



Office of State Human Resources

ROY COOPER
Governor

BARBARA GIBSON
Director, State Human Resources

**State of North Carolina Workers' Compensation Services Vendor Pricing
Effective July 1, 2023; Updated September 1, 2024**

**Third Party Administrator
Claim Administration: CorVel**

Newly Reported Claims	Per claim cost including recorded statement (if applicable)
1. Indemnity: Claims with more than seven (7) days lost time, claims wherein employee receives salary continuation benefits, claims wherein employee receives permanent partial disability or disfigurement compensation, claims wherein final settlement is approved by NCIC, claims with subrogation, or claims with more than \$4,000 paid for medical compensation.	\$995.00 per claim
2. Denied: Claims wherein NCIC Form 61 has been filed denying claim compensability.	\$995.00 per claim
3. Medical only: Claims with less than seven (7) days lost time, maximum of \$4,000 paid for medical compensation, no subrogation.	\$175.00 per claim
4. Report only claims (First aid, no medical treatment from third party, not reported to NCIC, no immediate TPA claim handling.)	\$0 per claim
Already Existing/Transferred Claims	Per claim cost
Indemnity claims (includes denied claims)	\$550.00 per claim
Medical only or complex medical 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 bills received?	Yes
Will flat rate or per line charge per bill apply to resubmitted bills that were previously received but not paid for any reason?	Yes
Percentage of managed care network/PPO savings fee charged for savings per bill	25%
Other Charges	1. A reduced flat rate of \$5.00 per bill will apply to duplicate bills, specialty bills, and re-evaluations. This is referred to as a minimum transaction fee. 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 in drug pricing calculations	CorVel uses MediSpan to reprice pharmacy bills. Average Wholesale Price (AWP) is defined and distributed by MediSpan for each prescription drug in CorVel drug database. AWP prices are updated daily to reflect current AWP pricing. Supply bills are based on HCPCS codes. Discounts are based on a formula that 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 Mail Order \$0.50
Other pricing methodology: Retail delivery of brand or generic drug	None
Other pricing methodology: Mail order delivery of brand or generic drug	None
Bill review flat rate fee per prescription	\$5.00
Bill review percentage of savings fee per prescription	0%
Medication review report prepared as described in Exhibit 2 Third Party Administrator Specifications, Part 1. Technical Approach, Section 4. Pharmacy Benefit Management	\$270.00 per hour

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 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	\$70.00 per hour
Mileage fee	Federal Rate for minimum miles Federal Rate additional charge per mile
Life care planning	\$155.00 per hour

Physical Therapy and Functional Capacity Evaluation: MedRisk

Description	Unit Cost
Physical therapy/occupational therapy initial evaluation/initial treatment	90% NC state fee schedule
Physical therapy day rate	\$129.00** or lessor of NC fee schedule 15% ** rate excludes Evals, FCE, WC_WH and Dry Needling
Occupational therapy day rate	\$129.00** or lessor of NC fee schedule 15% ** rate excludes Evals, FCE, WC_WH and Dry Needling
Dry needling day rate	\$47.00 (20651 CPT) \$33.00 (20650 CPT)

Work conditioning per hour	\$225.00 (97545) \$90.00 (97546)
Other specific Services as described by Vendor:	15% lessor of model to ensure client is insulated for treatments that do not hit the day rate and for any services that do not fall under a Day Rate. 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
Ultrasound without contrast	95% NCIC Fee Schedule
Electromyography (EMG)	95% NCIC Fee Schedule
X-rays	95% NCIC Fee Schedule
Other radiologic diagnostic procedures	95% NCIC Fee Schedule

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	\$27.73 per hour
Physical therapy, occupational therapy	PT: \$104.41 per hour OT: \$95.64 per hour
Speech therapy, respiratory therapy	ST: \$27.56 per hour RT: \$85.24 per hour
Medical social worker (MSW)	\$274.62 per visit
IV antibiotic therapy	\$155.15 per diem
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 per hour
Mileage Fee	\$0.59 for minimum miles \$0.59 additional charge per mile
Home Modification	
Initial home assessment/evaluation	Not Applicable
Ongoing home modification consultation Services	Not Applicable

PART B. DURABLE MEDICAL EQUIPMENT (DME)

Description	Rate or Cost
Durable Medical Equipment & Supplies: Examples: walkers, canes, crutches, commodes, bath safety equipment, wheelchairs: standard, custom, electric scooters, bone growth stimulators, CPM machines, cold therapy, traction equipment, hospital beds, patient lifts, cushions and pillows, electromedical devices (TENS unit, galvanic, inferential muscle), hearing aids, temporary wheelchair ramps, etc.	95% NCIC Fee Schedule
Orthotics	Lesser of: (1) 95% NCIC Fee Schedule (2) 90% of One Call's List Price
Prosthetics	Lesser of: (1) 95% NCIC Fee Schedule (2) 90% of One Call's List Price

Other Charges	Lesser of: (1) 95% NCIC Fee Schedule (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 \$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 \$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