

**PUBLIC NOTICE
(SPA 14-021)**

The Department of Health and Human Services, Division of Medical Assistance hereby provides notice of its intent to amend the Medicaid State Plan pages Attachment 4.19-B, Section 12, Page 1b. Effective October 1, 2014, the provider reimbursement rate for Botox, when provided in accordance with medical coverage policy, shall be the same as the pharmacy reimbursement rate. This change in methodology is required by Sections 12H.4 and 12H.33A of Session Law 2014 – 100.

This amendment will become effective October 1, 2014.

The annual estimated state fiscal impact of this change is: a. SFY 2015 \$ 46,527
b. SFY 2016 \$ 62,000

A copy of the proposed public notice may be viewed at the County Department of Social Services. Questions, comments and requests for copies of the proposed State Plan amendment should be directed to the Division of Medical Assistance at the address listed below:

Robin G. Cummings, MD
Director
Division of Medical Assistance
2501 Mail Service Center
Raleigh, NC 27699-2501

Publish Date: September 26, 2014