# State of North Carolina Workers' Compensation Services Vendor Pricing Effective July 1, 2023 

## Third Party Administrator

 Claim Administration: CorVel| Newly Reported Claims | Per claim cost including recorded <br> statement (if applicable) |
| :--- | :--- |
| 1. Indemnity: Claims with more than seven (7) days lost <br> time, claims wherein employee receives salary <br> continuation benefits, claims wherein employee <br> receives permanent partial disability or disfigurement <br> compensation, claims wherein final settlement is <br> approved by NCIC, claims with subrogation, or claims <br> with more than $\$ 4,000$ paid for medical compensation. | \$995.00 per claim |
| 2. Denied: Claims wherein NCIC Form 61 has been <br> filed denying claim compensability. | $\$ 995.00$ per claim |
| 3. Medical only: Claims with less than seven $(7)$ days <br> lost time, maximum of $\$ 4,000$ paid for medical <br> compensation, no subrogation. | $\$ 175.00$ per claim |
| 4. Report only claims (First aid, no medical treatment <br> from third party, not reported to NCIC, no immediate <br> TPA claim handling.) | $\$ 0$ per claim |
| Already Existing (Transferred) Claims | Per claim cost |
| Indemnity claims (includes denied claims) | $\$ 550.00$ per claim |
| Medical only claims | $\$ 95.00$ per claim |

## Medical Bill Review: CorVel

| Description | Rate or Unit Cost |
| :--- | :--- |
| Flat rate per bill | $\$ 9.00$ |
| Will flat rate or per line charge per bill apply to duplicate <br> bills received? | Yes |
| Will flat rate or per line charge per bill apply to <br> resubmitted bills that were previously received but not <br> paid for any reason? | Yes |
| Percentage of managed care network/PPO savings fee <br> charged for savings per bill | $25 \%$ |
| Other Charges | 1. A reduced flat rate of $\$ 5.00$ per bill will apply to <br> duplicate bills, specialty bills, and re-evaluations. <br> This is referred to as a minimum transaction fee. <br> 2. There is a per bill maximum of $\$ 12,000$. |

## Pharmacy Benefit Management: CorVel

| Description | Rate or Unit Cost |
| :--- | :--- |
| Source of Average Wholesale Price (AWP) to be used <br> in drug pricing calculations | CorVel uses MediSpan to reprice pharmacy bills. <br> Average Wholesale Price (AWP) is defined and <br> distributed by MediSpan for each prescription drug in <br> CorVel drug database. AWP prices are updated daily to <br> reflect current AWP pricing. Supply bills are based on <br> HCPCS codes. Discounts are based on a formula that <br> is a percentage of AWP. |
| Retail delivery - brand drug | $84 \%$ of AWP |
| Retail delivery - generic drug | $40 \%$ of AWP |
| Mail order delivery - brand drug | $80 \%$ of AWP |
| Mail order delivery - generic drug | $30 \%$ of AWP |
| Retail or mail order delivery - compound drug | No separate pricing structure for Compound drugs. |
| Dispensing fee - Retail delivery per prescription | $\$ 1.95$ |
| Dispensing fee - Mail order delivery per prescription | $\$ 0.50$ |
| Dispensing fee - Compound drug: retail or mail order |  |
| delivery, per prescription | Retail: \$1.95 <br> Mail Order \$0.50 <br> Other pricing methodology: Retail delivery of brand or <br> generic drug <br> Other pricing methodology: Mail order delivery of brand <br> or generic drug <br> Exeview flat rate fee per prescription <br> Exhibit 2 Third Party Administrator Specifications, Part <br> Management |
| Nerchnical Approach, Section 4. Pharmacy Benefit | $\$ 5.00$ |

## Nurse Case Management and Vocational Rehabilitation

## Carolina Case Management, Inc.

| Description | Rate or Unit Cost |
| :--- | :--- |
| Field medical (nurse) rehabilitation services | $\$ 91.00$ per hour |
| Telephonic medical (nurse) rehabilitation services | $\$ 91.00$ per hour |
| Task medical (nurse) rehabilitation services | $\$ 91.00$ per hour |
| Vocational rehabilitation services | $\$ 91.00$ per hour |


| Travel time | $\$ 72.00$ per hour |
| :--- | :--- |
| Wait time | $\$ 72.00$ per hour |
| Mileage fee | IRS Allowable for minimum miles <br> IRS Allowable additional charge per mile |
| Life care planning | $\$ 150.00$ per hour |

## Nurse Case Management and Vocational Rehabilitation

## Southern Rehabilitation Network, Inc.

| Description | Rate or Unit Cost |
| :--- | :--- |
| Field medical (nurse) rehabilitation services | $\$ 88.00$ per hour |
| Telephonic medical (nurse) rehabilitation services | $\$ 88.00$ per hour |
| Task medical (nurse) rehabilitation services | $\$ 88.00$ per hour |
| Vocational rehabilitation services | $\$ 88.00$ per hour |
| Travel time | $\$ 70.00$ per hour |
| Wait time | Federal Rate for minimum miles <br> Federal Rate additional charge per mile |
| Mileage fee | $\$ 155.00$ per hour |
| Life care planning |  |

## Physical Therapy and Functional Capacity Evaluation: MedRisk

| Description | Unit Cost |
| :--- | :--- |
| Physical therapy/occupational therapy <br> initial evaluation/initial treatment | $90 \%$ NC state fee schedule |
| Physical therapy day rate | $\$ 129.00^{* *}$ or lessor of NC fee schedule 15\% <br> $* *$ <br> rate excludes Evals, FCE, WC_WH and Dry Needling |
| Occupational therapy day rate | $\$ 129.00^{* *}$ or lessor of NC fee schedule 15\% <br> $* *$ <br> rate excludes Evals, FCE, WC_WH and Dry Needling |
| Dry needling day rate | $\$ 47.00$ (20651 CPT) <br> $\$ 33.00 ~(20650 ~ C P T) ~$ |
| Work conditioning per hour | $\$ 225.00$ (97545) <br> $\$ 90.00$ (97546) |
| Other specific Services as described by <br> Vendor: | $15 \%$ lessor of model to ensure client is insulated for <br> treatments that do not hit the day rate and for any services <br> that do not fall under a Day Rate. <br> At risk claims screening \$130.00 (by request). |
| Functional capacity evaluation (FCE) | $\$ 650.00$ |

## Diagnostic Radiology: One Call

| Description | Unit Cost |
| :--- | :--- |
| CT with contrast | $95 \%$ NCIC Fee Schedule |
| CT without contrast | $95 \%$ NCIC Fee Schedule |
| Open MRI with contrast | $95 \%$ NCIC Fee Schedule |
| Open MRI without contrast | $95 \%$ NCIC Fee Schedule |
| Closed MRI with contrast | $95 \%$ NCIC Fee Schedule |
| Closed MRI without contrast | $95 \%$ NCIC Fee Schedule |
| Ultrasound with contrast | $95 \%$ NCIC Fee Schedule Schedule |
| Ultrasound without contrast | $95 \%$ NCIC Fee Schedule |
| Electromyography (EMG) | $95 \%$ NCIC Fee Schedule |
| X-rays |  |
| Other radiologic diagnostic procedures |  |

Home Health and Durable Medical Equipment (DME): One Call

## PART A. HOME HEALTH SERVICES

| Description | Unit Cost |
| :--- | :--- |
| RN - registered nurse | $\$ 87.74$ per hour |
| LPN - licensed practical nurse | $\$ 82.48$ per hour |
| CNA - certified nursing assistant | $\$ 42.12$ per hour |
| HHA - home health aide | $\$ 42.12$ per hour |
| Companion care/sitter | PT: $\$ 104.41$ per hour <br> OT: $\$ 95.64$ per hour |
| Physical therapy, occupational therapy | ST: $\$ 27.56$ per hour <br> RT: $\$ 85.24$ per hour |
| Speech therapy, respiratory therapy | $\$ 274.62$ per visit |
| Medical social worker (MSW) | $\$ 155.15$ per diem |
| IV antibiotic therapy |  |


| Pain management | $\$ 127.33$ per diem |
| :--- | :--- |
| Certified high-tech RN | $\$ 92.12$ per hour |
| Pain pumps | $\$ 160.51$ per hour |
| Injectable therapy (IM and SQ) | $\$ 64.21$ per diem |
| Chronic wound care management | $\$ 101.92$ per hour |
| Travel time | $\$ 0.59$ for minimum miles <br> $\$ 0.59$ additional charge per mile <br> Mileage Fee <br> Home Modification <br> Initial home assessment/evaluation <br> Ongoing home modification consultation Services |

## PART B. DURABLE MEDICAL EQUIPMENT (DME)

| Description |  |
| :--- | :--- |
| Durable Medical Equipment \& Supplies: Examples: <br> walkers, canes, crutches, commodes, bath safety <br> equipment, wheelchairs: standard, custom, electric <br> scooters, bone growth stimulators, CPM machines, cold <br> therapy, traction equipment, hospital beds, patient lifts, <br> cushions and pillows, electromedical devices (TENS <br> unit, galvanic, inferential muscle), hearing aids, <br> temporary wheelchair ramps, etc. | $95 \%$ NCIC Fee Schedule |
| Orthotics | Lesser of: <br> (1) $95 \%$ NCIC Fee Schedule <br> (2) $90 \%$ of One Call's List Price |
| Prosthetics | Lesser of: <br> (1) $95 \%$ NCIC Fee Schedule <br> (2) $90 \%$ of One Call's List Price |
| Other Charges | Lesser of: <br> $(1) 95 \%$ NCIC Fee Schedule <br> (2) $90 \%$ of One Call's List Price |
| Other pricing methodology | None |

## Transportation and Translation: HomeLink

## PART A. TRANSPORTATION

| Description | Cost or Rate |
| :---: | :---: |
| Ambulatory transportation | 20 round trip minimum miles |
|  | $\$ 45.20$ for minimum miles $\$ 2.26$ additional charge per mile |
|  | \$34.80 wait time per hour |
|  | \$28.25 no show fee |
|  | \$0 rush fee |
|  | $\$ 0.00$ weekend/after hours fee (Services on Saturday, Sunday, or weekdays prior to 5:00am or after 7:00pm EST) |
| Wheelchair transportation | 20 round trip minimum miles |
|  | $\$ 68.40$ for minimum miles $\$ 3.42$ additional charge per mile |
|  | \$34.80 wait time per hour |
|  | \$28.25 no show fee |
|  | \$0 rush fee |
|  | $\$ 0.00$ weekend/after hours fee (Services on Saturday, Sunday, or weekdays prior to 5:00am or after 7:00pm EST) |
|  | \$0 wheelchair rental fee per hour |
| Stretcher transportation | 20 round trip minimum miles |
|  | $\$ 122.00$ for minimum miles $\$ 6.10$ additional charge per mile |
|  | \$34.80 wait time per hour |
|  | \$28.25 no show fee |
|  | \$132.00 stretcher load fee |
|  | \$0 rush fee |
|  | $\$ 0.00$ weekend/after hours fee (Services on Saturday, Sunday, or weekdays prior to 5:00am or after 7:00pm EST) |
|  | \$0 stretcher rental fee per hour |
| Other Costs | None |

PART B. TRANSLATION

| Description | Cost or Rate |
| :---: | :---: |
| In-person translation - any language; CERTIFIED | 120 minimum minutes |
|  | $\$ 212.40$ for minimum miles <br> $\$ 1.77$ additional charge per minute |
|  | \$28.00 travel time |
|  | 40 minimum miles |
|  | $\$ 23.60$ for minimum miles $\$ 0.59$ additional charge per mile |
|  | \$0 rush fee |
|  | $\$ 0.00$ weekend/after hours fee (Services on Saturday, Sunday, or weekdays prior to 5:00am or after 7:00pm EST) |
| In-person translation - any language; NON-CERTIFIED | 120 minimum minutes |
|  | $\$ 170.40$ for minimum miles <br> $\$ 1.42$ additional charge per minute |
|  | \$28.00 travel time |
|  | 40 minimum miles |
|  | $\$ 23.60$ for minimum miles $\$ 0.59$ additional charge per mile |
|  | \$0 rush fee |
|  | $\$ 0.00$ weekend/after hours fee (Services on Saturday, Sunday, or weekdays prior to 5:00am or after 7:00pm) |
| Telephonic or virtual translation - any language | 10 minimum minutes |
|  | $\$ 21.90$ for minimum minutes \$1.94-\$2.19 additional charge per minute |
|  | \$0 rush fee |
|  | $\$ 0.00$ weekend/after hours fee (Services on Saturday, Sunday, or weekdays prior to 5:00am or after 7:00pm EST) |
| Document translation - any language | \$0.25-\$0.38 per word |
|  | \$0 minimum fee |
|  | \$0 rush fee |

## Surveillance

## Advantage Surveillance, Inc.

| Audio/video surveillance including licensed staff: <br> Full day: 8 hours | $\$ 600$ per day |
| :--- | :--- |
| Audio/video surveillance including licensed staff: <br> Less than full day | $\$ 75$ per hour |
| Audio/video surveillance not including licensed staff: <br> Full day: 8 hours | $\$ 600$ per day |
| Audio/video surveillance not including licensed staff: <br> Less than 8 hours | $\$ 75$ per hour |
| Cyber investigation report preparation | $\$ 300$ per report |
| Travel time | $\$ 25$ per hour |
| Mileage fee | $\$ 0$ per mile |
| Minimum mileage per service billed | 0 minimum miles |

## DJG Investigative Services, Inc.

| Audio/video surveillance including licensed staff: <br> Full day: 8 hours | $\$ 520$ per day |
| :--- | :--- |
| Audio/video surveillance including licensed staff: <br> Less than full day | $\$ 65$ per hour |
| Audio/video surveillance not including licensed staff: <br> Full day: 8 hours | $\$ 375$ per day |
| Audio/video surveillance not including licensed staff: <br> Less than 8 hours | $\$ 46.87$ per hour |
| Cyber investigation report preparation | $\$ 165$ per report |
| Travel time | $\$ 35$ per hour |
| Mileage fee | $\$ 0.47$ per mile |
| Minimum mileage per service billed | 50 minimum miles |

