

1 **11 NCAC 23J .0103 FEES FOR INSTITUTIONAL SERVICES**

2 (a) Except where otherwise provided, maximum allowable amounts for inpatient and outpatient institutional services
3 shall be based on the current federal fiscal year's facility-specific Medicare rate established for each institutional
4 facility by the Centers for Medicare & Medicaid Services ("CMS"). "Facility-specific" rate means the all-inclusive
5 amount eligible for payment by Medicare for a claim, excluding pass-through payments. An institutional facility may
6 only be reimbursed for hospital outpatient institutional services pursuant to this Paragraph and Paragraphs (c), (d), and
7 (f) of this Rule if it qualifies for payment by CMS as an outpatient hospital.

8 (b) The schedule of maximum reimbursement rates for hospital inpatient institutional services is as follows:

- 9 (1) Beginning April 1, 2015, 190 percent of the hospital's Medicare facility-specific amount.
- 10 (2) Beginning January 1, 2016, 180 percent of the hospital's Medicare facility-specific amount.
- 11 (3) Beginning January 1, 2017, 160 percent of the hospital's Medicare facility-specific amount.

12 (c) The schedule of maximum reimbursement rates for hospital outpatient institutional services is as follows:

- 13 (1) Beginning April 1, 2015, 220 percent of the hospital's Medicare facility-specific amount.
- 14 (2) Beginning January 1, 2016, 210 percent of the hospital's Medicare facility-specific amount.
- 15 (3) Beginning January 1, 2017, 200 percent of the hospital's Medicare facility-specific amount.

16 (d) Notwithstanding the Paragraphs (a) through (c) of this Rule, maximum allowable amounts for institutional services
17 provided by critical access hospitals ("CAH"), as certified by CMS, are based on the Medicare inpatient per diem rates
18 and outpatient claims payment amounts allowed by CMS for each CAH facility.

19 (e) The schedule of maximum reimbursement rates for inpatient institutional services provided by CAHs is as follows:

- 20 (1) Beginning April 1, 2015, 200 percent of the hospital's Medicare CAH per diem amount.
- 21 (2) Beginning January 1, 2016, 190 percent of the hospital's Medicare CAH per diem amount.
- 22 (3) Beginning January 1, 2017, 170 percent of the hospital's Medicare CAH per diem amount.

23 (f) The schedule of maximum reimbursement rates for outpatient institutional services provided by CAHs is as
24 follows:

- 25 (1) Beginning April 1, 2015, 230 percent of the hospital's Medicare CAH claims payment amount.
- 26 (2) Beginning January 1, 2016, 220 percent of the hospital's Medicare CAH claims payment amount.
- 27 (3) Beginning January 1, 2017, 210 percent of the hospital's Medicare CAH claims payment amount.

28 (g) Notwithstanding Paragraphs (a) through (f) of this Rule, the maximum allowable amounts for institutional services
29 provided by ambulatory surgical centers ("ASC") shall be based on the most recently adopted and effective Medicare
30 Hospital Outpatient Prospective Payment and Ambulatory Surgical Center Payment Systems reimbursement formula
31 and factors, including all Hospital Outpatient Prospective Payment and Ambulatory Surgical Center Payment Systems
32 Addenda, as published annually in the Federal Register and on the CMS website at
33 <https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/HospitalOutpatientPPS/index.html> ("the
34 OPSS/ASC Medicare rule"). An ASC's specific Medicare wage index value as set out in the OPSS/ASC Medicare
35 rule shall be applied in the calculation of the maximum allowable amount for any institutional service it provides.

36 (h) The schedule of maximum reimbursement rates for institutional services provided by ambulatory surgical centers
37 is as follows:

1 (1) A maximum reimbursement rate of 200 percent shall apply to institutional services that are eligible
2 for payment by CMS when performed at an ASC.

3 (2) A maximum reimbursement rate of 135 percent shall apply to institutional services performed at an
4 ASC that are eligible for payment by CMS if performed at an outpatient hospital facility, but would
5 not be eligible for payment by CMS if performed at an ASC.

6 (i) If the facility-specific Medicare payment includes an outlier payment, the sum of the facility-specific
7 reimbursement amount and the applicable outlier payment amount shall be multiplied by the applicable percentages
8 set out in Paragraphs (b), (c), (e), (f), and (h) of this Rule.

9 (j) Charges for professional services provided at an institutional facility shall be paid pursuant to the applicable fee
10 schedules in Rule .0102 of this Section.

11 (k) If the billed charges are less than the maximum allowable amount for a Diagnostic Related Grouping ("DRG")
12 payment pursuant to the fee schedule provisions of this Rule, the insurer or managed care organization shall pay no
13 more than the billed charges.

14 (l) For specialty facilities paid outside Medicare's inpatient and outpatient Prospective Payment System, the payment
15 shall be determined using Medicare's payment methodology for those specialized facilities multiplied by the inpatient
16 institutional acute care percentages set out in Paragraphs (b) and (c) of this Rule.

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18 *History Note: Authority G.S. 97-25; 97-26; 97-80(a); S.L. 2013-410;*

19 *Eff. April 1, 2015;*

20 *Amendment Eff. June 1, 2018.*