

NORTH CAROLINA DEPARTMENT OF MEDICAL ASSISTANCE, MEDICAID DURABLE MEDICAL EQUIPMENT FEE SCHEDULE
AUGUST 1, 2008

HCPCS CODE	INEXPENSIVE OR ROUTINELY PURCHASED ITEMS DESCRIPTION	MEDICAID MAXIMUM - SFY2009		
		RENTAL	NEW	USED
A4637	REPLACEMENT TIP, CANE, CRUTCH, WALKER, EACH		2.13	
A4640	REPLACEMENT PAD FOR USE WITH MEDICALLY NECESSARY ALTERNATING PRESSURE PAD OWNED BY PATIENT		57.07	
E0100	CANE, INCLUDES CANES OF ALL MATERIALS, ADJUSTABLE OR FIXED, WITH TIP		17.91	13.82
E0105	CANE, QUAD OR THREE PRONG, INCLUDES CANES OF ALL MATERIALS, ADJUSTABLE OR FIXED, WITH TIPS		47.58	35.68
E0110	CRUTCHES, FOREARM, INCLUDES CRUTCHES OF VARIOUS MATERIALS, ADJUSTABLE OR FIXED, PAIR, WITH TIPS AND HAND GRIPS		74.83	56.14
E0111	CRUTCH, FOREARM, INCLUDES CRUTCHES OF VARIOUS MATERIALS, ADJUSTABLE OR FIXED, EACH, WITH TIP AND HANDGRIPS		45.27	34.81
E0112	CRUTCHES UNDERARM, WOOD, ADJUSTABLE OR FIXED, PAIR, WITH PADS, TIPS AND HANDGRIPS		33.62	25.20
E0114	CRUTCHES UNDERARM, ALUMINUM, ADJUSTABLE OR FIXED, PAIR, WITH PADS, TIPS AND HANDGRIPS		40.11	30.32
E0130	WALKER, RIGID (PICKUP), ADJUSTABLE OR FIXED HEIGHT		66.09	49.57
E0135	WALKER, FOLDING (PICKUP), ADJUSTABLE OR FIXED HEIGHT		83.84	64.32
E0141	WALKER, RIGID, WHEELED, ADJUSTABLE OR FIXED HEIGHT		115.29	86.47
E0143	WALKER, FOLDING, WHEELED, ADJUSTABLE OR FIXED HEIGHT		106.09	76.48
E0148	WALKER HEAVY DUTY, WITHOUT WHEELS, RIGID OR FOLDING ANY TYPE, EACH		140.25	114.64
E0149	WALKER, HEAVY DUTY, WHEELED, RIGID OR FOLDING, ANY TYPE, EACH		227.09	170.32
E0154	PLATFORM ATTACHMENT, WALKER, EACH		70.51	53.57
E0199	DRY PRESSURE PAD FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH		27.24	20.43
E0240	BATH/SHOWER CHAIR, WITH OR WITHOUT WHEELS, ANY SIZE		69.19	51.89
E0244	RAISED TOILET SEAT (clamp-on type)		81.66	61.24
E0247	TRANSFER BENCH FOR TUB OR TOILET WITH OR WITHOUT COMMODO OPENING		98.22	73.66
E0248	TRANSFER BENCH, HEAVY DUTY, FOR TUB OR TOILET WITH OR WITHOUT COMMODO OPENING		267.73	200.80
E0271	MATTRESS, INNERSPRING		222.04	171.45
E0272	MATTRESS, FOAM RUBBER		202.37	151.05
E0276	BED PAN, FRACTURE, METAL OR PLASTIC		11.31	8.84
E0280	BED CRADLE, ANY TYPE		32.47	24.35
E0305	BED SIDE RAILS, HALF LENGTH		152.71	114.54
E0310	BED SIDE RAILS, FULL LENGTH		177.87	135.70
E0325	URINAL; MALE, JUG-TYPE, ANY MATERIAL		8.59	5.69
E0326	URINAL; FEMALE, JUG-TYPE, ANY MATERIAL		8.93	6.69
E0607	HOME BLOOD GLUCOSE MONITOR		66.82	50.10
E0621	SLING OR SEAT, PATIENT LIFT, CANVAS OR NYLON		84.14	63.12
E0840	TRACTION FRAME, ATTACHED TO HEADBOARD, CERVICAL TRACTION		62.29	46.69
E0860	TRACTION EQUIPMENT, OVERDOOR, CERVICAL		33.97	25.48
E0890	TRACTION FRAME, ATTACHED TO FOOTBOARD, PELVIC TRACTION		102.35	78.66
E0980	SAFETY VEST, WHEELCHAIR		28.10	20.96
S5560	INSULIN DELIVERY DEVICE, REUSABLE PEN: 1.5 ML SIZE		57.39	0.00
S5561	INSULIN DELIVERY DEVICE, REUSABLE PEN: 3 ML SIZE		57.39	0.00
W4002*	MANUAL VENTILATION BAG (e.g. AMBU BAG)		181.99	136.49
W4016*	BATH SEAT, PEDIATRIC (e.g. TLC)		429.13	321.85
W4633*	EGGCRATE MATTRESS PAD		20.44	
W4688*	SINGLE POINT CANE FOR WEIGHTS 251# TO 500#		27.41	20.55
W4689*	QUAD CANE FOR WEIGHTS 251# TO 500#		67.76	50.82
W4690*	CRUTCHES FOR WEIGHTS 251# TO 500#		171.87	128.91
W4691*	FIXED-HEIGHT FOREARM CRUTCHES FOR WEIGHTS TO 600#		429.97	322.48
W4695*	GLIDES/SKIS FOR USE WITH WALKER		32.24	0.00
W4733*	REPLACEMENT OVERSIZED INNERSPRING MATTRESS FOR HOSPITAL BED W/ WIDTH TO 39"		349.35	262.02
W4734*	REPLACEMENT OVERSIZED INNERSPRING MATTRESS FOR HOSPITAL BED W/ WIDTH TO 48"		429.97	322.47
W4735*	REPLACEMENT OVERSIZED INNERSPRING MATTRESS FOR HOSPITAL BED W/ WIDTH TO 54"		440.72	330.54
W4736*	REPLACEMENT OVERSIZED INNERSPRING MATTRESS FOR HOSPITAL BED W/ WIDTH TO 60"		462.22	346.67
HCPCS CODE	CAPPED RENTAL/PURCHASED EQUIPMENT DESCRIPTION	MEDICAID MAXIMUM		
		RENTAL	NEW	USED
B9002	ENTERAL PUMP, WITH ALARM	126.36	1304.57	978.42
B9004	PARENTERAL INFUSION PUMP - PORTABLE	411.96	2602.24	1951.68
B9006	PARENTERAL INFUSION PUMP - STATIONARY	411.96	2602.24	1951.68
E0163	COMMODO CHAIR, MOBILE OR STATIONARY, WITH FIXED ARMS	9.66	94.16	72.29
E0165	COMMODO CHAIR, MOBILE OR STATIONARY, WITH DETACHABLE ARMS	15.79	157.90	118.43
E0167	PAIL OR PAN FOR USE WITH COMODO CHAIR, REPLACEMENT ONLY		11.56	
E0168	COMMODO CHAIR, EXTRA WIDE AND/OR HEAVY DUTY, STATIONARY OR MOBILE WITH OR WITHOUT ARMS, ANY TYPE EACH	50.00	500.00	375.00
E0181	POWERED PRESSURE REDUCING MATTRESS OVERLAY/PAD, ALTERNATING WITH PUMP, INCLUDES HEAVY DUTY	21.23	212.23	159.17
E0182	PUMP FOR ALTERNATING PRESSURE PAD, FOR REPLACEMENT ONLY	22.25	222.50	166.88
E0184	DRY PRESSURE MATTRESS	20.13	194.70	149.32
E0185	GEL OR GEL-LIKE PRESSURE PAD FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	41.58	319.86	245.48
E0186	AIR PRESSURE MATTRESS	10.76	107.64	80.72
E0187	WATER PRESSURE MATTRESS	15.14	151.39	113.55

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HCPCS CODE	CAPPED RENTAL/PURCHASED EQUIPMENT DESCRIPTION continued	MEDICAID MAXIMUM		
		RENTAL	NEW	USED
E0193*	POWERED AIR FLOTATION BED (LOW AIR LOSS THERAPY)	903.46	9034.60	6775.95
E0196	GEL PRESSURE MATTRESS	32.49	324.90	243.68
E0197	AIR PRESSURE PAD FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	25.68	188.34	163.52
E0198	WATER PRESSURE PAD FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	21.86	218.54	163.91
E0235	PARAFFIN BATH UNIT, PORTABLE	16.48	164.80	123.60
E0250*	HOSPITAL BED, FIXED HEIGHT, WITH ANY TYPE SIDE RAILS, WITH MATTRESS	91.29	912.90	684.68
E0255*	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITH ANY TYPE SIDE RAILS, WITH MATTRESS	105.39	1053.90	790.43
E0260*	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT) WITH ANY TYPE SIDE RAILS, WITH MATTRESS	137.14	1371.42	1028.57
E0265*	HOSPITAL BED, TOTAL ELECTRIC (HEAD, FOOT AND HEIGHT ADJUSTMENTS), WITH ANY TYPE SIDE RAILS, WITH MATTRESS	199.88	1998.80	1499.10
E0277*	POWERED PRESSURE-REDUCING AIR MATTRESS	703.47	7034.70	5276.03
E0303*	HOSPITAL BED HEAVY DUTY, EXTRA WIDE FOR WEIGHTS 350 LBS BUT LESS THAN 600 LBS W/ MATTRESS AND ANY TYPE SIDE RAILS	442.68	6436.40	4063.80
E0304*	HOSPITAL BED, EXTRA HEAVY DUTY FOR WEIGHT CAPACITY GREATER THAN 600 LBS W/ MATTRESS AND ANY TYPE SIDE RAILS	778.94	7809.64	5888.83
E0371*	NONPOWERED ADVANCED PRESSURE REDUCING OVERLAY FOR MATTRESS	444.48	4444.80	3333.60
E0372*	POWERED AIR OVERLAY FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	539.34	5393.40	4045.05
E0373*	NONPOWERED ADVANCED PRESSURE REDUCING MATTRESS	614.47	6144.70	4608.53
E0470*	RESPIRATORY ASSIST DEVICE, BILEVEL PRESSURE CAPABILITY WITHOUT BACKUP RATE FEATURE, USED WITH NON-INVASIVE INTERFACE, NASAL OR DACIAL MASK (INTERMITTENT ASSIST DEVICE WITH CONTINUOUS POSITIVE AIRWAY PRESSURE DEVICE	256.60	2566.00	1924.50
E0480*	PERCUSSOR, ELECTRIC OR PNEUMATIC, HOME MODEL	39.27	392.70	294.53
E0482*	COUGH-STIMULATING DEVICE, ALTERNATING POSITIVE & NEGATIVE AIRWAY PRESSURE	430.02	4300.20	3225.15
E0550	HUMIDIFIER, DURABLE FOR EXTENSIVE SUPPLEMENTAL HUMIDIFICATION DURING IPPB TREATMENTS OR OXYGEN DELIVERY	50.13	501.30	375.98
E0555	HUMIDIFIER, DURABLE, GLASS OR AUTOCLAVABLE PLASTIC BOTTLE TYPE, FOR USE WITH REGULATOR OR FLOWMETER	11.14	111.41	83.56
E0561	HUMIDIFIER, NON-HEATED, USED WITH POSTIVE AIRWAY PRESSURE DEVICE	10.69	107.00	80.24
E0562	HUMIDIFIER, HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	30.11	301.22	225.91
E0565*	COMPRESSOR, AIR POWER SOURCE FOR EQUIPMENT WHICH IS NOT SELF-CONTAINED OR CYLINDER DRIVEN	61.01	610.10	457.58
E0570	NEBULIZER, WITH COMPRESSOR	16.11	161.10	120.83
E0575*	NEBULIZER, ULTRASONIC	54.16	541.63	406.23
E0600	RESPIRATORY SUCTION PUMP, HOME MODEL, PORTABLE OR STATIONARY, ELECTRIC	45.79	457.90	343.43
E0601*	CONTINUOUS AIRWAY PRESSURE (CPAP) DEVICE	107.33	1073.34	805.00
E0630*	PATIENT LIFT HYDRAULIC OR MECHANICAL, INCLUDES ANY SEAT, SLING STRAPS(S) OR PAD(S)	101.89	1018.90	764.18
E0650*	PNEUMATIC COMPRESSOR, NONSEGMENTAL HOME MODEL	65.06	634.81	476.11
E0651*	PNEUMATIC COMPRESSOR, SEGMENTAL HOME MODEL W/O CALIBRATED GRADIENT PRESSURE	93.82	918.42	688.82
E0652*	PNEUMATIC COMPRESSOR, SEGMENTAL HOME MODEL WITH CALIBRATED GRADIENT PRESSURE	523.95	5301.45	3972.53
E0655*	NONSEGMENTAL PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC COMPRESSOR, HALF ARM	10.65	96.60	72.45
E0660*	NONSEGMENTAL PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC COMPRESSOR, FULL LEG	16.19	159.75	119.80
E0665*	NONSEGMENTAL PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC COMPRESSOR, FULL ARM	13.15	131.49	98.62
E0666*	NONSEGMENTAL PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC COMPRESSOR, HALF LEG	12.95	129.58	97.20
E0667*	SEGMENTAL PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC COMPRESSOR, FULL LEG	36.13	323.77	242.83
E0668*	SEGMENTAL PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC COMPRESSOR, FULL ARM	43.61	441.88	331.42
E0669*	SEGMENTAL PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC COMPRESSOR, HALF LEG	17.93	179.30	134.46
E0671*	SEGMENTAL GRADIENT PRESSURE PNEUMATIC APPLIANCE, FULL LEG	41.54	415.35	311.50
E0672*	SEGMENTAL GRADIENT PRESSURE PNEUMATIC APPLIANCE, FULL ARM	32.28	322.73	242.06
E0673*	SEGMENTAL GRADIENT PRESSURE PNEUMATIC APPLIANCE, HALF LEG	26.82	268.17	201.15
E0705	TRANSFER BOARD OR DEVICE, ANY TYPE, EACH	5.61	55.12	40.36
E0720*	TENS, TWO LEAD DEVICE, TWO LEAD, LOCALIZED STIMULATION	37.70	367.58	282.73
E0730*	TENS, FOUR OR MORE LEADS, FOR MULTIPLE NERVE STIMULATION	38.01	370.56	285.02
E0747*	OSTEOGENESIS STIMULATOR, NONINVASIVE	386.50	3889.38	2889.74
E0748*	OSTEOGENESIS STIMULATOR, ELECTRICAL, NONINVASIVE, SPINAL APPLICATIONS	386.41	3864.17	2898.15
E0760*	OSTEOGENESIS STIMULATOR, LOW INTENSITY, NONINVASIVE	321.12	3211.06	2408.30
E0776	IV POLE	15.85	108.50	81.38
E0910	TRAPEZE BARS, AKA PATIENT HELPER, ATTACHED TO BED, WITH GRAB BAR	17.00	170.00	127.50
E0911*	TRAPEZE BAR, HEAVY DUTY, FOR PATIENT WEIGHT CAPACITY GREATER THAN 250 POUNDS, ATTACHED TO BED, WITH GRAB BAR	49.85	498.50	373.88
E0912*	TRAPEZE BAR, HEAVY DUTY, FOR PATIENT WEIGHT CAPACITY GREATER THAN 250 POUNDS, FREE STANDING, COMPLETE WITH GRAB BAR	114.47	1144.70	858.53
E0940	TRAPEZE BAR, FREE STANDING, COMPLETE WITH GRAB BAR	27.22	272.22	204.16
E0950	WHEELCHAIR ACCESSORY TRAY, EACH	10.41	103.95	77.97
E0951	HEEL LOOP/HOLDER, ANY TYPE, WITH OR WITHOUT ANKLE STRAP, EACH	1.79	17.75	13.31
E0952	TOE LOOP/HOLEDER, ANY TYPE, EACH	1.93	18.83	14.13

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		RENTAL	NEW	USED
E0956*	WHEELCHAIR ACCESSORY, LATERAL TRUNK OR HIP SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	9.87	98.58	73.93
E0957*	WHEELCHAIR ACCESSORY, MEDICAL THIGH SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	13.79	137.93	103.45
E0958	WHEELCHAIR ATTACHMENT TO CONVERT ANY WHEELCHAIR TO ONE-ARM DRIVE	43.63	436.30	327.23
E0959	MANUAL WHEELCHAIR ACCESSORY, ADAPTER FOR AMPUTEE, EACH	4.28	42.75	32.05
E0960*	WHEELCHAIR ACCESSORY, SHOULDER HARNESS/STRAPS OR CHES STRAP INCLUDING ANY TYPE MOUNTING HARDWARE	9.10	90.98	68.24
E0961	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK BRAKE EXTENSION (HANDLE), EACH	2.64	25.28	12.64
E0966*	MANUAL WHEELCHAIR ACCESSORY, HEADREST EXTENSION	7.01	70.03	52.52
E0967*	MANUAL WHEELCHAIR ACCESSORY, HAND RIM WITH PROJECTIONS, ANY TYPE, EACH	6.57	65.69	49.25
E0971	MANUAL WHEELCHAIR ACCESSORY, ANTI-TIPPING DEVICE, EACH	4.34	43.39	32.56
E0973*	WHEELCHAIR ACCESSORY, ADJUSTABLE HEIGHT DETACHABLE ARMREST, COMPLETE ASSEMBLY	10.95	114.97	86.23
E0974	MANUAL WHEELCHAIR ACCESSORY, ANTI-ROLLBACK DEVICE, EACH	7.06	66.65	50.36
E0978	WHEELCHAIR ACCESSORY, POSITIONING BELTS/SAFETY BELT/PELVIC STRAP, EACH	4.15	41.46	31.12
E0981	WHEELCHAIR ACCESSORY, SEAT UPHOLSTERY, REPLACEMENT ONLY	4.45	44.44	33.32
E0982*	WHEELCHAIR ACCESSORY, BACK UPHOLSTERY, REPLACEMENT ONLY	4.38	43.80	32.84
E0990*	WHEELCHAIR ACCESSORY, ELEVATING LEGREST, COMPLETE ACCESSORY, EACH	11.24	110.18	82.64
E0992*	MANUAL WHEELCHAIR ACCESSORY . SOLID SEAT INSERT	9.25	95.15	71.37
E0995	WHEELCHAIR ACCESSORY, CALF REST/PAD, EACH	2.87	28.84	21.65
E1002*	WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, TILT ONLY	405.32	4053.21	3039.90
E1003*	WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, RECLINE ONLY, WITHOUT SHEAR REDUCTION	439.14	4391.30	3293.48
E1004*	WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, RECLINE ONLY, WITH MECHANICAL SHEAR REDUCTION	486.90	4869.05	3651.77
E1005*	WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, RECLINE ONLY, WITH POWER SHEAR REDUCTION	527.03	5270.36	3952.78
E1006*	WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, COMBINATION TILT & RECLINE, WITHOUT SHEAR REDUCTION	645.55	6455.70	4841.78
E1007*	WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, COMBINATION TILT & RECLINE, WITH MECHANICAL SHEAR REDUCTION	874.13	8741.27	6555.94
E1008*	WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, COMBINATION TILT & RECLINE, WITH POWER SHEAR REDUCTION	874.20	8742.05	6556.55
E1028	WHEELCHAIR ACCESSORY, MANUAL SWINGAWAY, RETRACTIBLE OR REMOVABLE MOUNTING HARDWARE FOR JOYSTICK, OTHER CONTROL INTERFACE OR POSITIONING ACCESSORY	20.65	206.54	154.89
E1029	WHEELCHAIR ACCESSORY, VENTILATOR TRAY, FIXED	36.95	369.54	277.15
E1030	WHEELCHAIR ACCESSORY, VENTILATOR TRAY, GIMBALED	116.53	1165.27	873.96
E1031	ROLLABOUT CHAIR, ANY AND ALL TYPES WITH CASTERS, 5" OR GREATER	34.90	349.05	261.79
E1037*	TRANSPORT CHAIR, PEDIATRIC SIZE	193.05	1930.58	1447.94
E1038*	TRANSPORT CHAIR, ADULT SIZE, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	18.03	180.30	135.23
E1039*	TRANSPORT CHAIR, ADULT SIZE, PATIENT WEIGHT CAPACITY GREATER THAN 300 POUNDS	34.20	342.00	256.50
E1161*	MANUAL ADULT SIZE WHEELCHAIR, INCLUDES TILT IN SPACE	236.61	2366.09	1774.59
E1226*	WHEELCHAIR ACCESSORY, MANUAL FULLY RECLINING BACK, (RECLINE GREATER THAN 80 DEGREES), EACH	47.56	463.80	347.82
E1229*	WHEELCHAIR, PEDIATRIC SIZE, NOT OTHERWISE SPECIFIED		manually priced	
E1231*	WHEELCHAIR, PEDIATRIC SIZE, TILT-IN-SPACE, RIGID, ADJUSTABLE, WITH SEATING SYSTEM	227.34	2273.40	1705.05
E1232*	WHEELCHAIR, PEDIATRIC SIZE, TILT-IN-SPACE, FOLDING, ADJUSTABLE, WITH SEATING SYSTEM	213.85	2138.41	1603.82
E1233*	WHEELCHAIR, PEDIATRIC SIZE, TILT-IN-SPACE, RIGID, ADJUSTABLE, WITHOUT SEATING SYSTEM	221.57	2215.73	1661.79
E1234*	WHEELCHAIR, PEDIATRIC SIZE, TILT-IN-SPACE, FOLDING, ADJUSTABLE, WITHOUT SEATING SYSTEM	192.91	1928.95	1446.70
E1235*	WHEELCHAIR, PEDIATRIC SIZE, RIGID, ADJUSTABLE, WITH SEATING SYSTEM	185.75	1857.43	1393.07
E1236*	WHEELCHAIR, PEDIATRIC SIZE, FOLDING, ADJUSTABLE, WITH SEATING SYSTEM	163.87	1638.73	1229.05
E1237*	WHEELCHAIR, PEDIATRIC SIZE, RIGID, ADJUSTABLE, WITHOUT SEATING SYSTEM	165.30	1653.05	1239.80
E1238*	WHEELCHAIR, PEDIATRIC SIZE, FOLDING, WITHOUT SEATING SYSTEM	163.87	1638.73	1229.05
E1239*	POWER WHEELCHAIR, PEDIATRIC SIZE, NOT OTHERWISE SPECIFIED		manually priced	
E1300	WHIRLPOOL, PORTABLE (OVERTUB TYPE)	18.93	189.33	141.99
E2100*	BLOOD GLUCOSE MONITOR WITH INTEGRATED VOICE SYNTHESIZER	63.43	634.31	475.75
E2201*	MANUAL WHEELCHAIR ACCESSORY, NON-STANDARD SEAT FRAME, WIDTH GREATER THAN OR EQUAL TO 20 INCHES AND LESS THAN 24 INCHES	37.31	373.10	279.83
E2202*	MANUAL WHEELCHAIR ACCESSORY, NON-STANDARD SEAT FRAME, WIDTH 24-27 INCHES	47.40	473.98	355.50
E2203*	MANUAL WHEELCHAIR ACCESSORY, NON-STANDARD SEAT FRAME DEPTH , 20 TO LESS THAN 22 INCHES	47.89	479.05	359.28
E2204*	MANUAL WHEELCHAIR ACCESSORY, NON-STANDARD SEAT FRAME DEPTH , 22-25 INCHES	81.35	813.40	610.05
E2205	MANUAL WHEELCHAIR ACCESSORY, HANDRIM WITHOUT PROJECTIONS (INCLUDES ERGONOMIC OR CONTOURED), ANY TYPE, REPLACEMENT ONLY, EACH	3.25	32.67	24.52
E2206	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK ASSEMBLY, COMPLETE, EACH	4.06	40.68	30.50
E2207	WHEELCHAIR ACCESSORY, CRUTCH AND CANE HOLDER, EACH	4.34	43.35	32.51
E2208	WHEELCHAIR ACCESSORY, CYLINDER TANK CARRIER, EACH	11.87	118.78	89.09
E2209	ARM TROUGH, WITH OR WITHOUT HAND SUPPORT, EACH	10.74	107.16	80.38
E2210	WHEELCHAIR ACCESSORY, BEARINGS, ANY TYPE, REPLACEMENT ONLY, EACH		6.55	
E2211	MANUAL WHEELCHAIR ACCESSORY, PNEUMATIC PROPULSION TIRE, ANY SIZE, EACH	4.01	40.91	29.30

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		RENTAL	NEW	USED
E2212	MANUAL WHEELCHAIR ACCESSORY, TUBE FOR PNEUMATIC PROPULSION TIRE, ANY SIZE, EACH	0.61	5.88	4.42
E2213	MANUAL WHEELCHAIR ACCESSORY, PNEUMATIC PROPULSION TIRE (REMOVABLE), ANY TYPE, ANY SIZE, EACH	3.05	30.41	22.79
E2214	MANUAL WHEELCHAIR ACCESSORY, PNEUMATIC CASTER TIRE, ANY SIZE, EACH	3.37	30.61	22.96
E2215	MANUAL WHEELCHAIR ACCESSORY, TUBE FOR PNEUMATIC CASTER TIRE, ANY SIZE, EACH	0.95	9.60	7.18
E2216	MANUAL WHEELCHAIR ACCESSORY, FOAM FILLED PROPULSION TIRE, ANY SIZE, EACH	3.07	30.71	22.52
E2217	MANUAL WHEELCHAIR ACCESSORY, FOAM FILLED CASTER TIRE, ANY SIZE, EACH	4.66	42.26	31.69
E2218	MANUAL WHEELCHAIR ACCESSORY, FOAM PROPULSION TIRE, ANY SIZE, EACH	3.29	32.96	24.19
E2219	MANUAL WHEELCHAIR ACCESSORY, FOAM CASTER TIRE, ANY SIZE, EACH	4.72	41.85	31.39
E2220	MANUAL WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) PROPULSION TIRE, ANY SIZE, EACH	2.75	28.52	21.81
E2221	MANUAL WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE, (REMOVABLE), ANY SIZE, EACH	2.58	25.55	19.18
E2222	MANUAL WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE WITH INTEGRATED WHEEL, ANY SIZE, EACH	2.09	21.06	15.81
E2223	MANUAL WHEELCHAIR ACCESSORY, VALVE, ANY TYPE, REPLACEMENT ONLY, EACH	0.56	5.61	4.21
E2224	MANUAL WHEELCHAIR ACCESSORY, PROPULSION WHEEL EXCLUDES TIRE, ANY SIZE, EACH	9.56	95.56	71.67
E2225	MANUAL WHEELCHAIR ACCESSORY, CASTER WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	1.74	17.40	13.04
E2226	MANUAL WHEELCHAIR ACCESSORY, CASTER FORK, ANY SIZE, REPLACEMENT ONLY, EACH	3.79	37.94	28.46
E2227	MANUAL WHEELCHAIR ACCESSORY, GEAR REDUCTION DRIVE WHEEL, EACH		manually priced	
E2228	MANUAL WHEELCHAIR ACCESSORY, WHEEL BRAKING SYSTEM AND LOCK, COMPLETE, EACH		manually priced	
E2291*	BACK, PLANAR, FOR PEDIATRIC SIZE WHEELCHAIR INCLUDING FIXED ATTACHING HARDWARE	47.27	472.70	354.52
E2292*	SEAT, PLANAR, FOR PEDIATRIC SIZE WHEELCHAIR INCLUDING FIXED ATTACHING HARDWARE	44.72	447.17	335.38
E2293*	BACK, CONTOURED, FOR PEDIATRIC SIZE WHEELCHAIR INCLUDING FIXED ATTACHING HARDWARE	47.27	472.70	354.52
E2294*	SEAT, CONTOURED, FOR PEDIATRIC SIZE WHEELCHAIR INCLUDING FIXED ATTACHING HARDWARE	44.72	447.17	335.38
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	117.02	1170.24	877.68
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	236.93	2369.20	1776.90
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	158.92	1589.10	1191.84
E2322*	POWER WHEELCHAIR ACCESSORY, HAND CONTROL INTERFACE, MULTIPLE MECHANICAL SWITCHES, NONPROPORTIONAL, INCLUDING ALL RELATED ELECTRONICS, MECHANICAL STOP SWITCH, AND FIXED MOUNTING HARDWARE	141.03	1410.36	1057.78
E2323	POWER WHEELCHAIR ACCESSORY, SPECIALTY JOYSTICK HANDLE FOR HAND CONTROL INTERFACE, PREFABRICATED	6.92	69.16	51.87
E2324	POWER WHEELCHAIR ACCESSORY, CHIN CUP FOR CHIN CONTROL INTERFACE	4.37	43.82	32.87
E2325*	POWER WHEELCHAIR ACCESSORY, SIP AND PUFF INTERFACE, NONPROPORTIONAL, INCLUDING ALL RELATED ELECTRONICS, MECHANICAL STOP SWITCH, AND MANUAL SWINGAWAY MOUNTING HARDWARE	134.70	1346.83	1010.13
E2326	POWER WHEELCHAIR ACCESSORY, BREATH TUBE KIT FOR SIP AND PUFF INTERFACE	34.73	347.14	260.34
E2327*	POWER WHEELCHAIR ACCESSORY, HEAD CONTROL INTERFACE, MECHANICAL, PROPORTIONAL, INCLUDING ALL RELATED ELECTRONICS, MECHANICAL DIRECTION CHANGE SWITCH, AND FIXED MOUNTING HARDWARE	261.24	2612.38	1959.28
E2328*	POWER WHEELCHAIR ACCESSORY, HEAD CONTROL OR EXTREMITY CONTROL INTERFACE, ELECTRONIC, PROPORTIONAL INCLUDING ALL RELATED ELECTRONICS AND FIXED MOUNTING HARDWARE	495.52	4955.32	3716.50
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	176.61	1766.13	1324.60
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	342.20	3422.09	2566.58
E2340*	POWER WHEELCHAIR ACCESSORY, NON-STANDARD SEAT FRAME, WIDTH 20-23 INCHES	35.85	358.36	268.79
E2341*	POWER WHEELCHAIR ACCESSORY, NON-STANDARD SEAT FRAME, WIDTH 24-27 INCHES	53.76	537.58	403.19
E2342*	POWER WHEELCHAIR ACCESSORY, NON-STANDARD SEAT FRAME, DEPTH 20-21 INCHES	44.80	447.98	335.99
E2343*	POWER WHEELCHAIR ACCESSORY, NON-STANDARD SEAT FRAME, DEPTH 22-25 INCHES	71.67	716.78	537.58
E2360	POWER WHEELCHAIR ACCESSORY, 22 NF SEALED LEAD ACID BATTERY, EACH	11.29	112.34	84.26
E2361	POWER WHEELCHAIR ACCESSORY, 22 NF SEALED LEAD ACID BATTERY, EACH (E.G. GEL CELL, ABSORBED GLASSMAT)	13.95	139.47	104.62
E2362	POWER WHEELCHAIR ACCESSORY, GROUP 24 NON-SEALED LEAD ACID BATTERY, EACH	9.20	91.98	68.98
E2363	POWER WHEELCHAIR ACCESSORY, GROUP 24 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	18.61	186.00	139.50
E2364	POWER WHEELCHAIR ACCESSORY, U-1 NON-SEALED LEAD ACID BATTERY, EACH	11.29	112.34	84.26

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NORTH CAROLINA DEPARTMENT OF MEDICAL ASSISTANCE, MEDICAID DURABLE MEDICAL EQUIPMENT FEE SCHEDULE
AUGUST 1, 2008

HCPCS CODE	CAPPED RENTAL/PURCHASED EQUIPMENT DESCRIPTION continued	MEDICAID MAXIMUM		
		RENTAL	NEW	USED
E2365	POWER WHEELCHAIR ACCESSORY, U-1 SEALED LEAD ACID BATTERY, EACH (E.G. GEL CELL, ABSORBED GLASS MAT)	11.22	112.17	84.15
E2366*	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, SINGLE MODE, FOR USE WITH ONLY 1 BATTERY TYPE, SEALED OR NON-SEALED, EACH	22.47	224.08	168.06
E2367*	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, DUAL MODE, FOR USE WITH EITHER BATTERY TYPE, SEALED OR NON-SEALED, EACH	41.91	419.08	314.31
E2368*	POWER WHEELCHAIR COMPONENT, MOTOR, REPLACEMENT ONLY	51.67	516.57	387.44
E2369*	POWER WHEELCHAIR COMPONENT, GEAR BOX, REPLACEMENT ONLY	45.00	449.94	337.45
E2370*	POWER WHEELCHAIR COMPONENT, MOTOR AND GEAR BOX, REPLACEMENT ONLY	80.29	802.84	602.12
E2371*	POWER WHEELCHAIR ACCESSORY, GROUP 27 SEALED LEAD ACID BATTERY, (e.g. GEL CELL, ABSORBED GLASSMAT), EACH	15.08	150.74	113.06
E2372*	POWER WHEELCHAIR ACCESSORY, GROUP 27 NON-SEALED LEAD ACID BATTERY, EACH	42.99	429.97	322.48
E2373*	POWER WHEELCHAIR ACCESSORY, HAND OR CHIN CONTROL INTERFACE, COMPACT REMOTE JOYSTICK, PROPORTIONAL, INCLUDING FIXED MOUNTING HARDWARE	69.63	696.20	522.17
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	53.40	534.02	400.53
E2375*	POWER WHEELCHAIR ACCESSORY, NON-EXPANDABLE CONTROLLER, INCLUDING ALL RELATED ELECTRONICS AND MOUNTING HARDWARE, REPLACEMENT ONLY	85.65	856.56	642.40
E2376*	POWER WHEELCHAIR ACCESSORY, EXPANDABLE CONTROLLER, INCLUDING ALL RELATED ELECTRONICS AND MOUNTING HARDWARE, REPLACEMENT ONLY	134.23	1342.27	1006.72
E2377*	POWER WHEELCHAIR ACCESSORY, EXPANDABLE CONTROLLER, INCLUDING ALL RELATED ELECTRONICS AND MOUNTING HARDWARE, UPGRADE PROVIDED AT INITIAL ISSUE	48.56	485.71	364.30
E2381	POWER WHEELCHAIR ACCESSORY, PNEUMATIC DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	7.63	76.18	57.14
E2382	POWER WHEELCHAIR ACCESSORY, TUBE FOR PNEUMATIC DRIVE TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	2.07	20.77	15.57
E2383	POWER WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC DRIVE WHEEL TIRE (REMOVABLE), ANY TYPE, ANY SIZE, REPLACEMENT ONLY, EACH	15.19	151.88	113.91
E2384	POWER WHEELCHAIR ACCESSORY, PNEUMATIC CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	8.11	80.91	60.68
E2385	POWER WHEELCHAIR ACCESSORY, TUBE FOR PNEUMATIC CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	4.96	49.50	37.11
E2386	POWER WHEELCHAIR ACCESSORY, FOAM FILLED DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	15.05	150.51	112.87
E2387	POWER WHEELCHAIR ACCESSORY, FOAM FILLED CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	6.69	66.87	50.16
E2388	POWER WHEELCHAIR ACCESSORY, FOAM DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	5.04	50.39	37.80
E2389	POWER WHEELCHAIR ACCESSORY, FOAM CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	2.74	27.36	20.51
E2390	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	4.28	42.79	32.07
E2391	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE (REMOVEABLE), ANY SIZE, REPLACEMENT ONLY, EACH	2.05	20.50	15.38
E2392	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE WITH INTEGRATED WHEEL, ANY SIZE, REPLACEMENT ONLY, EACH	5.40	53.88	40.41
E2393	POWER WHEELCHAIR, ACCESSORY, VALVE FOR PNEUMATIC TIRE TUBE, ANY TYPE, REPLACEMENT ONLY, EACH	0.58	5.83	4.38
E2394	POWER WHEELCHAIR, ACCESSORY, DRIVE WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	7.69	76.75	57.57
E2395	POWER WHEELCHAIR ACCESSORY, CASTER WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	5.46	54.55	40.93
E2396	POWER WHEELCHAIR ACCESSORY, CASTER FORK, ANY SIZE, REPLACEMENT ONLY, EACH	7.13	66.51	49.89
E2601	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	6.13	61.16	45.87
E2602*	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	11.94	119.40	89.55
E2603*	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	15.17	151.59	113.69
E2604*	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	18.83	188.41	141.33
E2605*	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	26.93	269.17	201.91
E2606*	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	42.01	419.93	314.94
E2607*	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	28.99	289.85	217.39
E2608*	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	34.80	348.09	261.07
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	31.23	312.35	234.29
E2612	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	42.25	422.54	316.89
E2613*	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	40.10	400.90	300.67
E2614*	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	54.40	543.93	407.97
E2615*	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	45.24	452.32	339.23
E2616*	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH GREATER THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	60.86	608.58	456.45
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	54.77	547.70	410.79

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NORTH CAROLINA DEPARTMENT OF MEDICAL ASSISTANCE, MEDICAID DURABLE MEDICAL EQUIPMENT FEE SCHEDULE
AUGUST 1, 2008

HCPCS CODE	CAPPED RENTAL/PURCHASED EQUIPMENT DESCRIPTION continued	MEDICAID MAXIMUM		
		RENTAL	NEW	USED
E2621*	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH GREATER THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	57.47	574.76	431.08
K0001*	STANDARD WHEELCHAIR	46.43	464.30	348.23
K0002*	STANDARD HEMI (LOW SEAT) WHEELCHAIR	72.97	729.70	547.28
K0003*	LIGHTWEIGHT WHEELCHAIR	76.15	761.50	571.13
K0004*	HIGH STRENGTH, LIGHTWEIGHT WHEELCHAIR	119.78	1197.81	898.35
K0005*	ULTRALIGHTWEIGHT WHEELCHAIR	184.86	1848.76	1386.55
K0006*	HEAVY DUTY WHEELCHAIR	117.31	1173.10	879.83
K0007*	EXTRA HEAVY DUTY WHEELCHAIR	178.50	1785.00	1338.75
K0015*	DETACHABLE, NONADJUSTABLE HEIGHT ARMREST, EACH	18.18	181.70	136.27
K0017*	DETACHABLE, ADJUSTABLE HEIGHT ARMREST, BASE, EACH	5.11	51.11	38.33
K0018*	DETACHABLE, ADJUSTABLE HEIGHT ARMREST, UPPER PORTION, EACH	2.84	28.55	21.43
K0019	ARM PAD, EACH	1.69	16.84	12.63
K0020*	FIXED, ADJUSTABLE HEIGHT ARMREST, PAIR	4.65	46.46	34.83
K0037*	HIGH MOUNT FLIP-UP FOOTREST, EACH	3.66	40.94	30.71
K0038	LEG STRAP, EACH	2.43	24.26	18.20
K0039	LEG STRAP, H STYLE, EACH	5.40	53.88	40.41
K0040	ADJUSTABLE ANGLE FOOTPLATE, EACH	7.45	74.67	55.99
K0041	LARGE SIZE FOOTPLATE, EACH	5.31	52.92	39.69
K0042	STANDARD SIZE FOOTPLATE, EACH	3.09	30.97	23.22
K0043	FOOTREST, LOWER EXTENSION TUBE, EACH	1.95	19.53	14.66
K0044	FOOTREST, UPPER HANGER BRACKET, EACH	1.67	16.64	12.48
K0045	FOOTREST, COMPLETE ASSEMBLY FOR K0001 AND K0002, EACH	5.80	56.62	42.47
K0046*	ELEVATING LEGREST, LOWER EXTENSION TUBE, FOR K0001 AND K0002, EACH	1.95	19.53	14.66
K0047*	ELEVATING LEGREST, UPPER HANGER BRACKET, FOR K0001 AND K0002, EACH	7.67	76.48	57.34
K0050	RATCHET ASSEMBLY	3.24	32.50	24.39
K0051	CAM RELEASE ASSEMBLY, FOOTREST OR LEGREST, EACH	5.29	52.61	39.44
K0052*	SWINGAWAY, DETACHABLE FOOTRESTS, EACH	9.24	92.44	69.32
K0053*	ELEVATING FOOTRESTS, ARTICULATING (TELESCOPING), EACH	10.19	102.01	76.51
K0056*	SEAT HEIGHT LESS THAN 17" OR LESS THAN OR EQUAL TO 21" FOR A HIGH STRENGTH LIGHTWEIGHT OR ULTRALIGHTWEIGHT WHEELCHAIR	9.51	95.10	71.34
K0065	SPOKE PROTECTORS, each	4.45	44.46	33.34
K0069	REAR WHEEL ASSEMBLY, COMPLETE, WITH SOLID TIRE, SPOKES OR MOLDED, EACH	10.25	99.92	74.94
K0070	REAR WHEEL ASSEMBLY, COMPLETE, WITH PNEUMATIC TIRE, EACH	18.33	183.16	137.37
K0071	FRONT CASTER ASSEMBLY, COMPLETE, WITH PNEUMATIC TIRE, EACH	10.93	109.25	81.92
K0072	FRONT CASTER ASSEMBLY, COMPLETE, WITH SEMIPNEUMATIC TIRE, EACH	6.57	65.76	49.32
K0073	CASTER PIN LOCK, EACH	3.45	34.48	25.85
K0077	FRONT CASTER ASSEMBLY, COMPLETE, WITH SOLID TIRE, EACH	5.88	58.85	44.13
K0099	FRONT CASTER FOR POWER WHEELCHAIR	8.17	81.72	61.29
K0105	IV HANGER, each	9.93	99.43	74.57
K0195*	ELEVATING LEGREST, PAIR (FOR USE WITH CAPPED RENTAL WHEELCHAIR BASE)	21.07	210.70	158.03
K0733	POWER WHEELCHAIR ACCESSORY, 12 TO 24 AMP HOUR SEALED LEAD ACID BATTERY, EACH (e.g., gel cell, absorbed glassmat)	3.04	30.21	22.67
K0734	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, ADJUSTABLE, WIDTH LESS THAN 22", ANY DEPTH	33.15	331.47	248.60
K0735	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, ADJUSTABLE, WIDTH 22" OR GREATER, ANY DEPTH	42.19	421.78	316.33
K0736	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, ADJUSTABLE, WIDTH LESS THAN 22", ANY DEPTH	33.42	334.19	250.66
K0737	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, ADJUSTABLE, WIDTH 22" OR GREATER, ANY DEPTH	42.30	423.06	317.29
K0813*	POWER WHEELCHAIR GROUP 1 STANDARD, PORTABLE, SLING/SOLID SEAT AND BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	241.24	2412.40	1809.30
K0814*	POWER WHEELCHAIR, GROUP 1 STANDARD, PORTABLE, CAPTAIN'S CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	308.78	3087.80	2315.85
K0815*	POWER WHEELCHAIR, GROUP 1 STANDARD, SLING/SOLID SEAT AND BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	351.63	3516.30	2637.23
K0816*	POWER WHEELCHAIR, GROUP 1 STANDARD, CAPTAIN'S CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	336.74	3367.40	2525.55
K0820*	POWER WHEELCHAIR GROUP 2 STANDARD, PORTABLE, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	257.66	2576.60	1932.45
K0821*	POWER WHEELCHAIR, GROUP 2 STANDARD, PORTABLE, CAPTAIN'S CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	330.77	3307.70	2480.78
K0822*	POWER WHEELCHAIR, GROUP 2 STANDARD, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	399.75	3997.50	2998.13
K0823*	POWER WHEELCHAIR, GROUP 2 STANDARD, CAPTAIN'S CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	402.37	4023.70	3017.78
K0824*	POWER WHEELCHAIR GROUP 2 HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	484.27	4842.70	3632.03
K0825*	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, CAPTAIN'S CHAIR, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	443.32	4433.20	3324.90
K0826*	POWER WHEELCHAIR, GROUP 2 VERY HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	626.93	6269.30	4701.98
K0827*	POWER WHEELCHAIR, GROUP 2 VERY HEAVY DUTY, CAPTAIN'S CHAIR, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	500.36	5003.60	3752.70

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NORTH CAROLINA DEPARTMENT OF MEDICAL ASSISTANCE, MEDICAID DURABLE MEDICAL EQUIPMENT FEE SCHEDULE
AUGUST 1, 2008

HCPCS CODE	CAPPED RENTAL/PURCHASED EQUIPMENT DESCRIPTION (continued)	MEDICAID MAXIMUM		
		RENTAL	NEW	USED
K0828*	POWER WHEELCHAIR, GROUP 2 EXTRA HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 601 POUNDS OR MORE	690.82	6908.20	5181.15
K0829*	POWER WHEELCHAIR, GROUP 2 EXTRA HEAVY DUTY, CAPTAIN'S CHAIR, PATIENT WEIGHT CAPACITY 601 POUNDS OR MORE	625.46	6254.68	4691.01
K0830*	POWER WHEELCHAIR, GROUP 2, SEAT ELEVATOR, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	407.22	4072.23	3054.18
K0831*	POWER WHEELCHAIR, GROUP 2, SEAT ELEVATOR, CAPTAIN'S CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	407.22	4072.23	3054.18
K0835*	POWER WHEELCHAIR, GROUP 2 STANDARD, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	405.74	4057.40	3043.05
K0836*	POWER WHEELCHAIR, GROUP 2 STANDARD, SINGLE POWER OPTION, CAPTAIN'S CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	420.75	4207.50	3155.63
K0837*	POWER WHEELCHAIR GROUP 2 HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	484.27	4842.70	3632.03
K0838*	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, SINGLE POWER OPTION, CAPTAIN'S CHAIR, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	433.23	4332.30	3249.23
K0839*	POWER WHEELCHAIR GROUP 2 VERY HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	626.93	6269.30	4701.98
K0840*	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, SINGLE POWER OPTION, CAPTAIN'S CHAIR, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	949.83	9498.30	7123.73
K0841*	POWER WHEELCHAIR, GROUP 2 STANDARD, MULTIPLE POWER OPTIONS, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	431.86	4318.60	3238.95
K0842*	POWER WHEELCHAIR, GROUP 2 STANDARD, MULTIPLE POWER OPTIONS, CAPTAIN'S CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	431.86	4318.60	3238.95
K0843*	POWER WHEELCHAIR GROUP 2 HEAVY DUTY, MULTIPLE POWER OPTIONS, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	519.96	5199.60	3899.70
K0848*	POWER WHEELCHAIR, GROUP 3 STANDARD, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	528.44	5284.40	3963.30
K0849*	POWER WHEELCHAIR, GROUP 3 STANDARD, CAPTAIN'S CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	508.07	5080.70	3810.53
K0850*	POWER WHEELCHAIR GROUP 3 HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	612.98	6129.80	4597.35
K0851*	POWER WHEELCHAIR, GROUP 3 HEAVY DUTY, CAPTAIN'S CHAIR, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	589.37	5893.70	4420.28
K0852*	POWER WHEELCHAIR, GROUP 3 VERY HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	708.26	7082.60	5311.95
K0853*	POWER WHEELCHAIR, GROUP 3 VERY HEAVY DUTY, CAPTAIN'S CHAIR, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	727.56	7275.60	5456.70
K0854*	POWER WHEELCHAIR, GROUP 3 EXTRA HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 601 POUNDS OR MORE	963.86	9638.60	7228.95
K0855*	POWER WHEELCHAIR, GROUP 3 EXTRA HEAVY DUTY, CAPTAIN'S CHAIR, PATIENT WEIGHT CAPACITY 601 POUNDS OR MORE	910.51	9105.10	6828.83
K0856*	POWER WHEELCHAIR, GROUP 3 STANDARD, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	567.23	5672.30	4254.23
K0857*	POWER WHEELCHAIR, GROUP 3 STANDARD, SINGLE POWER OPTION, CAPTAIN'S CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	578.60	5786.00	4339.50
K0858*	POWER WHEELCHAIR GROUP 3 HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	703.76	7037.60	5278.20
K0859*	POWER WHEELCHAIR, GROUP 3 HEAVY DUTY, SINGLE POWER OPTION, CAPTAIN'S CHAIR, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	671.17	6711.70	5033.78
K0860*	POWER WHEELCHAIR GROUP 3 VERY HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	1005.41	10054.10	7540.58
K0861*	POWER WHEELCHAIR, GROUP 3 STANDARD, MULTIPLE POWER OPTIONS, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	568.14	5681.40	4261.05
K0862*	POWER WHEELCHAIR GROUP 3 HEAVY DUTY, MULTIPLE POWER OPTIONS, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	703.76	7037.60	5278.20
K0863*	POWER WHEELCHAIR, GROUP 3 VERY HEAVY DUTY MULTIPLE POWER OPTIONS, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	1005.41	10054.10	7540.58
K0864*	POWER WHEELCHAIR GROUP 3 EXTRA HEAVY DUTY, MULTIPLE POWER OPTIONS, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 601 POUNDS OR MORE	1196.45	11964.50	8973.38
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	11.83	118.32	88.74
W4130*	CONTOURED OR 3-PIECE HEAD/NECK SUPPORTS WITH HARDWARE, EACH	21.75	217.47	163.11

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NORTH CAROLINA DEPARTMENT OF MEDICAL ASSISTANCE, MEDICAID DURABLE MEDICAL EQUIPMENT FEE SCHEDULE
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HCPCS CODE	CAPPED RENTAL/PURCHASED EQUIPMENT DESCRIPTION continued	MEDICAID MAXIMUM		
		RENTAL	NEW	USED
W4131*	BASIC HEAD/NECK SUPPORT WITH HARDWARE, EACH	17.31	173.09	129.82
W4132*	CONTOURED OR 3-PIECE HEAD/NECK SUPPORT WITH MULTI-ADJUSTABLE HARDWARE ,EACH	34.73	347.30	260.47
W4133*	BASIC HEAD/NECK SUPPORT WITH MULTI-ADJUSTABLE HARDWARE , EACH	32.62	326.22	244.67
W4139*	SUB-ASIS BARS WITH HARDWARE, EACH	42.83	428.30	321.23
W4140*	ABDUCTOR PADS WITH HARDWARE , PAIR	29.96	299.58	224.69
W4141*	KNEE BLOCKS WITH HARDWARE , PAIR	26.13	261.32	195.99
W4143*	SHOE HOLDERS WITH HARDWARE , PAIR	14.87	148.69	111.52
W4144*	FOOT/LEGREST CRADLE , EACH	14.87	148.69	111.52
W4145*	MANUAL TILT-IN-SPACE OPTION , EACH	77.67	776.72	582.54
W4150*	MULTI-ADJUSTABLE TRAY , EACH	45.49	454.94	341.20
W4152*	GROWTH KIT, EACH	19.55	195.54	146.66
W4155*	ADDUCTOR PADS WITH HARDWARE, PAIR	29.96	299.58	224.69
W4696*	MANUAL WHEELCHAIR FOR WEIGHTS 451# TO 600#	150.49	1504.91	1128.68
W4697*	MANUAL WHEELCHAIR FOR WEIGHTS 601# AND GREATER	260.13	2601.36	1951.02
W4713*	OVERSIZED FOOTPLATES FOR WEIGHTS 301# AND GREATER, PAIR	17.21	171.98	128.99
W4714*	SWINGAWAY SPECIAL CONSTRUCTION FOOTRESTS FOR WEIGHTS 401# AND GREATER, PAIR	72.78	727.73	545.79
W4715*	SWINGAWAY REINFORCED LEGREST, ELEVATING, FOR WEIGHTS 301# TO 400#, PAIR	43.00	429.97	322.48
W4716*	SWINGAWAY SPECIAL CONSTRUCTION LEGRESTS, ELEVATING, FOR WEIGHTS 401# AND GREATER, PAIR	64.49	644.96	483.71
W4717*	OVERSIZED CALF PADS, PAIR	21.50	214.98	161.23
W4718*	OVERSIZED SOLID SEAT	59.12	591.22	443.41
W4719*	OVERSIZED SOLID BACK	59.12	591.22	443.41
W4722*	OVERSIZED FULL SUPPORT FOOTBOARD	21.50	214.99	161.24
W4723*	OVERSIZED FULL SUPPORT CALFBOARD	21.50	214.98	161.23
W4726*	TOTAL ELECTRIC HOSPITAL BED FOR WEIGHTS 351# TO 451# W/ MATTRESS AND ANY TYPE SIDE RAIL	239.71	2397.12	1797.84
W4731*	TOTAL ELECTRIC HOSPITAL BED FOR WEIGHTS 451# TO 1000# W/ WIDTH TO 48" W/ MATTRESS AND ANY TYPE SIDE RAILS	1005.07	10050.68	7538.01
W4732*	TOTAL ELECTRIC HOSPITAL BED FOR WEIGHTS 451# TO 1000# W/ WIDTH TO 54" W/ MATTRESS AND ANY TYPE SIDE RAILS	1031.94	10319.40	7739.56
HCPCS CODE	FREQUENTLY SERVICED ITEMS DESCRIPTION	MEDICAID MAXIMUM		
		RENTAL	NEW	USED
E0194*	AIR FLUIDIZED BED	2845.02		
E0202*	HOME PHOTOTHERAPY UNIT, DAILY	62.61		
E0445*	OXIMETER FOR MEASURING BLOOD OXYGEN LEVELS NON-INVASIVELY	192.49		
E0450*	VOLUME CONTROL VENTILATOR, WITHOUT PRESSURE SUPPORT MODE, MAY INCLUDE PRESSURE CONTROL MODE, USED WITH INVASIVE INTERFACE (e.g. TRACHEOSTOMY TUBE)	954.52		
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	642.17		
E0500*	IPPB MACHINE, ALL TYPES, WITH BUILT-IN NEBULIZATION; MANUAL OR AUTOMATIC VALVES; INTERNAL OR EXTERNAL POWER SOURCE	102.35		
E0619*	APNEA MONITOR, WITH RECORDING FEATURE	283.19		
E0691*	ULTRAVIOLET LIGHT THERAPY SYSTEM PANEL, INCLUDES BULBS/LAMPS, TIMER AND EYE PROTECTION, TREATMENT AREA TWO SQUARE FEET OR LESS	89.86		
E0692*	ULTRAVIOLET LIGHT THERAPY SYSTEM PANEL, INCLUDES BULBS/LAMPS, TIMER AND EYE PROTECTION, FOUR FOOT PANEL	112.83		
E0781	AMBULATORY INFUSION PUMP, SINGLE OR MULTIPLE CHANNELS ELECTRIC OR BATTERY OPERATED, WITH ADMINISTRATIVE EQUIPMENT, WORN BY PATIENT MONTHLY RENTAL FEE	264.87		
E0935*	CONTINUOUS PASSIVE MOTION EXERCISE DEVICE FOR USE OF KNEE ONLY	21.00		
E2402*	NEGATIVE PRESSURE WOUND THERAPY ELECTRICAL PUMP, STATIONARY OR PORTABLE	1800.70		
HCPCS CODE	OXYGEN AND OXYGEN RELATED ITEMS DESCRIPTION	MEDICAID MAXIMUM		
		RENTAL	NEW	USED
A4614	PEAK EXPIRATORY FLOW RATE METER , HAND-HELD		23.78	
A7006	ADMINISTRATION SET, WITH SMALL VOLUME FILTERED PNEUMATIC NEBULIZER		9.54	
A7027	COMBINATION, ORAL/NASAL MASK USED WITH CPAP DEVICE, EACH		184.72	
A7028	ORAL CUSHION FOR COMBINATION ORAL/NASAL MASK, REPLACEMENT ONLY, EACH		49.54	
A7029	NASAL PILLOWS FOR COMBINATION ORAL/NASAL MASK, REPLACEMENT ONLY, PAIR		20.24	
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.	199.28		
E0431*	PORTABLE GASEOUS OXYGEN SYSTEM, RENTAL; INCLUDES REGULATOR, FLOWMETER, HUMIDIFIER, CANNULA OR MASK AND TUBING	31.79		
E0434*	PORTABLE LIQUID OXYGEN SYSTEM, RENTAL; INCLUDES PORTABLE CONTAINER, SUPPLY RESERVOIR, HUMIDIFIER, FLOWMETER, REFILL ADAPTER, CONTENTS GAUGE, CANNULA OR MASK & TUBING	31.79		
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	199.28		
E0441	OXYGEN CONTENTS, GASEOUS, PER UNIT (FOR USE WITH OWNED GASEOUS STATIONARY SYSTEMS OR WHEN BOTH A STATIONARY AND A PORTABLE GASEOUS SYSTEM ARE OWNED). 1 UNIT = 50 CU FT		70.64	
E0442	OXYGEN CONTENTS, LIQUID, PER UNIT (FOR USE WITH OWNED LIQUID STATIONARY SYSTEMS OR WHEN BOTH A STATIONARY AND A PORTABLE LIQUID SYSTEM ARE OWNED). 1 UNIT = 10 LBS		70.64	

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HCPCS	OXYGEN AND OXYGEN RELATED ITEMS	MEDICAID MAXIMUM		
CODE	DESCRIPTION (continued)	RENTAL	NEW	USED
E0443	PORTABLE OXYGEN CONTENTS, GASEOUS, PER UNIT (FOR USE ONLY WITH PORTABLE GASEOUS SYSTEMS WHEN NO STATIONARY GAS OR LIQUID SYSTEM IS USED). 1 UNIT = 5 CU. FT.		16.63	
E0444	PORTABLE OXYGEN CONTENTS, LIQUID, PER UNIT (FOR USE ONLY WITH PORTABLE LIQUID SYSTEMS WHEN NO STATIONARY GAS OR LIQUID SYSTEM IS USED). 1 UNIT = 1 LB		16.63	
E1390*	OXYGEN CONCENTRATOR, CAPABLE OF DELIVERING 30 PERCENT OR GREATER OXYGEN CONCENTRATION AT THE THE PRESCRIBED RATE; 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)	199.28 ^{NOTE 1}		
E1392*	PORTABLE OXYGEN CONCENTRATOR	52.66		
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	51.63		
S8120	OXYGEN CONTENTS, GASEOUS, 1 UNIT EQUALS 1 CUBIC FEET		0.30	
S8121	OXYGEN CONTENTS, LIQUID, 1 UNIT EQUALS 1 POUND		1.15	
W4001*	CO/2 SATURATION MONITOR WITH ACCESSORIES, PROBES	623.59		
HCPCS	ENTERAL NUTRITION PRODUCTS	MEDICAID MAXIMUM		
CODE	DESCRIPTION (NOTE: Brand names are given only as an example of items similar in purpose & function.)	RENTAL	NEW	USED
A9999*	MISCELLANEOUS DME SUPPLY OR ACCESSORY, NOT OTHERWISE SPECIFIED - FARRELL VALVE ONLY (note A)	EACH	8.54	
B4034	ENTERAL FEEDING SUPPLY KIT; SYRINGE FED, PER DAY	EACH	6.51	
B4035	ENTERAL FEEDING SUPPLY KIT; PUMP FED, PER DAY	EACH	12.40	
B4036	ENTERAL FEEDING SUPPLY KIT; GRAVITY FED, PER DAY	EACH	8.51	
B4081	NASOGASTRIC TUBING WITH STYLET	EACH	23.00	
B4082	NASOGASTRIC TUBING WITHOUT STYLET (note A)	EACH	17.12	
B4083	STOMACH TUBING - LEVINE TYPE	EACH	2.62	
B4087	GASTROSTOMY/JEJUNOSTOMY TUBE, STANDARD, ANY MATERIAL, ANY TYPE, EACH	EACH	18.22	
B4088	GASTROSTOMY/JEJUNOSTOMY TUBE, LOW-PROFILE, ANY MATERIAL, ANY TYPE, EACH	EACH	139.76	
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	1.67	
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	100 CAL	0.71	
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	100 CAL	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	100 CAL	2.03	
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 FEEDIN	100 CAL	1.30	
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	100 CAL	1.01	
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.	100 CAL	1.21	
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.	100 CAL	0.66	
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.	100 CAL	0.66	
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 FEEDIN	100 CAL	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.	100 CAL	1.91	
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.	100 CAL	1.21	
W4211*	LOW PROFILE GASTROSTOMY EXTENSION/REPLACEMENT KIT FOR CONTINUOUS FEEDING	EACH	9.90	
HCPCS	DME RELATED SUPPLIES	MEDICAID MAXIMUM		
CODE	DESCRIPTION	RENTAL	NEW	USED
W4212*	LOW PROFILE GASTROSTOMY EXTENSION/REPLACEMENT KIT FOR BOLUS FEEDING	EACH	9.90	
A4213	SYRINGE, STERILE, 20CC OR GREATER, EACH	EACH	1.14	
A4215	NEEDLE, STERILE, ANY SIZE, EACH	EACH	0.14	
A4217	STERILE WATER/SALINE, 500 ml	EACH	2.66	
A4230	INFUSION SET FOR EXTERNAL INSULIN PUMP, NON-NEEDLE CANNULA TYPE	EACH	15.44	

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HCPCS	DME RELATED SUPPLIES (continued)	MEDICAID MAXIMUM		
CODE	DESCRIPTION	RENTAL	NEW	USED
A4231	INFUSION SET FOR EXTERNAL INSULIN PUMP, NEEDLE TYPE	EACH	7.26	
A4233	Replacement Battery, Alkaline (other than J cell), for use with medically necessary home glucose monitor owned by patient, each	EACH	0.80	
A4234	Replacement Battery, Alkaline J cell, for use with medically necessary home glucose monitor owned by patient, each	EACH	3.63	
A4235	Replacement Battery, Lithium, for use with medically necessary home glucose monitor owned by patient, each	EACH	2.34	
A4236	Replacement Battery, silver oxide, for use with medically necessary home glucose monitor owned by patient	EACH	1.68	
A4244	ALCOHOL OR PEROXIDE, PER PINT	1 PINT	1.02	
A4246	BETADINE OR PHISOHEX SOLUTION, PER PINT	EACH	5.94	
A4250	URINE TEST OR REAGENT STRIPS OR TABLETS (100 TABLETS OR STRIPS)	per 100	26.58	
A4253	BLOOD GLUCOSE TEST OR REAGENT STRIPS FOR HOME BLOOD GLUCOSE MONITOR, 50 STRIPS	50 /box	33.94	
A4256	NORMAL, LOW, AND HIGH CALIBRATOR SOLUTION/CHIPS	EACH	11.44	
A4258	SPRING -POWERED DEVICE FOR LANCET	EACH	18.05	
A4259	LANCETS, PER BOX	100/box	12.06	
A4483	MOISTURE EXCHANGER, DISPOSABLE FOR USE WITH INVASIVE MECHANICAL VENTILATION	EACH	6.44	
A4556	ELECTRODES, (E.G. APNEA MONITOR), set of 2	SET	10.32	
A4557	LEAD WIRES, (E.G. APNEA MONITOR), set	SET	21.10	
A4595	TENS SUPPLIES, 2-LEAD, PER MONTH	EACH	28.81	
A4611	BATTERY, HEAVY DUTY; REPLACEMENT FOR PATIENT OWNED VENTILATOR	EACH	166.98	
A4612	BATTERY CABLES; REPLACEMENT FOR PATIENT OWNED VENTILATOR	EACH	79.93	
A4613	BATTERY CHARGER; REPLACEMENT FOR PATIENT OWNED VENTILATOR	EACH	122.58	
A4615	CANNULA, NASAL	EACH	0.83	
A4616	TUBING, OXYGEN, PER FOOT	1 FOOT	0.07	
A4617	MOUTHPIECE	EACH	3.59	
A4618	BREATHING CIRCUITS	EACH	7.56	
A4623	TRACHEOSTOMY, INNER CANNULA (REPLACEMENT ONLY)	EACH	5.57	
A4624	TRACHEAL SUCTION CATHETER, ANY TYPE	EACH	2.24	
A4625	TRACHEOSTOMY CARE KIT FOR NEW TRACHEOSTOMY	EACH	5.89	
A4626	TRACHEOSTOMY CLEANING BRUSH	EACH	2.71	
A4627	SPACER, BAG or RESERVOIR, w/ or w/o mask, for use w/ metered dose inhaler (Inspirease or Aerochamber)	EACH	37.45	
A4628	OROPHARYNGEAL SUCTION CATHETER	EACH	3.74	
A4629	TRACHEOSTOMY CARE KIT FOR ESTABLISHED TRACHEOSTOMY	EACH	4.63	
A4927	GLOVES, NON-STERILE, PER 100	100/BOX	11.61	
A4930	GLOVES, STERILE, PER PAIR	1 PAIR	0.90	
A6257	TRANSPARENT FILM 16 SQ INCHES BUT LESS THAN OR EQUAL TO 48 SQ INCHES EACH DRESSING (FOR USE WITH EXTERNAL INSULIN PUMP)	EACH	1.53	
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	4.30	
A6550	WOUND CARE SET FOR NEGATIVE PRESSURE WOUND THERAPY ELECTRICAL PUMP, INCLUDES ALL SUPPLIES AND ACCESSORIES	EACH	27.42	
A7000	CANISTER, DISPOSABLE, USED WITH SUCTION PUMP	EACH	9.37	
A7001	CANISTER, NON-DISPOSABLE, USED WITH SUCTION PUMP	EACH	28.69	
A7002	TUBING, USED WITH SUCTION PUMP	EACH	3.26	
A7003	ADMINISTRATION SET, SMALL VOLUME NON-FILTERED PNEUMATIC NEBULIZER, DISPOSABLE	EACH	2.67	
A7004	SMALL VOLUME NON-FILTERED PNEUMATIC NEBULIZER, DISPOSABLE	EACH	1.53	
A7005	ADMINISTRATION SET, WITH SMALL VOLUME NON-FILTERED PNEUMATIC NEBULIZER, NON-DISPOSABLE NEBULIZER, NON DISPOSABLE	EACH	26.21	
A7007	LARGE VOLUME NEBULIZER, DISPOSABLE, UNFILLED, USED WITH AEROSOL COMPRESSOR	EACH	4.27	
A7010	CORRUGATED TUBING, DISPOSABLE, USED WITH LARGE VOLUME NEBULIZER, 100 FEET	EACH	20.05	
A7012	WATER COLLECTION DEVICE, USED WITH LARGE VOLUME NEBULIZER	EACH	3.73	
A7013	FILTER, DISPOSABLE, USED WITH AEROSOL COMPRESSOR	1 PAIR	0.71	
A7015	AEROSOL MASK USED WITH DME NEBULIZER	EACH	1.88	
A7025*	HIGH FREQUENCY CHEST WALL OSCILLATION SYSTEM VEST, REPLACEMENT FOR USE WITH PATIENT OWNED EQUIPMENT, EACH	EACH	434.94	
A7026*	HIGH FREQUENCY CHEST WALL OSCILLATION SYSTEM ROSE REPLACEMENT FOR USE WITH PATIENT OWNED EQUIPMENT, EACH	EACH	28.75	
A7030	FULL FACE MASK USED WITH POSITIVE AIRWAY PRESSURE DEVICE, EACH	EACH	188.64	
A7031	FULL FACE MASK INTERFACE, REPLACEMENT FOR FULL FACE MASK, EACH	EACH	69.77	
A7032	CUSHION FOR USE ON NASAL MASK INTERFACE, REPLACEMENT ONLY, EACH	EACH	40.53	
A7033	PILLOW FOR USE ON NASAL CANNULA TYPE INTERFACE, REPLACEMENT ONLY, PAIR	PAIR	28.41	
A7034	NASAL INTERFACE (MASK OR CANNULA TYPE) USED WITH POSITIVE AIRWAY PRESSURE DEVICewith OR WITHOUT HEAD STRAP	EACH	117.64	
A7035	HEADGEAR, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	EACH	35.76	
A7036	CHIN STRAP, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	EACH	15.47	
A7037	TUBING, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	EACH	39.48	
A7038	FILTER, DISPOSABLE, USED WITH AIRWAY PRESSURE DEVICE	EACH	5.30	
A7039	FILTER, NONDISPOSABLE, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	EACH	13.03	

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

NORTH CAROLINA DEPARTMENT OF MEDICAL ASSISTANCE, MEDICAID DURABLE MEDICAL EQUIPMENT FEE SCHEDULE
AUGUST 1, 2008

A7520	TRACHEOSTOMY OR LARYNGECTOMY TUBE, NON CUFFED, POLYVINYLCHLORIDE	EACH	47.48	
HCPCS	DME RELATED SUPPLIES (continued)	MEDICAID MAXIMUM		
CODE	DESCRIPTION	RENTAL	NEW	USED
A7521	TRACHEOSTOMY/LARYNGECTOMY TUBE, NON CUFFED, POLYVINYLCHLORIDE (PVC), SILICONE OR EQUAL	EACH	47.05	
A7522	TRACHEOSTOMY/LARYNGECTOMY TUBE, STAINLESS STEEL OR EQUAL (STERILIZABLE AND REUSABLE)	EACH	45.16	
A7525	TRACHEOSTOMY MASK, EACH	EACH	2.07	
A7526	TRACHEOSTOMY TUBE COLLAR/HOLDER, EACH	EACH	3.37	
K0552	SUPPLIES FOR EXTERNAL INFUSION PUMP, SYRINGE TYPE CARTRIDGE, STERIL	EACH	2.61	
K0601	REPLACEMENT BATTERY FOR EXTERNAL INFUSION PUMP OWNED BY PATIENT, SILVER OXIDE, 1.5 VOLT	EACH	1.10	
K0602	REPLACEMENT BATTERY FOR EXTERNAL INFUSION PUMP OWNED BY PATIENT, SILVER OXIDE, 3 VOLT	EACH	6.36	
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	6.09	
K0605	REPLACEMENT BATTERY FOR EXTERNAL INFUSION PUMP OWNED BY PATIENT, LITHIUM, 4.5 VOLT	EACH	14.60	
L8501	TRACHEOSTOMY SPEAKING VALVE	EACH	125.04	
S8490	INSULIN SYRINGES (100 SYRINGES per box, ANY SIZE)	1 UNIT	33.46	
W4120*	DISPOSABLE BAGS FOR INSPIREASE INHALER SYSTEM, set of 3	EACH	12.43	
W4153*	TRACHEOSTOMY TIES, TWILL	EACH	0.32	
W4651*	BLOOD GLUCOSE TEST STRIPS (visual strips - not for use with blood glucose monitor)	BOTTLE	2.00	
W4670*	STERILE SALINE, 3 CC VIAL	EACH	0.34	
W4672*	GRAY ADAPTER FOR USE WITH EXTERNAL INSULIN PUMP	EACH	8.34	
W4673*	PISTON ROD FOR USE WITH EXTERNAL INSULIN PUMP	EACH	11.91	
W4678*	REPLACEMENT BATTERY FOR PORTABLE SUCTION PUMP ADAPTIC AND TRANSPARENT TYPE SUCH AS TEGADERM OR OPSITE for use with external insulin pump	EACH	75.49	
HCPCS	EQUIPMENT SERVICE AND REPAIR	MEDICAID MAXIMUM		
CODE	DESCRIPTION	RENTAL	NEW	USED
E1340*	REPAIR OR NON-ROUTINE SERVICE FOR DME EQUIPMENT REQUIRING THE SKILL OF A TECHNICIAN, LABOR COMPONENT 15 MIN	EACH	12.14	
HCPCS	INDIVIDUALLY PRICED	MEDICAID MAXIMUM		
CODE	DESCRIPTION	RENTAL	NEW	USED
E0784*	EXTERNAL AMBULATORY INFUSION PUMP, INSULIN	417.57	MANUALLY PRICED	
and customary rate or the maximum reimbursement rate.				