➡
90713 POLIOVIRUS IPV SC/IM	\$21.00	\$21.00	➡
90713 POLIOVIRUS IPV SC/IM	\$0.00	\$0.00	➡
90714 TD VACCINE NO PRSRV >= 7 IM	\$25.00	\$25.00	➡
90714 TD VACCINE NO PRSRV >= 7 IM	\$0.00	\$0.00	➡
90715 TDAP VACCINE > 7 IM (ADACEL)	\$40.00	\$40.00	➡
90715 TDAP VACCINE > 7 IM (ADACEL)	\$0.00	\$0.00	➡
90716 VARICELLA ANTIBODY VACCINE	\$135.00	\$135.00	➡
90716 VARICELLA ANTIBODY VACCINE	\$0.00	\$0.00	➡
90717 YELLOW FEVER VACCINE SC	\$154.73	\$155.00	⬆
90723 HEP B-IPV-DTAP VACCINE IM (PEDIARIX)	\$79.00	\$79.00	➡
90723 HEP B-IPV-DTAP VACCINE IM (PEDIARIX)	\$0.00	\$0.00	➡
90732 PNEUMOCOCCAL PPSV23 VACCINE	\$105.00	\$105.00	➡
90732 PNEUMOCOCCAL PPSV23 VACCINE	\$0.00	\$0.00	➡
90734 MENINGOCOCCAL VACCINE IM	\$134.00	\$134.00	➡

Item	FY21 Fee	Proposed Fee 9-8-2020	Result
90734 MENINGOCOCCAL VACCINE IM	\$0.00	\$0.00	➡
90738 ENCEPHALITIS VACCINE SC	\$319.00	\$319.00	➡
90739 HEP B HAPLISAV 2 DOSE	\$120.00	\$120.00	➡
90744 HEP B VACC PED/ADOL 3 DOSE IM	\$24.00	\$24.00	➡
90744 HEP B VACC PED/ADOL 3 DOSE IM	\$0.00	\$0.00	➡
90746 HEP B VACC ADULT IM (ENGERIX)	\$61.00	\$61.00	➡
90746 HEP B VACC ADULT IM (ENGERIX)	\$0.00	\$0.00	➡
90750 HERPES ZOSTER VACCINE SHINGIRX AGE 50 AND OLDER	\$151.00	\$151.00	➡
90791 PSYCHIATRIC DIAG EVAL NO MEDICAL	\$310.00	\$310.00	➡
90832 PSYCHOTHERAPY 30 MIN	\$135.00	\$135.00	➡
90834 PSYCHOTHERAPY 45 MIN	\$202.00	\$202.00	➡
90837 PSYCHOTHERAPY 60 MIN	\$268.00	\$268.00	➡
90846 FAMILY PSYCH W/O PATIENT	\$230.00	\$230.00	➡
90847 FAMILY PSYCH W/PATIENT	\$222.00	\$222.00	➡
92551 PURE TONE HEARING TEST AIR	\$21.00	\$21.00	➡
92567 TYMPANOMETRY	\$38.00	\$38.00	➡
94010 BREATHING CAPACITY TEST	\$75.00	\$75.00	➡
94060 SPIROMETRY W BRONCHODILATION	\$108.00	\$108.00	➡
94640 AIRWAY INHALATION TREAT	\$30.00	\$30.00	➡
94664 EVALUATE PT USE OF INHALER	\$30.00	\$30.00	➡
94760 MEASURE BLOOD OXYGEN LEVEL	\$8.00	\$8.00	➡
94761 NONINVASIVE EAR/PULSE OXIMETRY - MULTIPLE	\$8.00	\$8.00	➡
96101 PSYCH TESTING BY PSYCH/PHYS	\$86.00	\$86.00	➡
96110 DEVELOPMENTAL TEST LIMITED, ASQ, PEDS	\$14.00	\$14.00	➡
96127 BEHAV ASSMT W/ SCORE & DOCD /STAND INSTRU	\$14.00	\$14.00	➡
96152 HBI INTERVENE HLTH/BEHAVE INDIV			
96160 ADMIN PT-FOCUSED HEALTH RISK INSTRUM	\$20.00	\$20.00	➡
96161 ADMIN CAREGIVER-FOCUSED HEALTH RISK INSTRUM	\$20.00	\$20.00	➡
96360 HYDRATION IV INFUSION, INT	\$93.00	\$93.00	➡
96361 HYDRATION IV INFUSION, ADDED	\$30.00	\$30.00	➡
96372 INJECT HORMONE, PREV MAKENA	\$23.00	\$26.00	⬆
97802 MEDICAL NUTRITION INDIV IN	\$40.00	\$40.00	➡
97803 MED NUTRITION INDIV SUBSEQ	\$35.00	\$35.00	➡
97804 MEDICAL NUTRITION THER, GROUP	\$35.00	\$35.00	➡
98960 EDUCATION & TRAINING SELF MGNT NON-PHYSICIAN	\$0.00	\$0.00	➡
99000 HANDLING FEE	\$5.00	\$5.00	➡

Item	FY21 Fee	Proposed Fee 9-8-2020	Result
99173 VISUAL ACUITY SCREEN	\$23.00	\$23.00	↔
99177 VISUAL ACUITY AND AMBLYOPIA, INSTRUMENT-BASED	\$23.00	\$23.00	↔
99188 DENTAL FLUORIDE VARNISH APPLICATION, PRI INS	\$75.00	\$75.00	↔
99201 OFFICE/OUTPATIENT VISIT NEW, LEVEL I	\$90.00	\$92.00	↗
99202 OFFICE/OUTPATIENT VISIT NEW, LEVEL II	\$140.00	\$140.00	↔
99203 OFFICE/OUTPATIENT VISIT NEW, LEVEL III	\$204.00	\$204.00	↔
99204 OFFICE/OUTPATIENT VISIT NEW, LEVEL IV	\$316.00	\$316.00	↔
99205 OFFICE/OUTPATIENT VISIT NEW, LEVEL V	\$396.00	\$396.00	↔
99211 OFFICE/OUTPATIENT VISIT, EST LEVEL I	\$90.00	\$90.00	↔
99212 OFFICE/OUTPATIENT VISIT, EST LEVEL II	\$98.00	\$98.00	↔
99213 OFFICE/OUTPATIENT VISIT, EST LEVEL III	\$138.00	\$138.00	↔
99214 OFFICE/OUTPATIENT VISIT, EST LEVEL IV	\$185.00	\$185.00	↔
99215 OFFICE/OUTPATIENT VISIT, EST LEVEL V	\$282.00	\$282.00	↔
99245 CME, SEXUAL ABUSE			
99367 CME,CASE CONFERENCE, UNITS, 15 MIN EACH			
99381 INIT PREV, NEW PT, INF	\$242.00	\$242.00	↔
99382 INIT PREV NEW PT, 1-4 YRS	\$258.00	\$258.00	↔
99383 INIT PREV, NEW PT, 5-11 YRS	\$258.00	\$258.00	↔
99384 INIT PREV, NEW PT, 12-17 YRS	\$275.00	\$275.00	↔
99385 INIT PREV, NEW PT, 18-20 YRS	\$230.00	\$246.00	↗
99386 INIT PREV, NEW PT, ≥ 40 YRS	\$264.00	\$293.00	↗
99391 PREV VISIT EST PT, INF	\$208.00	\$208.00	↔
99392 PREV VISIT EST PT, AGE 1-4	\$230.00	\$230.00	↔
99393 PREV VISIT EST PT, AGE 5-11	\$230.00	\$230.00	↔
99394 PREV VISIT EST PT, AGE 12-17	\$230.00	\$230.00	↔
99395 PREV VISIT EST PT, AGE 18-39	\$196.00	\$209.00	↗
99396 PREV VISIT EST PT, AGE 40-64	\$217.00	\$233.00	↗
99401 PREV COUN, 15 m	\$27.00	\$27.00	↔
99402 PREV COUN, 30 m	\$53.00	\$53.00	↔
99403 PREV COUN, 45 m	\$79.00	\$79.00	↔
99404 PREV COUN, 60 m	\$105.00	\$105.00	↔
99406 BEHAVIOR CHANGE SMOKING 3 - 10 MIN	\$24.00	\$24.00	↔
99407 SMOKING & TOBACCO USE CESSATION COUNSELING VISIT; INTENSI	\$47.00	\$47.00	↔
99408 ALCOHOL/SUBST (NOT TOBACCO) SCR & COUN 15-30 MIN	\$36.00	\$46.00	↗
99409 ALCOHOL/ SUBST (NOT TOBACCO) SCR/COUN >30 MIN	\$71.00	\$89.00	↗

Item	FY21 Fee	Proposed Fee 9-8-2020	Result
99491 CHRONIC CARE MGMT SVS 30 MIN PROVIDER	\$60.00	\$60.00	↔
99501 HOME VISIT POSTNATAL	\$251.00	\$251.00	↔
99502 HOME VISIT NB CARE	\$251.00	\$251.00	↔
A9180 LICE TREATMENT, MEDICATION	\$5.00	\$5.00	↔
D1206 TOPICAL FLUORIDE VARNISH <42 MOS	\$23.00	\$23.00	↔
G0008 ADMINISTRATION FLU VACC, MEDICARE	\$22.00	\$22.00	↔
G0009 ADMINISTRATION PNEUM VACC, MEDICARE	\$22.00	\$22.00	↔
G0010 ADMINISTRATIVE HEP B VACC, MEDICARE	\$22.00	\$22.00	↔
G0108 DIABETES SELF MGNT TRAINING, 30 M/ UNIT	\$38.00	\$38.00	↔
G0109 DIABETES SELF-MGNT TR, GROUP , 30M/UNIT	\$33.00	\$33.00	↔
G2011 ALCOHOL/SUBST SCR & COUN 5-14 MIN	\$24.00	\$24.00	↔
H0033 ORAL MEDICATION ADM DOT	\$0.00	\$0.00	↔
HCFE1 FOREIGN TRAVEL CONSULT	\$40.00	\$40.00	↔
HCFE2 PRESCRIPTION FEE, MALARIA	\$10.00	\$10.00	↔
HCFE3 YELLOW FEVER VACCINE, ADMIN SITE FEE	\$10.00	\$10.00	↔
J0561 UD BICILLIN L.A. 100,000 IU PER UNIT	\$0.00	\$0.00	↔
J0561 BICILLIN L.A. 100,000 IU PER UNIT	\$92.00	\$92.00	↔
J0696 UD CEFTRIAXONE SODIUM, ROCEPHIN, INJ, 250 MG/UNIT	\$0.55	\$0.00	↓
J0696 CEFTRIAXONE SODIUM, ROCEPHIN, INJ, 250 MG/UNIT	\$0.61	\$1.00	↑
J1050 UD MEDROXYPROGESTERONE INJ 150 MG (DEPO PROVERA)	\$15.00	\$15.00	↔
J1050 MEDROXYPROGESTERONE INJ 150 MG (DEPO PROVERA)	\$15.00	\$15.00	↔
J1725 HYDROXPROGESTORONE CAPOROATE, 1MG. INJECTION (MAKENA)	\$0.00	\$0.00	↔
J2790 RHO D IMMUNE GLOGULIN, HUMAN, FULL DOSE, 300 MCG	\$53.00	\$53.00	↔
J7050 INFUSION, NORMAL SALINE, 250 cc = 4 UNITS	\$9.90	\$10.00	↑
J7297 UD IUD LILETTA	\$93.00	\$93.00	↔
J7297 IUD LILETTA	\$102.51	\$103.00	↑
J7298 UD IUD, MIRENA	\$306.00	\$306.00	↔
J7298 IUD, MIRENA	\$337.02	\$337.00	↓
J7300 UD INTRAUT COPPER CONTRACEPTIVE, PARAGARD	\$249.00	\$249.00	↔
J7300 INTRAUT COPPER CONTRACEPTIVE, PARAGARD	\$273.77	\$274.00	↑
J7301 UD LEVONORGESTREL IU CONTRACEPTIVE, SKYLA	\$419.00	\$419.00	↔
J7301 LEVONORGESTREL IU CONTRACEPTIVE, SKYLA	\$461.30	\$461.00	↓
J7307 UD IMPLANTABLE HORMONE DELIVERY DEVICE, NEXPLANON	\$399.00	\$399.00	↔
J7307 IMPLANTABLE HORMONE DELIVERY DEVICE, NEXPLANON	\$438.90	\$439.00	↑

Item	FY21 Fee	Proposed Fee 9-8-2020	Result
J7613 ALBUTEROL, INHALATION SOLUTION, UNIT DOSE 1 MG = 3 UNITS	\$0.15	\$0.00	↘
J8499 UD ORAL PRESCRIPTION DRUG NON CHEMO	\$0.00	\$0.00	↔
J8499 UD ORAL PRESCRIPTION DRUG NON CHEMO	\$0.00	\$0.00	↔
J8499 ORAL PRESCRIPTION DRUG NON CHEMO	\$0.00	\$0.00	↔
J8499 ORAL PRESCRIPTION DRUG NON CHEMO	\$0.00	\$0.00	↔
LU102 COMPLETION OF RECORD OF TB SCREEN, DHHS 3405	\$12.00	\$12.00	↔
LU114 TST, SCREENING, HIGH RISK	\$0.00	\$0.00	↔
LU117 TST, POSITIVE HIGH RISK	\$0.00	\$0.00	↔
LU118 TST, NEGATIVE HIGH RISK	\$0.00	\$0.00	↔
LU119 TST, POSITIVE LOW RISK	\$0.00	\$0.00	↔
LU120 TST, NEGATIVE LOW RISK	\$0.00	\$0.00	↔
LU121 TB ACTIVE, DOT	\$0.00	\$0.00	↔
LU122 TB LATENT, DOPT	\$0.00	\$0.00	↔
LU123 TST, NOT READ, HIGH RISK	\$0.00	\$0.00	↔
LU124 TST, NOT READ LOW RISK	\$0.00	\$0.00	↔
LU125 TST, READ, NOT PLACED	\$0.00	\$0.00	↔
LU126 TB EVAL REFERRAL FOR CXR	\$0.00	\$0.00	↔
LU225 TB VISIT, INITIAL	\$0.00	\$0.00	↔
LU226 TB VISIT, SUBSEQUENT	\$0.00	\$0.00	↔
LU227 REFERRED FOR POS TST, IGRA, TSPOIT	\$0.00	\$0.00	↔
LU228 PLACED HD, READ ELSEWHERE	\$0.00	\$0.00	↔
LU236 NURSE DISPENSING, PILL PICK-UP, REPORT ONLY	\$0.00	\$0.00	↔
LU262 TST READING, HIGH RISK, POS	\$0.00	\$0.00	↔
LU263 TST READING, HIGH RISK, NEG	\$0.00	\$0.00	↔
LU264 TST READING, HIGH RISK, NOT READ	\$0.00	\$0.00	↔
LU265 LTBI TX INITIATED, HIGH RISK	\$0.00	\$0.00	↔
LU266 LTBI TX INITIATED, LOW RISK	\$0.00	\$0.00	↔
LU267 LTBI TX INITIATED, CONTACT	\$0.00	\$0.00	↔
LU268 LTBI TX COMPLETED, HIGH	\$0.00	\$0.00	↔
LU269 LTBI TX COMPLETED, LOW	\$0.00	\$0.00	↔
LU270 LTBI TX COMPLETED, CONTACT	\$0.00	\$0.00	↔
LU271 LTBI TX INCOMPLETE, HIGH	\$0.00	\$0.00	↔
LU272 LTBI TX INCOMPLETE, LOW	\$0.00	\$0.00	↔
LU273 LTBI TX INCOMPLETE, CONTACT	\$0.00	\$0.00	↔
LU275 IGRA LOW-RISK NEG	\$0.00	\$0.00	↔

Item	FY21 Fee	Proposed Fee 9-8-2020	Result
LU276 IGRA LOW RISK POS	\$0.00	\$0.00	➡
LU277 IGRA HIGH RISK - NEG	\$0.00	\$0.00	➡
LU278 IGRA HIGH RISK POS	\$0.00	\$0.00	➡
Q0144 AZITHROMYCIN ORAL	\$0.01	\$0.00	➡
S0280 PMH RISK SCREEN	\$60.00	\$60.00	➡
S0281 PMH POST-PARTUM INCENTIVE	\$150.00	\$150.00	➡
S4993 FP ADMINISTER BRAND NAME RX DRUG	\$4.00	\$4.00	➡
S9442 BIRTHING CLASS PER SESSION, 1 UNIT = 1 HR	\$12.00	\$13.00	⬆
S9445 PATIENT EDUC, NOT OTHERWISE CLASSIFIED (FT) PER UNIT	\$50.00	\$50.00	➡
T1001 NURSING ASSESSMENT/EVALUATION SNHV/ VISIT	\$98.00	\$129.00	⬆
T1002 RN ASSESSMENT, TB, PER UNIT, 15 MIN = 1 UNIT, UP TO 60 UNITS	\$72.00	\$72.00	➡
T1016 CASE MANAGEMENT, EACH 15 MINUTES	\$24.00	\$26.00	⬆
87635 (90) CORONAVIRUS DISEASE (COVID-19), AMPLIFIED PROBE TECHNIQUE	\$51.32	\$0.00	➡
99421 ONLINE/DIGITAL E&M PROVIDER VISIT FOR EST. PTS 5-10 MIN	\$15.00	\$67.00	⬆
99422 ONLINE/DIGITAL E&M PROVIDER VISIT FOR EST. PTS 11-20 MIN	\$30.00	\$93.00	⬆
99423 ONLINE/DIGITAL E&M PROVIDER VISIT FOR EST. PTS >20 MINS	\$45.00	\$144.00	⬆
99441 TELEPHONE E&M PROVIDER VISIT FOR EST PTS 5-10 MIN	\$15.00	\$67.00	⬆
99442 TELEPHONE E&M PROVIDER VISIT FOR EST PTS 11-20 MIN	\$30.00	\$93.00	⬆
99443 TELEPHONE E&M PROVIDER VISIT FOR EST PTS >20 MINS	\$45.00	\$144.00	⬆
G2012 BRIEF (5-10 MIN) VIRTUAL OR PHONE COMMUNICATION WITH PROVIDER, NON-E&M	\$15.00	\$18.00	⬆
96156 HEALTH BEHAVIOR ASSESSMENT, OR RE ASSESSMENT	\$168.00	\$168.00	➡
96158 HEALTH BEHAVIOR INTERVENTION, INDIVIDUAL, FACE TO FACE, INITIAL 30 MINUTES	\$84.00	\$84.00	➡
96159 HEALTH BEHAVIOR INTERVENTION, INDIVIDUAL, FACE TO FACE, EACH ADDITIONAL 15 MINUTES	\$42.00	\$42.00	➡
98966 TELEPHONE ASSESSMENT AND MANAGEMENT VISIT FOR EST. PTS 5-10 MIN	\$15.00	\$15.00	➡
98967 TELEPHONE ASSESSMENT AND MANAGEMENT VISIT FOR EST. PTS 11-20 MIN	\$30.00	\$30.00	➡
98968 TELEPHONE ASSESSMENT AND MANAGEMENT VISIT FOR EST. PTS 21-30 MIN	\$45.00	\$45.00	➡

Item	FY21 Fee	Proposed Fee 9-8-2020	Result
U0001 CDC 2019 NOVEL CORONAVIRUS REAL TIME RT-PCR DIAGNOSTIC PANEL	\$0.00	\$0.00	↔
U0003 INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA) SEVERE ACUTE RESPIRATORY SYNDROME CORONAVIRUS, AMPLIFIED PROBE TECHNIQUE	\$51.32	\$100.00	↗
U0004 CORONAVIRUS, ANY TECHNIQUE, MULTIPLE TYPES OR SUBTYPES, NON-CDC	\$51.32	\$100.00	↗
69209 REMOVE IMPACTED EAR WAX, IRRIGATION ONLY			
87171 PINWORM EXAM			
90460 IMM ADMIN, PROVIDER COUNSELING			
90461 IMM ADMIN EA ADDITIONAL VACC OR TOXOID COMPONENT			
90471 IMMUNIZATION ADMIN	\$22.00	\$22.00	↔
90472 IMMUNIZATION ADMIN EACH ADD	\$15.00	\$15.00	↔
D0145 DENTAL EDUCATION	\$50.00	\$50.00	↔
S5000 FP ADMINISTER BRAND NAME RX DRUG (ELLA, PLAN B)	\$11.00	\$11.00	↔
T1017 TARGET CASE MANGEMENT, EACH 15 MINUTES	\$41.00	\$41.00	↔

12 Fee Decreases - Corrections/Rounding
54 Fee Increases - 11 Rounding; 43 Medicaid
348 Fees No Change

Steve Smith

From: ncdph.lhdirectors-bounces@lists.ncmail.net on behalf of Little, Susan H
<susan.little@dhhs.nc.gov>
Sent: Thursday, September 3, 2020 5:21 PM
To: local health directors list
Cc: Conner, Lynn; Counts, Michelle R; Johnson, Brook; Clark, Shnaka W; Brooks,
Kathleen L; Langdon, Pamela; Smith, Samantha L; Wright, Rhonda P;
Webb, Rebecca S; Callicutt, Angela; Hemric,Carolynn M
Subject: [NCDPH.LHDirectors] Update re: COVID Medicaid LHD 40% fee increases (regular
services and dental)
Attachments: ATT00001.txt

Hello NC Health Directors;

In partnership with Division of Health Benefits (Medicaid), we are happy to share that Medicaid will reprocess submitted claims for both of the COVID Medicaid LHD 40% fee increases (regular services and dental) through 10/01/2020. Since the reprocessing for the original 40% increase was adjudicated on 8/3/2020, the reprocessing in October will cover dates of service from 8/3/2020 - 10/01/2020. Any claims that were suspended or denied in this batch will be automatically reprocessed as well in October. The 40% dental increase will cover the dates of service from 3/1/2020 - 10/01/2020.

After 10/1/2020, LHDs will be reimbursed at the lower of the Medicaid fee schedule or the LHD charge. That means that after October 1, the LHD will need to assure that local policies are followed in order to adjust local billing systems, if needed, to take advantage of this COVID rate increase from Medicaid beginning October 1 until the COVID Medicaid rate increase is discontinued.

This reprocessing effort by DHB is an exception for LHD's, and they may not always be able to accommodate this type of request in the future. For this, we are very appreciative of their efforts in reprocessing these claims and supporting LHD's.

Thank you for all you are doing,
Susan

Susan Haynes Little, DNP, RN, PHNA-BC, CPH, CPHQ, CPM
Chief Public Health Nurse
Branch Head
Division of Public Health, Local Technical Assistance and Training Branch
[NC Department of Health and Human Services](#)

Help protect your family and neighbors from COVID-19.
[Know the 3 Ws. Wear. Wait. Wash.](#)
#StayStrongNC and get the latest at nc.gov/covid19.

919-215-4471 mobile
Susan.little@dhhs.nc.gov