

**10A NCAC 45A .0403 REIMBURSEMENT FOR PROFESSIONAL, OUTPATIENT, OTHER SERVICES**

(a) The Department shall reimburse providers of authorized outpatient services, professional services, and all other services for payment programs governed by the Commission for Public Health not otherwise covered in the rules of this Section at the Medicaid rate in effect on the date of service.

(b) In addition to the reimbursement rate in Paragraph (a) of this Rule, for professional and outpatient services under the Cancer Program, there shall be a per claim payment limit of one percent of the program's current annual budget.

*History Note: Authority G.S. 130A-5(3); 130A-124; 130A-127; 130A-129; 130A-205; 130A-223;*  
*Eff. February 1, 1976;*  
*Amended Eff. April 22, 1977;*  
*Readopted Eff. December 5, 1977;*  
*Amended Eff. July 1, 1982; January 1, 1982;*  
*Temporary Amendment Eff. November 7, 1983, for a period of 120 days to expire on March 4, 1984;*  
*Amended Eff. October 1, 1984; March 1, 1984;*  
*Temporary Amendment Eff. October 14, 1988, for a period of 180 days to expire on April 12, 1989;*  
*Temporary Amendment Expired April 12, 1989;*  
*Amended Eff. September 1, 1990;*  
*Temporary Amendment Eff. June 19, 1996;*  
*Temporary Amendment Expired March 11, 1997;*  
*Amended Eff. January 1, 2014; August 1, 2000;*  
*Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. January 13, 2015.*