

NC DIVISION OF MEDICAL ASSISTANCE  
**MEDICAID DURABLE MEDICAL EQUIPMENT - FEE SCHEDULE**  
**EFFECTIVE JANUARY 1, 2010**

HPCPS		MEDICAID MAXIMUM SFY2010		
CODE	DESCRIPTION	RENTAL	NEW	USED
	<b><u>INEXPENSIVE OR ROUTINELY PURCHASED ITEMS</u></b>			
A4635	UNDERARM PAD, CRUTCH, REPLACEMENT, EACH	0.61	4.54	3.01
A4636	REPLACEMENT, HANDGRIP, CANE, CRUTCH, OR WALKER, EACH	0.33	3.26	2.45
A4637	REPLACEMENT TIP, CANE, CRUTCH, WALKER, EACH		2.11	
A4640	REPLACEMENT PAD FOR USE WITH MEDICALLY NECESSARY ALTERNATING PRESSURE PAD OWNED BY PATIENT		56.64	
E0100	CANE, INCLUDES CANES OF ALL MATERIALS, ADJUSTABLE OR FIXED, WITH TIP		17.77	13.71
E0105	CANE, QUAD OR THREE PRONG, INCLUDES CANES OF ALL MATERIALS, ADJUSTABLE OR FIXED, WITH TIPS		47.22	35.41
E0110	CRUTCHES, FOREARM, INCLUDES CRUTCHES OF VARIOUS MATERIALS, ADJUSTABLE OR FIXED, PAIR, WITH TIPS AND HAND GRIPS		74.26	55.71
E0111	CRUTCH, FOREARM, INCLUDES CRUTCHES OF VARIOUS MATERIALS, ADJUSTABLE OR FIXED, EACH, WITH TIP AND HANDGRIPS		44.93	34.55
E0112	CRUTCHES UNDERARM, WOOD, ADJUSTABLE OR FIXED, PAIR, WITH PADS, TIPS AND HANDGRIPS		33.36	25.01
E0113	CRUTCH, UNDERARM, WOOD, ADJUSTABLE OR FIXED, EACH, WITH PAD, TIP, AND HANDGRIP	4.57	18.72	14.04
E0114	CRUTCHES UNDERARM, ALUMINUM, ADJUSTABLE OR FIXED, PAIR, WITH PADS, TIPS AND HANDGRIPS		39.81	30.09
E0118*	CRUTCH SUBSTITUTE, LOWER LEG PLATFORM, WITH OR WITHOUT WHEELS, EACH	MANUALLY PRICED		
E0130	WALKER, RIGID (PICKUP), ADJUSTABLE OR FIXED HEIGHT		65.59	49.19
E0135	WALKER, FOLDING (PICKUP), ADJUSTABLE OR FIXED HEIGHT		83.20	63.83
E0141	WALKER, RIGID, WHEELED, ADJUSTABLE OR FIXED HEIGHT		114.41	85.81
E0143	WALKER, FOLDING, WHEELED, ADJUSTABLE OR FIXED HEIGHT		105.28	75.90
E0148	WALKER HEAVY DUTY, WITHOUT WHEELS, RIGID OR FOLDING ANY TYPE, EACH		139.18	113.77
E0149	WALKER, HEAVY DUTY, WHEELED, RIGID OR FOLDING, ANY TYPE, EACH		225.36	169.03
E0154	PLATFORM ATTACHMENT, WALKER, EACH		69.97	53.16
E0155	WHEEL ATTACHMENT, RIGID PICK-UP WALKER, PER PAIR	2.94	24.10	18.36
E0156	SEAT ATTACHMENT, WALKER	2.58	21.24	15.93
E0158	LEG EXTENSIONS FOR WALKER, PER SET OF FOUR (4)	2.74	27.30	20.46
E0199	DRY PRESSURE PAD FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH		27.03	20.27
E0240	BATH/SHOWER CHAIR, WITH OR WITHOUT WHEELS, ANY SIZE		68.66	51.50
E0244	RAISED TOILET SEAT (clamp-on type)		81.04	60.77
E0247	TRANSFER BENCH FOR TUB OR TOILET WITH OR WITHOUT COMMODE OPENING		97.47	73.10
E0248	TRANSFER BENCH, HEAVY DUTY, FOR TUB OR TOILET WITH OR WITHOUT COMMODE OPENING		265.70	199.27
E0271	MATTRESS, INNERSPRING		220.35	170.15
E0272	MATTRESS, FOAM RUBBER		200.83	149.90
E0276	BED PAN, FRACTURE, METAL OR PLASTIC		11.22	8.77
E0280	BED CRADLE, ANY TYPE		32.22	24.16
E0305	BED SIDE RAILS, HALF LENGTH		151.55	113.67
E0310	BED SIDE RAILS, FULL LENGTH		176.52	134.67
E0325	URINAL; MALE, JUG-TYPE, ANY MATERIAL		8.52	5.65
E0326	URINAL; FEMALE, JUG-TYPE, ANY MATERIAL		8.86	6.64
E0607	HOME BLOOD GLUCOSE MONITOR		66.31	49.72
E0621	SLING OR SEAT, PATIENT LIFT, CANVAS OR NYLON		83.50	62.64
E0840	TRACTION FRAME, ATTACHED TO HEADBOARD, CERVICAL TRACTION		61.82	46.34
E0860	TRACTION EQUIPMENT, OVERDOOR, CERVICAL		33.71	25.29
E0890	TRACTION FRAME, ATTACHED TO FOOTBOARD, PELVIC TRACTION		101.57	78.06
E0980	SAFETY VEST, WHEELCHAIR		27.89	20.80
S5560	INSULIN DELIVERY DEVICE, REUSABLE PEN: 1.5 ML SIZE		56.95	0.00
S5561	INSULIN DELIVERY DEVICE, REUSABLE PEN: 3 ML SIZE		56.95	0.00
W4002*	MANUAL VENTILATION BAG (e.g. AMBU BAG)		180.61	135.45
W4016*	BATH SEAT, PEDIATRIC (e.g. TLC)		425.87	319.40
W4633*	EGGCRATE MATTRESS PAD		20.28	
W4688*	SINGLE POINT CANE FOR WEIGHTS 251# TO 500#		27.20	20.40
W4689*	QUAD CANE FOR WEIGHTS 251# TO 500#		67.25	50.43
W4690*	CRUTCHES FOR WEIGHTS 251# TO 500#		170.56	127.93
W4691*	FIXED-HEIGHT FOREARM CRUTCHES FOR WEIGHTS TO 600#		426.70	320.03
W4695*	GLIDES/SKIS FOR USE WITH WALKER		31.99	
W4733*	REPLACEMENT OVERSIZED INNERSPRING MATTRESS FOR HOSPITAL BED W/ WIDTH TO 39"		346.69	260.03
W4734*	REPLACEMENT OVERSIZED INNERSPRING MATTRESS FOR HOSPITAL BED W/ WIDTH TO 48"		426.70	320.02
W4735*	REPLACEMENT OVERSIZED INNERSPRING MATTRESS FOR HOSPITAL BED W/ WIDTH TO 54"		437.37	328.03
W4736*	REPLACEMENT OVERSIZED INNERSPRING MATTRESS FOR HOSPITAL BED W/ WIDTH TO 60"		458.71	344.04
	<b><u>CAPPED RENTAL/PURCHASED EQUIPMENT</u></b>			
B9002	ENTERAL PUMP, WITH ALARM	125.40	1294.66	970.98
B9004	PARENTERAL INFUSION PUMP - PORTABLE	408.83	2582.46	1936.85
B9006	PARENTERAL INFUSION PUMP - STATIONARY	408.83	2582.46	1936.85
E0163	COMMODE CHAIR, MOBILE OR STATIONARY, WITH FIXED ARMS	9.59	93.44	71.74

Note: \* indicates that item requires prior approval

**BOLD** indicates Medicare is primary payor for this item

NC DIVISION OF MEDICAL ASSISTANCE  
**MEDICAID DURABLE MEDICAL EQUIPMENT - FEE SCHEDULE**  
**EFFECTIVE JANUARY 1, 2010**

HCPCS CODE	DESCRIPTION	MEDICAID MAXIMUM SFY2010		
		RENTAL	NEW	USED
E0165	COMMODE CHAIR, MOBILE OR STATIONARY, WITH DETACHABLE ARMS	15.67	156.70	117.53
E0167	PAIL OR PAN FOR USE WITH COMODE CHAIR, REPLACEMENT ONLY		11.47	
E0168	COMMODE CHAIR, EXTRA WIDE AND/OR HEAVY DUTY, STATIONARY OR MOBILE WITH OR WITHOUT ARMS, ANY TYPE EACH	49.62	496.20	372.15
E0181	POWERED PRESSURE REDUCING MATTRESS OVERLAY/PAD, ALTERNATING WITH PUMP, INCLUDES HEAVY DUTY	21.07	210.62	157.96
E0182	PUMP FOR ALTERNATING PRESSURE PAD, FOR REPLACEMENT ONLY	22.08	220.81	165.61
E0184	DRY PRESSURE MATTRESS	19.98	193.22	148.19
E0185	GEL OR GEL-LIKE PRESSURE PAD FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	41.26	317.43	243.61
E0186	AIR PRESSURE MATTRESS	10.68	106.82	80.11
E0187	WATER PRESSURE MATTRESS	15.02	150.24	112.69
E0193*	POWERED AIR FLOTATION BED (LOW AIR LOSS THERAPY)	896.59	8965.94	6724.45
E0196	GEL PRESSURE MATTRESS	32.24	322.43	241.83
E0197	AIR PRESSURE PAD FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	25.48	186.91	162.28
E0198	WATER PRESSURE PAD FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	21.69	216.88	162.66
E0235	PARAFFIN BATH UNIT, PORTABLE	16.35	163.55	122.66
E0250*	HOSPITAL BED, FIXED HEIGHT, WITH ANY TYPE SIDE RAILS, WITH MATTRESS	90.60	905.96	679.48
E0255*	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITH ANY TYPE SIDE RAILS, WITH MATTRESS	104.59	1045.89	784.42
E0260*	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT) WITH ANY TYPE SIDE RAILS, WITH MATTRESS	127.12	1271.20	953.40
E0265*	HOSPITAL BED, TOTAL ELECTRIC (HEAD, FOOT AND HEIGHT ADJUSTMENTS), WITH ANY TYPE SIDE RAILS, WITH MATTRESS	198.36	1983.61	1487.71
E0277*	POWERED PRESSURE-REDUCING AIR MATTRESS	698.12	6981.24	5235.93
E0303*	HOSPITAL BED HEAVY DUTY , EXTRA WIDE FOR WEIGHTS 350 LBS BUT LESS THAN 600 LBS W/ MATTRESS AND ANY TYPE SIDE RAILS	439.32	6387.48	4032.92
E0304*	HOSPITAL BED, EXTRA HEAVY DUTY FOR WEIGHT CAPACITY GREATER THAN 600 LBS W/ MATTRESS AND ANY TYPE SIDE RAILS	773.02	7750.29	5844.07
E0371*	NONPOWERED ADVANCED PRESSURE REDUCING OVERLAY FOR MATTRESS	441.10	4411.02	3308.26
E0372*	POWERED AIR OVERLAY FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	535.24	5352.41	4014.31
E0373*	NONPOWERED ADVANCED PRESSURE REDUCING MATTRESS	609.80	6098.00	4573.51
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	232.22	2322.00	1741.50
E0480*	PERCUSSOR, ELECTRIC OR PNEUMATIC, HOME MODEL	38.97	389.72	292.29
E0482*	COUGH-STIMULATING DEVICE, ALTERNATING POSITIVE & NEGATIVE AIRWAY PRESSURE	426.75	4267.52	3200.64
E0550	HUMIDIFIER, DURABLE FOR EXTENSIVE SUPPLEMENTAL HUMIDIFICATION DURING IPPB TREATMENTS OR OXYGEN DELIVERY	49.75	497.49	373.12
E0555	HUMIDIFIER, DURABLE, GLASS OR AUTOCLAVABLE PLASTIC BOTTLE TYPE, FOR USE WITH REGULATOR OR FLOWMETER	11.06	110.56	82.92
E0561	HUMIDIFIER, NON-HEATED, USED WITH POSTIVE AIRWAY PRESSURE DEVICE	10.61	106.19	79.63
E0562	HUMIDIFIER, HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	27.26	272.60	204.45
E0565*	COMPRESSOR, AIR POWER SOURCE FOR EQUIPMENT WHICH IS NOT SELF CONTAINED OR CYLINDER DRIVEN	60.55	605.46	454.10
E0570	NEBULIZER, WITH COMPRESSOR	14.00	140.00	105.00
E0575*	NEBULIZER, ULTRASONIC	53.75	537.51	403.14
E0600	RESPIRATORY SUCTION PUMP, HOME MODEL, PORTABLE OR STATIONARY, ELECTRIC	45.44	454.42	340.82
E0601*	CONTINUOUS AIRWAY PRESSURE (CPAP) DEVICE	101.00	1010.00	757.50
E0630*	PATIENT LIFT HYDRAULIC OR MECHANICAL, INCLUDES ANY SEAT, SLING STRAPS(S) OR PAD(S)	101.12	1011.16	758.37
E0637*	COMBINATION SIT TO STAND SYSTEM, any size including pediatric, with seatlift feature, with or without wheelies	MANUALLY PRICED		
E0638*	STANDING FRAME SYSTEM, one position, any size including pediatric, with or without wheels	MANUALLY PRICED		
E0641*	STANDING FRAME SYSTEM, multi-position, any size including pediatric, with or without wheels	MANUALLY PRICED		
E0642*	STANDING FRAME SYSTEM, mobile (dynamic stander), any size including pediatric	MANUALLY PRICED		
E0650*	PNEUMATIC COMPRESSOR, NONSEGMENTAL HOME MODEL	64.57	629.99	472.49
E0651*	PNEUMATIC COMPRESSOR, SEGMENTAL HOME MODEL W/O CALIBRATED GRADIENT PRESSURE	93.11	911.44	683.58
E0652*	PNEUMATIC COMPRESSOR, SEGMENTAL HOME MODEL WITH CALIBRATED GRADIENT PRESSURE	519.97	5261.16	3942.34
E0655*	NONSEGMENTAL PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC COMPRESSOR, HALF ARM	10.57	95.87	71.90
E0660*	NONSEGMENTAL PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC COMPRESSOR, FULL LEG	16.07	158.54	118.89
E0665*	NONSEGMENTAL PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC COMPRESSOR, FULL ARM	13.05	130.49	97.87
E0666*	NONSEGMENTAL PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC COMPRESSOR, HALF LEG	12.85	128.60	96.46
E0667*	SEGMENTAL PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC COMPRESSOR, FULL LEG	35.86	321.31	240.98
E0668*	SEGMENTAL PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC COMPRESSOR, FULL ARM	43.28	438.52	328.90
E0669*	SEGMENTAL PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC COMPRESSOR, HALF LEG	17.79	177.94	133.44
E0671*	SEGMENTAL GRADIENT PRESSURE PNEUMATIC APPLIANCE, FULL LEG	41.22	412.19	309.13
E0672*	SEGMENTAL GRADIENT PRESSURE PNEUMATIC APPLIANCE, FULL ARM	32.03	320.28	240.22
E0673*	SEGMENTAL GRADIENT PRESSURE PNEUMATIC APPLIANCE, HALF LEG	26.62	266.13	199.62

Note: \* indicates that item requires prior approval

**BOLD** indicates Medicare is primary payer for this item

NC DIVISION OF MEDICAL ASSISTANCE  
**MEDICAID DURABLE MEDICAL EQUIPMENT - FEE SCHEDULE**  
**EFFECTIVE JANUARY 1, 2010**

HPCPS		MEDICAID MAXIMUM SFY2010		
CODE	DESCRIPTION	RENTAL	NEW	USED
E0705	TRANSFER BOARD OR DEVICE, ANY TYPE, EACH	5.57	54.70	40.05
E0720*	TENS, TWO LEAD DEVICE, TWO LEAD, LOCALIZED STIMULATION	37.41	364.79	280.58
E0730*	TENS, FOUR OR MORE LEADS, FOR MULTIPLE NERVE STIMULATION	37.72	367.74	282.85
E0747*	OSTEOGENESIS STIMULATOR, NONINVASIVE	383.56	3859.82	2867.78
E0748*	OSTEOGENESIS STIMULATOR, ELECTRICAL, NONINVASIVE, SPINAL APPLICATIONS	383.47	3834.80	2876.12
E0760*	OSTEOGENESIS STIMULATOR, LOW INTENSITY, NONINVASIVE	318.68	3186.66	2390.00
E0776	IV POLE	15.73	107.68	80.76
E0910	TRAPEZE BARS, AKA PATIENT HELPER, ATTACHED TO BED, WITH GRAB BAR	16.87	168.71	126.53
E0911*	TRAPEZE BAR, HEAVY DUTY, FOR PATIENT WEIGHT CAPACITY GREATER THAN 250 POUNDS, ATTACHED TO BED, WITH GRAB BAR	49.47	494.71	371.04
E0912*	TRAPEZE BAR, HEAVY DUTY, FOR PATIENT WEIGHT CAPACITY GREATER THAN 250 POUNDS, FREE STANDING, COMPLETE WITH GRAB BAR	113.60	1136.00	852.01
E0940	TRAPEZE BAR, FREE STANDING, COMPLETE WITH GRAB BAR	27.01	270.15	202.61
E0950	WHEELCHAIR ACCESSORY TRAY, EACH	10.33	103.16	77.38
E0951	HEEL LOOP/HOLDER, ANY TYPE, WITH OR WITHOUT ANKLE STRAP, EACH	1.78	17.62	13.21
E0952	TOE LOOP/HOLDER, ANY TYPE, EACH	1.92	18.69	14.02
E0956*	WHEELCHAIR ACCESSORY, LATERAL TRUNK OR HIP SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	9.79	97.83	73.37
E0957*	WHEELCHAIR ACCESSORY, MEDICAL THIGH SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	13.69	136.88	102.66
E0958	WHEELCHAIR ATTACHMENT TO CONVERT ANY WHEELCHAIR TO ONE-ARM DRIVE	43.30	432.98	324.74
E0959	MANUAL WHEELCHAIR ACCESSORY, ADAPTER FOR AMPUTEE, EACH	4.25	42.43	31.81
E0960*	WHEELCHAIR ACCESSORY, SHOULDER HARNESS/STRAPS OR CHES STRAP INCLUDING ANY TYPE MOUNTING HARDWARE	9.03	90.29	67.72
E0961	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK BRAKE EXTENSION (HANDLE), EACH	2.62	25.09	12.54
E0966*	MANUAL WHEELCHAIR ACCESSORY, HEADREST EXTENSION	6.96	69.50	52.12
E0967*	MANUAL WHEELCHAIR ACCESSORY, HAND RIM WITH PROJECTIONS, ANY TYPE, EACH	6.52	65.19	48.88
E0971	MANUAL WHEELCHAIR ACCESSORY, ANTI-TIPPING DEVICE, EACH	4.31	43.06	32.31
E0973*	WHEELCHAIR ACCESSORY, ADJUSTABLE HEIGHT DETACHABLE ARMREST, COMPLETE ASSEMBLY	10.87	114.10	85.57
E0974	MANUAL WHEELCHAIR ACCESSORY, ANIT-ROLLBACK DEVICE, EACH	7.01	66.14	49.98
E0978	WHEELCHAIR ACCESSORY, POSITIONING BELTS/SAFETY BELT/PELVIC STRAP, EACH	4.12	41.14	30.88
E0981	WHEELCHAIR ACCESSORY, SEAT UPHOLSTERY, REPLACEMENT ONLY	4.42	44.10	33.07
E0982*	WHEELCHAIR ACCESSORY, BACK UPHOLSTERY, REPLACEMENT ONLY	4.35	43.47	32.59
E0990*	WHEELCHAIR ACCESSORY, ELEVATING LEGREST, COMPLETE ACCESSORY, EACH	11.15	109.34	82.01
E0992*	MANUAL WHEELCHAIR ACCESSORY . SOLID SEAT INSERT	9.18	94.43	70.83
E0995	WHEELCHAIR ACCESSORY, CALF REST/PAD, EACH	2.85	28.62	21.49
E1002*	WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, TILT ONLY	402.24	4022.41	3016.80
E1003*	WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, RECLINE ONLY, WITHOUT SHEAR REDUCTION	435.80	4357.93	3268.45
E1004*	WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, RECLINE ONLY, WITH MECHANICAL SHEAR REDUCTION	483.20	4832.05	3624.02
E1005*	WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, RECLINE ONLY, WITH POWER SHEAR REDUCTION	523.02	5230.31	3922.74
E1006*	WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, COMBINATION TILT & RECLINE, WITHOUT SHEAR REDUCTION	640.64	6406.64	4804.98
E1007*	WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, COMBINATION TILT & RECLINE, WITH MECHANICAL SHEAR REDUCTION	867.49	8674.84	6506.11
E1008*	WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, COMBINATION TILT & RECLINE, WITH POWER SHEAR REDUCTION	867.56	8675.61	6506.72
E1028	WHEELCHAIR ACCESSORY, MANUAL SWINGAWAY, RETRACTIBLE OR REMOVABLE MOUNTING HARDWARE FOR JOYSTICK, OTHER CONTROL INTERFACE OR POSITIONING ACCESSORY	20.49	204.97	153.71
E1029	WHEELCHAIR ACCESSORY, VENTILATOR TRAY, FIXED	36.67	366.73	275.04
E1030	WHEELCHAIR ACCESSORY, VENTILATOR TRAY, GIMBALED	115.64	1156.41	867.32
E1031	ROLLABOUT CHAIR, ANY AND ALL TYPES WITH CASTERS, 5" OR GREATER	34.63	346.40	259.80
E1037*	TRANSPORT CHAIR, PEDIATRIC SIZE	191.58	1915.91	1436.94
E1038*	TRANSPORT CHAIR, ADULT SIZE, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	17.89	178.93	134.20
E1039*	TRANSPORT CHAIR, ADULT SIZE, PATIENT WEIGHT CAPACITY GREATER THAN 300 POUNDS	33.94	339.40	254.55
E1161*	MANUAL ADULT SIZE WHEELCHAIR, INCLUDES TILT IN SPACE	234.81	2348.11	1761.10
E1226*	WHEELCHAIR ACCESSORY, MANUAL FULLY RECLINING BACK, (RECLINE GREATER THAN 80 DEGREES), EACH	47.20	460.28	345.18
E1229*	WHEELCHAIR, PEDIATRIC SIZE, NOT OTHERWISE SPECIFIED	MANUALLY PRICED		
E1231*	WHEELCHAIR, PEDIATRIC SIZE, TILT-IN-SPACE, RIGID, ADJUSTABLE, WITH SEATING SYSTEM	225.61	2256.12	1692.09
E1232*	WHEELCHAIR, PEDIATRIC SIZE, TILT-IN-SPACE, FOLDING, ADJUSTABLE, WITH SEATING SYSTEM	212.22	2122.16	1591.63
E1233*	WHEELCHAIR, PEDIATRIC SIZE, TILT-IN-SPACE, RIGID, ADJUSTABLE, WITHOUT SEATING SYSTEM	219.89	2198.89	1649.16
E1234*	WHEELCHAIR, PEDIATRIC SIZE, TILT-IN-SPACE, FOLDING, ADJUSTABLE, WITHOUT SEATING SYSTEM	191.44	1914.29	1435.71
E1235*	WHEELCHAIR, PEDIATRIC SIZE, RIGID, ADJUSTABLE, WITH SEATING SYSTEM	184.34	1843.31	1382.48

Note: \* indicates that item requires prior approval

**BOLD** indicates Medicare is primary payor for this item

NC DIVISION OF MEDICAL ASSISTANCE  
**MEDICAID DURABLE MEDICAL EQUIPMENT - FEE SCHEDULE**  
**EFFECTIVE JANUARY 1, 2010**

HPCPS		MEDICAID MAXIMUM SFY2010		
CODE	DESCRIPTION	RENTAL	NEW	USED
E1236*	WHEELCHAIR, PEDIATRIC SIZE, FOLDING, ADJUSTABLE, WITH SEATING SYSTEM	162.62	1626.28	1219.71
E1237*	WHEELCHAIR, PEDIATRIC SIZE, RIGID, ADJUSTABLE, WITHOUT SEATING SYSTEM	164.04	1640.49	1230.38
E1238*	WHEELCHAIR, PEDIATRIC SIZE, FOLDING, WITHOUT SEATING SYSTEM	162.62	1626.28	1219.71
E1239*	POWER WHEELCHAIR, PEDIATRIC SIZE, NOT OTHERWISE SPECIFIED	MANUALLY PRICED		
E1300	WHIRLPOOL, PORTABLE (OVERTUB TYPE)	18.79	187.89	140.91
E2100*	BLOOD GLUCOSE MONITOR WITH INTEGRATED VOICE SYNTHESIZER	62.95	629.49	472.13
E2201*	MANUAL WHEELCHAIR ACCESSORY, NON-STANDARD SEAT FRAME, WIDTH GREATER THAN OR EQUAL TO 20 INCHES AND LESS THAN 24 INCHES	37.03	370.26	277.70
E2202*	MANUAL WHEELCHAIR ACCESSORY, NON-STANDARD SEAT FRAME, WIDTH 24-27 INCHES	47.04		352.80
E2203*	MANUAL WHEELCHAIR ACCESSORY, NON-STANDARD SEAT FRAME DEPTH , 20 TO LESS THAN 22 INCHES	47.53	475.41	356.55
E2204*	MANUAL WHEELCHAIR ACCESSORY, NON-STANDARD SEAT FRAME DEPTH , 22-25 INCHES	80.73	807.22	605.41
E2205	MANUAL WHEELCHAIR ACCESSORY, HANDRIM WITHOUT PROJECTIONS (INCLUDES ERGONOMIC OR CONTOURED), ANY TYPE, REPLACEMENT ONLY, EACH	3.23	32.42	24.33
E2206	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK ASSEMBLY, COMPLETE, EACH	4.03	40.37	30.27
E2207	WHEELCHAIR ACCESSORY, CRUTCH AND CANE HOLDER, EACH	4.31	43.02	32.26
E2208	WHEELCHAIR ACCESSORY, CYLINDER TANK CARRIER, EACH	11.78	117.88	88.41
E2209	ARM TROUGH, WITH OR WITHOUT HAND SUPPORT, EACH	10.66	106.35	79.77
E2210	WHEELCHAIR ACCESSORY, BEARINGS, ANY TYPE, REPLACEMENT ONLY, EACH		6.50	
E2211	MANUAL WHEELCHAIR ACCESSORY, PNEUMATIC PROPULSION TIRE, ANY SIZE, EACH	3.98	40.60	29.08
E2212	MANUAL WHEELCHAIR ACCESSORY, TUBE FOR PNEUMATIC PROPULSION TIRE, ANY SIZE, EACH	0.61	5.84	4.39
E2213	MANUAL WHEELCHAIR ACCESSORY, PNEUMATIC PROPULSION TIRE (REMOVABLE), ANY TYPE, ANY SIZE, EACH	3.03	30.18	22.62
E2214	MANUAL WHEELCHAIR ACCESSORY, PNEUMATIC CASTER TIRE, ANY SIZE, EACH	3.34	30.38	22.79
E2215	MANUAL WHEELCHAIR ACCESSORY, TUBE FOR PNEUMATIC CASTER TIRE, ANY SIZE, EACH	0.94	9.53	7.13
E2216	MANUAL WHEELCHAIR ACCESSORY, FOAM FILLED PROPULSION TIRE, ANY SIZE, EACH	3.05	30.48	22.35
E2217	MANUAL WHEELCHAIR ACCESSORY, FOAM FILLED CASTER TIRE, ANY SIZE, EACH	4.62	41.94	31.45
E2218	MANUAL WHEELCHAIR ACCESSORY, FOAM PROPULSION TIRE, ANY SIZE, EACH	3.26	32.71	24.01
E2219	MANUAL WHEELCHAIR ACCESSORY, FOAM CASTER TIRE, ANY SIZE, EACH	4.68	41.53	31.15
E2220	MANUAL WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) PROPULSION TIRE, ANY SIZE, EACH	2.73	28.30	21.64
E2221	MANUAL WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE, (REMOVABLE), ANY SIZE, EACH	2.56	25.36	19.03
E2222	MANUAL WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE WITH INTEGRATED WHEEL, ANY SIZE, EACH	2.07	20.90	15.69
E2223	MANUAL WHEELCHAIR ACCESSORY, VALVE, ANY TYPE, REPLACEMENT ONLY, EACH	0.56	5.57	4.18
E2224	MANUAL WHEELCHAIR ACCESSORY, PROPULSION WHEEL EXCLUDES TIRE, ANY SIZE, EACH	9.49	94.83	71.13
E2225	MANUAL WHEELCHAIR ACCESSORY, CASTER WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	1.73	17.27	12.94
E2226	MANUAL WHEELCHAIR ACCESSORY, CASTER FORK, ANY SIZE, REPLACEMENT ONLY, EACH	3.76	37.65	28.24
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)	16.02	160.13	120.09
E2291*	BACK, PLANAR, FOR PEDIATRIC SIZE WHEELCHAIR INCLUDING FIXED ATTACHING HARDWARE	46.91	469.11	351.83
E2292*	SEAT, PLANAR, FOR PEDIATRIC SIZE WHEELCHAIR INCLUDING FIXED ATTACHING HARDWARE	44.38	443.77	332.83
E2293*	BACK, CONTOURED, FOR PEDIATRIC SIZE WHEELCHAIR INCLUDING FIXED ATTACHING HARDWARE	46.91	469.11	351.83
E2294*	SEAT, CONTOURED, FOR PEDIATRIC SIZE WHEELCHAIR INCLUDING FIXED ATTACHING HARDWARE	44.38	443.77	332.83
E2295*	MANUALLY WHEELCHAIR ACCESSORY, FOR PEDIATRIC SIZE WHEELCHAIR, DYNAMIC SEATING FRAME ALLOWS COORDINATED MOVEMENT OF MULTIPLE POSITIONING FEATURES	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	116.13	1161.35	871.01
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	235.13	2351.19	1763.40
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	157.71	1577.02	1182.78
E2322*	POWER WHEELCHAIR ACCESSORY, HAND CONTROL INTERFACE, MULTIPLE MECHANICAL SWITCHES, NONPROPORTIONAL, INCLUDING ALL RELATED ELECTRONICS, MECHANICAL STOP SWITCH, AND FIXED MOUNTING HARDWARE	139.96	1399.64	1049.74
E2323	POWER WHEELCHAIR ACCESSORY, SPECIALTY JOYSTICK HANDLE FOR HAND CONTROL INTERFACE, PREFABRICATED	6.87	68.63	51.48

Note: \* indicates that item requires prior approval

**BOLD** indicates Medicare is primary payor for this item

NC DIVISION OF MEDICAL ASSISTANCE  
**MEDICAID DURABLE MEDICAL EQUIPMENT - FEE SCHEDULE**  
**EFFECTIVE JANUARY 1, 2010**

HCPCS CODE	DESCRIPTION	MEDICAID MAXIMUM SFY2010		
		RENTAL	NEW	USED
E2324	POWER WHEELCHAIR ACCESSORY, CHIN CUP FOR CHIN CONTROL INTERFACE	4.34	43.49	32.62
E2325*	POWER WHEELCHAIR ACCESSORY, SIP AND PUFF INTERFACE, NONPROPORTIONAL, INCLUDING ALL RELATED ELECTRONICS, MECHANICAL STOP SWITCH, AND MANUAL SWINGAWAY MOUNTING HARDWARE	133.68	1336.59	1002.45
E2326	POWER WHEELCHAIR ACCESSORY, BREATH TUBE KIT FOR SIP AND PUFF INTERFACE	34.47	344.50	258.36
E2327*	POWER WHEELCHAIR ACCESSORY, HEAD CONTROL INTERFACE, MECHANICAL, PROPORTIONAL, INCLUDING ALL RELATED ELECTRONICS, MECHANICAL DIRECTION CHANGE SWITCH, AND FIXED MOUNTING HARDWARE	259.25	2592.53	1944.39
E2328*	POWER WHEELCHAIR ACCESSORY, HEAD CONTROL OR EXTREMITY CONTROL INTERFACE, ELECTRONIC, PROPORTIONAL INCLUDING ALL RELATED ELECTRONICS AND FIXED MOUNTING HARDWARE	491.75	4917.66	3688.25
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	175.27	1752.71	1314.53
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	339.60	3396.08	2547.07
E2340*	POWER WHEELCHAIR ACCESSORY, NON-STANDARD SEAT FRAME,WIDTH 20-23 INCHES	35.58	355.64	266.75
E2341*	POWER WHEELCHAIR ACCESSORY, NON-STANDARD SEAT FRAME,WIDTH 24-27 INCHES	53.35	533.49	400.13
E2342*	POWER WHEELCHAIR ACCESSORY, NON-STANDARD SEAT FRAME, DEPTH 20-21 INCHES	44.46	444.58	333.44
E2343*	POWER WHEELCHAIR ACCESSORY, NON-STANDARD SEAT FRAME, DEPTH 22-25 INCHES	71.13	711.33	533.49
E2360	POWER WHEELCHAIR ACCESSORY, 22 NF NON SEALED LEAD ACID BATTERY, EACH	11.20	111.49	83.62
E2361	POWER WHEELCHAIR ACCESSORY, 22 NF SEALED LEAD ACID BATTERY, EACH (E.G. GEL CELL, ABSORBED GLASSMAT)	13.84	138.41	103.82
E2362	POWER WHEELCHAIR ACCESSORY, GROUP 24 NON-SEALED LEAD ACID BATTERY, EACH	9.13	91.28	68.46
E2363	POWER WHEELCHAIR ACCESSORY, GROUP 24 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	18.47	184.59	138.44
E2364	POWER WHEELCHAIR ACCESSORY, U-1 NON-SEALED LEAD ACID BATTERY, EACH	11.20	111.49	83.62
E2365	POWER WHEELCHAIR ACCESSORY, U-1 SEALED LEAD ACID BATTERY, EACH (E.G. GEL CELL, ABSORBED GLASS MAT)	11.13	111.32	83.51
E2366*	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, SINGLE MODE, FOR USE WITH ONLY 1 BATTERY TYPE, SEALED OR NON-SEALED, EACH	22.30	222.38	166.78
E2367*	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, DUAL MODE, FOR USE WITH EITHER BATTERY TYPE, SEALED OR NON-SEALED, EACH	41.59	415.89	311.92
E2368*	POWER WHEELCHAIR COMPONENT, MOTOR, REPLACEMENT ONLY	51.28	512.64	384.50
E2369*	POWER WHEELCHAIR COMPONENT, GEAR BOX, REPLACEMENT ONLY	44.66	446.52	334.89
E2370*	POWER WHEELCHAIR COMPONENT, MOTOR AND GEAR BOX, REPLACEMENT ONLY	79.68	796.74	597.54
E2371*	POWER WHEELCHAIR ACCESSORY, GROUP 27 SEALED LEAD ACID BATTERY, (e.g.GEL CELL, ABSORBED GLASSMAT), EACH	14.97	149.59	112.20
E2372*	POWER WHEELCHAIR ACCESSORY, GROUP 27 NON-SEALED LEAD ACID BATTERY, EACH	42.66	426.70	320.03
E2373*	POWER WHEELCHAIR ACCESSORY, HAND OR CHIN CONTROL INTERFACE, COMPACT REMOTE JOYSTICK, PROPORTIONAL, INCLUDING FIXED MOUNTING HARDWARE	69.10	690.91	518.20
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	52.99	529.96	397.49
E2375*	POWER WHEELCHAIR ACCESSORY, NON-EXPANDABLE CONTROLLER, INCLUDING ALL RELATED ELECTRONICS AND MOUNTING HARDWARE, REPLACEMENT ONLY	85.00	850.05	637.52
E2376*	POWER WHEELCHAIR ACCESSORY, EXPANDABLE CONTROLLER, INCLUDING ALL RELATED ELECTRONICS AND MOUNTING HARDWARE, REPLACEMENT ONLY	133.21	1332.07	999.07
E2377*	POWER WHEELCHAIR ACCESSORY, EXPANDABLE CONTROLLER, INCLUDING ALL RELATED ELECTRONICS AND MOUNTING HARDWARE, UPGRADE PROVIDED AT INITIAL ISSUE	48.19	482.02	361.53
E2381	POWER WHEELCHAIR ACCESSORY, PNEUMATIC DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	7.57	75.60	56.71
E2382	POWER WHEELCHAIR ACCESSORY, TUBE FOR PNEUMATIC DRIVE TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	2.05	20.61	15.45
E2383	POWER WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC DRIVE WHEEL TIRE (REMOVABLE), ANY TYPE, ANY SIZE, REPLACEMENT ONLY, EACH	15.07	150.73	113.04
E2384	POWER WHEELCHAIR ACCESSORY, PNEUMATIC CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	8.05	80.30	60.22
E2385	POWER WHEELCHAIR ACCESSORY, TUBE FOR PNEUMATIC CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	4.92	49.12	36.83
E2386	POWER WHEELCHAIR ACCESSORY, FOAM FILLED DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	14.94	149.37	112.01
E2387	POWER WHEELCHAIR ACCESSORY, FOAM FILLED CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	6.64	66.36	49.78
E2388	POWER WHEELCHAIR ACCESSORY, FOAM DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	5.00	50.01	37.51
E2389	POWER WHEELCHAIR ACCESSORY, FOAM CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	2.72	27.15	20.35

Note: \* indicates that item requires prior approval

**BOLD** indicates Medicare is primary payor for this item



NC DIVISION OF MEDICAL ASSISTANCE  
**MEDICAID DURABLE MEDICAL EQUIPMENT - FEE SCHEDULE**  
**EFFECTIVE JANUARY 1, 2010**

HCPCS		MEDICAID MAXIMUM SFY2010		
CODE	DESCRIPTION	RENTAL	NEW	USED
E2390	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	4.25	42.46	31.83
E2391	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE (REMOVEABLE), ANY SIZE, REPLACEMENT ONLY, EACH	2.03	20.34	15.26
E2392	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE EITH INTEGRATED WHEEL, ANY SIZE, REPLACEMENT ONLY, EACH	5.36	53.47	40.10
E2394	POWER WHEELCHAIR, ACCESSORY, DRIVE WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	7.63	76.17	57.13
E2395	POWER WHEELCHAIR ACCESSORY, CASTER WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	5.42	54.14	40.62
E2396	POWER WHEELCHAIR ACCESSORY, CASTER FORK, ANY SIZE, REPLACEMENT ONLY, EACH	7.08	66.00	49.51
E2601	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	6.08	60.70	45.52
E2602*	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	11.85	118.49	88.87
E2603*	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	15.05	150.44	112.83
E2604*	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	18.69	186.98	140.26
E2605*	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	26.73	267.12	200.38
E2606*	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	41.69	416.74	312.55
E2607*	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	28.77	287.65	215.74
E2608*	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	34.54	345.44	259.09
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 MOUNTIN G HARDWARE	30.99	309.98	232.51
E2612	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTIN G HARDWARE	41.93	419.33	314.48
E2613*	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	39.79	397.85	298.38
E2614*	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	53.99	539.80	404.87
E2615*	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	44.90	448.88	336.65
E2616*	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH GREATER THAN 22 INCHES , ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	60.40	603.95	452.98
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	54.35	543.54	407.67
E2621*	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH GREATER THAN 22 INCHES , ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	57.03	570.39	427.80
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	46.08	460.77	345.58
K0002*	STANDARD HEMI (LOW SEAT) WHEELCHAIR	72.42	724.15	543.12
K0003*	LIGHTWEIGHT WHEELCHAIR	75.57	755.71	566.79
K0004*	HIGH STRENGTH, LIGHTWEIGHT WHEELCHAIR	118.87	1188.71	891.52
K0005*	ULTRALIGHTWEIGHT WHEELCHAIR	183.46	1834.71	1376.01
K0006*	HEAVY DUTY WHEELCHAIR	116.42	1164.18	873.14
K0007*	EXTRA HEAVY DUTY WHEELCHAIR	177.14	1771.43	1328.58
K0015*	DETACHABLE, NONADJUSTABLE HEIGHT ARMREST, EACH	18.04	180.32	135.23
K0017*	DETACHABLE, ADJUSTABLE HEIGHT ARMREST, BASE, EACH	5.07	50.72	38.04
K0018*	DETACHABLE, ADJUSTABLE HEIGHT ARMREST, UPPER PORTION, EACH	2.82	28.33	21.27
K0019	ARM PAD, EACH	1.68	16.71	12.53
K0020*	FIXED, ADJUSTABLE HEIGHT ARMREST, PAIR	4.61	46.11	34.57
K0037*	HIGH MOUNT FLIP-UP FOOTREST, EACH	3.63	40.63	30.48
K0038	LEG STRAP, EACH	2.41	24.08	18.06
K0039	LEG STRAP, H STYLE, EACH	5.36	53.47	40.10
K0040	ADJUSTABLE ANGLE FOOTPLATE, EACH	7.39	74.10	55.56
K0041	LARGE SIZE FOOTPLATE, EACH	5.27	52.52	39.39
K0042	STANDARD SIZE FOOTPLATE, EACH	3.07	30.73	23.04
K0043	FOOTREST, LOWER EXTENSION TUBE, EACH	1.94	19.38	14.55
K0044	FOOTREST, UPPER HANGER BRACKET, EACH	1.66	16.51	12.39
K0045	FOOTREST, COMPLETE ASSEMBLY FOR K0001 AND K0002, EACH	5.76	56.19	42.15
K0046*	ELEVATING LEGREST, LOWER EXTENSION TUBE, FOR K0001 AND K0002, EACH	1.94	19.38	14.55
K0047*	ELEVATING LEGREST, UPPER HANGER BRACKET, FOR K0001 AND K0002 ,EACH	7.61	75.90	56.90
K0050	RATCHET ASSEMBLY	3.22	32.25	24.20

Note: \* indicates that item requires prior approval

**BOLD** indicates Medicare is primary payer for this item

NC DIVISION OF MEDICAL ASSISTANCE  
**MEDICAID DURABLE MEDICAL EQUIPMENT - FEE SCHEDULE**  
**EFFECTIVE JANUARY 1, 2010**

HCPCS CODE	DESCRIPTION	MEDICAID MAXIMUM SFY2010		
		RENTAL	NEW	USED
K0051	CAM RELEASE ASSEMBLY, FOOTREST OR LEGREST, EACH	5.25	52.21	39.14
K0052*	SWINGAWAY, DETACHABLE FOOTRESTS, EACH	9.17	91.74	68.79
K0053*	ELEVATING FOOTRESTS, ARTICULATING (TELESCOPING), EACH	10.11	101.23	75.93
K0056*	SEAT HEIGHT LESS THAN 17" OR LESS THAN OR EQUAL TO 21" FOR A HIGH STRENGTH LIGHTWEIGHT OR ULTRALIGHTWEIGHT WHEELCHAIR	9.44	94.38	70.80
K0065	SPOKE PROTECTORS, each	4.42	44.12	33.09
K0069	REAR WHEEL ASSEMBLY, COMPLETE, WITH SOLID TIRE, SPOKES OR MOLDED, EACH	10.17	99.16	74.37
K0070	REAR WHEEL ASSEMBLY, COMPLETE, WITH PNEUMATIC TIRE, EACH	18.19	181.77	136.33
K0071	FRONT CASTER ASSEMBLY, COMPLETE, WITH PNEUMATIC TIRE, EACH	10.85	108.42	81.30
K0072	FRONT CASTER ASSEMBLY, COMPLETE, WITH SEMIPNEUMATIC TIRE, EACH	6.52	65.26	48.95
K0073	CASTER PIN LOCK, EACH	3.42	34.22	25.65
K0077	FRONT CASTER ASSEMBLY, COMPLETE, WITH SOLID TIRE, EACH	5.84	58.40	43.79
K0099	FRONT CASTER FOR POWER WHEELCHAIR	8.11	81.10	60.82
K0105	IV HANGER, each	9.85	98.67	74.00
K0195*	ELEVATING LEGREST, PAIR (FOR USE WITH CAPPED RENTAL WHEELCHAIR BASE)	20.91	209.10	156.83
K0733	POWER WHEELCHAIR ACCESSORY, 12 TO 24 AMP HOUR SEALED LEAD ACID BATTERY, EACH (e.g., gel cell, absorbed glassmat)	3.02	29.98	22.50
K0734	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, ADJUSTABLE, WIDTH LESS THAN 22", ANY DEPTH	32.90	328.95	246.71
K0735	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, ADJUSTABLE, WIDTH 22" OR GREATER, ANY DEPTH	41.87	418.57	313.93
K0736	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, ADJUSTABLE, WIDTH LESS THAN 22", ANY DEPTH	33.17	331.65	248.75
K0737	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, ADJUSTABLE, WIDTH 22" OR GREATER, ANY DEPTH	41.98	419.84	314.88
K0813*	POWER WHEELCHAIR GROUP 1 STANDARD, PORTABLE, SLING/SOLID SEAT AND BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	239.41	2394.07	1795.55
K0814*	POWER WHEELCHAIR, GROUP 1 STANDARD, PORTABLE, CAPTAIN'S CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	306.43	3064.33	2298.25
K0815*	POWER WHEELCHAIR, GROUP 1 STANDARD, SLING/SOLID SEAT AND BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	348.96	3489.58	2617.19
K0816*	POWER WHEELCHAIR, GROUP 1 STANDARD, CAPTAIN'S CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	334.18	3341.81	2506.36
K0820*	POWER WHEELCHAIR GROUP 2 STANDARD, PORTABLE, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	255.70	2557.02	1917.76
K0821*	POWER WHEELCHAIR, GROUP 2 STANDARD, PORTABLE, CAPTAIN'S CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	328.26	3282.56	2461.93
K0822*	POWER WHEELCHAIR, GROUP 2 STANDARD, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	396.71	3967.12	2975.34
K0823*	POWER WHEELCHAIR, GROUP 2 STANDARD, CAPTAIN'S CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	399.31	3993.12	2994.84
K0824*	POWER WHEELCHAIR GROUP 2 HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	480.59	4805.90	3604.43
K0825*	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, CAPTAIN'S CHAIR, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	439.95	4399.51	3299.63
K0826*	POWER WHEELCHAIR, GROUP 2 VERY HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	622.17	6221.65	4666.24
K0827*	POWER WHEELCHAIR, GROUP 2 VERY HEAVY DUTY, CAPTAIN'S CHAIR, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	496.56	4965.57	3724.18
K0828*	POWER WHEELCHAIR, GROUP 2 EXTRA HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 601 POUNDS OR MORE	685.57	6855.70	5141.77
K0829*	POWER WHEELCHAIR, GROUP 2 EXTRA HEAVY DUTY, CAPTAIN'S CHAIR, PATIENT WEIGHT CAPACITY 601 POUNDS OR MORE	620.71	6207.14	4655.36
K0830*	POWER WHEELCHAIR, GROUP 2, SEAT ELEVATOR, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	404.13	4041.28	3030.97
K0831*	POWER WHEELCHAIR, GROUP 2, SEAT ELEVATOR, CAPTAIN'S CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	404.13	4041.28	3030.97
K0835*	POWER WHEELCHAIR, GROUP 2 STANDARD, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	402.66	4026.56	3019.92
K0836*	POWER WHEELCHAIR, GROUP 2 STANDARD, SINGLE POWER OPTION, CAPTAIN'S CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	417.55	4175.52	3131.65
K0837*	POWER WHEELCHAIR GROUP 2 HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	480.59	4805.90	3604.43
K0838*	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, SINGLE POWER OPTION, CAPTAIN'S CHAIR, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	429.94	4299.37	3224.54
K0839*	POWER WHEELCHAIR GROUP 2 VERY HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	622.17	6,221.65	4,666.24
K0840*	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, SINGLE POWER OPTION, CAPTAIN'S CHAIR, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	942.61	9426.11	7069.59
K0841*	POWER WHEELCHAIR, GROUP 2 STANDARD, MULTIPLE POWER OPTIONS, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	428.58	4285.78	3214.33

Note: \* indicates that item requires prior approval

**BOLD** indicates Medicare is primary payor for this item

NC DIVISION OF MEDICAL ASSISTANCE  
**MEDICAID DURABLE MEDICAL EQUIPMENT - FEE SCHEDULE**  
**EFFECTIVE JANUARY 1, 2010**

HCPCS CODE	DESCRIPTION	MEDICAID MAXIMUM SFY2010		
		RENTAL	NEW	USED
K0842*	POWER WHEELCHAIR, GROUP 2 STANDARD, MULTIPLE POWER OPTIONS, CAPTAIN'S CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	428.58	4285.78	3214.33
K0843*	POWER WHEELCHAIR GROUP 2 HEAVY DUTY, MULTIPLE POWER OPTIONS, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	516.01	5160.08	3870.06
K0848*	POWER WHEELCHAIR, GROUP 3 STANDARD, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	524.42	5244.24	3933.18
K0849*	POWER WHEELCHAIR, GROUP 3 STANDARD, CAPTAIN'S CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	504.21	5042.09	3781.57
K0850*	POWER WHEELCHAIR GROUP 3 HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	608.32	6083.21	4562.41
K0851*	POWER WHEELCHAIR, GROUP 3 HEAVY DUTY, CAPTAIN'S CHAIR, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	584.89	5848.91	4386.69
K0852*	POWER WHEELCHAIR, GROUP 3 VERY HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	702.88	7028.77	5271.58
K0853*	POWER WHEELCHAIR, GROUP 3 VERY HEAVY DUTY, CAPTAIN'S CHAIR, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	722.03	7220.31	5415.23
K0854*	POWER WHEELCHAIR, GROUP 3 EXTRA HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 601 POUNDS OR MORE	956.53	9565.35	7174.01
K0855*	POWER WHEELCHAIR, GROUP 3 EXTRA HEAVY DUTY, CAPTAIN'S CHAIR, PATIENT WEIGHT CAPACITY 601 POUNDS OR MORE	903.59	9035.90	6776.93
K0856*	POWER WHEELCHAIR, GROUP 3 STANDARD, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	562.92	5629.19	4221.90
K0857*	POWER WHEELCHAIR, GROUP 3 STANDARD, SINGLE POWER OPTION, CAPTAIN'S CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	574.20	5742.03	4306.52
K0858*	POWER WHEELCHAIR GROUP 3 HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	698.41	6984.11	5238.09
K0859*	POWER WHEELCHAIR, GROUP 3 HEAVY DUTY, SINGLE POWER OPTION, CAPTAIN'S CHAIR, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	666.07	6660.69	4995.52
K0860*	POWER WHEELCHAIR GROUP 3 VERY HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	997.77	9977.69	7483.27
K0861*	POWER WHEELCHAIR, GROUP 3 STANDARD, MULTIPLE POWER OPTIONS, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	563.82	5638.22	4228.67
K0862*	POWER WHEELCHAIR GROUP 3 HEAVY DUTY, MULTIPLE POWER OPTIONS, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	698.41	6984.11	5238.09
K0863*	POWER WHEELCHAIR, GROUP 3 VERY HEAVY DUTY MULTIPLE POWER OPTIONS, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	997.77	9977.69	7483.27
K0864*	POWER WHEELCHAIR GROUP 3 EXTRA HEAVY DUTY, MULTIPLE POWER OPTIONS, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 601 POUNDS OR MORE	1187.36	11873.57	8905.18
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		
W4119*	WHEELCHAIR SEAT HEIGHT, COST ADDED OPTION FROM MANUFACTURER	11.74	117.42	88.07
W4130*	CONTOURED OR 3-PIECE HEAD/NECK SUPPORTS WITH HARDWARE, EACH	21.58	215.82	161.87
W4131*	BASIC HEAD/NECK SUPPORT WITH HARDWARE, EACH	17.18	171.77	128.83
W4132*	CONTOURED OR 3-PIECE HEAD/NECK SUPPORT WITH MULTI-ADJUSTABLE HARDWARE ,EACH	34.47	344.66	258.49
W4133*	BASIC HEAD/NECK SUPPORT WITH MULTI-ADJUSTABLE HARDWARE , EACH	32.37	323.74	242.81
W4139*	SUB-ASIS BARS WITH HARDWARE, EACH	42.50	425.04	318.79
W4140*	ABDUCTOR PADS WITH HARDWARE , PAIR	29.73	297.30	222.98

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



NC DIVISION OF MEDICAL ASSISTANCE  
**MEDICAID DURABLE MEDICAL EQUIPMENT - FEE SCHEDULE**  
**EFFECTIVE JANUARY 1, 2010**

HCPCS CODE	DESCRIPTION	MEDICAID MAXIMUM SFY2010		
		RENTAL	NEW	USED
W4141*	KNEE BLOCKS WITH HARDWARE , PAIR	25.93	259.33	194.50
W4143*	SHOE HOLDERS WITH HARDWARE , PAIR	14.76	147.56	110.67
W4144*	FOOT/LEGREST CRADLE , EACH	14.76	147.56	110.67
W4145*	MANUAL TILT-IN-SPACE OPTION , EACH	77.08	770.82	578.11
W4150*	MULTI-ADJUSTABLE TRAY , EACH	45.14	451.48	338.61
W4152*	GROWTH KIT, EACH	19.40	194.05	145.55
W4155*	ADDUCTOR PADS WITH HARDWARE, PAIR	29.73	297.30	222.98
W4696*	MANUAL WHEELCHAIR FOR WEIGHTS 451# TO 600#	149.35	1493.47	1120.10
W4697*	MANUAL WHEELCHAIR FOR WEIGHTS 601# AND GREATER	258.15	2581.59	1936.19
W4713*	OVERSIZED FOOTPLATES FOR WEIGHTS 301# AND GREATER, PAIR	17.08	170.67	128.01
W4714*	SWINGAWAY SPECIAL CONSTRUCTION FOOTRESTS FOR WEIGHTS 401# AND GREATER, PAIR	72.23	722.20	541.64
W4715*	SWINGAWAY REINFORCED LEGREST, ELEVATING, FOR WEIGHTS 301# TO 400#, PAIR	42.67	426.70	320.03
W4716*	SWINGAWAY SPECIAL CONSTRUCTION LEGRESTS, ELEVATING, FOR WEIGHTS 401# AND GREATER, PAIR	64.00	640.06	480.03
W4717*	OVERSIZED CALF PADS, PAIR	21.34	213.35	160.00
W4718*	OVERSIZED SOLID SEAT	58.67	586.73	440.04
W4719*	OVERSIZED SOLID BACK	58.67	586.73	440.04
W4722*	OVERSIZED FULL SUPPORT FOOTBOARD	21.34	213.36	160.01
W4723*	OVERSIZED FULL SUPPORT CALFBOARD	21.34	213.36	160.01
W4726*	TOTAL ELECTRIC HOSPITAL BED FOR WEIGHTS 351# TO 451# W/ MATTRESS AND ANY TYPE SIDE RAIL	237.89	2378.90	1784.18
W4731*	TOTAL ELECTRIC HOSPITAL BED FOR WEIGHTS 451# TO 1000# W/ WIDTH TO 48" W/ MATTRESS AND ANY TYPE SIDE RAILS	997.43	9974.29	7480.72
W4732*	TOTAL ELECTRIC HOSPITAL BED FOR WEIGHTS 451# TO 1000# W/ WIDTH TO 54" W/ MATTRESS AND ANY TYPE SIDE RAILS	1024.10	10240.97	7680.74
<b>FREQUENTLY SERVICED ITEMS</b>				
E0194*	AIR FLUIDIZED BED	2823.40		
E0202*	HOME PHOTOTHERAPY UNIT, DAILY	62.13		
E0445*	OXIMETER FOR MEASURING BLOOD OXYGEN LEVELS NON-INVASIVELY	191.03		
E0450*	VOLUME CONTROL VENTILATOR, WITHOUT PRESSURE SUPPORT MODE, MAY INCLUDE PRESSURE CONTROL MODE, USED WITH INVASIVE INTERFACE (e.g. TRACHEOSTOMY TUBE)	947.27		
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)	581.16		
E0483	HIGH FREQUENCY CHEST WALL OSCILLATION AIR-PULSE GENERATOR SYSTEM, EACH, W/HOSES	1055.05	10122.48	0.00
E0500*	IPPB MACHINE, ALL TYPES, WITH BUILT-IN NEBULIZATION; MANUAL OR AUTOMATIC VALVES; INTERNAL OR EXTERNAL POWER SOURCE	101.57		
E0619*	APNEA MONITOR, WITH RECORDING FEATURE	281.04		
E0691*	ULTRAVIOLET LIGHT THERAPY SYSTEM PANEL, INCLUDES BULBS/LAMPS, TIMER AND EYE PROTECTION, TREATMENT AREA TWO SQUARE FEET OR LESS	89.18		
E0692*	ULTRAVIOLET LIGHT THERAPY SYSTEM PANEL, INCLUDES BULBS/LAMPS, TIMER AND EYE PROTECTION, FOUR FOOT PANEL	111.97		
E0781	AMBULATORY INFUSION PUMP, SINGLE OR MULTIPLE CHANNELS ELECTRIC OR BATTERY OPERATED, WITH ADMINISTRATIVE EQUIPMENT, WORN BY PATIENT MONTHLY RENTAL FEE	262.86		
E0935*	CONTINUOUS PASSIVE MOTION EXERCISE DEVICE FOR USE OF KNEE ONLY	20.84		
E2402*	NEGATIVE PRESSURE WOUND THERAPY ELECTRICAL PUMP, STATIONARY OR PORTABLE	1553.40		
<b>OXYGEN AND OXYGEN RELATED ITEMS</b>				
A4614	PEAK EXPIRATORY FLOW RATE METER , HAND-HELD		23.60	
A7006	ADMINISTRATION SET, WITH SMALL VOLUME FILTERED PNEUMATIC NEBULIZER		9.47	
A7027	COMBINATION, ORAL/NASAL MASK USED WITH CPAP DEVICE, EACH		183.32	
A7028	ORAL CUSHION FOR COMBINATION ORAL/NASAL MASK, REPLACEMENT ONLY, EACH		49.16	
A7029	NASAL PILLOWS FOR COMBINATION ORAL/NASAL MASK, REPLACEMENT ONLY, PAIR		20.09	
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.	197.77		
E0431*	PORTABLE GASEOUS OXYGEN SYSTEM, RENTAL; INCLUDES REGULATOR, FLOWMETER, HUMIDIFIER, CANNULA OR MASK AND TUBING	28.77		
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	51.34		
E0434*	PORTABLE LIQUID OXYGEN SYSTEM, RENTAL; INCLUDES PORTABLE CONTAINER, SUPPLY RESERVOIR, HUMIDIFIER, FLOWMETER, REFILL ADAPTER, CONTENTS GAUGE, CANNULA OR MASK & TUBING	28.77		

Note: \* indicates that item requires prior approval

**BOLD** indicates Medicare is primary payor for this item

NC DIVISION OF MEDICAL ASSISTANCE  
**MEDICAID DURABLE MEDICAL EQUIPMENT - FEE SCHEDULE**  
**EFFECTIVE JANUARY 1, 2010**

HPCPS		MEDICAID MAXIMUM SFY2010		
CODE	DESCRIPTION	RENTAL	NEW	USED
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	197.77		
E0441	STATIONARY OXYGEN CONTENTS, GASEOUS, 1 MONTH'S SUPPLY = 1 UNIT		70.10	
E0442	STATIONARY OXYGEN CONTENTS, LIQUID, 1 MONTH'S SUPPLY = 1 UNIT		70.10	
E0443	PORTABLE OXYGEN CONTENTS, GASEOUS, 1 MONTH'S SUPPLY = 1 UNIT		16.50	
E0444	PORTABLE OXYGEN CONTENTS, LIQUID, 1 MONTH'S SUPPLY = 1 UNIT		16.50	
E1354*	OXYGEN ACCESSORY, WHEELED CART FOR PORTABLE CYLINDER OR PORTABLE CONCENTRATOR, ANY TYPE, REPLACEMENT ONLY, EACH	MANUALLY PRICED		
E1355	STAND/RACK		22.23	
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 &amp; QG USED WITH MODIFIER RR WILL INCREASE REIMBURSEMENT TO 150% OF RATE (Used when prescribed amount of oxygen is greater than 4LPM)</i>	175.79		
E1392*	PORTABLE OXYGEN CONCENTRATOR	52.26		
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	51.24		
S8120	OXYGEN CONTENTS, GASEOUS, 1 UNIT EQUALS 1 CUBIC FEET		0.30	
S8121	OXYGEN CONTENTS, LIQUID, 1 UNIT EQUALS 1 POUND		1.14	
W4001*	CO/2 SATURATION MONITOR WITH ACCESSORIES, PROBES	618.85		
	<b>ENTERAL and ORAL NUTRITION PRODUCTS</b>			
A9999*	MISCELLANEOUS DME SUPPLY OR ACCESSORY, NOT OTHERWISE SPECIFIED - FARRELL VALVE ONLY (note A), EACH		8.48	
B4034	ENTERAL FEEDING SUPPLY KIT; SYRINGE FED, PER DAY, EACH		6.46	
B4035	ENTERAL FEEDING SUPPLY KIT; PUMP FED, PER DAY, EACH		11.30	
B4036	ENTERAL FEEDING SUPPLY KIT; GRAVITY FED, PER DAY, EACH		8.45	
B4081	NASOGASTRIC TUBING WITH STYLET, EACH		22.83	
B4082	NASOGASTRIC TUBING WITHOUT STYLET (note A), EACH		16.99	
B4083	STOMACH TUBING - LEVINE TYPE, EACH		2.60	
B4087	GASTROSTOMY/JEJUNOSTOMY TUBE, STANDARD, ANY MATERIAL, ANY TYPE , EACH		18.08	
B4088	GASTROSTOMY/JEJUNOSTOMY TUBE, LOW-PROFILE, ANY MATERIAL, ANY TYPE, EACH		138.70	
B4100	FOOD THICKENER, ADMINISTERED ORALLY, PER OZ.	MANUALLY PRICED		
B4103	ENTERAL FORMULA FOR PEDIATRICS USED TO REPLACE FLUIDS AND ELECTROLYTES (E.S. CLEAR LIQUIDS), 500 ML = 1 UNIT	MANUALLY PRICED		
B4104	ADDITIVE FOR ENTERAL FORMULA (E.G. FIBER)	MANUALLY PRICED		
B4149	ENTERAL FORMULA, MANUFACTURED BLENDERIZED NATURAL FOODS WITH INTACT NUTRIENTS, INCLUDES PROTEINS, FATS, CARBOHYDRATES, VITAMINS, MINERALS, MAY INCLUDE FIBER , ADMINISTERED THROUGH AN ENTERAL FEEDING TUBE, 100 CALORIES = 1 UNIT, EACH		1.66	
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		0.70	
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		0.59	
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		2.01	
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		1.29	
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		1.00	
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.		1.20	
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		0.65	

Note: \* indicates that item requires prior approval

**BOLD** indicates Medicare is primary payor for this item

NC DIVISION OF MEDICAL ASSISTANCE  
**MEDICAID DURABLE MEDICAL EQUIPMENT - FEE SCHEDULE**  
**EFFECTIVE JANUARY 1, 2010**

HPCPS		MEDICAID MAXIMUM SFY2010		
CODE	DESCRIPTION	RENTAL	NEW	USED
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		0.65	
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		0.56	
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		1.90	
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		1.20	
S8265	HABERMAN FEEDER FOR CLEFT LIP / PALATE	MANUALLY PRICED		
W4211*	LOW PROFILE GASTROSTOMY EXTENSION/REPLACEMENT KIT FOR CONTINUOUS FEEDING, EACH		9.82	
W4212*	LOW PROFILE GASTROSTOMY EXTENSION/REPLACEMENT KIT FOR BOLUS FEEDING, EACH		9.82	
	<b>DME RELATED SUPPLIES</b>			
A4213	SYRINGE, STERILE, 20CC OR GREATER, EACH		1.13	
A4215	NEEDLE, STERILE, ANY SIZE, EACH		0.14	
A4217	STERILE WATER/SALINE, 500 ml, EACH		2.64	
A4230	INFUSION SET FOR EXTERNAL INSULIN PUMP, NON-NEEDLE CANNULA TYPE, EACH		15.32	
A4231	INFUSION SET FOR EXTERNAL INSULIN PUMP, NEEDLE TYPE, EACH		7.20	
A4233	Replacement Battery, Alkaline (other than J cell), for use with medically necessary home glucose monitor owned by patient, EACH		0.79	
A4234	Replacement Battery, Alkaline J cell, for use with medically necessary home glucose monitor owned by patient, EACH		3.60	
A4235	Replacement Battery, Lithium, for use with medically necessary home glucose monitor owned by patient, EACH		2.32	
A4236	Replacement Battery, silver oxide, for use with medically necessary home glucose monitor owned by patient, EACH		1.67	
A4244	ALCOHOL OR PEROXIDE, PER PINT, EACH		1.01	
A4246	BETADINE OR PHISOHEX SOLUTION, PER PINT, EACH		5.89	
A4250	URINE TEST OR REAGENT STRIPS OR TABLETS (100 TABLETS OR STRIPS), PER 100		26.38	
A4253	BLOOD GLUCOSE TEST OR REAGENT STRIPS FOR HOME BLOOD GLUCOSE MONITOR, 50 STRIPS / BOX, PER BOX		30.06	
A4256	NORMAL, LOW, AND HIGH CALIBRATOR SOLUTION/CHIPS, EACH		11.35	
A4258	SPRING -POWERED DEVICE FOR LANCET, EACH		17.91	
A4259	LANCETS, 100/BOX, PER BOX		10.91	
A4456	ADHESIVE REMOVER, WIPES, ANY TYPE, EACH		0.26	
A4483	MOISTURE EXCHANGER, DISPOSABLE FOR USE WITH INVASIVE MECHANICAL VENTILATION, EACH		6.39	
A4556	ELECTRODES, (E.G. APNEA MONITOR), set of 2, SET		10.24	
A4557	LEAD WIRES, (E.G. APNEA MONITOR), SET		20.94	
A4595	TENS SUPPLIES, 2-LEAD, PER MONTH, EACH		28.59	
A4611	BATTERY, HEAVY DUTY; REPLACEMENT FOR PATIENT OWNED VENTILATOR, EACH		165.71	
A4612	BATTERY CABLES; REPLACEMENT FOR PATIENT OWNED VENTILATOR, EACH		79.32	
A4613	BATTERY CHARGER; REPLACEMENT FOR PATIENT OWNED VENTILATOR, EACH		121.65	
A4615	CANNULA, NASAL, EACH		0.82	
A4616	TUBING, OXYGEN, PER FOOT		0.07	
A4617	MOUTHPIECE, EACH		3.56	
A4618	BREATHING CIRCUITS, EACH		7.50	
A4623	TRACHEOSTOMY, INNER CANNULA (REPLACEMENT ONLY), EACH		5.53	
A4624	TRACHEAL SUCTION CATHETER, ANY TYPE, EACH		2.22	
A4625	TRACHEOSTOMY CARE KIT FOR NEW TRACHEOSTOMY, EACH		5.85	
A4626	TRACHEOSTOMY CLEANING BRUSH, EACH		2.69	
A4627	SPACER, BAG or RESERVOIR, w/ or w/o mask, for use w/ metered dose inhaler (Inspirease or Aerochamber), EACH		37.17	
A4628	OROPHARYNGEAL SUCTION CATHETER, EACH		3.71	
A4629	TRACHEOSTOMY CARE KIT FOR ESTABLISHED TRACHEOSTOMY, EACH		4.59	
A4927	GLOVES, NON-STERILE, 100/BOX, PER BOX		11.52	
A4930	GLOVES, STERILE, PER PAIR		0.89	
A6257	TRANSPARENT FILM 16 SQ INCHES BUT LESS THAN OR EQUAL TO 48 SQ INCHES EACH DRESSING (FOR USE WITH EXTERNAL INSULIN PUMP, EACH		1.52	
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		4.27	
A6550	WOUND CARE SET FOR NEGATIVE PRESSURE WOUND THERAPY ELECTRICAL PUMP, INCLUDES ALL SUPPLIES AND ACCESSORIES, EACH		27.21	

Note: \* indicates that item requires prior approval

**BOLD** indicates Medicare is primary payor for this item

NC DIVISION OF MEDICAL ASSISTANCE  
**MEDICAID DURABLE MEDICAL EQUIPMENT - FEE SCHEDULE**  
**EFFECTIVE JANUARY 1, 2010**

HCPCS CODE	DESCRIPTION	MEDICAID MAXIMUM SFY2010		
		RENTAL	NEW	USED
A7000	CANISTER, DISPOSABLE, USED WITH SUCTION PUMP, EACH		9.30	
A7001	CANISTER, NON-DISPOSABLE, USED WITH SUCTION PUMP, EACH		28.47	
A7002	TUBING, USED WITH SUCTION PUMP, EACH		3.24	
A7003	ADMINISTRATION SET, SMALL VOLUME NON-FILTERED PNEUMATIC NEBULIZER, DISPOSABLE, EACH		2.65	
A7004	SMALL VOLUME NON-FILTERED PNEUMATIC NEBULIZER, DISPOSABLE, EACH		1.52	
A7005	ADMINISTRATION SET, WITH SMALL VOLUME NON-FILTERED PNEUMATIC NEBULIZER, NON-DISPOSABLE NEBULIZER, NON DISPOSABLE, EACH		26.01	
A7007	LARGE VOLUME NEBULIZER, DISPOSABLE, UNFILLED, USED WITH AEROSOL COMPRESSOR, EACH		4.24	
A7010	CORRUGATED TUBING, DISPOSABLE, USED WITH LARGE VOLUME NEBULIZER, 100 FEET, EACH		19.90	
A7012	WATER COLLECTION DEVICE, USED WITH LARGE VOLUME NEBULIZER, EACH		3.70	
A7013	FILTER, DISPOSABLE, USED WITH AEROSOL COMPRESSOR, 1 PAIR		0.70	
A7015	AEROSOL MASK USED WITH DME NEBULIZER, EACH		1.87	
A7025*	HIGH FREQUENCY CHEST WALL OSCILLATION SYSTEM VEST, REPLACEMENT FOR USE WITH PATIENT OWNED EQUIPMENT, EACH		431.63	
A7026*	HIGH FREQUENCY CHEST WALL OSCILLATION SYSTEM HOSE REPLACEMENT FOR USE WITH PATIENT OWNED EQUIPMENT, EACH		28.53	
A7030	FULL FACE MASK USED WITH POSITIVE AIRWAY PRESSURE DEVICE, EACH		187.21	
A7031	FULL FACE MASK INTERFACE, REPLACEMENT FOR FULL FACE MASK, EACH		69.24	
A7032	CUSHION FOR USE ON NASAL MASK INTERFACE, REPLACEMENT ONLY, EACH		40.22	
A7033	PILLOW FOR USE ON NASAL CANNULA TYPE INTERFACE, REPLACEMENT ONLY, PAIR		28.19	
A7034	NASAL INTERFACE (MASK OR CANNULA TYPE) USED WITH POSITIVE AIRWAY PRESSURE DEVICewith OR WITHOUT HEAD STRAP, EACH		116.75	
A7035	HEADGEAR, USED WITH POSITIVE AIRWAY PRESSURE DEVICE, EACH		35.49	
A7036	CHIN STRAP, USED WITH POSITIVE AIRWAY PRESSURE DEVICE, EACH		15.35	
A7037	TUBING, USED WITH POSITIVE AIRWAY PRESSURE DEVICE, EACH		39.18	
A7038	FILTER, DISPOSABLE, USED WITH AIRWAY PRESSURE DEVICE, EACH		5.26	
A7039	FILTER, NONDISPOSABLE, USED WITH POSITIVE AIRWAY PRESSURE DEVICE, EACH		12.93	
A7520	TRACHEOSTOMY OR LARYNGECTOMY TUBE, NON CUFFED, POLYVINYLCHLORIDE, EACH		47.12	
A7521	TRACHEOSTOMY/LARYNGECTOMY TUBE, CUFFED, POLYVINYLCHLORIDE (PVC), SILICONE OR EQUAL, EACH		46.69	
A7522	TRACHEOSTOMY/LARYNGECTOMY TUBE, STAINLESS STEEL OR EQUAL (STERILIZABLE AND REUSABLE), EACH		44.82	
A7525	TRACHEOSTOMY MASK, EACH		2.05	
A7526	TRACHEOSTOMY TUBE COLLAR/HOLDER, EACH		3.34	
A9274	EXTERNAL AMBULATORY INSULIN DELIVERY SYSTEM, DISPOSABLE, EACH, INCLUDES ALL SUPPLIES AND ACCESSORIES		34.24	
K0552	SUPPLIES FOR EXTERNAL INFUSION PUMP, SYRINGE TYPE CARTRIDGE, STERILE, EACH		2.59	
K0601	REPLACEMENT BATTERY FOR EXTERNAL INFUSION PUMP OWNED BY PATIENT, SILVER OXIDE, 1.5 VOLT, EACH		1.09	
K0602	REPLACEMENT BATTERY FOR EXTERNAL INFUSION PUMP OWNED BY PATIENT, SILVER OXIDE, 3 VOLT, EACH		6.31	
K0603	REPLACEMENT BATTERY FOR EXTERNAL INFUSION PUMP OWNED BY PATIENT, ALKALINE, 1.5 VOLT, EACH		0.57	
K0604	REPLACEMENT BATTERY FOR EXTERNAL INFUSION PUMP OWNEN BY PATIENT, LITHIUM, 3.6 VOLT, EACH		6.04	
K0605	REPLACEMENT BATTERY FOR EXTERNAL INFUSION PUMP OWNED BY PATIENT, LITHIUM, 4.5 VOLT, EACH		14.49	
L8501	TRACHEOSTOMY SPEAKING VALVE, EACH		124.09	
S8490	INSULIN SYRINGES (100 SYRINGES per box, ANY SIZE), 1 UNIT = 1 BOX		30.11	
W4120*	DISPOSABLE BAGS FOR INSPIREASE INHALER SYSTEM, set of 3, EACH		12.34	
W4153*	TRACHEOSTOMY TIES, TWILL, EACH		0.32	
W4651*	BLOOD GLUCOSE TEST STRIPS (visual strips - not for use with blood glucose monitor) PER BOTTLE		1.98	
W4670*	STERILE SALINE, 3 CC VIAL, EACH		0.34	
W4672*	GRAY ADAPTER FOR USE WITH EXTERNAL INSULIN PUMP, EACH		8.28	
W4673*	PISTON ROD FOR USE WITH EXTERNAL INSULIN PUMP, EACH		11.82	
W4678*	REPLACEMENT BATTERY FOR PORTABLE SUCTION PUMP ADAPTIC AND TRANSPARENT TYPE SUCH AS TEGADERM OR OPSITE for use with external insulin pump, EACH		74.92	
<b>AUGMENTATIVE AND ALTERNATIVE COMMUNICATION DEVICES</b>				
E1902	COMMUNICATION BOARD, NON-ELECTRONIC, AUGMENTATIVE OR ALTERNATIVE COMMUNICATION DEVICE	MANUALLY PRICED		
E2500	SPEECH GENERATING DEVICE, DIGITALIZED SPEECH, USING PRE-RECORDED MESSAGES, LESS THAN OR EQUAL TO 8 MINUTES RECORDING TIME	40.76	407.49	305.61
E2502	SPEECH GENERATING DEVICE, DIGITALIZED SPEECH, USING PRE-RECORDED MESSAGES, MORE THAN 8 MINUTES BUT LESS THAN OR EQUAL TO 20 MINUTES RECORDING TIME	124.62	1246.05	934.54
E2504	SPEECH GENERATING DEVICE, DIGITALIZED SPEECH, USING PRE-RECORDED MESSAGES, MORE THAN 20 MINUTES BUT LESS THAN OR EQUAL TO 40 MINUTES RECORDING TIME	164.39	1643.70	1232.76

Note: \* indicates that item requires prior approval

**BOLD** indicates Medicare is primary payor for this item

NC DIVISION OF MEDICAL ASSISTANCE  
**MEDICAID DURABLE MEDICAL EQUIPMENT - FEE SCHEDULE**  
**EFFECTIVE JANUARY 1, 2010**

HPCPS		MEDICAID MAXIMUM SFY2010		
CODE	DESCRIPTION	RENTAL	NEW	USED
E2506	SPEECH GENERATING DEVICE, DIGITALIZED SPEECH, USING PRE-RECORDED MESSAGES, GREATER THAN 40 MINUTES RECORDING TIME	241.00	2410.15	1807.58
E2508*	SPEECH GENERATING DEVICE, SYNTHESIZED SPEECH, REQUIRING MESSAGE FORMULATION BY SPELLING AND ACCESS BY PHYSICAL CONTACT WITH THE DEVICE	372.70	3726.90	2795.18
E2510*	SPEECH GENERATING DEVICE, SYNTHESIZED SPEECH, PERMITTING MULTIPLE METHODS OF MESSAGE FORMULATION AND MULTIPLE METHODS OF DEVICE ACCESS	705.26	7052.65	5289.48
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)		12.05	
	<b>EQUIPMENT SERVICE AND REPAIR</b>			
K0739*	REPAIR OR NON-ROUTINE SERVICE FOR DME EQUIPMENT REQUIRING THE SKILL OF A TECHNICIAN, LABOR COMPONENT 15 MIN, EACH		12.05	
	<b>INDIVIDUALLY PRICED</b>			
E0784*	EXTERNAL AMBULATORY INFUSION PUMP, INSULIN	414.40	MANUALLY PRICED	
	<b>INCONTINENCE, OSTOMY AND URINARY SUPPLIES</b>			
A4310	INSERTION TRAY WITHOUT DRAINAGE BAG AND WITHOUT CATHETER (ACCESSORIES ONLY)		6.89	
A4311	INSERTION TRAY WITHOUT DRAINAGE BAG AND WITH INDWELLING CATHETER, FOLEY TYPE, 2-WAY LATEX WITH COATING (TEFLON, SILICONE, SILICONE ELASTOMER OR HYDROPHILIC, ETC.)		15.58	
A4313	INSERTION TRAY WITHOUT DRAINAGE BAG AND WITH INDWELLING CATHETER, FOLEY TYPE, 3-WAY FOR CONTINUOUS IRRIGATION		19.45	
A4314	INSERTION TRAY WITH DRAINAGE BAG AND WITH INDWELLING CATHETER, FOLEY TYPE, 2-WAY LATEX WITH COATING (TEFLON, SILICONE, SILICONE ELASTOMER OR HYDROPHILIC, ETC.)		26.55	
A4316	INSERTION TRAY WITH DRAINAGE BAG AND WITH INDWELLING CATHETER, FOLEY TYPE, 3-WAY FOR CONTINUOUS IRRIGATION		29.82	
A4320	IRRIGATION TRAY WITH BULB OR PISTON SYRINGE, ANY PURPOSE		4.76	
A4321	THERAPEUTIC AGENT FOR URINARY CATHETER IRRIGATION		7.09	
A4322	IRRIGATION SYRINGE, BULB, OR PISTON, EACH		3.08	
A4328	FEMALE EXTERNAL URINARY COLLECTION DEVICE; POUCH, EACH		10.76	
A4331	EXTENSION DRAINAGE TUBING, ANY TYPE, ANY LENGTH, WITH CONNECTOR/ADAPTOR, FOR USE WITH URINARY LEG BAG OR UROSTOMY POUCH, EACH		3.34	
A4334	URINARY CATHETER ANCHORING DEVICE, LEG STRAP, EACH		5.18	
A4335	INCONTINENCE SUPPLY; MISCELLANEOUS		4.15	
A4338	INDWELLING CATHETER; FOLEY TYPE, 2-WAY LATEX WITH COATING (TEFLON, SILICONE, SILICONE ELASTOMER OR HYDROPHILIC, ETC.) EACH		11.41	
A4340	INDWELLING CATHETER; SPECIALTY TYPE, (e.g. COUDE, MUSHROOM, WING, ETC.), EACH		28.34	
A4344	INDWELLING CATHETER; FOLEY TYPE, 2-WAY, ALL SILICONE, EACH		15.07	
A4349	MALE, EXTERNAL CATHETER, WITH OR WITHOUT ADHESIVE, DISPOSABLE, EACH		2.12	
A4351	INTERMITTENT URINARY CATHETER, STRAIGHT TIP, WITH OR WITHOUT COATING (TEFLON, SILICONE, SILICONE ELASTOMER OR HYDROPHILIC, ETC.) EACH		1.62	
A4352	INTERMITTENT URINARY CATHETER, COUGE (CURVED) TIP, WITH OR WITHOUT COATING (TEFLON, SILICONE, SILICONE ELASTOMER OR HYDROPHILIC, ETC.) EACH		6.24	
A4353	INTERMITTENT URINARY CATHETER, WITH INSERTION SUPPLIES		7.35	
A4354	INSERTION TRAY WITH DRAINAGE BAG BUT WITHOUT CATHETER		12.39	
A4357	BEDSIDE DRAINAGE BAG, DAY OR NIGHT, WITH OR WITHOUT ANTI-REFLUX DEVICE, WITH OR WITHOUT TUBE, EACH		10.19	
A4358	URINARY DRAINAGE BAG, LEG OR ABDOMEN, VINYL, WITH OR WITHOUT TUBE, WITH STRAPS, EACH		6.96	
A4361	OSTOMY FACEPLATE, EACH		18.18	
A4362	SKIN BARRIER; SOLID, 4X4 OR EQUIVALENT; EACH		3.63	
A4364	ADHESIVE LIQUID, OR EQUAL, ANY TYPE, PER OZ		5.97	
A4367	OSTOMY BELT, EACH		6.56	
A4368	OSTOMY FILTER, ANY TYPE, EACH		0.25	
A4369	OSTOMY SKIN BARRIER, LIQUID (SPRAY, BRUSH, ETC.) PER OZ.		3.96	
A4371	OSTOMY SKIN BARRIER, POWDER, PER OZ.		6.93	
A4372	OSTOMY SKIN BARRIER; SOLID, 4X4 OR EQUIVALENT, STANDARD WEAR, WITH BUILT-IN CONVEXITY, EACH		4.39	
A4373	OSTOMY SKIN BARRIER WITH FLANGE (SOLID, FLEXIBLE OR ACCORDIAN), WITH BUILT-IN CONVEXITY, ANY SIZE, EACH		6.59	
A4375	OSTOMY POUCH, DRAINABLE, WITH FACEPLATE ATTACHED, PLASTIC, EACH		18.04	
A4376	OSTOMY POUCH, DRAINABLE, WITH FACEPLATE ATTACHED, RUBBER, EACH		47.10	
A4377	OSTOMY POUCH, DRAINABLE, FOR USE ON FACEPLATE, PLASTIC, EACH		4.50	
A4378	OSTOMY POUCH, DRAINABLE, FOR USE ON FACEPLATE, RUBBER, EACH		30.44	
A4379	OSTOMY POUCH, URINARY, WITH FACEPLATE ATTACHED, PLASTIC, EACH		15.77	
A4380	OSTOMY POUCH, URINARY, WITH FACEPLATE ATTACHED, RUBBER, EACH		36.95	

Note: \* indicates that item requires prior approval

**BOLD** indicates Medicare is primary payor for this item



NC DIVISION OF MEDICAL ASSISTANCE  
**MEDICAID DURABLE MEDICAL EQUIPMENT - FEE SCHEDULE**  
**EFFECTIVE JANUARY 1, 2010**

HCPCS CODE	DESCRIPTION	MEDICAID MAXIMUM SFY2010		
		RENTAL	NEW	USED
A4381	OSTOMY POUCH, URINARY, FOR USE ON FACEPLATE, PLASTIC, EACH		4.84	
A4382	OSTOMY POUCH, URINARY, FOR USE ON FACEPLATE, HEAVY PLASTIC, EACH		24.37	
A4383	OSTOMY POUCH, URINARY, FOR USE ON FACEPLATE, RUBBER, EACH		27.90	
A4384	OSTOMY FACEPLATE EQUIVALENT, SILICONE RING, EACH		9.52	
A4385	OSTOMY SKIN BARRIER, SOLID 4X4 OR EQUIVALENT, EXTENDED WEAR, WITHOUT BUILT-IN CONVEXITY, EACH		5.36	
A4388	OSTOMY POUCH, DRAINABLE, WITH EXTENDED WEAR BARRIER ATTACHED, (1 PIECE), EACH		4.58	
A4389	OSTOMY POUCH, DRAINABLE, WITH BARRIER ATTACHED, WITH BUILT-IN CONVEXITY (1 PIECE), EACH		6.16	
A4390	OSTOMY POUCH, DRAINABLE, WITH EXTENDED WEAR BARRIER ATTACHED, WITH BUILT-IN CONVEXITY (1 PIECE), EACH		10.09	
A4391	OSTOMY POUCH, URINARY, WITH EXTENDED WEAR BARRIER ATTACHED, (1 PIECE), EACH		6.99	
A4392	OSTOMY POUCH, URINARY, WITH STANDARD WEAR BARRIER ATTACHED, WITH BUILT-IN CONVEXITY (1 PIECE), EACH		8.10	
A4393	OSTOMY POUCH, URINARY, WITH EXTENDED WEAR BARRIER ATTACHED, WITH BUILT-IN CONVEXITY (1 PIECE), EACH		8.95	
A4394	OSTOMY DEODORANT, WITH OR WITHOUT LUBRICANT, FOR USE IN OSTOMY POUCH, PER FL. OZ.		2.71	
A4395	OSTOMY DEODORANT, FOR USE IN OSTOMY POUCH, SOLID, PER TABLET		0.05	
A4397	IRRIGATION SUPPLY; SLEEVE, EACH		4.07	
A4398	OSTOMY IRRIGATION SUPPLY; BAG, EACH		14.50	
A4399	OSTOMY IRRIGATION SUPPLY; CONE / CATHETER, INCLUDING BRUSH		12.76	
A4400	OSTOMY IRRIGATION SET		43.61	
A4402	LUBRICANT, PER OZ.		1.35	
A4404	OSTOMY RING, EACH		1.50	
A4405	OSTOMY SKIN BARRIER, NONPECTIN-BASED, PASTE, PER OZ.		4.25	
A4406	OSTOMY SKIN BARRIER, PECTIN-BASED, PASTE, PER OZ.		6.30	
A4407	OSTOMY SKIN BARRIER, WITH FLANGE (SOLID, FLEXIBLE, OR ACCORDIAN), EXTENDED WEAR, WITH BUILT-IN CONVEXITY, 4X4 IN. OR SMALLER, EACH		8.82	
A4408	OSTOMY SKIN BARRIER, WITH FLANGE (SOLID, FLEXIBLE, OR ACCORDIAN), EXTENDED WEAR, WITH BUILT-IN CONVEXITY, LARGER THAN 4X4 IN. EACH		10.36	
A4409	OSTOMY SKIN BARRIER, WITH FLANGE (SOLID, FLEXIBLE, OR ACCORDIAN), EXTENDED WEAR, WITHOUT BUILT-IN CONVEXITY, 4X4 IN. OR SMALLER, EACH		6.53	
A4410	OSTOMY SKIN BARRIER, WITH FLANGE (SOLID, FLEXIBLE, OR ACCORDIAN), EXTENDED WEAR, WITHOUT BUILT-IN CONVEXITY, LARGER THAN 4X4 IN. EACH		9.04	
A4411	OSTOMY SKIN BARRIER, SOLID 4X4 OR EQUIVALENT, EXTENDED WEAR, WITH BUILT-IN CONVEXITY		5.36	
A4414	OSTOMY SKIN BARRIER, WITH FLANGE (SOLID, FLEXIBLE, OR ACCORDIAN), WITHOUT BUILT-IN CONVEXITY, 4X4 IN. OR SMALLER, EACH		5.18	
A4415	OSTOMY SKIN BARRIER, WITH FLANGE (SOLID, FLEXIBLE, OR ACCORDIAN), WITHOUT BUILT-IN CONVEXITY, LARGER THAN 4X4 IN. EACH		6.30	
A4416	OSTOMY POUCH, CLOSED, WITH BARRIER ATTACHED, WITH FILTER (1-PIECE), EACH		2.89	
A4417	OSTOMY POUCH, CLOSED, WITH BARRIER ATTACHED, WITH BUILT-IN CONVEXITY, WITH FILTER (1-PIECE), EACH		3.91	
A4418	OSTOMY POUCH, CLOSED, WITHOUT BARRIER ATTACHED, WITH FILTER (1-PIECE), EACH		1.90	
A4419	OSTOMY POUCH, CLOSED, FOR USE ON BARRIER WITH NONLOCKING FLANGE, WITH FILTER (2-PIECE), EACH		1.83	
A4423	OSTOMY POUCH, CLOSED, FOR USE ON BARRIER WITH LOCKING FLANGE, WITH FILTER (2-PIECE), EACH		1.95	
A4424	OSTOMY POUCH, DRAINABLE, WITH BARRIER ATTACHED, WITH FILTER (1-PIECE), EACH		4.99	
A4425	OSTOMY POUCH, DRAINABLE; FOR USE ON BARRIER WITH NONLOCKING FLANGE, WITH FILTER (2-PIECE), EACH		3.76	
A4426	OSTOMY POUCH, DRAINABLE; FOR USE ON BARRIER WITH LOCKING FLANGE, WITH FILTER (2-PIECE), EACH		2.87	
A4427	OSTOMY POUCH, DRAINABLE, FOR USE ON BARRIER WITH LOCKING FLANGE, (2-PIECE SYSTEM), EACH		2.92	
A4428	OSTOMY POUCH, URINARY, WITH EXTENDED WEAR BARRIER ATTACHED, WITH FAUCET-TYPE TAP WITH VALVE (1-PIECE), EACH		6.84	
A4429	OSTOMY POUCH, URINARY, WITH BARRIER ATTACHED, WITH BUILT-IN CONVEXITY, WITH FAUCET-TYPE TAP WITH VALVE (1-PIECE), EACH		8.66	
A4430	OSTOMY POUCH, URINARY, WITH EXTENDED WEAR BARRIER ATTACHED, WITH BUILT-IN CONVEXITY, WITH FAUCET-TYPE TAP WITH VALVE (1-PIECE), EACH		8.95	
A4431	OSTOMY POUCH, URINARY, WITH BARRIER ATTACHED, WITH FAUCET-TYPE TAP WITH VALVE (1-PIECE), EACH		6.53	
A4432	OSTOMY POUCH, URINARY; FOR USE ON BARRIER WITH NONLOCKING FLANGE, WITH FAUCET-TYPE TAP WITH VALVE (2-PIECE), EACH		3.77	
A4433	OSTOMY POUCH, URINARY; FOR USE ON BARRIER WITH LOCKING FLANGE (2-PIECE), EACH		3.51	
A4450	TAPE, NONWATERPROOF, PER 18 SQ IN		0.09	
A4452	TAPE, WATERPROOF, PER 18 SQ IN		0.38	
A4455	ADHESIVE REMOVER OR SOLVENT (FOR TAPE, CEMENT, OR OTHER ADHESIVE), PER OZ.		3.84	
A4554	DISPOSABLE UNDERPADS ALL SIZES		0.53	

Note: \* indicates that item requires prior approval

**BOLD** indicates Medicare is primary payor for this item

NC DIVISION OF MEDICAL ASSISTANCE  
**MEDICAID DURABLE MEDICAL EQUIPMENT - FEE SCHEDULE**  
**EFFECTIVE JANUARY 1, 2010**

HCPCS CODE	DESCRIPTION	MEDICAID MAXIMUM SFY2010		
		RENTAL	NEW	USED
A5051	OSTOMY POUCH, CLOSED; WITH BARRIER ATTACHED (1-PIECE), EACH		2.75	
A5052	OSTOMY POUCH, CLOSED; WITHOUT BARRIER ATTACHED (1-PIECE), EACH		1.70	
A5053	OSTOMY POUCH, CLOSED; FOR USE ON FACEPLATE, EACH		1.47	
A5054	OSTOMY POUCH, CLOSED; FOR USE ON BARRIER WITH FLANGE (2-PIECE) EACH		1.72	
A5055	STOMA CAP		1.32	
A5061	OSTOMY POUCH, DRAINABLE; WITH BARRIER ATTACHED (1-PIECE), EACH		4.22	
A5062	OSTOMY POUCH, DRAINABLE; WITHOUT BARRIER ATTACHED (1-PIECE), EACH		2.50	
A5063	OSTOMY POUCH, DRAINABLE; FOR USE ON BARRIER WITH FLANGE (2-PIECE SYSTEM) EACH		3.07	
A5071	OSTOMY POUCH, URINARY; WITH BARRIER ATTACHED (1-PIECE), EACH		4.79	
A5072	OSTOMY POUCH, URINARY; WITHOUT BARRIER ATTACHED (1-PIECE), EACH		3.47	
A5073	OSTOMY POUCH, URINARY; FOR USE ON BARRIER WITH FLANGE (2-PIECE SYSTEM) EACH		3.18	
A5093	OSTOMY ACCESSORY, CONVEX INSERT		1.64	
A5102	BEDSIDE DRAINAGE BOTTLE WITH OR WITHOUT TUBE, EACH		22.35	
A5120	SKIN BARRIER, WIPES OR SWABS, EACH		0.25	
A5121	SKIN BARRIER, SOLID 6X6 OR EQUIVALENT, EACH		8.97	
A5122	SKIN BARRIER, SOLID 8X8 OR EQUIVALENT, EACH		12.54	
A5126	ADHESIVE OR NONADHESIVE; DISK OR FOAM PAD		1.12	
A5131	APPLIANCE CLEANER, INCONTINENCE AND OSTOMY APPLIANCES, PER 16 OZ		14.32	
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		0.91	
T4522	ADULT SIZE DISPOSABLE INCONTINENCE PRODUCT, BRIEF / DIAPER, MEDIUM, EACH		0.91	
T4523	ADULT SIZE DISPOSABLE INCONTINENCE PRODUCT, BRIEF / DIAPER, LARGE, EACH		0.91	
T4524	ADULT SIZE DISPOSABLE INCONTINENCE PRODUCT, BRIEF / DIAPER, EXTRA LARGE, EACH		0.91	
T4529	PEDIATRIC SIZE DISPOSABLE INCONTINENCE PRODUCT, BRIEF / DIAPER, SMALL / MEDIUM, EACH		0.91	
T4530	PEDIATRIC SIZE DISPOSABLE INCONTINENCE PRODUCT, BRIEF / DIAPER, LARGE, EACH		0.91	
T4533	YOUTH SIZE DISPOSABLE INCONTINENCE PRODUCT, BRIEF / DIAPER, EACH		0.91	
	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 payor for this item