



Office of State Human Resources

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

### Third Party Administrator Claim Administration: CorVel

| <b>Newly Reported Claims</b>  | <b>Per claim cost including recorded statement (if applicable)</b> |
|---|--|
| 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  |
| <b>Already Existing (Transferred) Claims</b>  | <b>Per claim cost</b>  |
| Indemnity claims (includes denied claims)   | \$550.00 per claim   |
| Medical only claims   | \$95.00 per claim  |

### Medical Bill Review: CorVel

| <b>Description</b>   | <b>Rate or Unit Cost</b>   |
|--|--|
| 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.<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 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<br>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<br>IRS Allowable additional charge per mile |
| Life care planning | \$150.00 per hour   |

## **Nurse Case Management and Vocational Rehabilitation**

### **Southern Rehabilitation Network, Inc.**

| <b>Description</b>                                 | <b>Rate or Unit Cost</b>  |
|--|---|
| 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<br>Federal Rate additional charge per mile |
| Life care planning                                 | \$155.00 per hour   |

## **Physical Therapy and Functional Capacity Evaluation: MedRisk**

| <b>Description</b>   | <b>Unit Cost</b>   |
|--|--|
| Physical therapy/occupational therapy initial evaluation/initial treatment | 90% NC state fee schedule  |
| Physical therapy day rate  | \$129.00** or lesser of NC fee schedule 15%<br>** rate excludes Evals, FCE, WC_WH and Dry Needling   |
| Occupational therapy day rate  | \$129.00** or lesser of NC fee schedule 15%<br>** rate excludes Evals, FCE, WC_WH and Dry Needling   |
| Dry needling day rate  | \$47.00 (20651 CPT)<br>\$33.00 (20650 CPT)   |
| Work conditioning per hour   | \$225.00 (97545)<br>\$90.00 (97546)  |
| Other specific Services as described by Vendor:                            | 15% lesser 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.<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 |
| 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<br>OT: \$95.64 per hour |
| Speech therapy, respiratory therapy    | ST: \$27.56 per hour<br>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<br>\$0.59 additional charge per mile |
| <b>Home Modification</b>                        |   |
| 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:<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   |
|----------------------------------|--|
| <b>Ambulatory transportation</b> | 20 round trip minimum miles  |
|                                  | \$45.20 for minimum miles<br>\$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) |
| <b>Wheelchair transportation</b> | 20 round trip minimum miles  |
|                                  | \$68.40 for minimum miles<br>\$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   |
| <b>Stretcher transportation</b>  | 20 round trip minimum miles  |
|                                  | \$122.00 for minimum miles<br>\$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  |
| <b>Other Costs</b>               | None   |

**PART B. TRANSLATION**

| <b>Description</b>   | <b>Cost or Rate</b>  |
|--|--|
| <b>In-person translation – any language; CERTIFIED</b>     | 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<br>\$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) |
| <b>In-person translation – any language; NON-CERTIFIED</b> | 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<br>\$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)     |
| <b>Telephonic or virtual translation – any language</b>    | 10 minimum minutes   |
|  | \$21.90 for minimum minutes<br>\$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) |
| <b>Document translation – any language</b>                 | \$0.25 - \$0.38 per word   |
|  | \$0 minimum fee  |
|  | \$0 rush fee   |