

NC DIVISION OF HEALTH BENEFITS (NC MEDICAID)						
DURABLE MEDICAL EQUIPMENT						
Fee Schedule effective March 13, 2020						
Taxonomies: 332BC3200X, 332BD1200X, 332BP3500X, 332BX2000X Specialty: 087						
The inclusion of a rate on this table does not guarantee that a service is covered.						
Please refer to the Medicaid Billing Guide and the Medicaid and Health Choice Clinical Coverage Policies on the NC Medicaid website.						
HCPCS CODE	National Drug Code (NDC)	DESCRIPTION	MEDICAID MAXIMUM RENTAL	SFY 2018 NEW	SFY 2018 USED	EFFECTIVE
INEXPENSIVE OR ROUTINELY PURCHASED ITEMS						
A4252		BLOOD KETONE TEST OR REAGENT STRIP, EACH		MANUALLY PRICED		
A4635		UNDERARM PAD, CRUTCH, REPLACEMENT, EACH	0.59	4.44	2.95	
A4636		REPLACEMENT, HANDGRIP, CANE, CRUTCH, OR WALKER, EACH	0.32	3.20	2.40	
A4637		REPLACEMENT TIP, CANE, CRUTCH, WALKER, EACH		2.07		
A4640		REPLACEMENT PAD FOR USE WITH MEDICALLY NECESSARY ALTERNATING PRESSURE PAD OWNED BY PATIENT		55.50		
A4928		Surgical Mask		16.20		3/13/2020
A7020		INTERFACE FOR COUGH STIMULATING DEVICE, INCLUDES ALL COMPONENTS, REPLACEMENT, ONLY		MANUALLY PRICED		
E0100		CANE, INCLUDES CANES OF ALL MATERIALS, ADJUSTABLE OR FIXED, WITH TIP		17.42	13.44	
E0105		CANE, QUAD OR THREE PRONG, INCLUDES CANES OF ALL MATERIALS, ADJUSTABLE OR FIXED, WITH TIPS		46.27	34.70	
E0110		CRUTCHES, FOREARM, INCLUDES CRUTCHES OF VARIOUS MATERIALS, ADJUSTABLE OR FIXED, PAIR, WITH TIPS AND HAND GRIPS		72.78	54.60	
E0111		CRUTCH, FOREARM, INCLUDES CRUTCHES OF VARIOUS MATERIALS, ADJUSTABLE OR FIXED, EACH, WITH TIP AND HANDGRIPS		44.03	33.85	
E0112		CRUTCHES UNDERARM, WOOD, ADJUSTABLE OR FIXED, PAIR, WITH PADS, TIPS AND HANDGRIPS		32.70	24.51	
E0113		CRUTCH, UNDERARM, WOOD, ADJUSTABLE OR FIXED, EACH, WITH PAD, TIP, AND HANDGRIP	4.47	18.34	13.76	
E0114		CRUTCHES UNDERARM, ALUMINUM, ADJUSTABLE OR FIXED, PAIR, WITH PADS, TIPS AND HANDGRIPS		39.01	29.49	
E0118*		CRUTCH SUBSTITUTE, LOWER LEG PLATFORM, WITH OR WITHOUT WHEELS, EACH		MANUALLY PRICED		
E0130		WALKER, RIGID (PICKUP), ADJUSTABLE OR FIXED HEIGHT		64.28	48.21	
E0135		WALKER, FOLDING (PICKUP), ADJUSTABLE OR FIXED HEIGHT		81.54	62.55	
E0141		WALKER, RIGID, WHEELED, ADJUSTABLE OR FIXED HEIGHT		112.13	84.10	
E0143		WALKER, FOLDING, WHEELED, ADJUSTABLE OR FIXED HEIGHT		103.18	74.38	
E0148		WALKER HEAVY DUTY, WITHOUT WHEELS, RIGID OR FOLDING ANY TYPE, EACH		112.03	84.03	
E0149		WALKER, HEAVY DUTY, WHEELED, RIGID OR FOLDING, ANY TYPE, EACH		196.83	147.62	
E0154		PLATFORM ATTACHMENT, WALKER, EACH		68.57	52.10	
E0155		WHEEL ATTACHMENT, RIGID PICK-UP WALKER, PER PAIR	2.88	23.61	17.99	
E0156		SEAT ATTACHMENT, WALKER	2.53	20.81	15.61	
E0158		LEG EXTENSIONS FOR WALKER, PER SET OF FOUR (4)	2.68	26.75	20.05	
E0199		DRY PRESSURE PAD FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH		26.49	19.87	
E0240		BATH/SHOWER CHAIR, WITH OR WITHOUT WHEELS, ANY SIZE		67.29	50.47	
E0244		RAISED TOILET SEAT		79.42	59.56	
E0247		TRANSFER BENCH FOR TUB OR TOILET WITH OR WITHOUT COMMODE OPENING		95.52	71.64	
E0248		TRANSFER BENCH, HEAVY DUTY, FOR TUB OR TOILET WITH OR WITHOUT COMMODE OPENING		260.38	195.29	
E0271		MATTRESS, INNERSPRING		215.95	166.74	
E0272		MATTRESS, FOAM RUBBER		196.82	146.90	
E0276		BED PAN, FRACTURE, METAL OR PLASTIC		11.00	8.60	
E0280		BED CRADLE, ANY TYPE		31.58	23.68	
E0305		BED SIDE RAILS, HALF LENGTH		148.52	111.40	
E0310		BED SIDE RAILS, FULL LENGTH		172.99	131.98	
E0325		URINAL; MALE, JUG-TYPE, ANY MATERIAL		8.35	5.53	
E0326		URINAL; FEMALE, JUG-TYPE, ANY MATERIAL		8.68	6.51	
E0607		HOME BLOOD GLUCOSE MONITOR		64.99	48.72	
E0621		SLING OR SEAT, PATIENT LIFT, CANVAS OR NYLON		81.83	61.39	
E0840		TRACTION FRAME, ATTACHED TO HEADBOARD, CERVICAL TRACTION		60.58	45.41	
E0860		TRACTION EQUIPMENT, OVERDOOR, CERVICAL		33.04	24.78	
E0890		TRACTION FRAME, ATTACHED TO FOOTBOARD, PELVIC TRACTION		99.54	76.50	
E0990		SAFETY VEST, WHEELCHAIR		27.33	20.38	
S5560		INSULIN DELIVERY DEVICE, REUSABLE PEN: 1.5 ML SIZE		55.81		
S5561		INSULIN DELIVERY DEVICE, REUSABLE PEN: 3 ML SIZE		55.81		
W4002*		MANUAL VENTILATION BAG (e.g. AMBU BAG)		176.99	132.74	
W4016*		BATH SEAT, PEDIATRIC (e.g. TLC)		417.35	313.02	
W4688*		SINGLE POINT CANE FOR WEIGHTS 251# TO 500#		26.66	19.99	
W4689*		QUAD CANE FOR WEIGHTS 251# TO 500#		65.90	49.43	
W4690*		UNDERARM CRUTCHES FOR WEIGHTS 251# TO 500#		167.15	125.37	
W4691*		FIXED-HEIGHT FOREARM CRUTCHES FOR WEIGHTS TO 600#		418.17	313.63	
W4695*		GLIDES/SKIS FOR USE WITH WALKER		31.35		
W4733*		REPLACEMENT OVERSIZED INNERSPRING MATTRESS FOR HOSPITAL BED W/ WIDTH TO 39"		339.76	254.83	
CAPPED RENTAL/PURCHASED EQUIPMENT						
B9002		ENTERAL PUMP, WITH ALARM	122.89	1268.76	951.56	
B9004		PARENTERAL INFUSION PUMP - PORTABLE	400.65	2530.81	1898.11	
B9006		PARENTERAL INFUSION PUMP - STATIONARY	400.65	2530.81	1898.11	
E0163		COMMODE CHAIR, MOBILE OR STATIONARY, WITH FIXED ARMS	9.39	91.58	70.31	
E0165		COMMODE CHAIR, MOBILE OR STATIONARY, WITH DETACHABLE ARMS	15.36	153.57	115.18	
E0167		PAIL OR PAN FOR USE WITH COMODE CHAIR, REPLACEMENT ONLY		11.24		
E0168		COMMODE CHAIR, EXTRA WIDE AND/OR HEAVY DUTY, STATIONARY OR MOBILE WITH OR WITHOUT ARMS, ANY TYPE EACH	15.52	154.42	115.80	
E0181		POWERED PRESSURE REDUCING MATTRESS OVERLAY/PAD, ALTERNATING WITH PUMP, INCLUDES HEAVY DUTY	20.65	206.40	154.80	
E0182		PUMP FOR ALTERNATING PRESSURE PAD, FOR REPLACEMENT ONLY	21.64	216.39	162.30	
E0184		DRY PRESSURE MATTRESS	19.58	189.36	145.22	
E0185		GEL OR GEL-LIKE PRESSURE PAD FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	40.44	311.08	238.74	
E0186		AIR PRESSURE MATTRESS	10.46	104.69	78.50	
E0187		WATER PRESSURE MATTRESS	14.72	147.23	110.43	
E0193*		POWERED AIR FLOTATION BED (LOW AIR LOSS THERAPY)	878.66	8786.62	6589.96	

Note: * indicates that item requires prior approval
BOLD indicates Medicare is primary payor for this item

NC DIVISION OF HEALTH BENEFITS (NC MEDICAID)						
DURABLE MEDICAL EQUIPMENT						
Fee Schedule effective March 13, 2020						
Taxonomies: 332BC3200X, 332BD1200X, 332BP3500X, 332BX2000X Specialty: 087						
The inclusion of a rate on this table does not guarantee that a service is covered.						
Please refer to the Medicaid Billing Guide and the Medicaid and Health Choice Clinical Coverage Policies on the NC Medicaid website.						
HCPCS CODE	National Drug Code (NDC)	DESCRIPTION	MEDICAID MAXIMUM SFY 2018			EFFECTIVE
			RENTAL	NEW	USED	
E0196		GEL PRESSURE MATTRESS	31.60	315.98	236.99	
E0197		AIR PRESSURE PAD FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	24.98	183.17	159.03	
E0198		WATER PRESSURE PAD FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	21.26	212.54	159.41	
E0235		PARAFFIN BATH UNIT, PORTABLE	16.03	160.28	120.21	
E0250*		HOSPITAL BED, FIXED HEIGHT, WITH ANY TYPE SIDE RAILS, WITH MATTRESS	88.78	887.84	665.89	
E0255*		HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITH ANY TYPE SIDE RAILS, WITH MATTRESS	102.50	1024.97	768.73	
E0260*		HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT) WITH ANY TYPE SIDE RAILS, WITH MATTRESS	124.58	1245.78	934.33	
E0265*		HOSPITAL BED, TOTAL ELECTRIC (HEAD, FOOT AND HEIGHT ADJUSTMENTS), WITH ANY TYPE SIDE RAILS, WITH MATTRESS	194.39	1943.94	1457.95	
E0277*		POWERED PRESSURE-REDUCING AIR MATTRESS	684.16	6841.61	5131.21	
E0300*		PEDIATRIC CRIB, HOSPITAL GRADE, FULLY ENCLOSED WITH OR WITHOUT TOP ENCLOSURE		MANUALLY PRICED		
E0303*		HOSPITAL BED HEAVY DUTY, EXTRA WIDE FOR WEIGHTS 350 LBS BUT LESS THAN 600 LBS W/ MATTRESS AND ANY TYPE SIDE RAILS	268.06	2680.59	2010.45	
E0304*		HOSPITAL BED, EXTRA HEAVY DUTY FOR WEIGHT CAPACITY GREATER THAN 600 LBS W/ MATTRESS AND ANY TYPE SIDE RAILS	679.61	6796.10	5097.08	
E0316*		SAFETY ENCLOSURE FRAME / CANOPY FOR USE WITH HOSPITAL BED, ANY TYPE	187.92	1879.22	1409.42	
E0328*		HOSPITAL BED, PEDIATRIC, MANUAL, 360 DEGREE SIDE ENCLOSURES, TIP OF HEADBOARD, FOOTBOARD AND SIDE RAILS UP TO 24 INCHES ABOVE THE SPRING, INCLUDES MATTRESS		MANUALLY PRICED		
E0329*		HOSPITAL BED, PEDIATRIC, ELECTRIC OR SEMI-ELECTRIC, 360 DEGREE SIDE ENCLOSURES, TIP OF HEADBOARD, FOOTBOARD AND SIDE RAILS UP TO 24 INCHES ABOVE THE SPRING, INCLUDES MATTRESS		MANUALLY PRICED		
E0371*		NONPOWERED ADVANCED PRESSURE REDUCING OVERLAY FOR MATTRESS	432.28	4322.80	3242.10	
E0372*		POWERED AIR OVERLAY FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	524.54	5245.36	3934.02	
E0373*		NONPOWERED ADVANCED PRESSURE REDUCING MATTRESS	597.60	5976.04	4482.04	
E0470*		RESPIRATORY ASSIST DEVICE, BI-LEVEL PRESSURE CAPABILITY WITHOUT BACKUP RATE FEATURE, USED WITH NON-INVASIVE INTERFACE, NASAL OR DACIAL MASK (INTERMITTENT ASSIST DEVICE WITH CONTINUOUS POSITIVE AIRWAY PRESSURE DEVICE	227.58	2275.56	1706.67	
E0480*		PERCUSSOR, ELECTRIC OR PNEUMATIC, HOME MODEL	38.19	381.92	286.45	
E0482*		COUGH-STIMULATING DEVICE, ALTERNATING POSITIVE & NEGATIVE AIRWAY PRESSURE	418.22	4182.17	3136.63	
E0484		OSCILLATORY POSITIVE EXPIRATORY PRESSURE DEVICE, NONELECTRIC, ANY TYPE, EACH		39.02		
E0550		HUMIDIFIER, DURABLE FOR EXTENSIVE SUPPLEMENTAL HUMIDIFICATION DURING IPPB TREATMENTS OR OXYGEN DELIVERY	48.75	487.54	365.66	
E0555		HUMIDIFIER, DURABLE, GLASS OR AUTOCLAVABLE PLASTIC BOTTLE TYPE, FOR USE WITH REGULATOR OR FLOWMETER	10.83	108.35	81.27	
E0561		HUMIDIFIER, NON-HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	10.40	104.06	78.04	
E0562		HUMIDIFIER, HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	26.71	267.15	200.36	
E0565*		COMPRESSOR, AIR POWER SOURCE FOR EQUIPMENT WHICH IS NOT SELF CONTAINED OR CYLINDER DRIVEN	59.34	593.35	445.02	
E0570		NEBULIZER, WITH COMPRESSOR	13.72	137.20	102.90	
E0575*		NEBULIZER, ULTRASONIC	52.67	526.76	395.08	
E0600		RESPIRATORY SUCTION PUMP, HOME MODEL, PORTABLE OR STATIONARY, ELECTRIC	44.53	445.33	334.00	
E0601*		CONTINUOUS AIRWAY PRESSURE (CPAP) DEVICE	98.98	989.80	742.35	
E0630*		PATIENT LIFT HYDRAULIC OR MECHANICAL, INCLUDES ANY SEAT, SLING STRAPS(S) OR PAD(S)	99.09	990.93	743.20	
E0637*		COMBINATION SIT TO STAND SYSTEM, any size including pediatric, with seatlift feature, with or without wheels		MANUALLY PRICED		
E0638*		STANDING FRAME/TABLE SYSTEM, one position (e.g. upright, supine or prone stander), any size including pediatric, with or without wheels		MANUALLY PRICED		
E0641*		STANDING FRAME/TABLE SYSTEM, multi-position (e.g. three-way stander), any size including pediatric, with or without wheels		MANUALLY PRICED		
E0642*		STANDING FRAME/TABLE SYSTEM, mobile (dynamic stander), any size including pediatric		MANUALLY PRICED		
E0650*		PNEUMATIC COMPRESSOR, NONSEGMENTAL HOME MODEL	63.27	617.39	463.04	
E0651*		PNEUMATIC COMPRESSOR, SEGMENTAL HOME MODEL W/O CALIBRATED GRADIENT PRESSURE	91.24	893.21	669.91	
E0652*		PNEUMATIC COMPRESSOR, SEGMENTAL HOME MODEL WITH CALIBRATED GRADIENT PRESSURE	509.57	5155.94	3863.49	
E0655*		NONSEGMENTAL PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC COMPRESSOR, HALF ARM	10.36	93.95	70.46	
E0660*		NONSEGMENTAL PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC COMPRESSOR, FULL LEG	15.75	155.37	116.51	
E0665*		NONSEGMENTAL PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC COMPRESSOR, FULL ARM	12.79	127.88	95.91	
E0666*		NONSEGMENTAL PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC COMPRESSOR, HALF LEG	12.59	126.02	94.53	
E0667*		SEGMENTAL PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC COMPRESSOR, FULL LEG	35.14	314.88	236.16	
E0668*		SEGMENTAL PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC COMPRESSOR, FULL ARM	42.41	429.75	322.32	
E0669*		SEGMENTAL PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC COMPRESSOR, HALF LEG	17.44	174.38	130.77	
E0670*		SEGMENTAL PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC COMPRESSOR, INTEGRATED, 2 FULL LEGS AND TRUNK		1333.81		
E0671*		SEGMENTAL GRADIENT PRESSURE PNEUMATIC APPLIANCE, FULL LEG	40.40	403.95	302.95	
E0672*		SEGMENTAL GRADIENT PRESSURE PNEUMATIC APPLIANCE, FULL ARM	31.39	313.87	235.42	
E0673*		SEGMENTAL GRADIENT PRESSURE PNEUMATIC APPLIANCE, HALF LEG	26.08	260.81	195.63	
E0700*		SAFETY EQUIPMENT, DEVICES OR ACCESSORY, ANY TYPE		MANUALLY PRICED		
E0705		TRANSFER BOARD OR DEVICE, ANY TYPE, EACH	5.46	53.61	39.25	
E0720*		TENS, TWO LEAD DEVICE, TWO LEAD, LOCALIZED STIMULATION	36.67	357.49	274.97	
E0730*		TENS, FOUR OR MORE LEADS, FOR MULTIPLE NERVE STIMULATION	36.97	360.39	277.20	
E0747*		OSTEOGENESIS STIMULATOR, NONINVASIVE	375.89	3782.62	2810.42	
E0748*		OSTEOGENESIS STIMULATOR, ELECTRICAL, NONINVASIVE, SPINAL APPLICATIONS	375.80	3758.11	2818.60	

Note: * indicates that item requires prior approval
BOLD indicates Medicare is primary payor for this item

NC DIVISION OF HEALTH BENEFITS (NC MEDICAID)						
DURABLE MEDICAL EQUIPMENT						
Fee Schedule effective March 13, 2020						
Taxonomies: 332BC3200X, 332BD1200X, 332BP3500X, 332BX2000X Specialty: 087						
The inclusion of a rate on this table does not guarantee that a service is covered.						
Please refer to the Medicaid Billing Guide and the Medicaid and Health Choice Clinical Coverage Policies on the NC Medicaid website.						
HCPCS CODE	National Drug Code (NDC)	DESCRIPTION	MEDICAID MAXIMUM SFY 2018			EFFECTIVE
			RENTAL	NEW	USED	
E0760*		OSTEOGENESIS STIMULATOR, LOW INTENSITY, NONINVASIVE	312.31	3122.92	2342.20	
E0776		IV POLE	15.41	105.52	79.15	
E0910		TRAPEZE BARS, AKA PATIENT HELPER, ATTACHED TO BED, WITH GRAB BAR	16.53	165.33	124.00	
E0911*		TRAPEZE BAR, HEAVY DUTY, FOR PATIENT WEIGHT CAPACITY GREATER THAN 250 POUNDS, ATTACHED TO BED, WITH GRAB BAR	48.48	484.82	363.62	
E0912*		TRAPEZE BAR, HEAVY DUTY, FOR PATIENT WEIGHT CAPACITY GREATER THAN 250 POUNDS, FREE STANDING, COMPLETE WITH GRAB BAR	111.33	1113.28	834.97	
E0940		TRAPEZE BAR, FREE STANDING, COMPLETE WITH GRAB BAR	26.47	264.75	198.56	
E0950		WHEELCHAIR ACCESSORY TRAY, EACH	10.12	101.10	75.83	
E0951		HEEL LOOP/HOLDER, ANY TYPE, WITH OR WITHOUT ANKLE STRAP, EACH	1.74	17.26	12.94	
E0952		TOE LOOP/HOLEDER, ANY TYPE, EACH	1.88	18.31	13.74	
E0956*		WHEELCHAIR ACCESSORY, LATERAL TRUNK OR HIP SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	9.60	95.87	71.90	
E0957*		WHEELCHAIR ACCESSORY, MEDICAL THIGH SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	13.41	134.14	100.61	
E0958		WHEELCHAIR ATTACHMENT TO CONVERT ANY WHEELCHAIR TO ONE-ARM DRIVE	42.43	424.32	318.25	
E0959		MANUAL WHEELCHAIR ACCESSORY, ADAPTER FOR AMPUTEE, EACH	4.16	41.58	31.17	
E0960*		WHEELCHAIR ACCESSORY, SHOULDER HARNESS/STRAPS OR CHES STRAP INCLUDING ANY TYPE MOUNTING HARDWARE	8.85	88.48	66.37	
E0961		MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK BRAKE EXTENSION (HANDLE), EACH	2.57	24.59	12.29	
E0966		MANUAL WHEELCHAIR ACCESSORY, HEADREST EXTENSION	6.82	68.11	51.08	
E0967		MANUAL WHEELCHAIR ACCESSORY, HAND RIM WITH PROJECTIONS, ANY TYPE, EACH	6.39	63.89	47.90	
E0971		MANUAL WHEELCHAIR ACCESSORY, ANTI-TIPPING DEVICE, EACH	4.22	42.20	31.67	
E0973*		WHEELCHAIR ACCESSORY, ADJUSTABLE HEIGHT DETACHABLE ARMREST, COMPLETE ASSEMBLY	10.65	111.81	83.86	
E0974		MANUAL WHEELCHAIR ACCESSORY, ANIT-ROLLBACK DEVICE, EACH	6.87	64.82	48.98	
E0978		WHEELCHAIR ACCESSORY, POSITIONING BELTS/SAFETY BELT/PELVIC STRAP, EACH	4.04	40.32	30.27	
E0981		WHEELCHAIR ACCESSORY, SEAT UPHOLSTERY, REPLACEMENT ONLY	4.33	43.22	32.41	
E0982		WHEELCHAIR ACCESSORY, BACK UPHOLSTERY, REPLACEMENT ONLY	4.26	42.60	31.94	
E0990		WHEELCHAIR ACCESSORY, ELEVATING LEGREST, COMPLETE ACCESSORY, EACH	10.93	107.16	80.37	
E0992		MANUAL WHEELCHAIR ACCESSORY . SOLID SEAT INSERT	9.00	92.54	69.41	
E0995		WHEELCHAIR ACCESSORY, CALF REST/PAD, EACH	2.79	28.05	21.06	
E1002*		WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, TILT ONLY	394.19	3941.96	2956.46	
E1003*		WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, RECLINE ONLY, WITHOUT SHEAR REDUCTION	427.09	4270.77	3203.08	
E1004*		WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, RECLINE ONLY, WITH MECHANICAL SHEAR REDUCTION	473.54	4735.40	3551.54	
E1005*		WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, RECLINE ONLY, WITH POWER SHEAR REDUCTION	512.56	5125.70	3844.28	
E1006*		WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, COMBINATION TILT & RECLINE, WITHOUT SHEAR REDUCTION	627.83	6278.50	4708.88	
E1007*		WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, COMBINATION TILT & RECLINE, WITH MECHANICAL SHEAR REDUCTION	850.14	8501.34	6375.99	
E1008*		WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, COMBINATION TILT & RECLINE, WITH POWER SHEAR REDUCTION	850.20	8502.10	6376.59	
E1020		RESIDUAL LIMB SUPPORT SYSTEM FOR WHEELCHAIR, ANY TYPE		222.61		
E1028		WHEELCHAIR ACCESSORY, MANUAL SWINGAWAY, RETRACTIBLE OR REMOVABLE MOUNTING HARDWARE FOR JOYSTICK, OTHER CONTROL INTERFACE OR POSITIONING ACCESSORY	20.08	200.87	150.64	
E1029		WHEELCHAIR ACCESSORY, VENTILATOR TRAY, FIXED	35.94	359.40	269.54	
E1030		WHEELCHAIR ACCESSORY, VENTILATOR TRAY, GIMBALED	113.33	1133.29	849.97	
E1031		ROLLABOUT CHAIR, ANY AND ALL TYPES WITH CASTERS, 5" OR GREATER	33.94	339.47	254.60	
E1037*		TRANSPORT CHAIR, PEDIATRIC SIZE	110.99	1109.95	832.46	
E1038*		TRANSPORT CHAIR, ADULT SIZE, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	17.54	175.35	131.52	
E1039*		TRANSPORT CHAIR, ADULT SIZE, HEAVY DUTY, PATIENT WEIGHT CAPACITY GREATER THAN 300 POUNDS	33.26	332.61	249.46	
E1161*		MANUAL ADULT SIZE WHEELCHAIR, INCLUDES TILT IN SPACE	230.12	2301.15	1725.88	
E1226*		WHEELCHAIR ACCESSORY, MANUAL FULLY RECLINING BACK, (RECLINE GREATER THAN 80 DEGREES), EACH	46.25	451.07	338.27	
E1229*		WHEELCHAIR, PEDIATRIC SIZE, NOT OTHERWISE SPECIFIED		MANUALLY PRICED		
E1231*		WHEELCHAIR, PEDIATRIC SIZE, TILT-IN-SPACE, RIGID, ADJUSTABLE, WITH SEATING SYSTEM	221.10	2211.00	1658.25	
E1232*		WHEELCHAIR, PEDIATRIC SIZE, TILT-IN-SPACE, FOLDING, ADJUSTABLE, WITH SEATING SYSTEM	207.98	2079.71	1559.80	
E1233*		WHEELCHAIR, PEDIATRIC SIZE, TILT-IN-SPACE, RIGID, ADJUSTABLE, WITHOUT SEATING SYSTEM	215.49	2154.91	1616.18	
E1234*		WHEELCHAIR, PEDIATRIC SIZE, TILT-IN-SPACE, FOLDING, ADJUSTABLE, WITHOUT SEATING SYSTEM	187.62	1876.00	1406.99	
E1235*		WHEELCHAIR, PEDIATRIC SIZE, RIGID, ADJUSTABLE, WITH SEATING SYSTEM	180.65	1806.45	1354.83	
E1236*		WHEELCHAIR, PEDIATRIC SIZE, FOLDING, ADJUSTABLE, WITH SEATING SYSTEM	159.37	1593.75	1195.32	
E1237*		WHEELCHAIR, PEDIATRIC SIZE, RIGID, ADJUSTABLE, WITHOUT SEATING SYSTEM	160.76	1607.68	1205.77	
E1238*		WHEELCHAIR, PEDIATRIC SIZE, FOLDING, ADJUSTABLE, WITHOUT SEATING SYSTEM	159.37	1593.75	1195.32	
E1239*		POWER WHEELCHAIR, PEDIATRIC SIZE, NOT OTHERWISE SPECIFIED		MANUALLY PRICED		
E1300		WHIRLPOOL, PORTABLE (OVERTUB TYPE)	18.41	184.13	138.09	
E2100*		BLOOD GLUCOSE MONITOR WITH INTEGRATED VOICE SYNTHESIZER	61.69	616.90	462.69	
E2201*		MANUAL WHEELCHAIR ACCESSORY, NON-STANDARD SEAT FRAME, WIDTH GREATER THAN OR EQUAL TO 20 INCHES AND LESS THAN 24 INCHES	36.29	362.86	272.15	
E2202*		MANUAL WHEELCHAIR ACCESSORY, NON-STANDARD SEAT FRAME, WIDTH 24-27 INCHES	46.10	464.50	345.74	
E2203*		MANUAL WHEELCHAIR ACCESSORY, NON-STANDARD SEAT FRAME DEPTH , 20 TO LESS THAN 22 INCHES	46.58	465.90	349.42	
E2204*		MANUAL WHEELCHAIR ACCESSORY, NON-STANDARD SEAT FRAME DEPTH , 22-25 INCHES	79.12	791.07	593.31	

Note: * indicates that item requires prior approval
BOLD indicates Medicare is primary payor for this item

NC DIVISION OF HEALTH BENEFITS (NC MEDICAID)						
DURABLE MEDICAL EQUIPMENT						
Fee Schedule effective March 13, 2020						
Taxonomies: 332BC3200X, 332BD1200X, 332BP3500X, 332BX2000X Specialty: 087						
The inclusion of a rate on this table does not guarantee that a service is covered.						
Please refer to the Medicaid Billing Guide and the Medicaid and Health Choice Clinical Coverage Policies on the NC Medicaid website.						
HCPCS CODE	National Drug Code (NDC)	DESCRIPTION	MEDICAID MAXIMUM SFY 2018			EFFECTIVE
			RENTAL	NEW	USED	
E2205		MANUAL WHEELCHAIR ACCESSORY, HANDRIM WITHOUT PROJECTIONS (INCLUDES ERGONOMIC OR CONTOURED), ANY TYPE, REPLACEMENT ONLY, EACH	3.16	31.77	23.85	
E2206		MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK ASSEMBLY, COMPLETE, EACH	3.95	39.56	29.66	
E2207		WHEELCHAIR ACCESSORY, CRUTCH AND CANE HOLDER, EACH	4.22	42.16	31.62	
E2208		WHEELCHAIR ACCESSORY, CYLINDER TANK CARRIER, EACH	11.54	115.52	86.64	
E2209		ARM TROUGH, WITH OR WITHOUT HAND SUPPORT, EACH	10.45	104.22	78.17	
E2210		WHEELCHAIR ACCESSORY, BEARINGS, ANY TYPE, REPLACEMENT ONLY, EACH		6.37		
E2211		MANUAL WHEELCHAIR ACCESSORY, PNEUMATIC PROPULSION TIRE, ANY SIZE, EACH	3.90	39.79	28.50	
E2212		MANUAL WHEELCHAIR ACCESSORY, TUBE FOR PNEUMATIC PROPULSION TIRE, ANY SIZE, EACH	0.59	5.72	4.30	
E2213		MANUAL WHEELCHAIR ACCESSORY, PNEUMATIC PROPULSION TIRE (REMOVABLE), ANY TYPE, ANY SIZE, EACH	2.97	29.58	22.16	
E2214		MANUAL WHEELCHAIR ACCESSORY, PNEUMATIC CASTER TIRE, ANY SIZE, EACH	3.28	29.77	22.33	
E2215		MANUAL WHEELCHAIR ACCESSORY, TUBE FOR PNEUMATIC CASTER TIRE, ANY SIZE, EACH	0.92	9.34	6.98	
E2216		MANUAL WHEELCHAIR ACCESSORY, FOAM FILLED PROPULSION TIRE, ANY SIZE, EACH	2.99	29.87	21.90	
E2217		MANUAL WHEELCHAIR ACCESSORY, FOAM FILLED CASTER TIRE, ANY SIZE, EACH	4.53	41.10	30.82	
E2218		MANUAL WHEELCHAIR ACCESSORY, FOAM PROPULSION TIRE, ANY SIZE, EACH	3.20	32.06	23.53	
E2219		MANUAL WHEELCHAIR ACCESSORY, FOAM CASTER TIRE, ANY SIZE, EACH	4.59	40.70	30.53	
E2220		MANUAL WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) PROPULSION TIRE, ANY SIZE, EACH	2.67	27.74	21.21	
E2221		MANUAL WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE, (REMOVABLE), ANY SIZE, EACH	2.51	24.85	18.65	
E2222		MANUAL WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE WITH INTEGRATED WHEEL, ANY SIZE, EACH	2.03	20.48	15.38	
E2224		MANUAL WHEELCHAIR ACCESSORY, PROPULSION WHEEL EXCLUDES TIRE, ANY SIZE, EACH	9.30	92.94	69.70	
E2225		MANUAL WHEELCHAIR ACCESSORY, CASTER WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	1.69	16.92	12.68	
E2226		MANUAL WHEELCHAIR ACCESSORY, CASTER FORK, ANY SIZE, REPLACEMENT ONLY, EACH	3.69	36.90	27.68	
E2227*		MANUAL WHEELCHAIR ACCESSORY, GEAR REDUCTION DRIVE WHEEL, EACH		MANUALLY PRICED		
E2228*		MANUAL WHEELCHAIR ACCESSORY, WHEEL BRAKING SYSTEM AND LOCK, COMPLETE, EACH		MANUALLY PRICED		
E2231*		MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT SUPPORT BASE (REPLACES SLING SEAT), INCLUDES ANY TYPE MOUNTING HARDWARE	15.70	156.93	117.69	
E2291*		BACK, PLANAR, FOR PEDIATRIC SIZE WHEELCHAIR INCLUDING FIXED ATTACHING HARDWARE	45.97	459.73	344.79	
E2292*		SEAT, PLANAR, FOR PEDIATRIC SIZE WHEELCHAIR INCLUDING FIXED ATTACHING HARDWARE	43.49	434.90	326.17	
E2293*		BACK, CONTOURED, FOR PEDIATRIC SIZE WHEELCHAIR INCLUDING FIXED ATTACHING HARDWARE	45.97	459.73	344.79	
E2294*		SEAT, CONTOURED, FOR PEDIATRIC SIZE WHEELCHAIR INCLUDING FIXED ATTACHING HARDWARE	43.49	434.90	326.17	
E2295*		MANUALLY WHEELCHAIR ACCESSORY, FOR PEDIATRIC SIZE WHEELCHAIR, DYNAMIC SEATING FRAME ALLOWS COORDINATED MOVEMENT OF MULTIPLE POSITIONING FEATURES		MANUALLY PRICED		
E2300*		POWER WHEELCHAIR ACCESSORY, POWER SEAT ELEVATION SYSTEM		MANUALLY PRICED		
E2310*		POWER WHEELCHAIR ACCESSORY, ELECTRONIC CONNECTION BETWEEN WHEELCHAIR CONTROLLER AND ONE POWER SEATING SYSTEM MOTOR, INCLUDING ALL RELATED ELECTRONICS, INDICATOR FEATURE, MECHANICAL FUNCTION SELECTION SWITCH AND FIXED MOUNTING HARDWARE	113.81	1138.12	853.59	
E2311*		POWER WHEELCHAIR ACCESSORY, ELECTRONIC CONNECTION BETWEEN WHEELCHAIR CONTROLLER AND TWO OR MORE POWER SEATING SYSTEM MOTORS, INCLUDING ALL RELATED ELECTRONICS, INDICATOR FEATURE, MECHANICAL FUNCTION SELECTION SWITCH AND FIXED MOUNTING HARDWARE	230.43	2304.17	1728.13	
E2312*		POWER WHEELCHAIR ACCESSORY, HAND OR CHIN CONTROL INTERFACE, MINI-PROPORTIONAL REMOTE JOYSTICK, PROPORTIONAL, INCLUDING FIXED MOUNTING HARDWARE, EACH		MANUALLY PRICED		
E2313*		POWER WHEELCHAIR ACCESSORY, HARNESS FOR UPGRADE TO EXPANDABLE CONTROLLER, INCLUDING FASTENERS, CONNECTORS AND MOUNTING HARDWARE, EACH		MANUALLY PRICED		
E2321*		POWER WHEELCHAIR ACCESSORY, HAND CONTROL INTERFACE, REMOTE JOYSTICK, NONPROPORTIONAL, INCLUDING ALL RELATED ELECTRONICS, MECHANICAL STOP SWITCH, AND FIXED MOUNTING HARDWARE	154.56	1545.48	1159.13	
E2322*		POWER WHEELCHAIR ACCESSORY, HAND CONTROL INTERFACE, MULTIPLE MECHANICAL SWITCHES, NONPROPORTIONAL, INCLUDING ALL RELATED ELECTRONICS, MECHANICAL STOP SWITCH, AND FIXED MOUNTING HARDWARE	137.16	1371.65	1028.75	
E2323		POWER WHEELCHAIR ACCESSORY, SPECIALTY JOYSTICK HANDLE FOR HAND CONTROL INTERFACE, PREFABRICATED	6.73	67.26	50.45	
E2324		POWER WHEELCHAIR ACCESSORY, CHIN CUP FOR CHIN CONTROL INTERFACE	4.25	42.62	31.97	
E2325*		POWER WHEELCHAIR ACCESSORY, SIP AND PUFF INTERFACE, NONPROPORTIONAL, INCLUDING ALL RELATED ELECTRONICS, MECHANICAL STOP SWITCH, AND MANUAL SWINGAWAY MOUNTING HARDWARE	131.00	1309.86	982.40	
E2326		POWER WHEELCHAIR ACCESSORY, BREATH TUBE KIT FOR SIP AND PUFF INTERFACE	33.78	337.61	253.19	
E2327*		POWER WHEELCHAIR ACCESSORY, HEAD CONTROL INTERFACE, MECHANICAL, PROPORTIONAL, INCLUDING ALL RELATED ELECTRONICS, MECHANICAL DIRECTION CHANGE SWITCH, AND FIXED MOUNTING HARDWARE	254.07	2540.68	1905.50	
E2328*		POWER WHEELCHAIR ACCESSORY, HEAD CONTROL OR EXTREMITY CONTROL INTERFACE, ELECTRONIC, PROPORTIONAL INCLUDING ALL RELATED ELECTRONICS AND FIXED MOUNTING HARDWARE	481.92	4819.31	3614.49	
E2329*		POWER WHEELCHAIR ACCESSORY, HEAD CONTROL INTERFACE, CONTACT SWITCH MECHANISM, NON-PROPORTIONAL INCLUDING ALL RELATED ELECTRONICS, MECHANICAL STOP SWITCH, MECHANICAL DIRECTION CHANGE SWITCH, HEAD ARRAY, AND FIXED MOUNTING HARDWARE	171.76	1717.65	1288.24	

Note: * indicates that item requires prior approval
BOLD indicates Medicare is primary payor for this item

NC DIVISION OF HEALTH BENEFITS (NC MEDICAID)						
DURABLE MEDICAL EQUIPMENT						
Fee Schedule effective March 13, 2020						
Taxonomies: 332BC3200X, 332BD1200X, 332BP3500X, 332BX2000X Specialty: 087						
The inclusion of a rate on this table does not guarantee that a service is covered.						
Please refer to the Medicaid Billing Guide and the Medicaid and Health Choice Clinical Coverage Policies on the NC Medicaid website.						
HCPCS CODE	National Drug Code (NDC)	DESCRIPTION	MEDICAID MAXIMUM SFY 2018			EFFECTIVE
			RENTAL	NEW	USED	
E2330*		POWER WHEELCHAIR ACCESSORY, HEAD CONTROL INTERFACE, PROXIMITY SWITCH MECHANISM, NPN-PROPORTIONAL, INCLUDING ALL RELATED ELECTRONICS, MECHANICAL STOP SWITCH, MECHANICAL DIRECTION CHANGE SWITCH, HEAD ARRAY, AND FIXED MOUNTING HARDWARE	332.81	3328.16	2496.13	
E2340*		POWER WHEELCHAIR ACCESSORY, NON-STANDARD SEAT FRAME,WIDTH 20-23 INCHES	34.87	348.52	261.41	
E2341*		POWER WHEELCHAIR ACCESSORY, NON-STANDARD SEAT FRAME,WIDTH 24-27 INCHES	52.28	522.82	392.12	
E2342*		POWER WHEELCHAIR ACCESSORY, NON-STANDARD SEAT FRAME, DEPTH 20-21 INCHES	43.57	435.68	326.77	
E2343*		POWER WHEELCHAIR ACCESSORY, NON-STANDARD SEAT FRAME, DEPTH 22-25 INCHES	69.70	697.11	522.82	
E2358		POWER WHEELCHAIR ACCESSORY, GROUP 34 SEALED I NON-SEALED LEAD ACID BATTERY, EACH		MANUALLY PRICED		
E2359		POWER WHEELCHAIR ACCESSORY, GROUP 34 SEALED SEALED LEAD ACID BATTERY, EACH (e.g. gell cell, absorbed glassmat)	18.23	182.22	136.67	
E2360		POWER WHEELCHAIR ACCESSORY, 22 NF NON SEALED LEAD ACID BATTERY, EACH	10.98	109.26	81.95	
E2361		POWER WHEELCHAIR ACCESSORY, 22 NF SEALED LEAD ACID BATTERY, EACH (E.G. GEL CELL, ABSORBED GLASSMAT)	13.57	135.64	101.75	
E2362		POWER WHEELCHAIR ACCESSORY, GROUP 24 NON-SEALED LEAD ACID BATTERY, EACH	8.95	89.46	67.09	
E2363		POWER WHEELCHAIR ACCESSORY, GROUP 24 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	18.10	180.89	135.67	
E2364		POWER WHEELCHAIR ACCESSORY, U-1 NON-SEALED LEAD ACID BATTERY, EACH	10.98	109.26	81.95	
E2365		POWER WHEELCHAIR ACCESSORY, U-1 SEALED LEAD ACID BATTERY, EACH (E.G. GEL CELL, ABSORBED GLASS MAT)	10.91	109.09	81.84	
E2366*		POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, SINGLE MODE, FOR USE WITH ONLY 1 BATTERY TYPE, SEALED OR NON-SEALED, EACH	21.85	217.93	163.45	
E2367*		POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, DUAL MODE, FOR USE WITH EITHER BATTERY TYPE, SEALED OR NON-SEALED, EACH	40.76	407.58	305.68	
E2368*		POWER WHEELCHAIR COMPONENT, DRIVE WHEEL MOTOR, REPLACEMENT ONLY	50.25	502.39	376.81	
E2369*		POWER WHEELCHAIR COMPONENT, DRIVE WHEEL GEAR BOX, REPLACEMENT ONLY	43.76	437.59	328.19	
E2370*		POWER WHEELCHAIR COMPONENT, INTEGRATED DRIVE WHEEL MOTOR AND GEAR BOX COMBINATION, REPLACEMENT ONLY	78.09	780.80	585.59	
E2371*		POWER WHEELCHAIR ACCESSORY, GROUP 27 SEALED LEAD ACID BATTERY, (e.g.GEL CELL, ABSORBED GLASSMAT), EACH	14.67	146.60	109.96	
E2372*		POWER WHEELCHAIR ACCESSORY, GROUP 27 NON-SEALED LEAD ACID BATTERY, EACH	41.81	418.17	313.63	
E2373*		POWER WHEELCHAIR ACCESSORY, HAND OR CHIN CONTROL INTERFACE, COMPACT REMOTE JOYSTICK, PROPORTIONAL, INCLUDING FIXED MOUNTING HARDWARE	67.72	677.09	507.84	
E2374*		POWER WHEELCHAIR ACCESSORY, HAND OR CHIN CONTROL INTERFACE, STANDARD REMOTE JOYSTICK (NOT INCLUDING CONTROLLER), PROPORTIONAL, INCLUDING ALL RELATED ELECTRONICS AND FIXED MOUNTING HARDWARE, REPLACEMENT ONLY	51.93	519.36	389.54	
E2375*		POWER WHEELCHAIR ACCESSORY, NON-EXPANDABLE CONTROLLER, INCLUDING ALL RELATED ELECTRONICS AND MOUNTING HARDWARE, REPLACEMENT ONLY	83.30	833.05	624.77	
E2376*		POWER WHEELCHAIR ACCESSORY, EXPANDABLE CONTROLLER, INCLUDING ALL RELATED ELECTRONICS AND MOUNTING HARDWARE, REPLACEMENT ONLY	130.55	1305.43	979.09	
E2377*		POWER WHEELCHAIR ACCESSORY, EXPANDABLE CONTROLLER, INCLUDING ALL RELATED ELECTRONICS AND MOUNTING HARDWARE, UPGRADE PROVIDED AT INITIAL ISSUE	47.23	472.38	354.30	
E2378*		POWER WHEELCHAIR COMPONENT, ACTUATOR, REPLACEMENT ONLY		MANUALLY PRICED		
E2381		POWER WHEELCHAIR ACCESSORY, PNEUMATIC DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	7.42	74.09	55.57	
E2382		POWER WHEELCHAIR ACCESSORY, TUBE FOR PNEUMATIC DRIVE TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	2.01	20.20	15.14	
E2383		POWER WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC DRIVE WHELL TIRE (REMOVABLE), ANY TYPE, ANY SIZE, REPLACEMENT ONLY, EACH	14.77	147.71	110.78	
E2384		POWER WHEELCHAIR ACCESSORY, PNEUMATIC CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	7.89	78.69	59.01	
E2385		POWER WHEELCHAIR ACCESSORY, TUBE FOR PNEUMATIC CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	4.82	48.14	36.09	
E2386		POWER WHEELCHAIR ACCESSORY, FOAM FILLED DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	14.64	146.38	109.77	
E2387		POWER WHEELCHAIR ACCESSORY, FOAM FILLED CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	6.51	65.03	48.78	
E2388		POWER WHEELCHAIR ACCESSORY, FOAM DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	4.90	49.01	36.76	
E2389		POWER WHEELCHAIR ACCESSORY, FOAM CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	2.66	26.61	19.95	
E2390		POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	4.16	41.62	31.19	
E2391		POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE (REMOVEABLE), ANY SIZE, REPLACEMENT ONLY, EACH	1.99	19.94	14.96	
E2392		POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE EITH INTEGRATED WHEEL, ANY SIZE, REPLACEMENT ONLY, EACH	5.25	52.40	39.30	
E2394		POWER WHEELCHAIR, ACCESSORY, DRIVE WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	7.48	74.64	55.99	
E2395		POWER WHEELCHAIR ACCESSORY, CASTER WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	5.31	53.05	39.81	
E2396		POWER WHEELCHAIR ACCESSORY, CASTER FORK, ANY SIZE, REPLACEMENT ONLY, EACH	6.93	64.68	48.52	
E2601		GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	5.96	59.48	44.61	
E2602		GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	11.61	116.12	87.09	
E2603*		SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	14.75	147.43	110.57	
E2604*		SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	18.31	183.24	137.45	
E2605*		POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	26.19	261.78	196.37	
E2606*		POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	40.86	408.40	306.30	
E2607*		SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	28.19	281.89	211.42	

Note: * indicates that item requires prior approval
BOLD indicates Medicare is primary payor for this item

NC DIVISION OF HEALTH BENEFITS (NC MEDICAID)						
DURABLE MEDICAL EQUIPMENT						
Fee Schedule effective March 13, 2020						
Taxonomies: 332BC3200X, 332BD1200X, 332BP3500X, 332BX2000X Specialty: 087						
The inclusion of a rate on this table does not guarantee that a service is covered.						
Please refer to the Medicaid Billing Guide and the Medicaid and Health Choice Clinical Coverage Policies on the NC Medicaid website.						
HCPCS CODE	National Drug Code (NDC)	DESCRIPTION	MEDICAID MAXIMUM SFY 2018			EFFECTIVE
			RENTAL	NEW	USED	
E2608*		SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	33.84	338.54	253.90	
E2609*		CUSTOM FABRICATED WHEELCHAIR SEAT CUSHION, ANY SIZE		MANUALLY PRICED		
E2611		GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	30.37	303.78	227.86	
E2612		GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	41.09	410.94	308.19	
E2613*		POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	39.00	389.90	292.41	
E2614*		POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	52.91	529.00	396.77	
E2615*		POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	44.00	439.90	329.92	
E2616*		POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH GREATER THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	59.19	591.88	443.92	
E2617*		CUSTOM FABRICATED WHEELCHAIR BACK CUSHION, ANY SIZE, INCLUDING ANY TYPE MOUNTING HARDWARE		MANUALLY PRICED		
E2620*		POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	53.27	532.67	399.51	
E2621*		POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH GREATER THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	55.89	558.98	419.25	
E2622		SKIN PROTECTION WHEELCHAIR SEAT CUSHION, ADJUSTABLE, WIDTH LESS THAN 22", ANY DEPTH	29.37	293.69	220.26	
E2623		SKIN PROTECTION WHEELCHAIR SEAT CUSHION, ADJUSTABLE, WIDTH 22" OR GREATER, ANY DEPTH	37.38	373.70	280.27	
E2624		SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, ADJUSTABLE, WIDTH LESS THAN 22", ANY DEPTH	29.62	296.10	222.09	
E2625		SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, ADJUSTABLE, WIDTH 22" OR GREATER, ANY DEPTH	37.48	374.84	281.12	
E2626*		WHEELCHAIR ACCESSORY, SHOULDER ELBOW, MOBILE ARM SUPPORT ATTACHED TO WHEELCHAIR, BALANCED ADJUSTABLE		656.33		
E2627*		WHEELCHAIR ACCESSORY, SHOULDER ELBOW, MOBILE ARM SUPPORT ATTACHED TO WHEELCHAIR, BALANCED, ADJUSTABLE RANCHO TYPE		1047.31		
E2628*		WHEELCHAIR ACCESSORY, SHOULDER ELBOW, MOBILE ARM SUPPORT ATTACHED TO WHEELCHAIR, BALANCED, ADJUSTABLE RECLINING		783.06		
E2629*		WHEELCHAIR ACCESSORY, SHOULDER ELBOW, MOBILE ARM SUPPORT ATTACHED TO WHEELCHAIR, BALANCED, FRICTION ARM SUPPORT (friction dampening to proximal and distal joints)		998.43		
E2630*		WHEELCHAIR ACCESSORY, SHOULDER ELBOW, MOBILE ARM SUPPORT MONOSUSPENSION ARM AND HAND SUPPORT, OVERHEAD ELBOW FOREARM HAND SLING SUPPORT YOKE TYPE SUSPENSION SUPPORT		593.47		
E2631*		WHEELCHAIR ACCESSORY, ADDITION TO MOBILE ARM SUPPORT, ELEVATING PROXIMAL ARM		279.30		
E2632*		WHEELCHAIR ACCESSORY, ADDITION TO MOBILE ARM SUPPORT, OFFSET OR LATERAL ROCKER WITH ELASTIC BALANCE CONTROL		168.91		
E2633*		WHEELCHAIR ACCESSORY, ADDITION TO MOBILE ARM SUPPORT, SUPINATOR		128.04		
E8000*		GAIT TRAINER, PEDIATRIC SIZE, POSTERIOR SUPPORT, INCLUDE ALL ACCESSORIES AND COMPONENTS		MANUALLY PRICED		
E8001*		GAIT TRAINER, PEDIATRIC SIZE, UPRIGHT SUPPORT, INCLUDE ALL ACCESSORIES AND COMPONENTS		MANUALLY PRICED		
E8002*		GAIT TRAINER, PEDIATRIC SIZE, ANTERIOR SUPPORT, INCLUDE ALL ACCESSORIES AND COMPONENTS		MANUALLY PRICED		
K0001*		STANDARD WHEELCHAIR	45.16	451.56	338.67	
K0002*		STANDARD HEMI (LOW SEAT) WHEELCHAIR	70.97	709.67	532.26	
K0003*		LIGHTWEIGHT WHEELCHAIR	74.06	740.60	555.45	
K0004*		HIGH STRENGTH, LIGHTWEIGHT WHEELCHAIR	116.49	1164.93	873.69	
K0005*		ULTRALIGHTWEIGHT WHEELCHAIR	179.79	1798.02	1348.49	
K0006*		HEAVY DUTY WHEELCHAIR	114.09	1140.90	855.68	
K0007*		EXTRA HEAVY DUTY WHEELCHAIR	173.60	1736.01	1302.00	
K0015*		DETACHABLE, NONADJUSTABLE HEIGHT ARMREST, EACH	17.68	176.71	132.53	
K0017*		DETACHABLE, ADJUSTABLE HEIGHT ARMREST, BASE, EACH	4.97	49.71	37.28	
K0018*		DETACHABLE, ADJUSTABLE HEIGHT ARMREST, UPPER PORTION, EACH	2.76	27.77	20.84	
K0019		ARM PAD, EACH	1.64	16.38	12.28	
K0020*		FIXED, ADJUSTABLE HEIGHT ARMREST, PAIR	4.52	45.18	33.87	
K0037*		HIGH MOUNT FLIP-UP FOOTREST, EACH	3.56	39.82	29.87	
K0038		LEG STRAP, EACH	2.36	23.59	17.70	
K0039		LEG STRAP, H STYLE, EACH	5.25	52.40	39.30	
K0040		ADJUSTABLE ANGLE FOOTPLATE, EACH	7.25	72.62	54.45	
K0041		LARGE SIZE FOOTPLATE, EACH	5.16	51.47	38.60	
K0042		STANDARD SIZE FOOTPLATE, EACH	3.01	30.12	22.58	
K0043		FOOTREST, LOWER EXTENSION TUBE, EACH	1.90	18.99	14.26	
K0044		FOOTREST, UPPER HANGER BRACKET, EACH	1.62	16.18	12.14	
K0045		FOOTREST, COMPLETE ASSEMBLY FOR K0001 AND K0002, EACH	5.64	55.07	41.30	
K0046		ELEVATING LEGREST, LOWER EXTENSION TUBE, FOR K0001 AND K0002, EACH	1.90	18.99	14.26	
K0047		ELEVATING LEGREST, UPPER HANGER BRACKET, FOR K0001 AND K0002, EACH	7.46	74.38	55.77	
K0050		RATCHET ASSEMBLY	3.15	31.61	23.72	
K0051		CAM RELEASE ASSEMBLY, FOOTREST OR LEGREST, EACH	5.14	51.17	38.36	
K0052		SWINGAWAY, DETACHABLE FOOTRESTS, EACH	8.99	89.90	67.42	
K0053*		ELEVATING FOOTRESTS, ARTICULATING (TELESCOPING), EACH	9.91	99.21	74.41	
K0056		SEAT HEIGHT LESS THAN 17" OR LESS THAN OR EQUAL TO 21" FOR A HIGH STRENGTH LIGHTWEIGHT OR ULTRALIGHTWEIGHT WHEELCHAIR	9.25	92.49	69.38	
K0065		SPOKE PROTECTORS, each	4.33	43.24	32.42	
K0069		REAR WHEEL ASSEMBLY, COMPLETE, WITH SOLID TIRE, SPOKES OR MOLDED, EACH	9.97	97.18	72.88	

Note: * indicates that item requires prior approval
BOLD indicates Medicare is primary payor for this item

NC DIVISION OF HEALTH BENEFITS (NC MEDICAID)						
DURABLE MEDICAL EQUIPMENT						
Fee Schedule effective March 13, 2020						
Taxonomies: 332BC3200X, 332BD1200X, 332BP3500X, 332BX2000X Specialty: 087						
The inclusion of a rate on this table does not guarantee that a service is covered.						
Please refer to the Medicaid Billing Guide and the Medicaid and Health Choice Clinical Coverage Policies on the NC Medicaid website.						
HCPCS CODE	National Drug Code (NDC)	DESCRIPTION	MEDICAID MAXIMUM SFY 2018			EFFECTIVE
			RENTAL	NEW	USED	
K0070		REAR WHEEL ASSEMBLY, COMPLETE, WITH PNEUMATIC TIRE, EACH	17.83	178.13	133.60	
K0071		FRONT CASTER ASSEMBLY, COMPLETE, WITH PNEUMATIC TIRE, EACH	10.63	106.25	79.67	
K0072		FRONT CASTER ASSEMBLY, COMPLETE, WITH SEMIPNEUMATIC TIRE, EACH	6.39	63.96	47.97	
K0073		CASTER PIN LOCK, EACH	3.36	33.53	25.14	
K0077		FRONT CASTER ASSEMBLY, COMPLETE, WITH SOLID TIRE, EACH	5.72	57.23	42.92	
K0099		FRONT CASTER FOR POWER WHEELCHAIR	7.95	79.48	59.61	
K0105		IV HANGER, each	9.66	96.70	72.52	
K0195*		ELEVATING LEGREST, PAIR (FOR USE WITH CAPPED RENTAL WHEELCHAIR BASE)	20.49	204.92	153.69	
K0606*		AUTOMATIC EXTERNAL DEFIBRILATOR, WITH INTEGRATED ELECTROCARDIOGRAM ANALYSIS, GARMENT TYPE	2598.55			
K0733		POWER WHEELCHAIR ACCESSORY, 12 TO 24 AMP HOUR SEALED LEAD ACID BATTERY, EACH (e.g., gel cell, absorbed glassmat)	2.96	29.38	22.05	
K0813*		POWER WHEELCHAIR GROUP 1 STANDARD, PORTABLE, SLING/SOLID SEAT AND BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	234.62	2346.18	1759.64	
K0814*		POWER WHEELCHAIR, GROUP 1 STANDARD, PORTABLE, CAPTAIN'S CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	300.30	3003.05	2252.28	
K0815*		POWER WHEELCHAIR, GROUP 1 STANDARD, SLING/SOLID SEAT AND BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	341.98	3419.78	2564.84	
K0816*		POWER WHEELCHAIR, GROUP 1 STANDARD, CAPTAIN'S CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	327.50	3274.97	2456.23	
K0820*		POWER WHEELCHAIR GROUP 2 STANDARD, PORTABLE, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	250.59	2505.88	1879.41	
K0821*		POWER WHEELCHAIR, GROUP 2 STANDARD, PORTABLE, CAPTAIN'S CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	321.69	3216.91	2412.69	
K0822*		POWER WHEELCHAIR, GROUP 2 STANDARD, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	388.78	3887.78	2915.84	
K0823*		POWER WHEELCHAIR, GROUP 2 STANDARD, CAPTAIN'S CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	391.33	3913.26	2934.95	
K0824*		POWER WHEELCHAIR GROUP 2 HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	470.98	4709.78	3532.34	
K0825*		POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, CAPTAIN'S CHAIR, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	431.15	4311.52	3233.64	
K0826*		POWER WHEELCHAIR, GROUP 2 VERY HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	609.72	6097.22	4572.92	
K0827*		POWER WHEELCHAIR, GROUP 2 VERY HEAVY DUTY, CAPTAIN'S CHAIR, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	486.63	4866.26	3649.70	
K0828*		POWER WHEELCHAIR, GROUP 2 EXTRA HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 601 POUNDS OR MORE	671.86	6718.58	5038.94	
K0829*		POWER WHEELCHAIR, GROUP 2 EXTRA HEAVY DUTY, CAPTAIN'S CHAIR, PATIENT WEIGHT CAPACITY 601 POUNDS OR MORE	608.29	6083.00	4562.25	
K0830*		POWER WHEELCHAIR, GROUP 2, SEAT ELEVATOR, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	396.04	3960.46	2970.35	
K0831*		POWER WHEELCHAIR, GROUP 2, SEAT ELEVATOR, CAPTAIN'S CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	396.04	3960.46	2970.35	
K0835*		POWER WHEELCHAIR, GROUP 2 STANDARD, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	394.60	3946.03	2959.52	
K0836*		POWER WHEELCHAIR, GROUP 2 STANDARD, SINGLE POWER OPTION, CAPTAIN'S CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	409.20	4092.01	3069.01	
K0837*		POWER WHEELCHAIR GROUP 2 HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	470.98	4709.78	3532.34	
K0838*		POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, SINGLE POWER OPTION, CAPTAIN'S CHAIR, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	421.34	4213.39	3160.05	
K0839*		POWER WHEELCHAIR GROUP 2 VERY HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	609.72	6097.22	4572.92	
K0840*		POWER WHEELCHAIR GROUP 2 VERY HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 601 OR MORE POUNDS	923.76	9237.59	6928.20	
K0841*		POWER WHEELCHAIR, GROUP 2 STANDARD, MULTIPLE POWER OPTIONS, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	420.01	4200.06	3150.05	
K0842*		POWER WHEELCHAIR, GROUP 2 STANDARD, MULTIPLE POWER OPTIONS, CAPTAIN'S CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	420.01	4200.06	3150.05	
K0843*		POWER WHEELCHAIR GROUP 2 HEAVY DUTY, MULTIPLE POWER OPTIONS, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	505.69	5056.88	3792.66	
K0848*		POWER WHEELCHAIR, GROUP 3 STANDARD, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	513.94	5139.35	3854.52	
K0849*		POWER WHEELCHAIR, GROUP 3 STANDARD, CAPTAIN'S CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	494.12	4941.24	3705.94	
K0850*		POWER WHEELCHAIR GROUP 3 HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	596.15	5961.55	4471.16	
K0851*		POWER WHEELCHAIR, GROUP 3 HEAVY DUTY, CAPTAIN'S CHAIR, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	573.19	5731.93	4298.95	
K0852*		POWER WHEELCHAIR, GROUP 3 VERY HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	688.82	6888.20	5166.15	
K0853*		POWER WHEELCHAIR, GROUP 3 VERY HEAVY DUTY, CAPTAIN'S CHAIR, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	707.59	7075.90	5306.92	
K0854*		POWER WHEELCHAIR, GROUP 3 EXTRA HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 601 POUNDS OR MORE	937.40	9374.04	7030.53	
K0855*		POWER WHEELCHAIR, GROUP 3 EXTRA HEAVY DUTY, CAPTAIN'S CHAIR, PATIENT WEIGHT CAPACITY 601 POUNDS OR MORE	885.52	8855.18	6641.39	
K0856*		POWER WHEELCHAIR, GROUP 3 STANDARD, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	551.66	5516.61	4137.46	
K0857*		POWER WHEELCHAIR, GROUP 3 STANDARD, SINGLE POWER OPTION, CAPTAIN'S CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	562.72	5627.19	4220.39	

Note: * indicates that item requires prior approval
BOLD indicates Medicare is primary payor for this item

NC DIVISION OF HEALTH BENEFITS (NC MEDICAID)						
DURABLE MEDICAL EQUIPMENT						
Fee Schedule effective March 13, 2020						
Taxonomies: 332BC3200X, 332BD1200X, 332BP3500X, 332BX2000X Specialty: 087						
The inclusion of a rate on this table does not guarantee that a service is covered.						
Please refer to the Medicaid Billing Guide and the Medicaid and Health Choice Clinical Coverage Policies on the NC Medicaid website.						
HCPCS CODE	National Drug Code (NDC)	DESCRIPTION	MEDICAID MAXIMUM SFY 2018			EFFECTIVE
			RENTAL	NEW	USED	
K0858*		POWER WHEELCHAIR GROUP 3 HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	684.44	6844.43	5133.32	
K0859*		POWER WHEELCHAIR, GROUP 3 HEAVY DUTY, SINGLE POWER OPTION, CAPTAIN'S CHAIR, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	652.75	6527.48	4895.61	
K0860*		POWER WHEELCHAIR GROUP 3 VERY HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	977.81	9778.14	7333.61	
K0861*		POWER WHEELCHAIR, GROUP 3 STANDARD, MULTIPLE POWER OPTIONS, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	552.55	5525.46	4144.09	
K0862*		POWER WHEELCHAIR GROUP 3 HEAVY DUTY, MULTIPLE POWER OPTIONS, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	684.44	6844.43	5133.32	
K0863*		POWER WHEELCHAIR, GROUP 3 VERY HEAVY DUTY MULTIPLE POWER OPTIONS, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	977.81	9778.14	7333.61	
K0864*		POWER WHEELCHAIR GROUP 3 EXTRA HEAVY DUTY, MULTIPLE POWER OPTIONS, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 601 POUNDS OR MORE	1163.61	11636.10	8727.08	
K0868*		POWER WHEELCHAIR, GROUP 4 STANDARD, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS		MANUALLY PRICED		
K0869*		POWER WHEELCHAIR, GROUP 4 STANDARD, CAPTAIN'S CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS		MANUALLY PRICED		
K0870*		POWER WHEELCHAIR GROUP 4 HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS		MANUALLY PRICED		
K0871*		POWER WHEELCHAIR, GROUP 4 VERY HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS		MANUALLY PRICED		
K0877*		POWER WHEELCHAIR, GROUP 4 STANDARD, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS		MANUALLY PRICED		
K0878*		POWER WHEELCHAIR, GROUP 4 STANDARD, SINGLE POWER OPTION, CAPTAIN'S CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS		MANUALLY PRICED		
K0879*		POWER WHEELCHAIR GROUP 4 HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS		MANUALLY PRICED		
K0880*		POWER WHEELCHAIR GROUP 4 VERY HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS		MANUALLY PRICED		
K0884*		POWER WHEELCHAIR, GROUP 4 STANDARD, MULTIPLE POWER OPTIONS, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS		MANUALLY PRICED		
K0885*		POWER WHEELCHAIR, GROUP 4 STANDARD, MULTIPLE POWER OPTIONS, CAPTAIN'S CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS		MANUALLY PRICED		
K0886*		POWER WHEELCHAIR GROUP 4 HEAVY DUTY, MULTIPLE POWER OPTIONS, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS		MANUALLY PRICED		
K0890*		POWER WHEELCHAIR, GROUP 5 PEDIATRIC, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 125 POUNDS		MANUALLY PRICED		
K0891*		POWER WHEELCHAIR, GROUP 5 PEDIATRIC, MULTIPLE POWER OPTIONS, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 125 POUNDS		MANUALLY PRICED		
K0898*		POWER WHEELCHAIR, NOT OTHERWISE CLASSIFIED		MANUALLY PRICED		
S8185		FLUTTER DEVICE		MANUALLY PRICED		
W4117*		WHEELCHAIR SEAT WIDTH, GREATER THAN 27"	9.66	96.64	72.47	
W4118*		WHEELCHAIR SEAT DEPTH, GREATER THAN 25"	9.43	94.35	70.76	
W4119*		WHEELCHAIR SEAT HEIGHT, COST ADDED OPTION FROM MANUFACTURER	11.51	115.07	86.30	
W4130*		CONTOURED OR 3-PIECE HEAD/NECK SUPPORTS WITH HARDWARE, EACH	21.15	211.50	158.63	
W4131*		BASIC HEAD/NECK SUPPORT WITH HARDWARE, EACH	16.83	168.34	126.26	
W4132*		CONTOURED OR 3-PIECE HEAD/NECK SUPPORT WITH MULTI-ADJUSTABLE HARDWARE ,EACH	33.78	337.77	253.32	
W4133*		BASIC HEAD/NECK SUPPORT WITH MULTI-ADJUSTABLE HARDWARE , EACH	31.72	317.27	237.95	
W4139*		SUB-ASIS BARS WITH HARDWARE, EACH	41.65	416.54	312.41	
W4140*		ABDUCTOR PADS WITH HARDWARE , PAIR	29.14	291.36	218.52	
W4141*		KNEE BLOCKS WITH HARDWARE , PAIR	25.41	254.15	190.61	
W4143*		SHOE HOLDERS WITH HARDWARE , PAIR	14.46	144.61	108.46	
W4144*		FOOT/LEGREST CRADLE , EACH	14.46	144.61	108.46	
W4145*		MANUAL TILT-IN-SPACE OPTION , EACH	75.54	755.40	566.55	
W4150*		MULTI-ADJUSTABLE TRAY , EACH	44.24	442.45	331.83	
W4152*		GROWTH KIT, EACH	19.01	190.17	142.63	
W4155*		ADDUCTOR PADS WITH HARDWARE, PAIR	29.14	291.36	218.52	
W4713*		OVERSIZED FOOTPLATES FOR WEIGHTS 301# AND GREATER, PAIR	16.74	167.26	125.45	
W4714*		SWINGAWAY SPECIAL CONSTRUCTION FOOTRESTS FOR WEIGHTS 401# AND GREATER, PAIR	70.78	707.76	530.81	
W4715*		SWINGAWAY REINFORCED LEGREST, ELEVATING, FOR WEIGHTS 301# TO 400#, PAIR	41.82	418.17	313.63	
W4716*		SWINGAWAY SPECIAL CONSTRUCTION LEGRESTS, ELEVATING, FOR WEIGHTS 401# AND GREATER, PAIR	62.72	627.26	470.43	
W4717*		OVERSIZED CALF PADS, PAIR	20.91	209.08	156.80	
W4718*		OVERSIZED SOLID SEAT	57.50	574.99	431.24	
W4719*		OVERSIZED SOLID BACK	57.50	574.99	431.24	
W4722*		OVERSIZED FULL SUPPORT FOOTBOARD	20.91	209.09	156.81	
W4723*		OVERSIZED FULL SUPPORT CALFBOARD	20.91	209.09	156.81	
FREQUENTLY SERVICED ITEMS						
E0194*		AIR FLUIDIZED BED	2766.93			
E0202*		PHOTOTHERAPY (BILIRUBIN) LIGHT WITH PHOTOMETER, DAILY	60.89			
E0445*		OXIMETER FOR MEASURING BLOOD OXYGEN LEVELS NON-INVASIVELY	187.21			
E0465*		HOME VENTILATOR, ANY TYPE, USED WITH INVASIVE INTERFACE, (E.G., TRACHEOSTOMY TUBE)	1407.94			
E0466*		HOME VENTILATOR, ANY TYPE, USED WITH NON-INVASIVE INTERFACE, (E.G., MASK, CHEST SHELL)	1074.31			
E0471*		RESPIRATORY ASSIST DEVICE, BI-LEVEL PRESSURE CAPABILITY WITH BACKUP RATE FEATURE, USED WITH NON-INVASIVE INTERFACE (INTERMITTENT ASSIST DEVICE WITH CONTINUOUS POSITIVE AIRWAY PRESSURE DEVICE	569.54			

Note: * indicates that item requires prior approval
BOLD indicates Medicare is primary payor for this item

NC DIVISION OF HEALTH BENEFITS (NC MEDICAID)					
DURABLE MEDICAL EQUIPMENT					
Fee Schedule effective March 13, 2020					
Taxonomies: 332BC3200X, 332BD1200X, 332BP3500X, 332BX2000X Specialty: 087					
The inclusion of a rate on this table does not guarantee that a service is covered.					
Please refer to the Medicaid Billing Guide and the Medicaid and Health Choice Clinical Coverage Policies on the NC Medicaid website.					
HCPCS CODE	National Drug Code (NDC)	DESCRIPTION	MEDICAID MAXIMUM		EFFECTIVE
			RENTAL	NEW	USED
E0483*		HIGH FREQUENCY CHEST WALL OSCILLATION AIR-PULSE GENERATOR SYSTEM, EACH, W/HOSES	1033.95	9920.03	
E0500*		IPPB MACHINE, ALL TYPES, WITH BUILT-IN NEBULIZATION; MANUAL OR AUTOMATIC VALVES; INTERNAL OR EXTERNAL POWER SOURCE	99.54		
E0619*		APNEA MONITOR, WITH RECORDING FEATURE	275.42		
E0691*		ULTRAVIOLET LIGHT THERAPY SYSTEM, INCLUDES BULBS/LAMPS, TIMER AND EYE PROTECTION, TREATMENT AREA TWO SQUARE FEET OR LESS	87.39		
E0692*		ULTRAVIOLET LIGHT THERAPY SYSTEM PANEL, INCLUDES BULBS/LAMPS, TIMER AND EYE PROTECTION, FOUR FOOT PANEL	109.73		
E0781		AMBULATORY INFUSION PUMP, SINGLE OR MULTIPLE CHANNELS ELECTRIC OR BATTERY OPERATED, WITH ADMINISTRATIVE EQUIPMENT, WORN BY PATIENT MONTHLY RENTAL FEE	257.60		
E0935		CONTINUOUS PASSIVE MOTION EXERCISE DEVICE FOR USE OF KNEE ONLY	20.42		
E2402*		NEGATIVE PRESSURE WOUND THERAPY ELECTRICAL PUMP, STATIONARY OR PORTABLE	1522.33		
		OXYGEN AND OXYGEN RELATED ITEMS			
A4614		PEAK EXPIRATORY FLOW RATE METER , HAND-HELD		23.13	
A7006		ADMINISTRATION SET, WITH SMALL VOLUME FILTERED PNEUMATIC NEBULIZER		9.28	
A7027		COMBINATION, ORAL/NASAL MASK USED WITH CPAP DEVICE, EACH		179.65	
A7028		ORAL CUSHION FOR COMBINATION ORAL/NASAL MASK, REPLACEMENT ONLY, EACH		48.18	
A7029		NASAL PILLOWS FOR COMBINATION ORAL/NASAL MASK, REPLACEMENT ONLY, PAIR		19.68	
A9284		SPIROMETER, NON-ELECTRONIC, INCLUDES ALL ACCESSORIES		MANUALLY PRICED	
E0424*		STATIONARY COMPRESSED GASEOUS OXYGEN SYSTEM, RENTAL; INCLUDES CONTENTS (PER UNIT), REGULATOR, FLOWMETER, HUMIDIFIER, NEBULIZER, CANNULA OR MASK AND TUBING. 1 UNIT = 50 CU. FT.	193.81		
E0431*		PORTABLE GASEOUS OXYGEN SYSTEM, RENTAL; INCLUDES REGULATOR, FLOWMETER, HUMIDIFIER, CANNULA OR MASK AND TUBING	28.19		
E0433*		PORTABLE LIQUID OXYGEN SYSTEM, RENTAL; HOME LIQUEFIER USED TO FILL PORTABLE LIQUID OXYGEN CONTAINERS; INCLUDES PORTABLE CONTAINERS, INCLUDES REGULATOR, FLOWMETER, HUMIDIFIER, , CANNULA OR MASK & TUBING, WITH OR WITHOUT SUPPLY RESERVOIR AND CONTENTS GAUGE	50.31		
E0434*		PORTABLE LIQUID OXYGEN SYSTEM, RENTAL; INCLUDES PORTABLE CONTAINER, SUPPLY RESERVOIR, HUMIDIFIER, FLOWMETER, REFILL ADAPTER, CONTENTS GAUGE, CANNULA OR MASK & TUBING	28.19		
E0439*		STATIONARY LIQUID OXYGEN SYSTEM, RENTAL; INCLUDES USE OF RESERVOIR, CONTENTS (PER UNIT), REGULATOR, FLOWMETER, HUMIDIFIER, NEBULIZER, CANNULA OR MASK AND TUBING. 1 UNIT = 10LBS	193.81		
E0441		STATIONARY OXYGEN CONTENTS, GASEOUS, 1 MONTH'S SUPPLY = 1 UNIT		68.70	
E0442		STATIONARY OXYGEN CONTENTS, LIQUID, 1 MONTH'S SUPPLY = 1 UNIT		68.70	
E0443		PORTABLE OXYGEN CONTENTS, GASEOUS, 1 MONTH'S SUPPLY = 1 UNIT		16.17	
E0444		PORTABLE OXYGEN CONTENTS, LIQUID, 1 MONTH'S SUPPLY = 1 UNIT		16.17	
E1354*		OXYGEN ACCESSORY, WHEELED CART FOR PORTABLE CYLINDER OR PORTABLE CONCENTRATOR, ANY TYPE, REPLACEMENT ONLY, EACH		MANUALLY PRICED	
E1355		STAND/RACK		21.79	
E1356*		OXYGEN ACCESSORY, BATTERY PACK/CARTRIDGE FOR PORTABLE CONCENTRATOR, ANY TYPE, REPLACEMENT ONLY, EACH		MANUALLY PRICED	
E1357*		OXYGEN ACCESSORY, BATTERY CHARGER FOR PORTABLE CONCENTRATOR, ANY TYPE, REPLACEMENT ONLY, EACH		MANUALLY PRICED	
E1358*		OXYGEN ACCESSORY, DC ADAPTOR FOR PORTABLE CONCENTRATOR, ANY TYPE, REPLACEMENT ONLY, EACH		MANUALLY PRICED	
E1390*		OXYGEN CONCENTRATOR, CAPABLE OF DELIVERING 85 PERCENT OR GREATER OXYGEN CONCENTRATION AT THE THE PRESCRIBED RATE; <i>NOTE 1 - MODIFIERS QF & QG USED WITH MODIFIER RR WILL INCREASE REIMBURSEMENT TO 150% OF RATE (Used when prescribed amount of oxygen is greater than 4LPM)</i>	172.27		
E1392*		PORTABLE OXYGEN CONCENTRATOR	51.21		
K0738*		PORTABLE GASEOUS OXYGEN SYSTEM, RENTAL; HOME COMPRESSOR USED TO FILL PORTABLE OXYGEN CYLINDERS; INCLUDES PORTABLE CONTAINERS, REGULATOR, FLOWMETER, HUMIDIFIER, CANNULA OR MASK, AND TUBING	50.21		
S8120		OXYGEN CONTENTS, GASEOUS, 1 UNIT EQUALS 1 CUBIC FEET		0.29	
S8121		OXYGEN CONTENTS, LIQUID, 1 UNIT EQUALS 1 POUND		1.12	
W4001*		CO/2 SATURATION MONITOR WITH ACCESSORIES, PROBES	606.47		
		ENTERAL and ORAL NUTRITION PRODUCTS			
A9999		MISCELLANEOUS DME SUPPLY OR ACCESSORY, NOT OTHERWISE SPECIFIED - FARRELL VALVE ONLY (note A), EACH		8.48	11/1/2019
B4034		ENTERAL FEEDING SUPPLY KIT; SYRINGE FED, PER DAY INCLUDES BUT NOT LIMITED TO FEEDING/FLUSHING SYRINGE, ADMINISTRATION SET TUBING, DRESSINGS, TAPE		6.33	
B4035		ENTERAL FEEDING SUPPLY KIT; PUMP FED, PER DAY INCLUDES BUT NOT LIMITED TO FEEDING/FLUSHING SYRINGE, ADMINISTRATION SET TUBING, DRESSINGS, TAPE		11.07	
B4036		ENTERAL FEEDING SUPPLY KIT; GRAVITY FED, PER DAY INCLUDES BUT NOT LIMITED TO FEEDING/FLUSHING SYRINGE, ADMINISTRATION SET TUBING, DRESSINGS, TAPE		8.28	
B4081		NASOGASTRIC TUBING WITH STYLET, EACH		22.37	
B4082		NASOGASTRIC TUBING WITHOUT STYLET (note A), EACH		16.65	
B4083		STOMACH TUBING - LEVINE TYPE, EACH		2.55	
B4087		GASTROSTOMY/JEJUNOSTOMY TUBE, STANDARD, ANY MATERIAL, ANY TYPE , EACH		17.72	
B4088		GASTROSTOMY/JEJUNOSTOMY TUBE, LOW-PROFILE, ANY MATERIAL, ANY TYPE, EACH		135.92	
B4100		FOOD THICKENER, ADMINISTERED ORALLY, PER OZ.		0.55	
B4103		ENTERAL FORMULA FOR PEDIATRICS USED TO REPLACE FLUIDS AND ELECTROLYTES (E.S. CLEAR LIQUIDS), 500 ML = 1 UNIT		3.29	
B4104		ADDITIVE FOR ENTERAL FORMULA (E.G. FIBER) 1 OZ. = 1 UNIT		1.30	
B4149		ENTERAL FORMULA, MANUFACTURED BLENDERIZED NATURAL FOODS WITH INTACT NUTRIENTS, INCLUDES PROTEINS, FATS, CARBOHYDRATES, VITAMINS, MINERALS, MAY INCLUDE FIBER , ADMINISTERED THROUGH AN INTERNAL FEEDING TUBE, 100 CALORIES = 1 UNIT, EACH		1.62	

Note: * indicates that item requires prior approval
BOLD indicates Medicare is primary payor for this item

NC DIVISION OF HEALTH BENEFITS (NC MEDICAID)						
DURABLE MEDICAL EQUIPMENT						
Fee Schedule effective March 13, 2020						
Taxonomies: 332BC3200X, 332BD1200X, 332BP3500X, 332BX2000X Specialty: 087						
The inclusion of a rate on this table does not guarantee that a service is covered.						
Please refer to the Medicaid Billing Guide and the Medicaid and Health Choice Clinical Coverage Policies on the NC Medicaid website.						
HCPCS CODE	National Drug Code (NDC)	DESCRIPTION	MEDICAID MAXIMUM RENTAL	SFY 2018 NEW	SFY 2018 USED	EFFECTIVE
B4150		ENTERAL FORMULA, NUTRITIONALLY COMPLETE WITH INTACT NUTRIENTS, INCLUDES PROTEINS, FATS, CARBOHYDRATES, VITAMINS AND MINERALS, MAY INCLUDE FIBER, ADMINISTERED THROUGH AN ENTERAL FEEDING TUBE, 100 CALORIES = 1 UNIT, EACH		0.69		
B4152		ENTERAL FORMULA, NUTRITIONALLY COMPLETE, CALORICALLY DENSE (EQUAL TO OR GREATER THAN 1.5KCAL/ML) WITH INTACT NUTRIENTS, INCLUDES PROTEINS, FATS, CARBOHYDRATES, VITAMINS AND MINERALS, MAY INCLUDE FIBER, ADMINISTERED THROUGH AN ENTERAL FEEDING TUBE, 100 CAL=1 UNIT, EACH		0.57		
B4153		ENTERAL FORMULA, NUTRITIONALLY COMPLETE, HYDROLYZED PROTEINS (AMINO ACIDS AND PEPTIDE CHAIN), INCLUDES FATES, CARBOHYDRATES, VITAMINS AND MINERALS, MAY INCLUDE FIBER, ADMINISTERED THROUGH AN ENTERAL FEEDING TUBE, 100 CALORIES = 1 UNIT, EACH		1.97		
B4154		ENTERAL FORMULA, NUTRITIONALLY COMPLETE, FOR SPECIAL METABOLIC NEEDS, EXCLUDES INHERITED DISEASE OF METABOLISM, INCLUDES ALTERED COMPOSITION PROTEINS, FATS, CARBOHYDRATES, VITAMINS AND/OR MINERALS, MAY INCLUDE FIBER, ADMINISTERED THROUGH AN ENTERAL FEEDING TUBE, 100 CALORIES = 1 UNIT, EACH		1.42		
B4155		ENTERAL FORMULA NUTRITIONALLY INCOMPLETE/MODULAR NUTRIENTS, INCLUDES SPECIFIC NUTRIENTS, CARBOHYDRATES (E.G. MEDIUM CHAIN TRIGLYCERIDES) OR COMBINATION, ADMINISTERED THROUGH AN ENTERAL FEEDING TUBE, 100 CALORIES = 1 UNIT, EACH		2.55		
B4157		ENTERAL FORMULA, NUTRITIONALLY COMPLETE FOR SPECIAL METABOLIC NEEDS FOR INHERITED DISEASE OF METABOLISM , INCLUDES PROTEINS, FATS, CARBOHYDRATES, VITAMINS & MINERALS, MAY INCLUDE FIBER, ADMINISTERED THROUGH AN ENTERAL FEEDING TUBE, 100 CALORIES = 1 UNIT, EACH.		3.73		
B4158		ENTERAL FORMULA, FOR PEDIATRIC, NUTRITIONALLY COMPLETE WITH INTACT NUTRIENTS, INCLUDES PROTEINS, FATS, CARBOHYDRATES, VITAMINS & MINERALS, MAY INCLUDE FIBER, ADMINISTERED THROUGH AN ENTERAL FEEDING TUBE, 100 CALORIES = 1 UNIT, EACH		0.64		
B4159		ENTERAL FORMULA, FOR PEDIATRIC, NUTRITIONALLY COMPLETE SOY BASED WITH INTACT NUTRIENTS, INCLUDES PROTEINS, FATS, CARBOHYDRATES, VITAMINS & MINERALS, MAY INCLUDE FIBER AND/OR IRON, ADMINISTERED THROUGH AN ENTERAL FEEDING TUBE, 100 CALORIES = 1 UNIT, EACH		0.64		
B4160		ENTERAL FORMULA, FOR PEDIATRICS, NUTRITIONALLY COMPLETE CALORICALLY DENSE (EQUAL TO OR GREATER THAN 0.7 KCAL/ML) WITH INTACT NUTRIENTS, INCLUDES PROTEINS, FATS, CARBOHYDRATES, VITAMINS & MINERALS, MAY INCLUDE FIBER, ADMINISTERED THROUGH AN ENTERAL FEEDING TUBE, 100 CALORIES = 1 UNIT, EACH		0.55		
B4161		ENTERAL FORMULA, FOR PEDIATRIC, HYDROLYZED/AMINO ACIDS & PEPTIDE CHAIN PROTEINS, INCLUDES FATS, CARBOHYDRATES, VITAMINS & MINERALS, MAY INCLUDE FIBER, ADMINISTERED THROUGH AN ENTERAL FEEDING TUBE, 100 CALORIES = 1 UNIT, EACH		1.86		
B4162		ENTERAL FORMULA, FOR PEDIATRICS, SPECIAL METABOLIC NEEDS FOR INHERITED DISEASE OF METABOLISM, INCLUDES PROTEINS, FATS, CARBOHYDRATES, VITAMINS AND MINERALS, MAY INCLUDE FIBER, ADMINISTERED THROUGH AN ENTERAL FEEDING TUBE, 100 CALORIES = 1 UNIT, EACH		3.86		
S8265		HABERMAN FEEDER FOR CLEFT LIP / PALATE (1 BOTTLE / 1 NIPPLE = 1 UNIT)		28.11		
W4211*		LOW PROFILE GASTROSTOMY EXTENSION/REPLACEMENT KIT FOR CONTINUOUS FEEDING, EACH		9.63		
W4212*		LOW PROFILE GASTROSTOMY EXTENSION/REPLACEMENT KIT FOR BOLUS FEEDING, EACH		9.63		
DME RELATED SUPPLIES						
A4213		SYRINGE, STERILE, 20CC OR GREATER, EACH		1.11		
A4215		NEEDLE, STERILE, ANY SIZE, EACH		0.14		
A4217		STERILE WATER/SALINE, 500 ml, EACH		2.59		
A4230		INFUSION SET FOR EXTERNAL INSULIN PUMP, NON-NEEDLE CANNULA TYPE , EACH		15.02		
A4231		INFUSION SET FOR EXTERNAL INSULIN PUMP, NEEDLE TYPE, EACH		7.06		
A4233		Replacement Battery, Alkaline (other than J cell), for use with medically necessary home glucose monitor owned by patient, EACH		0.78		
A4234		Replacement Battery, Alkaline J cell, for use with medically necessary home glucose monitor owned by patient, EACH		3.53		
A4235		Replacement Battery, Lithium, for use with medically necessary home glucose monitor owned by patient, EACH		2.28		
A4236		Replacement Battery, silver oxide. for use with medically necessary home glucose monitor owned by patient, EACH		1.63		
A4244		ALCOHOL OR PEROXIDE, PER PINT, EACH		0.99		
A4246		BETADINE OR PHISOHEX SOLUTION, PER PINT, EACH		5.78		
A4250		URINE TEST OR REAGENT STRIPS OR TABLETS (100 TABLETS OR STRIPS), PER 100		25.85		
A4253*		NON-PREFERRED BRAND 50 CT TEST STRIPS		29.46		
A4253	65702-0407-10	ACCU-CHEK AVIVA PLUS 50 CT TEST STRIPS		79.63		
A4253	65702-0492-10	ACCU-CHEK SMARTVIEW 50 CT TEST STRIPS		79.63		
A4253	50924-0988-50	ACCU-CHEK COMPACT 51 CT TEST STRIPS		81.67		
A4253	65702-0711-10	ACCU-CHEK GUIDE 50 CT TEST STRIPS		21.56		
A4253	65702-0712-10	ACCU-CHEK GUIDE 100 CT TEST STRIPS		43.12		
A4256*		NON-PREFERRED BRAND CALIBRATOR SOLUTION/CHIPS, EACH		11.13		
A4256	65702-0107-10	ACCU-CHEK AVIVA GLUCOSE CONTROL SOLUTION (2 LEVELS)		11.13		
A4256	65702-0468-10	ACCU-CHEK COMPACT PLUS CLEAR GLUCOSE CONTROL SOLUTION (2 LEVELS)		11.13		
A4256	65702-0713-10	ACCU-CHEK GUIDE GLUCOSE CONTROL SOLUTION (2 LEVELS)		11.13		
A4256	65702-0488-10	ACCU-CHEK SMARTVIEW GLUCOSE CONTROL SOLUTION (2 LEVELS)		11.13		
A4258*		NON- PREFERRED BRAND SPRING-POWERED DEVICE FOR LANCET, EACH		17.55		
A4258	65702-0400-10	ACCU-CHEK SOFTCLIX LANCING DEVICE KIT (BLACK)		22.63		
A4258	65702-0481-10	ACCU-CHEK FASTCLIX LANCING DEVICE KIT		17.55		
A4259*		NON-PREFERRED BRAND LANCETS, 100 PER BOX		10.69		
A4259	50924-0450-01	ACCU-CHEK MULTICLIX 102 CT LANCETS		15.68		
A4259	50924-0971-10	ACCU-CHEK SOFTCLIX 100 CT LANCETS		13.93		
A4259	65702-0288-10	ACCU-CHEK FASTCLIX 102 CT LANCETS		13.68		
A4456		ADHESIVE REMOVER, WIPES, ANY TYPE, EACH		0.25		
A4483		MOISTURE EXCHANGER, DISPOSABLE FOR USE WITH INVASIVE MECHANICAL VENTILATION, EACH		6.26		

Note: * indicates that item requires prior approval
BOLD indicates Medicare is primary payor for this item

NC DIVISION OF HEALTH BENEFITS (NC MEDICAID)					
DURABLE MEDICAL EQUIPMENT					
Fee Schedule effective March 13, 2020					
Taxonomies: 332BC3200X, 332BD1200X, 332BP3500X, 332BX2000X Specialty: 087					
The inclusion of a rate on this table does not guarantee that a service is covered.					
Please refer to the Medicaid Billing Guide and the Medicaid and Health Choice Clinical Coverage Policies on the NC Medicaid website.					
HCPCS CODE	National Drug Code (NDC)	DESCRIPTION	MEDICAID MAXIMUM		EFFECTIVE
			RENTAL	SFY 2018 NEW USED	
A4556		ELECTRODES, (E.G. APNEA MONITOR), set of 2, SET		10.04	
A4557		LEAD WIRES, (E.G. APNEA MONITOR), SET		20.52	
A4595		TENS SUPPLIES, 2-LEAD, PER MONTH, EACH		28.02	
A4611		BATTERY, HEAVY DUTY; REPLACEMENT FOR PATIENT OWNED VENTILATOR, EACH		162.40	
A4612		BATTERY CABLES; REPLACEMENT FOR PATIENT OWNED VENTILATOR, EACH		77.74	
A4613		BATTERY CHARGER; REPLACEMENT FOR PATIENT OWNED VENTILATOR, EACH		119.22	
A4615		CANNULA, NASAL, EACH		0.81	
A4616		TUBING, OXYGEN, PER FOOT		0.07	
A4617		MOUHPIECE, EACH		3.49	
A4618		BREATHING CIRCUITS, EACH		7.35	
A4623		TRACHEOSTOMY, INNER CANNULA (REPLACEMENT ONLY), EACH		5.42	
A4624		TRACHEAL SUCTION CATHETER, ANY TYPE, EACH		2.18	
A4625		TRACHEOSTOMY CARE KIT FOR NEW TRACHEOSTOMY, EACH		5.73	
A4626		TRACHEOSTOMY CLEANING BRUSH, EACH		2.64	
A4627		SPACER, BAG or RESERVOIR, w/ or w/o mask, for use w/ metered dose inhaler (Inspirease or Aerochamber), EACH		36.43	
A4628		OROPHARYNGEAL SUCTION CATHETER, EACH		3.64	
A4629		TRACHEOSTOMY CARE KIT FOR ESTABLISHED TRACHEOSTOMY, EACH		4.50	
A4927		GLOVES, NON-STERILE, 100/BOX, PER BOX		11.29	
A4930		GLOVES, STERILE, PER PAIR		0.88	
A6257		TRANSPARENT FILM 16 SQ INCHES OR LESS EACH DRESSING (FOR USE WITH EXTERNAL INSULIN PUMP), EACH		1.49	
A6258		TRANSPARENT FILM MORE THAN 16 SQ INCHES BUT LESS THAN OR EQUAL TO 48 SQ INCHES EACH DRESSING (FOR USE WITH EXTERNAL INSULIN PUMP, EACH		4.18	
A6550		WOUND CARE SET FOR NEGATIVE PRESSURE WOUND THERAPY ELECTRICAL PUMP, INCLUDES ALL SUPPLIES AND ACCESSORIES, EACH		26.67	
A7000		CANISTER, DISPOSABLE, USED WITH SUCTION PUMP, EACH		9.11	
A7001		CANISTER, NON-DISPOSABLE, USED WITH SUCTION PUMP, EACH		27.90	
A7002		TUBING, USED WITH SUCTION PUMP, EACH		3.17	
A7003		ADMINISTRATION SET, SMALL VOLUME NON-FILTERED PNEUMATIC NEBULIZER, DISPOSABLE, EACH		2.60	
A7004		SMALL VOLUME NON-FILTERED PNEUMATIC NEBULIZER, DISPOSABLE, EACH		1.49	
A7005		ADMINISTRATION SET, WITH SMALL VOLUME NON-FILTERED PNEUMATIC NEBULIZER, NON-DISPOSABLE NEBULIZER, NON DISPOSABLE, EACH		25.49	
A7007		LARGE VOLUME NEBULIZER, DISPOSABLE, UNFILLED, USED WITH AEROSOL COMPRESSOR, EACH		4.15	
A7010		CORRUGATED TUBING, DISPOSABLE, USED WITH LARGE VOLUME NEBULIZER, 100 FEET, EACH		19.50	
A7012		WATER COLLECTION DEVICE, USED WITH LARGE VOLUME NEBULIZER, EACH		3.63	
A7013		FILTER, DISPOSABLE, USED WITH AEROSOL COMPRESSOR OR ULTRASONIC GENERATOR		0.69	
A7015		AEROSOL MASK USED WITH DME NEBULIZER, EACH		1.83	
A7025*		HIGH FREQUENCY CHEST WALL OSCILLATION SYSTEM VEST, REPLACEMENT FOR USE WITH PATIENT OWNED EQUIPMENT, EACH		423.00	
A7026*		HIGH FREQUENCY CHEST WALL OSCILLATION SYSTEM HOSE REPLACEMENT FOR USE WITH PATIENT OWNED EQUIPMENT, EACH		27.96	
A7030		FULL FACE MASK USED WITH POSITIVE AIRWAY PRESSURE DEVICE, EACH		183.46	
A7031		FULL FACE MASK INTERFACE, REPLACEMENT FOR FULL FACE MASK, EACH		67.85	
A7032		CUSHION FOR USE ON NASAL MASK INTERFACE, REPLACEMENT ONLY, EACH		39.42	
A7033		PILLOW FOR USE ON NASAL CANNULA TYPE INTERFACE, REPLACEMENT ONLY, PAIR		27.63	
A7034		NASAL INTERFACE (MASK OR CANNULA TYPE) USED WITH POSITIVE AIRWAY PRESSURE DEVICewith OR WITHOUT HEAD STRAP, EACH		114.42	
A7035		HEADGEAR, USED WITH POSITIVE AIRWAY PRESSURE DEVICE, EACH		34.78	
A7036		CHIN STRAP, USED WITH POSITIVE AIRWAY PRESSURE DEVICE, EACH		15.05	
A7037		TUBING, USED WITH POSITIVE AIRWAY PRESSURE DEVICE, EACH		38.40	
A7038		FILTER, DISPOSABLE, USED WITH AIRWAY PRESSURE DEVICE, EACH		5.15	
A7039		FILTER, NONDISPOSABLE, USED WITH POSITIVE AIRWAY PRESSURE DEVICE, EACH		12.67	
A7048		VACUUM DRAINAGE COLLECTION UNIT AND TUBING KIT, INCLUDING ALL SUPPLIES NEEDED FOR COLLECTION UNIT CHANGE, FOR USE WITH IMPLANTED CATHETER, EACH		48.98	10/1/2019
A7520		TRACHEOSTOMY OR LARYNGECTOMY TUBE, NON CUFFED, PVC, SILICONE OR EQUAL, EACH		46.18	
A7521		TRACHEOSTOMY/LARYNGECTOMY TUBE, CUFFED, POLYVINYLCHLORIDE (PVC), SILICONE OR EQUAL, EACH		45.76	
A7522		TRACHEOSTOMY/LARYNGECTOMY TUBE, STAINLESS STEEL OR EQUAL (STERILIZABLE AND REUSABLE), EACH		43.92	
A7525		TRACHEOSTOMY MASK, EACH		2.01	
A7526		TRACHEOSTOMY TUBE COLLAR/HOLDER, EACH		3.27	
A9274		EXTERNAL AMBULATORY INSULIN DELIVERY SYSTEM, DISPOSABLE, EACH, INCLUDES ALL SUPPLIES AND ACCESSORIES		33.56	
A9276*		SENSOR; INVASIVE (E.G. SUBCUTANEOUS), DISPOSABLE, FOR USE WITH INTERSTITIAL CONTINUOUS GLUCOSE MONITORING SYSTEM, ONE UNIT = 1 DAY SUPPLY		MANUALLY PRICED	
A9277*		TRANSMITTER; EXTERNAL, FOR USE WITH INTERSTITIAL CONTINUAL GLUCOSE MONITORING SYSTEM		MANUALLY PRICED	
A9278*		RECEIVER (MONITOR); EXTERNAL, FOR USE WITH INTERSTITIAL CONTINUAL GLUCOSE MONITORING SYSTEM		MANUALLY PRICED	
K0552		SUPPLIES FOR EXTERNAL INFUSION PUMP, SYRINGE TYPE CARTRIDGE, STERILE, EACH		2.54	
K0601		REPLACEMENT BATTERY FOR EXTERNAL INFUSION PUMP OWNED BY PATIENT, SILVER OXIDE, 1.5 VOLT, EACH		1.07	
K0602		REPLACEMENT BATTERY FOR EXTERNAL INFUSION PUMP OWNED BY PATIENT, SILVER OXIDE, 3 VOLT, EACH		6.18	
K0603		REPLACEMENT BATTERY FOR EXTERNAL INFUSION PUMP OWNED BY PATIENT, ALKALINE, 1.5 VOLT, EACH		0.55	
K0604		REPLACEMENT BATTERY FOR EXTERNAL INFUSION PUMP OWNEN BY PATIENT, LITHIUM, 3.6 VOLT, EACH		5.92	

Note: * indicates that item requires prior approval
BOLD indicates Medicare is primary payor for this item

NC DIVISION OF HEALTH BENEFITS (NC MEDICAID)						
DURABLE MEDICAL EQUIPMENT						
Fee Schedule effective March 13, 2020						
Taxonomies: 332BC3200X, 332BD1200X, 332BP3500X, 332BX2000X Specialty: 087						
The inclusion of a rate on this table does not guarantee that a service is covered.						
Please refer to the Medicaid Billing Guide and the Medicaid and Health Choice Clinical Coverage Policies on the NC Medicaid website.						
HCPCS CODE	National Drug Code (NDC)	DESCRIPTION	MEDICAID MAXIMUM SFY 2018			EFFECTIVE
			RENTAL	NEW	USED	
K0605		REPLACEMENT BATTERY FOR EXTERNAL INFUSION PUMP OWNED BY PATIENT, LITHIUM, 4.5 VOLT, EACH		14.20		
L8501		TRACHEOSTOMY SPEAKING VALVE, EACH		121.61		
S8490		INSULIN SYRINGES (100 SYRINGES per box, ANY SIZE), 1 UNIT = 1 BOX		29.51		
W4120*		DISPOSABLE BAGS FOR INSPIREASE INHALER SYSTEM, set of 3, EACH		12.09		
W4153*		TRACHEOSTOMY TIES, TWILL, EACH		0.31		
W4670*		STERILE SALINE, 3 CC VIAL, EACH		0.33		
W4678*		REPLACEMENT BATTERY FOR PORTABLE SUCTION PUMP ADAPTIC AND TRANSPARENT TYPE SUCH AS TEGADERM OR OPSITE for use with external insulin pump, EACH		73.42		
AUGMENTATIVE AND ALTERNATIVE COMMUNICATION DEVICES						
E2500		SPEECH GENERATING DEVICE, DIGITALIZED SPEECH, USING PRE-RECORDED MESSAGES, LESS THAN OR EQUAL TO 8 MINUTES RECORDING TIME	39.94	399.34	299.50	
E2502		SPEECH GENERATING DEVICE, DIGITALIZED SPEECH, USING PRE-RECORDED MESSAGES, MORE THAN 8 MINUTES BUT LESS THAN OR EQUAL TO 20 MINUTES RECORDING TIME	122.12	1221.13	915.85	
E2504		SPEECH GENERATING DEVICE, DIGITALIZED SPEECH, USING PRE-RECORDED MESSAGES, MORE THAN 20 MINUTES BUT LESS THAN OR EQUAL TO 40 MINUTES RECORDING TIME	161.10	1610.83	1208.10	
E2506		SPEECH GENERATING DEVICE, DIGITALIZED SPEECH, USING PRE-RECORDED MESSAGES, GREATER THAN 40 MINUTES RECORDING TIME	236.18	2361.95	1771.43	
E2508*		SPEECH GENERATING DEVICE, SYNTHESIZED SPEECH, REQUIRING MESSAGE FORMULATION BY SPELLING AND ACCESS BY PHYSICAL CONTACT WITH THE DEVICE	365.24	3652.36	2739.28	
E2510*		SPEECH GENERATING DEVICE, SYNTHESIZED SPEECH, PERMITTING MULTIPLE METHODS OF MESSAGE FORMULATION AND MULTIPLE METHODS OF DEVICE ACCESS	691.15	6911.60	5183.69	
E2511*		SPEECH GENERATING SOFTWARE PROGRAM FOR PERSONAL COMPUTER OR PERSONAL DIGITAL ASSISTANT		MANUALLY PRICED		
E2512		ACCESSORY FOR SPEECH GENERATING DEVICE, MOUNTING SYSTEM		MANUALLY PRICED		
E2599*		ACCESSORY FOR SPEECH GENERATING DEVICE, NOT OTHERWISE SPECIFIED		MANUALLY PRICED		
V5336*		REPAIR/MODIFICATION OF AUGMENTATIVE COMMUNICATION SYSTEM OR DEVICE (EXCLUDES ADAPTIVE HEARING AID)		11.81		
EQUIPMENT SERVICE AND REPAIR						
K0739*		REPAIR OR NON-ROUTINE SERVICE FOR DME EQUIPMENT REQUIRING THE SKILL OF A TECHNICIAN, LABOR COMPONENT 15 MIN, EACH		11.81		
INDIVIDUALLY PRICED						
E0784*		EXTERNAL AMBULATORY INFUSION PUMP, INSULIN	406.11	MANUALLY PRICED		
INCONTINENCE, OSTOMY AND URINARY SUPPLIES						
A4310		INSERTION TRAY WITHOUT DRAINAGE BAG AND WITHOUT CATHETER (ACCESSORIES ONLY)		6.75		
A4311		INSERTION TRAY WITHOUT DRAINAGE BAG AND WITH INDWELLING CATHETER, FOLEY TYPE, 2-WAY LATEX WITH COATING (TEFLON, SILICONE, SILICONE ELASTOMER OR HYDROPHILIC, ETC.)		15.27		
A4313		INSERTION TRAY WITHOUT DRAINAGE BAG AND WITH INDWELLING CATHETER, FOLEY TYPE, 3-WAY FOR CONTINUOUS IRRIGATION		19.06		
A4314		INSERTION TRAY WITH DRAINAGE BAG AND WITH INDWELLING CATHETER, FOLEY TYPE, 2-WAY LATEX WITH COATING (TEFLON, SILICONE, SILICONE ELASTOMER OR HYDROPHILIC, ETC.)		26.02		
A4316		INSERTION TRAY WITH DRAINAGE BAG AND WITH INDWELLING CATHETER, FOLEY TYPE, 3-WAY FOR CONTINUOUS IRRIGATION		29.22		
A4320		IRRIGATION TRAY WITH BULB OR PISTON SYRINGE, ANY PURPOSE		4.66		
A4321		THERAPEUTIC AGENT FOR URINARY CATHETER IRRIGATION		6.95		
A4322		IRRIGATION SYRINGE, BULB, OR PISTON, EACH		3.02		
A4328		FEMALE EXTERNAL URINARY COLLECTION DEVICE; POUCH, EACH		10.54		
A4331		EXTENSION DRAINAGE TUBING, ANY TYPE, ANY LENGTH, WITH CONNECTOR/ADAPTOR, FOR USE WITH URINARY LEG BAG OR UROSTOMY POUCH, EACH		3.27		
A4334		URINARY CATHETER ANCHORING DEVICE, LEG STRAP, EACH		5.08		
A4335		INCONTINENCE SUPPLY; MISCELLANEOUS		4.07		
A4338		INDWELLING CATHETER; FOLEY TYPE, 2-WAY LATEX WITH COATING (TEFLON, SILICONE, SILICONE ELASTOMER OR HYDROPHILIC, ETC.) EACH		11.18		
A4340		INDWELLING CATHETER; SPECIALTY TYPE, (e.g. COUDE, MUSHROOM, WING, ETC.), EACH		27.77		
A4344		INDWELLING CATHETER; FOLEY TYPE, 2-WAY, ALL SILICONE, EACH		14.77		
A4349		MALE, EXTERNAL CATHETER, WITH OR WITHOUT ADHESIVE, DISPOSABLE, EACH		2.08		
A4351		INTERMITTENT URINARY CATHETER, STRAIGHT TIP, WITH OR WITHOUT COATING (TEFLON, SILICONE, SILICONE ELASTOMER OR HYDROPHILIC, ETC.) EACH		1.59		
A4352		INTERMITTENT URINARY CATHETER, COUGE (CURVED) TIP, WITH OR WITHOUT COATING (TEFLON, SILICONE, SILICONE ELASTOMER OR HYDROPHILIC, ETC.) EACH		6.12		
A4353		INTERMITTENT URINARY CATHETER, WITH INSERTION SUPPLIES		7.20		
A4354		INSERTION TRAY WITH DRAINAGE BAG BUT WITHOUT CATHETER		12.14		
A4357		BEDSIDE DRAINAGE BAG, DAY OR NIGHT, WITH OR WITHOUT ANTI-REFLUX DEVICE, WITH OR WITHOUT TUBE, EACH		9.99		
A4358		URINARY DRAINAGE BAG, LEG OR ABDOMEN, VINYL, WITH OR WITHOUT TUBE, WITH STRAPS, EACH		6.82		
A4361		OSTOMY FACEPLATE, EACH		17.82		
A4362		SKIN BARRIER; SOLID, 4X4 OR EQUIVALENT; EACH		3.56		
A4364		ADHESIVE LIQUID, OR EQUAL, ANY TYPE, PER OZ		5.85		
A4367		OSTOMY BELT, EACH		6.43		
A4368		OSTOMY FILTER, ANY TYPE, EACH		0.25		
A4369		OSTOMY SKIN BARRIER, LIQUID (SPRAY, BRUSH, ETC.) PER OZ.		3.88		
A4371		OSTOMY SKIN BARRIER, POWDER, PER OZ.		6.79		
A4372		OSTOMY SKIN BARRIER; SOLID, 4X4 OR EQUIVALENT, STANDARD WEAR, WITH BUILT-IN CONVEXITY, EACH		4.30		
A4373		OSTOMY SKIN BARRIER WITH FLANGE (SOLID, FLEXIBLE OR ACCORDIAN), WITH BUILT-IN CONVEXITY, ANY SIZE, EACH		6.46		
A4375		OSTOMY POUCH, DRAINABLE, WITH FACEPLATE ATTACHED, PLASTIC, EACH		17.68		

Note: * indicates that item requires prior approval
BOLD indicates Medicare is primary payor for this item

NC DIVISION OF HEALTH BENEFITS (NC MEDICAID)						
DURABLE MEDICAL EQUIPMENT						
Fee Schedule effective March 13, 2020						
Taxonomies: 332BC3200X, 332BD1200X, 332BP3500X, 332BX2000X Specialty: 087						
The inclusion of a rate on this table does not guarantee that a service is covered.						
Please refer to the Medicaid Billing Guide and the Medicaid and Health Choice Clinical Coverage Policies on the NC Medicaid website.						
HCPCS CODE	National Drug Code (NDC)	DESCRIPTION	MEDICAID MAXIMUM SFY 2018			EFFECTIVE
			RENTAL	NEW	USED	
A4376		OSTOMY POUCH, DRAINABLE, WITH FACEPLATE ATTACHED, RUBBER, EACH		46.16		
A4377		OSTOMY POUCH, DRAINABLE, FOR USE ON FACEPLATE, PLASTIC, EACH		4.41		
A4378		OSTOMY POUCH, DRAINABLE, FOR USE ON FACEPLATE, RUBBER, EACH		29.83		
A4379		OSTOMY POUCH, URINARY, WITH FACEPLATE ATTACHED, PLASTIC, EACH		15.45		
A4380		OSTOMY POUCH, URINARY, WITH FACEPLATE ATTACHED, RUBBER, EACH		36.21		
A4381		OSTOMY POUCH, URINARY, FOR USE ON FACEPLATE, PLASTIC, EACH		4.74		
A4382		OSTOMY POUCH, URINARY, FOR USE ON FACEPLATE, HEAVY PLASTIC, EACH		23.88		
A4383		OSTOMY POUCH, URINARY, FOR USE ON FACEPLATE, RUBBER, EACH		27.35		
A4384		OSTOMY FACEPLATE EQUIVALENT, SILICONE RING, EACH		9.33		
A4385		OSTOMY SKIN BARRIER, SOLID 4X4 OR EQUIVALENT, EXTENDED WEAR, WITHOUT BUILT-IN CONVEXITY, EACH		5.25		
A4388		OSTOMY POUCH, DRAINABLE, WITH EXTENDED WEAR BARRIER ATTACHED, (1 PIECE), EACH		4.49		
A4389		OSTOMY POUCH, DRAINABLE, WITH BARRIER ATTACHED, WITH BUILT-IN CONVEXITY (1 PIECE), EACH		6.03		
A4390		OSTOMY POUCH, DRAINABLE, WITH EXTENDED WEAR BARRIER ATTACHED, WITH BUILT-IN CONVEXITY (1 PIECE), EACH		9.89		
A4391		OSTOMY POUCH, URINARY, WITH EXTENDED WEAR BARRIER ATTACHED, (1 PIECE), EACH		6.85		
A4392		OSTOMY POUCH, URINARY, WITH STANDARD WEAR BARRIER ATTACHED, WITH BUILT-IN CONVEXITY (1 PIECE), EACH		7.94		
A4393		OSTOMY POUCH, URINARY, WITH EXTENDED WEAR BARRIER ATTACHED, WITH BUILT-IN CONVEXITY (1 PIECE), EACH		8.77		
A4394		OSTOMY DEODORANT, WITH OR WITHOUT LUBRICANT, FOR USE IN OSTOMY POUCH, PER FL. OZ.		2.66		
A4395		OSTOMY DEODORANT, FOR USE IN OSTOMY POUCH, SOLID, PER TABLET		0.05		
A4397		IRRIGATION SUPPLY; SLEEVE, EACH		3.99		
A4398		OSTOMY IRRIGATION SUPPLY; BAG, EACH		14.21		
A4399		OSTOMY IRRIGATION SUPPLY; CONE / CATHETER, WITH OR WITHOUT BRUSH		12.50		
A4400		OSTOMY IRRIGATION SET		42.74		
A4402		LUBRICANT, PER OZ.		1.32		
A4404		OSTOMY RING, EACH		1.47		
A4405		OSTOMY SKIN BARRIER, NONPECTIN-BASED, PASTE, PER OZ.		4.17		
A4406		OSTOMY SKIN BARRIER, PECTIN-BASED, PASTE, PER OZ.		6.17		
A4407		OSTOMY SKIN BARRIER, WITH FLANGE (SOLID, FLEXIBLE, OR ACCORDIAN), EXTENDED WEAR, WITH BUILT-IN CONVEXITY, 4X4 IN. OR SMALLER, EACH		8.64		
A4408		OSTOMY SKIN BARRIER, WITH FLANGE (SOLID, FLEXIBLE, OR ACCORDIAN), EXTENDED WEAR, WITH BUILT-IN CONVEXITY, LARGER THAN 4X4 IN. EACH		10.15		
A4409		OSTOMY SKIN BARRIER, WITH FLANGE (SOLID, FLEXIBLE, OR ACCORDIAN), EXTENDED WEAR, WITHOUT BUILT-IN CONVEXITY, 4X4 IN. OR SMALLER, EACH		6.40		
A4410		OSTOMY SKIN BARRIER, WITH FLANGE (SOLID, FLEXIBLE, OR ACCORDIAN), EXTENDED WEAR, WITHOUT BUILT-IN CONVEXITY, LARGER THAN 4X4 IN. EACH		8.86		
A4411		OSTOMY SKIN BARRIER, SOLID 4X4 OR EQUIVALENT, EXTENDED WEAR, WITH BUILT-IN CONVEXITY		5.25		
A4414		OSTOMY SKIN BARRIER, WITH FLANGE (SOLID, FLEXIBLE, OR ACCORDIAN), WITHOUT BUILT-IN CONVEXITY, 4X4 IN. OR SMALLER, EACH		5.08		
A4415		OSTOMY SKIN BARRIER, WITH FLANGE (SOLID, FLEXIBLE, OR ACCORDIAN), WITHOUT BUILT-IN CONVEXITY, LARGER THAN 4X4 IN. EACH		6.17		
A4416		OSTOMY POUCH, CLOSED, WITH BARRIER ATTACHED, WITH FILTER (1-PIECE), EACH		2.83		
A4417		OSTOMY POUCH, CLOSED, WITH BARRIER ATTACHED, WITH BUILT-IN CONVEXITY, WITH FILTER (1-PIECE), EACH		3.83		
A4418		OSTOMY POUCH, CLOSED, WITHOUT BARRIER ATTACHED, WITH FILTER (1-PIECE), EACH		1.86		
A4419		OSTOMY POUCH, CLOSED, FOR USE ON BARRIER WITH NONLOCKING FLANGE, WITH FILTER (2-PIECE), EACH		1.79		
A4423		OSTOMY POUCH, CLOSED, FOR USE ON BARRIER WITH LOCKING FLANGE, WITH FILTER (2-PIECE), EACH		1.91		
A4424		OSTOMY POUCH, DRAINABLE, WITH BARRIER ATTACHED, WITH FILTER (1-PIECE), EACH		4.89		
A4425		OSTOMY POUCH, DRAINABLE; FOR USE ON BARRIER WITH NONLOCKING FLANGE, WITH FILTER (2-PIECE), EACH		3.68		
A4426		OSTOMY POUCH, DRAINABLE; FOR USE ON BARRIER WITH LOCKING FLANGE, WITH FILTER (2-PIECE), EACH		2.81		
A4427		OSTOMY POUCH, DRAINABLE, FOR USE ON BARRIER WITH LOCKING FLANGE, (2-PIECE SYSTEM), EACH		2.86		
A4428		OSTOMY POUCH, URINARY, WITH EXTENDED WEAR BARRIER ATTACHED, WITH FAUCET-TYPE TAP WITH VALVE (1-PIECE), EACH		6.70		
A4429		OSTOMY POUCH, URINARY, WITH BARRIER ATTACHED, WITH BUILT-IN CONVEXITY, WITH FAUCET-TYPE TAP WITH VALVE (1-PIECE), EACH		8.49		
A4430		OSTOMY POUCH, URINARY, WITH EXTENDED WEAR BARRIER ATTACHED, WITH BUILT-IN CONVEXITY, WITH FAUCET-TYPE TAP WITH VALVE (1-PIECE), EACH		8.77		
A4431		OSTOMY POUCH, URINARY, WITH BARRIER ATTACHED, WITH FAUCET-TYPE TAP WITH VALVE (1-PIECE), EACH		6.40		
A4432		OSTOMY POUCH, URINARY; FOR USE ON BARRIER WITH NONLOCKING FLANGE, WITH FAUCET-TYPE TAP WITH VALVE (2-PIECE), EACH		3.69		
A4433		OSTOMY POUCH, URINARY; FOR USE ON BARRIER WITH LOCKING FLANGE (2-PIECE), EACH		3.44		
A4435		OSTOMY POUCH, DRAINABLE, HIGH OUTPUT, WITH EXTENDED BARRIER (ONE PIECE SYSTEM), WITH OR WITHOUT FILTER, EACH		6.13		
A4450		TAPE, NONWATERPROOF, PER 18 SQ IN		0.09		
A4452		TAPE, WATERPROOF, PER 18 SQ IN		0.37		
A4455		ADHESIVE REMOVER OR SOLVENT (FOR TAPE, CEMENT, OR OTHER ADHESIVE), PER OZ.		3.76		
A4554		DISPOSABLE UNDERPADS ALL SIZES		0.43		
A5051		OSTOMY POUCH, CLOSED; WITH BARRIER ATTACHED (1-PIECE), EACH		2.70		
A5052		OSTOMY POUCH, CLOSED; WITHOUT BARRIER ATTACHED (1-PIECE), EACH		1.67		
A5053		OSTOMY POUCH, CLOSED; FOR USE ON FACEPLATE, EACH		1.44		
A5054		OSTOMY POUCH, CLOSED; FOR USE ON BARRIER WITH FLANGE (2-PIECE) EACH		1.69		
A5055		STOMA CAP		1.29		

Note: * indicates that item requires prior approval
BOLD indicates Medicare is primary payor for this item

NC DIVISION OF HEALTH BENEFITS (NC MEDICAID)					
DURABLE MEDICAL EQUIPMENT					
Fee Schedule effective March 13, 2020					
Taxonomies: 332BC3200X, 332BD1200X, 332BP3500X, 332BX2000X Specialty: 087					
The inclusion of a rate on this table does not guarantee that a service is covered.					
Please refer to the Medicaid Billing Guide and the Medicaid and Health Choice Clinical Coverage Policies on the NC Medicaid website.					
HCPCS CODE	National Drug Code (NDC)	DESCRIPTION	MEDICAID MAXIMUM		EFFECTIVE
			RENTAL	SFY 2018 NEW USED	
A5056		OSTOMY POUCH, DRAINABLE, WITH EXTENDED WEAR BARRIER ATTACHED, WITH FILTER, (1 PIECE), EACH		4.93	
A5057		OSTOMY POUCH, DRAINABLE, WITH EXTENDED WEAR BARRIER ATTACHED WITH BUILT IN CONVEXITY, WITH FILTER, (1 PIECE), EACH		10.16	
A5061		OSTOMY POUCH, DRAINABLE; WITH BARRIER ATTACHED (1-PIECE), EACH		4.14	
A5062		OSTOMY POUCH, DRAINABLE; WITHOUT BARRIER ATTACHED (1-PIECE), EACH		2.45	
A5063		OSTOMY POUCH, DRAINABLE; FOR USE ON BARRIER WITH FLANGE (2-PIECE SYSTEM) EACH		3.01	
A5071		OSTOMY POUCH, URINARY; WITH BARRIER ATTACHED (1-PIECE), EACH		4.69	
A5072		OSTOMY POUCH, URINARY; WITHOUT BARRIER ATTACHED (1-PIECE), EACH		3.40	
A5073		OSTOMY POUCH, URINARY; FOR USE ON BARRIER WITH FLANGE (2-PIECE SYSTEM) EACH		3.12	
A5093		OSTOMY ACCESSORY, CONVEX INSERT		1.61	
A5102		BEDSIDE DRAINAGE BOTTLE WITH OR WITHOUT TUBE, EACH		21.90	
A5120		SKIN BARRIER, WIPES OR SWABS, EACH		0.25	
A5121		SKIN BARRIER, SOLID 6X6 OR EQUIVALENT, EACH		8.79	
A5122		SKIN BARRIER, SOLID 8X8 OR EQUIVALENT, EACH		12.29	
A5126		ADHESIVE OR NONADHESIVE; DISK OR FOAM PAD		1.10	
A5131		APPLIANCE CLEANER, INCONTINENCE AND OSTOMY APPLIANCES, PER 16 OZ		14.03	
A6216		GAUZE, NONIMPREGNATED, NONSTERILE, PAD SIZE 16 SQ IN OR LESS, WITHOUT ADHESIVE BORDER, EACH DRESSING		0.05	
T4521		ADULT SIZE DISPOSABLE INCONTINENCE PRODUCT, BRIEF / DIAPER, SMALL, EACH		0.74	
T4522		ADULT SIZE DISPOSABLE INCONTINENCE PRODUCT, BRIEF / DIAPER, MEDIUM, EACH		0.78	
T4523		ADULT SIZE DISPOSABLE INCONTINENCE PRODUCT, BRIEF / DIAPER, LARGE, EACH		0.86	
T4524		ADULT SIZE DISPOSABLE INCONTINENCE PRODUCT, BRIEF / DIAPER, EXTRA LARGE, EACH		0.86	
T4525		ADULT SIZE DISPOSABLE INCONTINENCE PRODUCT, PROTECTIVE UNDERWEAR/PULL ON, SMALL, EACH		0.76	
T4526		ADULT SIZE DISPOSABLE INCONTINENCE PRODUCT, PROTECTIVE UNDERWEAR/PULL ON, MEDIUM, EACH		0.78	
T4527		ADULT SIZE DISPOSABLE INCONTINENCE PRODUCT, PROTECTIVE UNDERWEAR/PULL ON, LARGE, EACH		0.86	
T4528		ADULT SIZE DISPOSABLE INCONTINENCE PRODUCT, PROTECTIVE UNDERWEAR/PULL ON, EXTRA LARGE, EACH		0.86	
T4529		PEDIATRIC SIZE DISPOSABLE INCONTINENCE PRODUCT, BRIEF / DIAPER, SMALL / MEDIUM, EACH		0.49	
T4530		PEDIATRIC SIZE DISPOSABLE INCONTINENCE PRODUCT, BRIEF / DIAPER, LARGE, EACH		0.55	
T4531		PEDIATRIC SIZE DISPOSABLE INCONTINENCE PRODUCT, PROTECTIVE UNDERWEAR/PULL ON, SMALL/MEDIUM, EACH		0.70	
T4532		PEDIATRIC SIZE DISPOSABLE INCONTINENCE PRODUCT, PROTECTIVE UNDERWEAR/PULL ON, LARGE, EACH		0.85	
T4533		YOUTH SIZE DISPOSABLE INCONTINENCE PRODUCT, BRIEF / DIAPER, EACH		0.67	
T4534		YOUTH SIZE DISPOSABLE INCONTINENCE PRODUCT, PROTECTIVE UNDERWEAR/PULL ON, EACH		0.84	
T4543		ADULT SIZE DISPOSABLE INCONTINENCE PRODUCT, BRIEF / DIAPER, BARIATRIC, XXL, EACH		1.29	
T4544		ADULT SIZE DISPOSABLE INCONTINENCE PRODUCT, PROTECTIVE UNDERWEAR/PULL ON, ABOVE EXTRA LARGE, EACH		1.29	
		Providers are reminded to bill their usual and customary rates. Do not automatically bill the established maximum reimbursement rate listed.			
		Payment will be the lesser of the billed usual and customary rate or the maximum reimbursement rate.			
		Note: * indicates that item requires prior approval			
		BOLD indicates Medicare is primary payer for this item			

Note: * indicates that item requires prior approval
BOLD indicates Medicare is primary payor for this item