

NC DIVISION OF HEALTH BENEFITS (NC MEDICAID)

DURABLE MEDICAL EQUIPMENT

Fee Schedule effective August 16, 2022

Taxonomies: 332BC3200X, 332BD1200X, 332BP3500X, 332BX2000X Specialty: 087

The inclusion of a rate on this table does not guarantee that a service is covered.

Please refer to the Medicaid Billing Guide and the Medicaid and Health Choice Clinical Coverage Policies on the NC Medicaid website.

HCPCS CODE	National Drug Code (NDC)	DESCRIPTION	MEDICAID MAXIMUM SFY 2018			EFFECTIVE
			RENTAL	NEW	USED	
<b>INEXPENSIVE OR ROUTINELY PURCHASED ITEMS</b>						
A4245		Alcohol wipes, per box		\$ 3.21		4/1/2021
A4247		Betadine or iodine swabs/wipes, per box		\$ 7.69		4/1/2021
A4248		Chlorhexidine containing antiseptic, 1 ml		\$ 0.90		4/1/2021
A4252		BLOOD KETONE TEST OR REAGENT STRIP, EACH		MANUALLY PRICED		
A4333		Urinary catheter anchoring device, adhesive skin attachment, each		\$ 2.58		4/1/2021
A4481		TRACHEOSTOMA FILTER, ANY TYPE, ANY SIZE, EACH		\$ 0.43		4/1/2021
A4635		UNDERARM PAD, CRUTCH, REPLACEMENT, EACH	\$ 0.59	\$ 4.44	\$ 2.95	1/1/2022
A4636		REPLACEMENT, HANDGRIP, CANE, CRUTCH, OR WALKER, EACH	\$ 0.32	\$ 3.20	\$ 2.40	1/1/2022
A4637		REPLACEMENT TIP, CANE, CRUTCH, WALKER, EACH	\$ -	\$ 2.07	\$ -	1/1/2022
A4640		REPLACEMENT PAD FOR USE WITH MEDICALLY NECESSARY ALTERNATING PRESSURE PAD OWNED BY PATIENT	\$ -	\$ 55.50	\$ -	1/1/2022
A4670		automatic blood pressure monitor	\$ -	\$ 62.98	\$ -	1/1/2022
A6207		Contact layer, sterile, more than 16 sq. in. but less than or equal to 48 sq. in., each dressing		\$ 8.55		4/1/2021
A6228		Gauze, impregnated, water or normal saline, sterile, pad size 16 sq. in. or less, without adhesive		\$ 2.23		4/1/2021
A6259		Transparent fil, sterile, more than 48 sq. in., each dressing		\$ 12.73		4/1/2021
A6402		Gauze, non-impregnated, sterile, pad size 16 sq. in. or less, without adhesive border, each dressing		\$ 0.13		4/1/2021
A7020		INTERFACE, COUGH STIM DEVICE		MANUALLY PRICED		
A7501		TRACHEOSTOMA VALVE, INCLUDING DIAPHRAGM, EACH		\$ 122.25		4/1/2021
A7502		REPLACEMENT DIAPHRAGM/FACEPLATE FOR TRACHEOSTOMA VALVE, EACH		\$ 58.12		4/1/2021
A7503		FILTER HOLDER OR FILTER CAP, REUSABLE, FOR USE IN A TRACHEOSTOMA HEAT AND MOISTURE EXCHANGE SYSTEM,		\$ 13.21		4/1/2021
A7504		FILTER FOR USE IN A TRACHEOSTOMA HEAT AND MOISTURE EXCHANGE SYSTEM, EACH		\$ 0.80		4/1/2021
A7505		HOUSING, REUSABLE WITHOUT ADHESIVE, FOR USE IN A HEAT AND MOISTURE EXCHANGE SYSTEM AND/OR WITH A TRACHEOSTOMA VALVE, EACH		\$ 5.46		4/1/2021
A7506		ADHESIVE DISC FOR USE IN A HEAT AND MOISTURE EXCHANGE SYSTEM AND/OR WITH TRACHEOSTOMA VALVE, ANY TYPE EACH		\$ 0.38		4/1/2021
A7507		FILTER HOLDER AND INTEGRATED FILTER WITHOUT ADHESIVE, FOR USE IN A TRACHEOSTOMA HEAT AND MOISTURE EXCHANGE SYSTEM, EACH		\$ 2.90		4/1/2021
A7508		HOUSING AND INTEGRATED ADHESIVE, FOR USE IN A TRACHEOSTOMA HEAT AND MOISTURE EXCHANGE SYSTEM AND/OR WITH A TRACHEOSTOMA VALVE, EACH		\$ 3.34		4/1/2021
A7509		FILTER HOLDER AND INTEGRATED FILTER HOUSING, AND ADHESIVE, FOR USE AS A TRACHEOSTOMA HEAT AND MOISTURE EXCHANGE SYSTEM, EACH		\$ 1.64		4/1/2021
A7524		TRACHEOSTOMA STENT/STUD/BUTTON, EACH		\$ 90.11		4/1/2021
E0100		CANE, INCLUDES CANES OF ALL MATERIALS, ADJUSTABLE OR FIXED, WITH TIP	\$ -	\$ 17.42	\$ 13.44	1/1/2022
E0105		CANE, QUAD OR THREE PRONG, INCLUDES CANES OF ALL MATERIALS, ADJUSTABLE OR FIXED, WITH TIPS	\$ -	\$ 46.27	\$ 34.70	1/1/2022
E0110		CRUTCHES, FOREARM, INCLUDES CRUTCHES OF VARIOUS MATERIALS, ADJUSTABLE OR FIXED, PAIR, WITH TIPS AND HAND GRIPS	\$ -	\$ 72.78	\$ 54.60	1/1/2022
E0111		CRUTCH, FOREARM, INCLUDES CRUTCHES OF VARIOUS MATERIALS, ADJUSTABLE OR FIXED, EACH, WITH TIP AND HANDGRIPS	\$ -	\$ 44.03	\$ 33.85	1/1/2022
E0112		CRUTCHES UNDERARM, WOOD, ADJUSTABLE OR FIXED, PAIR, WITH PADS, TIPS AND HANDGRIPS	\$ -	\$ 32.70	\$ 24.51	1/1/2022
E0113		CRUTCH, UNDERARM, WOOD, ADJUSTABLE OR FIXED, EACH, WITH PAD, TIP, AND HANDGRIP	\$ 4.47	\$ 18.34	\$ 13.76	1/1/2022
E0114		CRUTCHES UNDERARM, ALUMINUM, ADJUSTABLE OR FIXED, PAIR, WITH PADS, TIPS AND	\$ -	\$ 39.01	\$ 29.49	1/1/2022
E0118*		CRUTCH SUBSTITUTE, LOWER LEG PLATFORM, WITH OR WITHOUT WHEELS, EACH		MANUALLY PRICED		
E0130		WALKER, RIGID (PICKUP), ADJUSTABLE OR FIXED HEIGHT	\$ -	\$ 64.28	\$ 48.21	1/1/2022
E0135		WALKER, FOLDING (PICKUP), ADJUSTABLE OR FIXED HEIGHT	\$ -	\$ 81.54	\$ 62.55	1/1/2022
E0141		WALKER, RIGID, WHEELED, ADJUSTABLE OR FIXED HEIGHT	\$ -	\$ 112.13	\$ 84.10	1/1/2022
E0143		WALKER, FOLDING, WHEELED, ADJUSTABLE OR FIXED HEIGHT	\$ -	\$ 103.18	\$ 74.38	1/1/2022
E0148		WALKER HEAVY DUTY, WITHOUT WHEELS, RIGID OR FOLDING ANY TYPE, EACH	\$ -	\$ 112.03	\$ 84.03	1/1/2022
E0149		WALKER, HEAVY DUTY, WHEELED, RIGID OR FOLDING, ANY TYPE, EACH	\$ 20.67	\$ 196.83	\$ 147.62	1/1/2022
E0154		PLATFORM ATTACHMENT, WALKER, EACH	\$ -	\$ 68.57	\$ 52.10	1/1/2022
E0155		WHEEL ATTACHMENT, RIGID PICK-UP WALKER, PER PAIR	\$ 2.88	\$ 23.61	\$ 17.99	1/1/2022
E0156		SEAT ATTACHMENT, WALKER	\$ 2.53	\$ 20.81	\$ 15.61	1/1/2022
E0158		LEG EXTENSIONS FOR WALKER, PER SET OF FOUR (4)	\$ 2.68	\$ 26.75	\$ 20.05	1/1/2022
E0199		DRY PRESSURE PAD FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	\$ -	\$ 26.49	\$ 19.87	1/1/2022
E0240		BATH/SHOWER CHAIR, WITH OR WITHOUT WHEELS, ANY SIZE	\$ -	\$ 67.29	\$ 50.47	1/1/2022
E0244		RAISED TOILET SEAT	\$ -	\$ 79.42	\$ 59.56	1/1/2022
E0247		TRANSFER BENCH FOR TUB OR TOILET WITH OR WITHOUT COMMODOE OPENING	\$ -	\$ 95.52	\$ 71.64	1/1/2022
E0248		TRANSFER BENCH, HEAVY DUTY, FOR TUB OR TOILET WITH OR WITHOUT COMMODOE OPENING	\$ -	\$ 260.38	\$ 195.29	1/1/2022
E0271		MATTRESS, INNERSPRING	\$ -	\$ 215.95	\$ 166.74	1/1/2022
E0272		MATTRESS, FOAM RUBBER	\$ -	\$ 196.82	\$ 146.90	1/1/2022
E0276		BED PAN, FRACTURE, METAL OR PLASTIC	\$ -	\$ 11.00	\$ 8.60	1/1/2022
E0280		BED CRADLE, ANY TYPE	\$ -	\$ 31.58	\$ 23.68	1/1/2022
E0305		BED SIDE RAILS, HALF LENGTH	\$ -	\$ 148.52	\$ 111.40	1/1/2022
E0310		BED SIDE RAILS, FULL LENGTH	\$ -	\$ 172.99	\$ 131.98	1/1/2022
E0325		URINAL; MALE, JUG-TYPE, ANY MATERIAL	\$ -	\$ 8.35	\$ 5.53	1/1/2022
E0326		URINAL; FEMALE, JUG-TYPE, ANY MATERIAL	\$ -	\$ 8.68	\$ 6.51	1/1/2022
E0445*		OXIMETER DEVICE FOR MEASURING BLOOD OXYGEN LEVELS NON-INVASIVELY (HOSPITAL GRADE, TABLE-TOP FOR RENTAL)	\$ 187.21	\$ -	\$ -	1/1/2022
E0445		OXIMETER DEVICE FOR MEASURING BLOOD OXYGEN LEVELS NON-INVASIVELY (PORTABLE OXIMETER FOR PURCHASE)	\$ -	\$ 148.55	\$ -	1/1/2022
E0607		HOME BLOOD GLUCOSE MONITOR	\$ -	\$ 64.99	\$ 48.72	1/1/2022
E0621		SLING OR SEAT, PATIENT LIFT, CANVAS OR NYLON	\$ -	\$ 81.83	\$ 61.39	1/1/2022
E0840		TRACTION FRAME, ATTACHED TO HEADBOARD, CERVICAL TRACTION	\$ -	\$ 60.58	\$ 45.41	1/1/2022
E0860		TRACTION EQUIPMENT, OVERDOOR, CERVICAL	\$ -	\$ 33.04	\$ 24.78	1/1/2022
E0890		TRACTION FRAME, ATTACHED TO FOOTBOARD, PELVIC TRACTION	\$ -	\$ 99.54	\$ 76.50	1/1/2022

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

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E0980		SAFETY VEST, WHEELCHAIR	\$ -	\$ 27.33	\$ 20.38	1/1/2022
S5560		INSULIN DELIVERY DEVICE, REUSABLE PEN: 1.5 ML SIZE	\$ -	\$ 55.81	\$ -	1/1/2022
S5561		INSULIN DELIVERY DEVICE, REUSABLE PEN: 3 ML SIZE	\$ -	\$ 55.81	\$ -	1/1/2022
W4002*		MANUAL VENTILATION BAG (e.g. AMBU BAG)	\$ -	\$ 168.56	\$ 126.42	1/1/2022
W4016*		BATH SEAT, PEDIATRIC (e.g. TLC)	\$ -	\$ 397.48	\$ 298.11	1/1/2022
W4688*		SINGLE POINT CANE FOR WEIGHTS 251# TO 500#	\$ -	\$ 25.39	\$ 19.04	1/1/2022
W4689*		QUAD CANE FOR WEIGHTS 251# TO 500#	\$ -	\$ 62.76	\$ 47.08	1/1/2022
W4690*		UNDERARM CRUTCHES FOR WEIGHTS 251# TO 500#	\$ -	\$ 159.19	\$ 119.40	1/1/2022
W4691*		FIXED-HEIGHT FOREARM CRUTCHES FOR WEIGHTS TO 600#	\$ -	\$ 398.26	\$ 298.70	1/1/2022
W4695*		GLIDES/SKIS FOR USE WITH WALKER	\$ -	\$ 29.86	\$ -	1/1/2022
W4733*		REPLACEMENT OVERSIZED INNERSPRING MATTRESS FOR HOSPITAL BED W/ WIDTH TO 39"	\$ -	\$ 323.58	\$ 242.70	1/1/2022
<b>CAPPED RENTAL/PURCHASED EQUIPMENT</b>						
B9002		ENTERAL PUMP, WITH ALARM	\$ 122.89	\$ 1,268.77	\$ 951.56	1/1/2022
B9004		PARENTERAL INFUSION PUMP - PORTABLE	\$ 400.65	\$ 2,530.81	\$ 1,898.11	1/1/2022
B9006		PARENTERAL INFUSION PUMP - STATIONARY	\$ 400.65	\$ 2,530.81	\$ 1,898.11	1/1/2022
E0163		COMMODE CHAIR, MOBILE OR STATIONARY, WITH FIXED ARMS	\$ 9.39	\$ 91.58	\$ 70.31	1/1/2022
E0165		COMMODE CHAIR, MOBILE OR STATIONARY, WITH DETACHABLE ARMS	\$ 15.36	\$ 153.57	\$ 115.18	1/1/2022
E0167		PAIL OR PAN FOR USE WITH COMODE CHAIR, REPLACEMENT ONLY	\$ -	\$ 11.24	\$ -	1/1/2022
E0168		COMMODE CHAIR, EXTRA WIDE AND/OR HEAVY DUTY, STATIONARY OR MOBILE WITH OR WITHOUT ARMS, ANY TYPE EACH	\$ 15.52	\$ 154.42	\$ 115.80	1/1/2022
E0181		POWERED PRESSURE REDUCING MATTRESS OVERLAY/PAD, ALTERNATING WITH PUMP, INCLUDES HEAVY DUTY	\$ 20.65	\$ 206.40	\$ 154.80	1/1/2022
E0182		PUMP FOR ALTERNATING PRESSURE PAD, FOR REPLACEMENT ONLY	\$ 21.64	\$ 216.39	\$ 162.30	1/1/2022
E0184		DRY PRESSURE MATTRESS	\$ 19.58	\$ 189.36	\$ 145.22	1/1/2022
E0185		GEL OR GEL-LIKE PRESSURE PAD FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	\$ 40.44	\$ 311.08	\$ 238.74	1/1/2022
E0186		AIR PRESSURE MATTRESS	\$ 10.46	\$ 104.69	\$ 78.50	1/1/2022
E0187		WATER PRESSURE MATTRESS	\$ 14.72	\$ 147.23	\$ 110.43	1/1/2022
E0193*		POWERED AIR FLOTATION BED (LOW AIR LOSS THERAPY)	\$ 878.66	\$ 8,786.62	\$ 6,589.96	1/1/2022
E0196		GEL PRESSURE MATTRESS	\$ 31.60	\$ 315.98	\$ 236.99	1/1/2022
E0197		AIR PRESSURE PAD FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	\$ 24.98	\$ 183.17	\$ 159.03	1/1/2022
E0198		WATER PRESSURE PAD FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	\$ 21.26	\$ 212.54	\$ 159.41	1/1/2022
E0235		PARAFFIN BATH UNIT, PORTABLE	\$ 16.03	\$ 160.28	\$ 120.21	1/1/2022
E0250*		HOSPITAL BED, FIXED HEIGHT, WITH ANY TYPE SIDE RAILS, WITH MATTRESS	\$ 88.78	\$ 887.84	\$ 665.89	1/1/2022
E0255*		HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITH ANY TYPE SIDE RAILS, WITH MATTRESS	\$ 102.50	\$ 1,024.97	\$ 768.73	1/1/2022
E0260*		HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT) WITH ANY TYPE SIDE RAILS, WITH MATTRESS	\$ 124.58	\$ 1,245.78	\$ 934.33	1/1/2022
E0265*		HOSPITAL BED, TOTAL ELECTRIC (HEAD, FOOT AND HEIGHT ADJUSTMENTS), WITH ANY TYPE SIDE RAILS, WITH MATTRESS	\$ 194.39	\$ 1,943.94	\$ 1,457.95	1/1/2022
E0277*		POWERED PRESSURE-REDUCING AIR MATTRESS	\$ 684.16	\$ 6,841.61	\$ 5,131.21	1/1/2022
E0300*		PEDIATRIC CRIB, HOSPITAL GRADE, FULLY ENCLOSED WITH OR WITHOUT TOP ENCLOSURE		MANUALLY PRICED		
E0303*		HOSPITAL BED HEAVY DUTY, EXTRA WIDE FOR WEIGHTS 350 LBS BUT LESS THAN 600 LBS W/ MATTRESS AND ANY TYPE SIDE RAILS	\$ 268.06	\$ 2,680.59	\$ 2,010.45	1/1/2022
E0304*		HOSPITAL BED, EXTRA HEAVY DUTY FOR WEIGHT CAPACITY GREATER THAN 600 LBS W/ MATTRESS AND ANY TYPE SIDE RAILS	\$ 679.61	\$ 6,796.10	\$ 5,097.08	1/1/2022
E0316*		SAFETY ENCLOSURE FRAME / CANOPY FOR USE WITH HOSPITAL BED, ANY TYPE	\$ 187.92	\$ 1,879.22	\$ 1,409.42	1/1/2022
E0328*		HOSPITAL BED, PEDIATRIC, MANUAL, 360 DEGREE SIDE ENCLOSURES, TIP OF HEADBOARD, FOOTBOARD AND SIDE RAILS UP TO 24 INCHES ABOVE THE SPRING, INCLUDES MATTRESS		MANUALLY PRICED		
E0329*		HOSPITAL BED, PEDIATRIC, ELECTRIC OR SEMI-ELECTRIC, 360 DEGREE SIDE ENCLOSURES, TIP OF HEADBOARD, FOOTBOARD AND SIDE RAILS UP TO 24 INCHES ABOVE THE SPRING, INCLUDES MATTRESS		MANUALLY PRICED		
E0371*		NONPOWERED ADVANCED PRESSURE REDUCING OVERLAY FOR MATTRESS	\$ 432.28	\$ 4,322.80	\$ 3,242.10	1/1/2022
E0372*		POWERED AIR OVERLAY FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	\$ 524.54	\$ 5,245.36	\$ 3,934.02	1/1/2022
E0373*		NONPOWERED ADVANCED PRESSURE REDUCING MATTRESS	\$ 597.60	\$ 5,976.04	\$ 4,482.04	1/1/2022
E0470*		RESPIRATORY ASSIST DEVICE, BI-LEVEL PRESSURE CAPABILITY WITHOUT BACKUP RATE FEATURE, USED WITH NON-INVASIVE INTERFACE, NASAL OR DACIAL MASK (INTERMITTENT ASSIST DEVICE WITH CONTINUOUS POSITIVE AIRWAY PRESSURE DEVICE	\$ 227.58	\$ 2,275.56	\$ 1,706.67	1/1/2022
E0480*		PERCUSSOR, ELECTRIC OR PNEUMATIC, HOME MODEL	\$ 38.19	\$ 381.92	\$ 286.45	1/1/2022
E0482*		COUGH-STIMULATING DEVICE, ALTERNATING POSITIVE & NEGATIVE AIRWAY PRESSURE	\$ 418.22	\$ 4,182.17	\$ 3,136.63	1/1/2022
E0484		OSCILLATORY POSITIVE EXPIRATORY PRESSURE DEVICE, NONELECTRIC, ANY TYPE, EACH	\$ -	\$ 39.02	\$ -	1/1/2022
E0550		HUMIDIFIER, DURABLE FOR EXTENSIVE SUPPLEMENTAL HUMIDIFICATION DURING IPPB TREATMENTS OR OXYGEN DELIVERY	\$ 48.75	\$ 487.54	\$ 365.66	1/1/2022
E0555		HUMIDIFIER, DURABLE, GLASS OR AUTOCLAVABLE PLASTIC BOTTLE TYPE, FOR USE WITH REGULATOR OR FLOWMETER	\$ 10.83	\$ 108.35	\$ 81.27	1/1/2022
E0561		HUMIDIFIER, NON-HEATED, USED WITH POSTIVE AIRWAY PRESSURE DEVICE	\$ 10.40	\$ 104.06	\$ 78.04	1/1/2022
E0562		HUMIDIFIER, HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	\$ 26.71	\$ 267.15	\$ 200.36	1/1/2022
E0565*		COMPRESSOR, AIR POWER SOURCE FOR EQUIPMENT WHICH IS NOT SELF CONTAINED OR CYLINDER DRIVEN	\$ 59.34	\$ 593.35	\$ 445.02	1/1/2022
E0570		NEBULIZER, WITH COMPRESSOR	\$ 13.72	\$ 137.20	\$ 102.90	1/1/2022
E0575		NEBULIZER, ULTRASONIC	\$ 52.67	\$ 526.76	\$ 395.08	1/1/2022
E0600		RESPIRATORY SUCTION PUMP, HOME MODEL, PORTABLE OR STATIONARY, ELECTRIC	\$ 44.53	\$ 445.33	\$ 334.00	1/1/2022
E0601*		CONTINUOUS AIRWAY PRESSURE (CPAP) DEVICE	\$ 98.98	\$ 989.80	\$ 742.35	1/1/2022
E0630*		PATIENT LIFT HYDRAULIC OR MECHANICAL, INCLUDES ANY SEAT, SLING STRAPS(S) OR PAD(S)	\$ 99.09	\$ 990.93	\$ 743.20	1/1/2022
E0637*		COMBINATION SIT TO STAND SYSTEM, any size including pediatric, with seatlift feature, with or without wheels		MANUALLY PRICED		
E0638*		STANDING FRAME/TABLE SYSTEM, one position (e.g. upright, supine or prone stander), any size including pediatric, with or without wheels		MANUALLY PRICED		
E0641*		STANDING FRAME/TABLE SYSTEM, multi-position (e.g. three-way stander), any size including pediatric, with or without wheels		MANUALLY PRICED		

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E0642*		STANDING FRAME/TABLE SYSTEM, mobile (dynamic stander), any size including pediatric		MANUALLY PRICED		
E0650*		PNEUMATIC COMPRESSOR, NONSEGMENTAL HOME MODEL	\$ 63.27	\$ 617.39	\$ 463.04	1/1/2022
E0651*		PNEUMATIC COMPRESSOR, SEGMENTAL HOME MODEL W/O CALIBRATED GRADIENT PRESSURE	\$ 91.24	\$ 893.21	\$ 669.91	1/1/2022
E0652*		PNEUMATIC COMPRESSOR, SEGMENTAL HOME MODEL WITH CALIBRATED GRADIENT PRESSURE	\$ 509.57	\$ 5,155.94	\$ 3,863.49	1/1/2022
E0655*		NONSEGMENTAL PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC COMPRESSOR, HALF ARM	\$ 10.36	\$ 93.95	\$ 70.46	1/1/2022
E0660*		NONSEGMENTAL PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC COMPRESSOR, FULL LEG	\$ 15.75	\$ 155.37	\$ 116.51	1/1/2022
E0665*		NONSEGMENTAL PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC COMPRESSOR, FULL ARM	\$ 12.79	\$ 127.88	\$ 95.91	1/1/2022
E0666*		NONSEGMENTAL PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC COMPRESSOR, HALF LEG	\$ 12.59	\$ 126.02	\$ 94.53	1/1/2022
E0667*		SEGMENTAL PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC COMPRESSOR, FULL LEG	\$ 35.14	\$ 314.88	\$ 236.16	1/1/2022
E0668*		SEGMENTAL PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC COMPRESSOR, FULL ARM	\$ 42.41	\$ 429.75	\$ 322.32	1/1/2022
E0669*		SEGMENTAL PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC COMPRESSOR, HALF LEG	\$ 17.44	\$ 174.38	\$ 130.77	1/1/2022
E0670*		SEGMENTAL PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC COMPRESSOR, INTEGRATED, 2 FULL LEGS AND TRUNK	\$ -	\$ 1,333.81	\$ -	1/1/2022
E0671*		SEGMENTAL GRADIENT PRESSURE PNEUMATIC APPLIANCE, FULL LEG	\$ 40.40	\$ 403.95	\$ 302.95	1/1/2022
E0672*		SEGMENTAL GRADIENT PRESSURE PNEUMATIC APPLIANCE, FULL ARM	\$ 31.39	\$ 313.87	\$ 235.42	1/1/2022
E0673*		SEGMENTAL GRADIENT PRESSURE PNEUMATIC APPLIANCE, HALF LEG	\$ 26.08	\$ 260.81	\$ 195.63	1/1/2022
E0700*		SAFETY EQUIPMENT, DEVICES OR ACCESSORY, ANY TYPE		MANUALLY PRICED		
E0705		TRANSFER BOARD OR DEVICE, ANY TYPE, EACH	\$ 5.46	\$ 53.61	\$ 39.25	1/1/2022
E0720*		TENS, TWO LEAD DEVICE, TWO LEAD, LOCALIZED STIMULATION	\$ 36.67	\$ 357.49	\$ 274.97	1/1/2022
E0730*		TENS, FOUR OR MORE LEADS, FOR MULTIPLE NERVE STIMULATION	\$ 36.97	\$ 360.39	\$ 277.20	1/1/2022
E0747*		OSTEOGENESIS STIMULATOR, NONINVASIVE	\$ 375.89	\$ 3,782.62	\$ 2,810.42	1/1/2022
E0748*		OSTEOGENESIS STIMULATOR, ELECTRICAL, NONINVASIVE, SPINAL APPLICATIONS	\$ 375.80	\$ 3,758.11	\$ 2,818.60	1/1/2022
E0760*		OSTEOGENESIS STIMULATOR, LOW INTENSITY, NONINVASIVE	\$ 312.31	\$ 3,122.92	\$ 2,342.20	1/1/2022
E0776		IV POLE	\$ 15.41	\$ 105.52	\$ 79.15	1/1/2022
E0910		TRAPEZE BARS, AKA PATIENT HELPER, ATTACHED TO BED, WITH GRAB BAR	\$ 16.53	\$ 165.33	\$ 124.00	1/1/2022
E0911*		TRAPEZE BAR, HEAVY DUTY, FOR PATIENT WEIGHT CAPACITY GREATER THAN 250 POUNDS, ATTACHED TO BED, WITH GRAB BAR	\$ 48.48	\$ 484.82	\$ 363.62	1/1/2022
E0912*		TRAPEZE BAR, HEAVY DUTY, FOR PATIENT WEIGHT CAPACITY GREATER THAN 250 POUNDS, FREE STANDING, COMPLETE WITH GRAB BAR	\$ 111.33	\$ 1,113.28	\$ 834.97	1/1/2022
E0940		TRAPEZE BAR, FREE STANDING, COMPLETE WITH GRAB BAR	\$ 26.47	\$ 264.75	\$ 198.56	1/1/2022
E0950		WHEELCHAIR ACCESSORY TRAY, EACH	\$ 10.12	\$ 101.10	\$ 75.83	1/1/2022
E0951		HEEL LOOP/HOLDER, ANY TYPE, WITH OR WITHOUT ANKLE STRAP, EACH	\$ 1.74	\$ 17.26	\$ 12.94	1/1/2022
E0952		TOE LOOP/HOLEDER, ANY TYPE, EACH	\$ 1.88	\$ 18.31	\$ 13.74	1/1/2022
E0956*		WHEELCHAIR ACCESSORY, LATERAL TRUNK OR HIP SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	\$ 9.60	\$ 95.87	\$ 71.90	1/1/2022
E0957*		WHEELCHAIR ACCESSORY, MEDICAL THIGH SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	\$ 13.41	\$ 134.14	\$ 100.61	1/1/2022
E0958		WHEELCHAIR ATTACHMENT TO CONVERT ANY WHEELCHAIR TO ONE-ARM DRIVE	\$ 42.43	\$ 424.32	\$ 318.25	1/1/2022
E0959		MANUAL WHEELCHAIR ACCESSORY, ADAPTER FOR AMPUTEE, EACH	\$ 4.16	\$ 41.58	\$ 31.17	1/1/2022
E0960*		WHEELCHAIR ACCESSORY, SHOULDER HARNESS/STRAPS OR CHES STRAP INCLUDING ANY TYPE MOUNTING HARDWARE	\$ 8.85	\$ 88.48	\$ 66.37	1/1/2022
E0961		MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK BRAKE EXTENSION (HANDLE), EACH	\$ 2.57	\$ 24.59	\$ 12.29	1/1/2022
E0966		MANUAL WHEELCHAIR ACCESSORY, HEADREST EXTENSION	\$ 6.82	\$ 68.11	\$ 51.08	1/1/2022
E0967		MANUAL WHEELCHAIR ACCESSORY, HAND RIM WITH PROJECTIONS, ANY TYPE, EACH	\$ 6.39	\$ 63.89	\$ 47.90	1/1/2022
E0971		MANUAL WHEELCHAIR ACCESSORY, ANTI-TIPPING DEVICE, EACH	\$ 4.22	\$ 42.20	\$ 31.67	1/1/2022
E0973*		WHEELCHAIR ACCESSORY, ADJUSTABLE HEIGHT DETACHABLE ARMREST, COMPLETE ASSEMBLY	\$ 10.65	\$ 111.81	\$ 83.86	1/1/2022
E0974		MANUAL WHEELCHAIR ACCESSORY, ANIT-ROLLBACK DEVICE, EACH	\$ 6.87	\$ 64.82	\$ 48.98	1/1/2022
E0978		WHEELCHAIR ACCESSORY, POSITIONING BELTS/SAFETY BELT/PELVIC STRAP, EACH	\$ 4.04	\$ 40.32	\$ 30.27	1/1/2022
E0981		WHEELCHAIR ACCESSORY, SEAT UPHOLSTERY, REPLACEMENT ONLY	\$ 4.33	\$ 43.22	\$ 32.41	1/1/2022
E0982		WHEELCHAIR ACCESSORY, BACK UPHOLSTERY, REPLACEMENT ONLY	\$ 4.26	\$ 42.60	\$ 31.94	1/1/2022
E0990		WHEELCHAIR ACCESSORY, ELEVATING LEGREST, COMPLETE ACCESSORY, EACH	\$ 10.93	\$ 107.16	\$ 80.37	1/1/2022
E0992		MANUAL WHEELCHAIR ACCESSORY . SOLID SEAT INSERT	\$ 9.00	\$ 92.54	\$ 69.41	1/1/2022
E0995		WHEELCHAIR ACCESSORY, CALF REST/PAD, EACH	\$ 2.79	\$ 28.05	\$ 21.06	1/1/2022
E1002*		WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, TILT ONLY	\$ 394.19	\$ 3,941.96	\$ 2,956.46	1/1/2022
E1003*		WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, RECLINE ONLY, WITHOUT SHEAR REDUCTION	\$ 427.09	\$ 4,270.77	\$ 3,203.08	1/1/2022
E1004*		WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, RECLINE ONLY, WITH MECHANICAL SHEAR REDUCTION	\$ 473.54	\$ 4,735.40	\$ 3,551.54	1/1/2022
E1005*		WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, RECLINE ONLY, WITH POWER SHEAR REDUCTION	\$ 512.56	\$ 5,125.70	\$ 3,844.28	1/1/2022
E1006*		WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, COMBINATION TILT & RECLINE, WITHOUT SHEAR REDUCTION	\$ 627.83	\$ 6,278.50	\$ 4,708.88	1/1/2022
E1007*		WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, COMBINATION TILT & RECLINE, WITH MECHANICAL SHEAR REDUCTION	\$ 850.14	\$ 8,501.34	\$ 6,375.99	1/1/2022
E1008*		WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, COMBINATION TILT & RECLINE, WITH POWER SHEAR REDUCTION	\$ 850.20	\$ 8,502.10	\$ 6,376.59	1/1/2022
E1020		RESIDUAL LIMB SUPPORT SYSTEM FOR WHEELCHAIR, ANY TYPE	\$ 23.37	\$ 222.61	\$ -	1/1/2022
E1028		WHEELCHAIR ACCESSORY, MANUAL SWINGAWAY, RETRACTIBLE OR REMOVABLE MOUNTING HARDWARE FOR JOYSTICK, OTHER CONTROL INTERFACE OR POSITIONING ACCESSORY	\$ 20.08	\$ 200.87	\$ 150.64	1/1/2022
E1029		WHEELCHAIR ACCESSORY, VENTILATOR TRAY, FIXED	\$ 35.94	\$ 359.40	\$ 269.54	1/1/2022
E1030		WHEELCHAIR ACCESSORY, VENTILATOR TRAY, GIMBALED	\$ 113.33	\$ 1,133.29	\$ 849.97	1/1/2022
E1031		ROLLABOUT CHAIR, ANY AND ALL TYPES WITH CASTERS, 5" OR GREATER	\$ 33.94	\$ 339.47	\$ 254.60	1/1/2022
E1037*		TRANSPORT CHAIR, PEDIATRIC SIZE	\$ 110.99	\$ 1,109.95	\$ 832.46	1/1/2022

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

NC DIVISION OF HEALTH BENEFITS (NC MEDICAID)

DURABLE MEDICAL EQUIPMENT

Fee Schedule effective August 16, 2022

Taxonomies: 332BC3200X, 332BD1200X, 332BP3500X, 332BX2000X Specialty: 087

The inclusion of a rate on this table does not guarantee that a service is covered.

Please refer to the Medicaid Billing Guide and the Medicaid and Health Choice Clinical Coverage Policies on the NC Medicaid website.

HCPCS CODE	National Drug Code (NDC)	DESCRIPTION	MEDICAID MAXIMUM SFY 2018			EFFECTIVE
			RENTAL	NEW	USED	
E1038*		TRANSPORT CHAIR, ADULT SIZE, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	\$ 17.54	\$ 175.35	\$ 131.52	1/1/2022
E1039*		TRANSPORT CHAIR, ADULT SIZE, HEAVY DUTY, PATIENT WEIGHT CAPACITY GREATER THAN 300 POUNDS	\$ 33.26	\$ 332.61	\$ 249.46	1/1/2022
E1161*		MANUAL ADULT SIZE WHEELCHAIR, INCLUDES TILT IN SPACE	\$ 230.12	\$ 2,301.15	\$ 1,725.88	1/1/2022
E1226*		WHEELCHAIR ACCESSORY, MANUAL FULLY RECLINING BACK, (RECLINE GREATER THAN 80 DEGREES), EACH	\$ 46.25	\$ 451.07	\$ 338.27	1/1/2022
E1229*		WHEELCHAIR, PEDIATRIC SIZE, NOT OTHERWISE SPECIFIED		MANUALLY PRICED		
E1231*		WHEELCHAIR, PEDIATRIC SIZE, TILT-IN-SPACE, RIGID, ADJUSTABLE, WITH SEATING SYSTEM	\$ 221.10	\$ 2,211.00	\$ 1,658.25	1/1/2022
E1232*		WHEELCHAIR, PEDIATRIC SIZE, TILT-IN-SPACE, FOLDING, ADJUSTABLE, WITH SEATING SYSTEM	\$ 207.98	\$ 2,079.71	\$ 1,559.80	1/1/2022
E1233*		WHEELCHAIR, PEDIATRIC SIZE, TILT-IN-SPACE, RIGID, ADJUSTABLE, WITHOUT SEATING SYSTEM	\$ 215.49	\$ 2,154.91	\$ 1,616.18	1/1/2022
E1234*		WHEELCHAIR, PEDIATRIC SIZE, TILT-IN-SPACE, FOLDING, ADJUSTABLE, WITHOUT SEATING SYSTEM	\$ 187.62	\$ 1,876.00	\$ 1,406.99	1/1/2022
E1235*		WHEELCHAIR, PEDIATRIC SIZE, RIGID, ADJUSTABLE, WITH SEATING SYSTEM	\$ 180.65	\$ 1,806.45	\$ 1,354.83	1/1/2022
E1236*		WHEELCHAIR, PEDIATRIC SIZE, FOLDING, ADJUSTABLE, WITH SEATING SYSTEM	\$ 159.37	\$ 1,593.75	\$ 1,195.32	1/1/2022
E1237*		WHEELCHAIR, PEDIATRIC SIZE, RIGID, ADJUSTABLE, WITHOUT SEATING SYSTEM	\$ 160.76	\$ 1,607.68	\$ 1,205.77	1/1/2022
E1238*		WHEELCHAIR, PEDIATRIC SIZE, FOLDING, ADJUSTABLE, WITHOUT SEATING SYSTEM	\$ 159.37	\$ 1,593.75	\$ 1,195.32	1/1/2022
E1239*		POWER WHEELCHAIR, PEDIATRIC SIZE, NOT OTHERWISE SPECIFIED		MANUALLY PRICED		
E1300		WHIRLPOOL, PORTABLE (OVERTUB TYPE)	\$ 18.41	\$ 184.13	\$ 138.09	1/1/2022
E1639		SCALE, EACH	\$ -	\$ 76.71	\$ -	1/1/2022
E2100		BLOOD GLUCOSE MONITOR WITH INTEGRATED VOICE SYNTHESIZER	\$ 61.69	\$ 616.90	\$ 462.69	1/1/2022
E2201*		MANUAL WHEELCHAIR ACCESSORY, NON-STANDARD SEAT FRAME, WIDTH GREATER THAN OR EQUAL TO 20 INCHES AND LESS THAN 24 INCHES	\$ 36.29	\$ 362.86	\$ 272.15	1/1/2022
E2202*		MANUAL WHEELCHAIR ACCESSORY, NON-STANDARD SEAT FRAME, WIDTH 24-27 INCHES	\$ 46.10	\$ 464.50	\$ 345.74	1/1/2022
E2203*		MANUAL WHEELCHAIR ACCESSORY, NON-STANDARD SEAT FRAME DEPTH , 20 TO LESS THAN 22 INCHES	\$ 46.58	\$ 465.90	\$ 349.42	1/1/2022
E2204*		MANUAL WHEELCHAIR ACCESSORY, NON-STANDARD SEAT FRAME DEPTH , 22-25 INCHES	\$ 79.12	\$ 791.07	\$ 593.31	1/1/2022
E2205		MANUAL WHEELCHAIR ACCESSORY, HANDRIM WITHOUT PROJECTIONS (INCLUDES ERGONOMIC OR CONTOURED), ANY TYPE, REPLACEMENT ONLY, EACH	\$ 3.16	\$ 31.77	\$ 23.85	1/1/2022
E2206		MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK ASSEMBLY, COMPLETE, EACH	\$ 3.95	\$ 39.56	\$ 29.66	1/1/2022
E2207		WHEELCHAIR ACCESSORY, CRUTCH AND CANE HOLDER, EACH	\$ 4.22	\$ 42.16	\$ 31.62	1/1/2022
E2208		WHEELCHAIR ACCESSORY, CYLINDER TANK CARRIER, EACH	\$ 11.54	\$ 115.52	\$ 86.64	1/1/2022
E2209		ARM TROUGH, WITH OR WITHOUT HAND SUPPORT, EACH	\$ 10.45	\$ 104.22	\$ 78.17	1/1/2022
E2210		WHEELCHAIR ACCESSORY, BEARINGS, ANY TYPE, REPLACEMENT ONLY, EACH	\$ -	\$ 6.37	\$ -	1/1/2022
E2211		MANUAL WHEELCHAIR ACCESSORY, PNEUMATIC PROPULSION TIRE, ANY SIZE, EACH	\$ 3.90	\$ 39.79	\$ 28.50	1/1/2022
E2212		MANUAL WHEELCHAIR ACCESSORY, TUBE FOR PNEUMATIC PROPULSION TIRE, ANY SIZE, EACH	\$ 0.59	\$ 5.72	\$ 4.30	1/1/2022
E2213		MANUAL WHEELCHAIR ACCESSORY, PNEUMATIC PROPULSION TIRE (REMOVABLE), ANY TYPE, ANY SIZE, EACH	\$ 2.97	\$ 29.58	\$ 22.16	1/1/2022
E2214		MANUAL WHEELCHAIR ACCESSORY, PNEUMATIC CASTER TIRE, ANY SIZE, EACH	\$ 3.28	\$ 29.77	\$ 22.33	1/1/2022
E2215		MANUAL WHEELCHAIR ACCESSORY, TUBE FOR PNEUMATIC CASTER TIRE, ANY SIZE, EACH	\$ 0.92	\$ 9.34	\$ 6.98	1/1/2022
E2216		MANUAL WHEELCHAIR ACCESSORY, FOAM FILLED PROPULSION TIRE, ANY SIZE, EACH	\$ 2.99	\$ 29.87	\$ 21.90	1/1/2022
E2217		MANUAL WHEELCHAIR ACCESSORY, FOAM FILLED CASTER TIRE, ANY SIZE, EACH	\$ 4.53	\$ 41.10	\$ 30.82	1/1/2022
E2218		MANUAL WHEELCHAIR ACCESSORY, FOAM PROPULSION TIRE, ANY SIZE, EACH	\$ 3.20	\$ 32.06	\$ 23.53	1/1/2022
E2219		MANUAL WHEELCHAIR ACCESSORY, FOAM CASTER TIRE, ANY SIZE, EACH	\$ 4.59	\$ 40.70	\$ 30.53	1/1/2022
E2220		MANUAL WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) PROPULSION TIRE, ANY SIZE, EACH	\$ 2.67	\$ 27.74	\$ 21.21	1/1/2022
E2221		MANUAL WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE, (REMOVABLE), ANY SIZE, EACH	\$ 2.51	\$ 24.85	\$ 18.65	1/1/2022
E2222		MANUAL WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE WITH INTEGRATED WHEEL, ANY SIZE, EACH	\$ 2.03	\$ 20.48	\$ 15.38	1/1/2022
E2224		MANUAL WHEELCHAIR ACCESSORY, PROPULSION WHEEL EXCLUDES TIRE, ANY SIZE, EACH	\$ 9.30	\$ 92.94	\$ 69.70	1/1/2022
E2225		MANUAL WHEELCHAIR ACCESSORY, CASTER WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	\$ 1.69	\$ 16.92	\$ 12.68	1/1/2022
E2226		MANUAL WHEELCHAIR ACCESSORY, CASTER FORK, ANY SIZE, REPLACEMENT ONLY, EACH	\$ 3.69	\$ 36.90	\$ 27.68	1/1/2022
E2227*		MANUAL WHEELCHAIR ACCESSORY, GEAR REDUCTION DRIVE WHEEL, EACH		MANUALLY PRICED		
E2228*		MANUAL WHEELCHAIR ACCESSORY, WHEEL BRAKING SYSTEM AND LOCK, COMPLETE, EACH		MANUALLY PRICED		
E2231*		MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT SUPPORT BASE (REPLACES SLING SEAT), INCLUDES ANY TYPE MOUNTING HARDWARE	\$ 15.70	\$ 156.93	\$ 117.69	1/1/2022
E2291*		BACK, PLANAR, FOR PEDIATRIC SIZE WHEELCHAIR INCLUDING FIXED ATTACHING HARDWARE	\$ 45.97	\$ 459.73	\$ 344.79	1/1/2022
E2292*		SEAT, PLANAR, FOR PEDIATRIC SIZE WHEELCHAIR INCLUDING FIXED ATTACHING HARDWARE	\$ 43.49	\$ 434.90	\$ 326.17	1/1/2022
E2293*		BACK, CONTOURED, FOR PEDIATRIC SIZE WHEELCHAIR INCLUDING FIXED ATTACHING HARDWARE	\$ 45.97	\$ 459.73	\$ 344.79	1/1/2022
E2294*		SEAT, CONTOURED, FOR PEDIATRIC SIZE WHEELCHAIR INCLUDING FIXED ATTACHING HARDWARE	\$ 43.49	\$ 434.90	\$ 326.17	1/1/2022
E2295*		MANUALLY WHEELCHAIR ACCESSORY, FOR PEDIATRIC SIZE WHEELCHAIR, DYNAMIC SEATING FRAME ALLOWS COORDINATED MOVEMENT OF MULTIPLE POSITIONING FEATURES		MANUALLY PRICED		
E2300*		POWER WHEELCHAIR ACCESSORY, POWER SEAT ELEVATION SYSTEM		MANUALLY PRICED		
E2310*		POWER WHEELCHAIR ACCESSORY, ELECTRONIC CONNECTION BETWEEN WHEELCHAIR CONTROLLER AND ONE POWER SEATING SYSTEM MOTOR, INCLUDING ALL RELATED ELECTRONICS, INDICATOR FEATURE, MECHANICAL FUNCTION SELECTION SWITCH AND FIXED MOUNTING HARDWARE	\$ 113.81	\$ 1,138.12	\$ 853.59	1/1/2022

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



NC DIVISION OF HEALTH BENEFITS (NC MEDICAID)

DURABLE MEDICAL EQUIPMENT

Fee Schedule effective August 16, 2022

Taxonomies: 332BC3200X, 332BD1200X, 332BP3500X, 332BX2000X Specialty: 087

The inclusion of a rate on this table does not guarantee that a service is covered.

Please refer to the Medicaid Billing Guide and the Medicaid and Health Choice Clinical Coverage Policies on the NC Medicaid website.

HCPCS CODE	National Drug Code (NDC)	DESCRIPTION	MEDICAID MAXIMUM SFY 2018			EFFECTIVE
			RENTAL	NEW	USED	
E2311*		POWER WHEELCHAIR ACCESSORY, ELECTRONIC CONNECTION BETWEEN WHEELCHAIR CONTROLLER AND TWO OR MORE POWER SEATING SYSTEM MOTORS, INCLUDING ALL RELATED ELECTRONICS, INDICATOR FEATURE, MECHANICAL FUNCTION SELECTION SWITCH AND FIXED MOUNTING HARDWARE	\$ 230.43	\$ 2,304.17	\$ 1,728.13	1/1/2022
E2312*		POWER WHEELCHAIR ACCESSORY, HAND OR CHIN CONTROL INTERFACE, MINI-PROPORTIONAL REMOTE JOYSTICK, PROPORTIONAL, INCLUDING FIXED MOUNTING HARDWARE, EACH		MANUALLY PRICED		
E2313*		POWER WHEELCHAIR ACCESSORY, HARNESS FOR UPGRADE TO EXPANDABLE CONTROLLER, INCLUDING FASTENERS, CONNECTORS AND MOUNTING HARDWARE, EACH		MANUALLY PRICED		
E2321*		POWER WHEELCHAIR ACCESSORY, HAND CONTROL INTERFACE, REMOTE JOYSTICK, NONPROPORTIONAL, INCLUDING ALL RELATED ELECTRONICS, MECHANICAL STOP SWITCH, AND FIXED MOUNTING HARDWARE	\$ 154.56	\$ 1,545.48	\$ 1,159.13	1/1/2022
E2322*		POWER WHEELCHAIR ACCESSORY, HAND CONTROL INTERFACE, MULTIPLE MECHANICAL SWITCHES, NONPROPORTIONAL, INCLUDING ALL RELATED ELECTRONICS, MECHANICAL STOP SWITCH, AND FIXED MOUNTING HARDWARE	\$ 137.16	\$ 1,371.65	\$ 1,028.75	1/1/2022
E2323		POWER WHEELCHAIR ACCESSORY, SPECIALTY JOYSTICK HANDLE FOR HAND CONTROL INTERFACE, PREFABRICATED	\$ 6.73	\$ 67.26	\$ 50.45	1/1/2022
E2324		POWER WHEELCHAIR ACCESSORY, CHIN CUP FOR CHIN CONTROL INTERFACE	\$ 4.25	\$ 42.62	\$ 31.97	1/1/2022
E2325*		POWER WHEELCHAIR ACCESSORY, SIP AND PUFF INTERFACE, NONPROPORTIONAL, INCLUDING ALL RELATED ELECTRONICS, MECHANICAL STOP SWITCH, AND MANUAL SWINGAWAY MOUNTING HARDWARE	\$ 131.00	\$ 1,309.86	\$ 982.40	1/1/2022
E2326		POWER WHEELCHAIR ACCESSORY, BREATH TUBE KIT FOR SIP AND PUFF INTERFACE	\$ 33.78	\$ 337.61	\$ 253.19	1/1/2022
E2327*		POWER WHEELCHAIR ACCESSORY, HEAD CONTROL INTERFACE, MECHANICAL, PROPORTIONAL, INCLUDING ALL RELATED ELECTRONICS, MECHANICAL DIRECTION CHANGE SWITCH, AND FIXED MOUNTING HARDWARE	\$ 254.07	\$ 2,540.68	\$ 1,905.50	1/1/2022
E2328*		POWER WHEELCHAIR ACCESSORY, HEAD CONTROL OR EXTREMITY CONTROL INTERFACE, ELECTRONIC, PROPORTIONAL INCLUDING ALL RELATED ELECTRONICS AND FIXED MOUNTING HARDWARE	\$ 481.92	\$ 4,819.31	\$ 3,614.49	1/1/2022
E2329*		POWER WHEELCHAIR ACCESSORY, HEAD CONTROL INTERFACE, CONTACT SWITCH MECHANISM, NON-PROPORTIONAL INCLUDING ALL RELATED ELECTRONICS, MECHANICAL STOP SWITCH, MECHANICAL DIRECTION CHANGE SWITCH, HEAD ARRAY, AND FIXED MOUNTING HARDWARE	\$ 171.76	\$ 1,717.65	\$ 1,288.24	1/1/2022
E2330*		POWER WHEELCHAIR ACCESSORY, HEAD CONTROL INTERFACE, PROXIMITY SWITCH MECHANISM, NPN-PROPORTIONAL, INCLUDING ALL RELATED ELECTRONICS, MECHANICAL STOP SWITCH, MECHANICAL DIRECTION CHANGE SWITCH, HEAD ARRAY, AND FIXED MOUNTING HARDWARE	\$ 332.81	\$ 3,328.16	\$ 2,496.13	1/1/2022
E2340*		POWER WHEELCHAIR ACCESSORY, NON-STANDARD SEAT FRAME,WIDTH 20-23 INCHES	\$ 34.87	\$ 348.52	\$ 261.41	1/1/2022
E2341*		POWER WHEELCHAIR ACCESSORY, NON-STANDARD SEAT FRAME,WIDTH 24-27 INCHES	\$ 52.28	\$ 522.82	\$ 392.12	1/1/2022
E2342*		POWER WHEELCHAIR ACCESSORY, NON-STANDARD SEAT FRAME, DEPTH 20-21 INCHES	\$ 43.57	\$ 435.68	\$ 326.77	1/1/2022
E2343*		POWER WHEELCHAIR ACCESSORY, NON-STANDARD SEAT FRAME, DEPTH 22-25 INCHES	\$ 69.70	\$ 697.11	\$ 522.82	1/1/2022
E2358		POWER WHEELCHAIR ACCESSORY, GROUP 34 SEALED I NON-SEALED LEAD ACID BATTERY, EACH		MANUALLY PRICED		
E2359		POWER WHEELCHAIR ACCESSORY, GROUP 34 SEALED SEALED LEAD ACID BATTERY, EACH (e.g. gell cell, absorbed glassmat)	\$ 18.23	\$ 182.22	\$ 136.67	1/1/2022
E2360		POWER WHEELCHAIR ACCESSORY, 22 NF NON SEALED LEAD ACID BATTERY, EACH	\$ 10.98	\$ 109.26	\$ 81.95	1/1/2022
E2361		POWER WHEELCHAIR ACCESSORY, 22 NF SEALED LEAD ACID BATTERY, EACH (E.G. GEL CELL, ABSORBED GLASSMAT)	\$ 13.57	\$ 135.64	\$ 101.75	1/1/2022
E2362		POWER WHEELCHAIR ACCESSORY, GROUP 24 NON-SEALED LEAD ACID BATTERY, EACH	\$ 8.95	\$ 89.46	\$ 67.09	1/1/2022
E2363		POWER WHEELCHAIR ACCESSORY, GROUP 24 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	\$ 18.10	\$ 180.89	\$ 135.67	1/1/2022
E2364		POWER WHEELCHAIR ACCESSORY, U-1 NON-SEALED LEAD ACID BATTERY, EACH	\$ 10.98	\$ 109.26	\$ 81.95	1/1/2022
E2365		POWER WHEELCHAIR ACCESSORY, U-1 SEALED LEAD ACID BATTERY, EACH (E.G. GEL CELL, ABSORBED GLASS MAT)	\$ 10.91	\$ 109.09	\$ 81.84	1/1/2022
E2366*		POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, SINGLE MODE, FOR USE WITH ONLY 1 BATTERY TYPE, SEALED OR NON-SEALED, EACH	\$ 21.85	\$ 217.93	\$ 163.45	1/1/2022
E2367*		POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, DUAL MODE, FOR USE WITH EITHER BATTERY TYPE, SEALED OR NON-SEALED, EACH	\$ 40.76	\$ 407.58	\$ 305.68	1/1/2022
E2368*		POWER WHEELCHAIR COMPONENT, DRIVE WHEEL MOTOR, REPLACEMENT ONLY	\$ 50.25	\$ 502.39	\$ 376.81	1/1/2022
E2369*		POWER WHEELCHAIR COMPONENT, DRIVE WHEEL GEAR BOX, REPLACEMENT ONLY	\$ 43.76	\$ 437.59	\$ 328.19	1/1/2022
E2370*		POWER WHEELCHAIR COMPONENT, INTEGRATED DRIVE WHEEL MOTOR AND GEAR BOX COMBINATION, REPLACEMENT ONLY	\$ 78.09	\$ 780.80	\$ 585.59	1/1/2022
E2371*		POWER WHEELCHAIR ACCESSORY, GROUP 27 SEALED LEAD ACID BATTERY, (e.g.GEL CELL, ABSORBED GLASSMAT), EACH	\$ 14.67	\$ 146.60	\$ 109.96	1/1/2022
E2372*		POWER WHEELCHAIR ACCESSORY, GROUP 27 NON-SEALED LEAD ACID BATTERY, EACH	\$ 41.81	\$ 418.17	\$ 313.63	1/1/2022
E2373*		POWER WHEELCHAIR ACCESSORY, HAND OR CHIN CONTROL INTERFACE, COMPACT REMOTE JOYSTICK, PROPORTIONAL, INCLUDING FIXED MOUNTING HARDWARE	\$ 67.72	\$ 677.09	\$ 507.84	1/1/2022
E2374*		POWER WHEELCHAIR ACCESSORY, HAND OR CHIN CONTROL INTERFACE, STANDARD REMOTE JOYSTICK (NOT INCLUDING CONTROLLER), PROPORTIONAL, INCLUDING ALL RELATED ELECTRONICS AND FIXED MOUNTING HARDWARE, REPLACEMENT ONLY	\$ 51.93	\$ 519.36	\$ 389.54	1/1/2022
E2375*		POWER WHEELCHAIR ACCESSORY, NON-EXPANDABLE CONTROLLER, INCLUDING ALL RELATED ELECTRONICS AND MOUNTING HARDWARE, REPLACEMENT ONLY	\$ 83.30	\$ 833.05	\$ 624.77	1/1/2022
E2376*		POWER WHEELCHAIR ACCESSORY, EXPANDABLE CONTROLLER, INCLUDING ALL RELATED ELECTRONICS AND MOUNTING HARDWARE, REPLACEMENT ONLY	\$ 130.55	\$ 1,305.43	\$ 979.09	1/1/2022
E2377*		POWER WHEELCHAIR ACCESSORY, EXPANDABLE CONTROLLER, INCLUDING ALL RELATED ELECTRONICS AND MOUNTING HARDWARE, UPGRADE PROVIDED AT INITIAL ISSUE	\$ 47.23	\$ 472.38	\$ 354.30	1/1/2022
E2378*		POWER WHEELCHAIR COMPONENT, ACTUATOR, REPLACEMENT ONLY		MANUALLY PRICED		
E2381		POWER WHEELCHAIR ACCESSORY, PNEUMATIC DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	\$ 7.42	\$ 74.09	\$ 55.57	1/1/2022
E2382		POWER WHEELCHAIR ACCESSORY, TUBE FOR PNEUMATIC DRIVE TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	\$ 2.01	\$ 20.20	\$ 15.14	1/1/2022
E2383		POWER WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC DRIVE WHELL TIRE (REMOVABLE), ANY TYPE, ANY SIZE, REPLACEMENT ONLY, EACH	\$ 14.77	\$ 147.71	\$ 110.78	1/1/2022

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

NC DIVISION OF HEALTH BENEFITS (NC MEDICAID)

DURABLE MEDICAL EQUIPMENT

Fee Schedule effective August 16, 2022

Taxonomies: 332BC3200X, 332BD1200X, 332BP3500X, 332BX2000X Specialty: 087

The inclusion of a rate on this table does not guarantee that a service is covered.

Please refer to the Medicaid Billing Guide and the Medicaid and Health Choice Clinical Coverage Policies on the NC Medicaid website.

HCPCS CODE	National Drug Code (NDC)	DESCRIPTION	MEDICAID MAXIMUM SFY 2018			EFFECTIVE
			RENTAL	NEW	USED	
E2384		POWER WHEELCHAIR ACCESSORY, PNEUMATIC CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	\$ 7.89	\$ 78.69	\$ 59.01	1/1/2022
E2385		POWER WHEELCHAIR ACCESSORY, TUBE FOR PNEUMATIC CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	\$ 4.82	\$ 48.14	\$ 36.09	1/1/2022
E2386		POWER WHEELCHAIR ACCESSORY, FOAM FILLED DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	\$ 14.64	\$ 146.38	\$ 109.77	1/1/2022
E2387		POWER WHEELCHAIR ACCESSORY, FOAM FILLED CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	\$ 6.51	\$ 65.03	\$ 48.78	1/1/2022
E2388		POWER WHEELCHAIR ACCESSORY, FOAM DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	\$ 4.90	\$ 49.01	\$ 36.76	1/1/2022
E2389		POWER WHEELCHAIR ACCESSORY, FOAM CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	\$ 2.66	\$ 26.61	\$ 19.95	1/1/2022
E2390		POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	\$ 4.16	\$ 41.62	\$ 31.19	1/1/2022
E2391		POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE (REMOVEABLE), ANY SIZE, REPLACEMENT ONLY, EACH	\$ 1.99	\$ 19.94	\$ 14.96	1/1/2022
E2392		POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE EITH INTEGRATED WHEEL, ANY SIZE, REPLACEMENT ONLY, EACH	\$ 5.25	\$ 52.40	\$ 39.30	1/1/2022
E2394		POWER WHEELCHAIR, ACCESSORY, DRIVE WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	\$ 7.48	\$ 74.64	\$ 55.99	1/1/2022
E2395		POWER WHEELCHAIR ACCESSORY, CASTER WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	\$ 5.31	\$ 53.05	\$ 39.81	1/1/2022
E2396		POWER WHEELCHAIR ACCESSORY, CASTER FORK, ANY SIZE, REPLACEMENT ONLY, EACH	\$ 6.93	\$ 64.68	\$ 48.52	1/1/2022
E2601		GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	\$ 5.96	\$ 59.48	\$ 44.61	1/1/2022
E2602		GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	\$ 11.61	\$ 116.12	\$ 87.09	1/1/2022
E2603*		SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	\$ 14.75	\$ 147.43	\$ 110.57	1/1/2022
E2604*		SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	\$ 18.31	\$ 183.24	\$ 137.45	1/1/2022
E2605*		POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	\$ 26.19	\$ 261.78	\$ 196.37	1/1/2022
E2606*		POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	\$ 40.86	\$ 408.40	\$ 306.30	1/1/2022
E2607*		SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	\$ 28.19	\$ 281.89	\$ 211.42	1/1/2022
E2608*		SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	\$ 33.84	\$ 338.54	\$ 253.90	1/1/2022
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	\$ 30.37	\$ 303.78	\$ 227.86	1/1/2022
E2612		GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTIN G HARDWARE	\$ 41.09	\$ 410.94	\$ 308.19	1/1/2022
E2613*		POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	\$ 39.00	\$ 389.90	\$ 292.41	1/1/2022
E2614*		POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	\$ 52.91	\$ 529.00	\$ 396.77	1/1/2022
E2615*		POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	\$ 44.00	\$ 439.90	\$ 329.92	1/1/2022
E2616*		POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH GREATER THAN 22 INCHES , ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	\$ 59.19	\$ 591.88	\$ 443.92	1/1/2022
E2617*		CUSTOM FABRICATED WHEELCHAIR BACK CUSHION, ANY SIZE, INCLUDING ANY TYPE MOUNTING HARDWARE		MANUALLY PRICED		
E2620*		POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	\$ 53.27	\$ 532.67	\$ 399.51	1/1/2022
E2621*		POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH GREATER THAN 22 INCHES , ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	\$ 55.89	\$ 558.98	\$ 419.25	1/1/2022
E2622		SKIN PROTECTION WHEELCHAIR SEAT CUSHION, ADJUSTABLE, WIDTH LESS THAN 22", ANY DEPTH	\$ 29.37	\$ 293.69	\$ 220.26	1/1/2022
E2623		SKIN PROTECTION WHEELCHAIR SEAT CUSHION, ADJUSTABLE, WIDTH 22" OR GREATER, ANY DEPTH	\$ 37.38	\$ 373.70	\$ 280.27	1/1/2022
E2624		SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, ADJUSTABLE, WIDTH LESS THAN 22", ANY DEPTH	\$ 29.62	\$ 296.10	\$ 222.09	1/1/2022
E2625		SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, ADJUSTABLE, WIDTH 22" OR GREATER, ANY DEPTH	\$ 37.48	\$ 374.84	\$ 281.12	1/1/2022
E2626*		WHEELCHAIR ACCESSORY, SHOULDER ELBOW, MOBILE ARM SUPPORT ATTACHED TO WHEELCHAIR, BALANCED ADJUSTABLE	\$ -	\$ 656.33	\$ -	1/1/2022
E2627*		WHEELCHAIR ACCESSORY, SHOULDER ELBOW, MOBILE ARM SUPPORT ATTACHED TO WHEELCHAIR, BALANCED, ADJUSTABLE RANCHO TYPE	\$ -	\$ 1,047.31	\$ -	1/1/2022
E2628*		WHEELCHAIR ACCESSORY, SHOULDER ELBOW, MOBILE ARM SUPPORT ATTACHED TO WHEELCHAIR, BALANCED, ADJUSTABLE RECLINING	\$ -	\$ 783.06	\$ -	1/1/2022
E2629*		WHEELCHAIR ACCESSORY, SHOULDER ELBOW, MOBILE ARM SUPPORT ATTACHED TO WHEELCHAIR, BALANCED, FRICTION ARM SUPPORT (friction dampening to proximal and distal joints)	\$ -	\$ 998.43	\$ -	1/1/2022
E2630*		WHEELCHAIR ACCESSORY, SHOULDER ELBOW, MOBILE ARM SUPPORT MONOSUSPENSION ARM AND HAND SUPPORT, OVERHEAD ELBOW FOREARM HAND SLING SUPPORT YOKE TYPE SUSPENSION SUPPORT	\$ -	\$ 593.47	\$ -	1/1/2022
E2631*		WHEELCHAIR ACCESSORY, ADDITION TO MOBILE ARM SUPPORT, ELEVATING POXIMAL ARM	\$ -	\$ 279.30	\$ -	1/1/2022
E2632*		WHEELCHAIR ACCESSORY, ADDITION TO MOBILE ARM SUPPORT, OFFSET OR LATERAL ROCKER WITH ELASTIC BALANCE CONTROL	\$ -	\$ 168.91	\$ -	1/1/2022
E2633*		WHEELCHAIR ACCESSORY, ADDITION TO MOBILE ARM SUPPORT, SUPINATOR	\$ -	\$ 128.04	\$ -	1/1/2022
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		

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NC DIVISION OF HEALTH BENEFITS (NC MEDICAID)

DURABLE MEDICAL EQUIPMENT

Fee Schedule effective August 16, 2022

Taxonomies: 332BC3200X, 332BD1200X, 332BP3500X, 332BX2000X Specialty: 087

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			RENTAL	NEW	USED	
K0001*		STANDARD WHEELCHAIR	\$ 45.16	\$ 451.56	\$ 338.67	1/1/2022
K0002*		STANDARD HEMI (LOW SEAT) WHEELCHAIR	\$ 70.97	\$ 709.67	\$ 532.26	1/1/2022
K0003*		LIGHTWEIGHT WHEELCHAIR	\$ 74.06	\$ 740.60	\$ 555.45	1/1/2022
K0004*		HIGH STRENGTH, LIGHTWEIGHT WHEELCHAIR	\$ 116.49	\$ 1,164.93	\$ 873.69	1/1/2022
K0005*		ULTRALIGHTWEIGHT WHEELCHAIR	\$ 179.79	\$ 1,798.02	\$ 1,348.49	1/1/2022
K0006*		HEAVY DUTY WHEELCHAIR	\$ 114.09	\$ 1,140.90	\$ 855.68	1/1/2022
K0007*		EXTRA HEAVY DUTY WHEELCHAIR	\$ 173.60	\$ 1,736.01	\$ 1,302.00	1/1/2022
K0015*		DETACHABLE, NONADJUSTABLE HEIGHT ARMREST, EACH	\$ 17.68	\$ 176.71	\$ 132.53	1/1/2022
K0017*		DETACHABLE, ADJUSTABLE HEIGHT ARMREST, BASE, EACH	\$ 4.97	\$ 49.71	\$ 37.28	1/1/2022
K0018*		DETACHABLE, ADJUSTABLE HEIGHT ARMREST, UPPER PORTION, EACH	\$ 2.76	\$ 27.77	\$ 20.84	1/1/2022
K0019		ARM PAD, EACH	\$ 1.64	\$ 16.38	\$ 12.28	1/1/2022
K0020*		FIXED, ADJUSTABLE HEIGHT ARMREST, PAIR	\$ 4.52	\$ 45.18	\$ 33.87	1/1/2022
K0037*		HIGH MOUNT FLIP-UP FOOTREST, EACH	\$ 3.56	\$ 39.82	\$ 29.87	1/1/2022
K0038		LEG STRAP, EACH	\$ 2.36	\$ 23.59	\$ 17.70	1/1/2022
K0039		LEG STRAP, H STYLE, EACH	\$ 5.25	\$ 52.40	\$ 39.30	1/1/2022
K0040		ADJUSTABLE ANGLE FOOTPLATE, EACH	\$ 7.25	\$ 72.62	\$ 54.45	1/1/2022
K0041		LARGE SIZE FOOTPLATE, EACH	\$ 5.16	\$ 51.47	\$ 38.60	1/1/2022
K0042		STANDARD SIZE FOOTPLATE, EACH	\$ 3.01	\$ 30.12	\$ 22.58	1/1/2022
K0043		FOOTREST, LOWER EXTENSION TUBE, EACH	\$ 1.90	\$ 18.99	\$ 14.26	1/1/2022
K0044		FOOTREST, UPPER HANGER BRACKET, EACH	\$ 1.62	\$ 16.18	\$ 12.14	1/1/2022
K0045		FOOTREST, COMPLETE ASSEMBLY FOR K0001 AND K0002, EACH	\$ 5.64	\$ 55.07	\$ 41.30	1/1/2022
K0046		ELEVATING LEGREST, LOWER EXTENSION TUBE, FOR K0001 AND K0002, EACH	\$ 1.90	\$ 18.99	\$ 14.26	1/1/2022
K0047		ELEVATING LEGREST, UPPER HANGER BRACKET, FOR K0001 AND K0002, EACH	\$ 7.46	\$ 74.38	\$ 55.77	1/1/2022
K0050		RATCHET ASSEMBLY	\$ 3.15	\$ 31.61	\$ 23.72	1/1/2022
K0051		CAM RELEASE ASSEMBLY, FOOTREST OR LEGREST, EACH	\$ 5.14	\$ 51.17	\$ 38.36	1/1/2022
K0052		SWINGAWAY, DETACHABLE FOOTRESTS, EACH	\$ 8.99	\$ 89.90	\$ 67.42	1/1/2022
K0053*		ELEVATING FOOTRESTS, ARTICULATING (TELESCOPING), EACH	\$ 9.91	\$ 99.21	\$ 74.41	1/1/2022
K0056		SEAT HEIGHT LESS THAN 17" OR LESS THAN OR EQUAL TO 21" FOR A HIGH STRENGTH LIGHTWEIGHT OR ULTRALIGHTWEIGHT WHEELCHAIR	\$ 9.25	\$ 92.49	\$ 69.38	1/1/2022
K0065		SPOKE PROTECTORS, each	\$ 4.33	\$ 43.24	\$ 32.42	1/1/2022
K0069		REAR WHEEL ASSEMBLY, COMPLETE, WITH SOLID TIRE, SPOKES OR MOLDED, EACH	\$ 9.97	\$ 97.18	\$ 72.88	1/1/2022
K0070		REAR WHEEL ASSEMBLY, COMPLETE, WITH PNEUMATIC TIRE, EACH	\$ 17.83	\$ 178.13	\$ 133.60	1/1/2022
K0071		FRONT CASTER ASSEMBLY, COMPLETE, WITH PNEUMATIC TIRE, EACH	\$ 10.63	\$ 106.25	\$ 79.67	1/1/2022
K0072		FRONT CASTER ASSEMBLY, COMPLETE, WITH SEMIPNEUMATIC TIRE, EACH	\$ 6.39	\$ 63.96	\$ 47.97	1/1/2022
K0073		CASTER PIN LOCK, EACH	\$ 3.36	\$ 33.53	\$ 25.14	1/1/2022
K0077		FRONT CASTER ASSEMBLY, COMPLETE, WITH SOLID TIRE, EACH	\$ 5.72	\$ 57.23	\$ 42.92	1/1/2022
K0099		FRONT CASTER FOR POWER WHEELCHAIR	\$ 7.95	\$ 79.48	\$ 59.61	1/1/2022
K0105		IV HANGER, each	\$ 9.66	\$ 96.70	\$ 72.52	1/1/2022
K0195*		ELEVATING LEGREST, PAIR (FOR USE WITH CAPPED RENTAL WHEELCHAIR BASE)	\$ 20.49	\$ 204.92	\$ 153.69	1/1/2022
K0606*		AUTOMATIC EXTERNAL DEFIBRILATOR, WITH INTEGRATED ELECTROCARDIOGRAM ANALYSIS, GARMENT TYPE	\$ 2,598.55	\$ -	\$ -	1/1/2022
K0733		POWER WHEELCHAIR ACCESSORY, 12 TO 24 AMP HOUR SEALED LEAD ACID BATTERY, EACH (e.g., gel cell, absorbed glassmat)	\$ 2.96	\$ 29.38	\$ 22.05	1/1/2022
K0813*		POWER WHEELCHAIR GROUP 1 STANDARD, PORTABLE, SLING/SOLID SEAT AND BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	\$ 234.62	\$ 2,346.18	\$ 1,759.64	1/1/2022
K0814*		POWER WHEELCHAIR, GROUP 1 STANDARD, PORTABLE, CAPTAIN'S CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	\$ 300.30	\$ 3,003.05	\$ 2,252.28	1/1/2022
K0815*		POWER WHEELCHAIR, GROUP 1 STANDARD, SLING/SOLID SEAT AND BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	\$ 341.98	\$ 3,419.78	\$ 2,564.84	1/1/2022
K0816*		POWER WHEELCHAIR, GROUP 1 STANDARD, CAPTAIN'S CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	\$ 327.50	\$ 3,274.97	\$ 2,456.23	1/1/2022
K0820*		POWER WHEELCHAIR GROUP 2 STANDARD, PORTABLE, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	\$ 250.59	\$ 2,505.88	\$ 1,879.41	1/1/2022
K0821*		POWER WHEELCHAIR, GROUP 2 STANDARD, PORTABLE, CAPTAIN'S CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	\$ 321.69	\$ 3,216.91	\$ 2,412.69	1/1/2022
K0822*		POWER WHEELCHAIR, GROUP 2 STANDARD, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	\$ 388.78	\$ 3,887.78	\$ 2,915.84	1/1/2022
K0823*		POWER WHEELCHAIR, GROUP 2 STANDARD, CAPTAIN'S CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	\$ 391.33	\$ 3,913.26	\$ 2,934.95	1/1/2022
K0824*		POWER WHEELCHAIR GROUP 2 HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	\$ 470.98	\$ 4,709.78	\$ 3,532.34	1/1/2022
K0825*		POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, CAPTAIN'S CHAIR, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	\$ 431.15	\$ 4,311.52	\$ 3,233.64	1/1/2022
K0826*		POWER WHEELCHAIR, GROUP 2 VERY HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	\$ 609.72	\$ 6,097.22	\$ 4,572.92	1/1/2022
K0827*		POWER WHEELCHAIR, GROUP 2 VERY HEAVY DUTY, CAPTAIN'S CHAIR, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	\$ 486.63	\$ 4,866.26	\$ 3,649.70	1/1/2022
K0828*		POWER WHEELCHAIR, GROUP 2 EXTRA HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 601 POUNDS OR MORE	\$ 671.86	\$ 6,718.58	\$ 5,038.94	1/1/2022
K0829*		POWER WHEELCHAIR, GROUP 2 EXTRA HEAVY DUTY, CAPTAIN'S CHAIR, PATIENT WEIGHT CAPACITY 601 POUNDS OR MORE	\$ 608.29	\$ 6,083.00	\$ 4,562.25	1/1/2022
K0830*		POWER WHEELCHAIR, GROUP 2, SEAT ELEVATOR, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	\$ 396.04	\$ 3,960.46	\$ 2,970.35	1/1/2022
K0831*		POWER WHEELCHAIR, GROUP 2, SEAT ELEVATOR, CAPTAIN'S CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	\$ 396.04	\$ 3,960.46	\$ 2,970.35	1/1/2022
K0835*		POWER WHEELCHAIR, GROUP 2 STANDARD, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	\$ 394.60	\$ 3,946.03	\$ 2,959.52	1/1/2022
K0836*		POWER WHEELCHAIR, GROUP 2 STANDARD, SINGLE POWER OPTION, CAPTAIN'S CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	\$ 409.20	\$ 4,092.01	\$ 3,069.01	1/1/2022
K0837*		POWER WHEELCHAIR GROUP 2 HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	\$ 470.98	\$ 4,709.78	\$ 3,532.34	1/1/2022
K0838*		POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, SINGLE POWER OPTION, CAPTAIN'S CHAIR, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	\$ 421.34	\$ 4,213.39	\$ 3,160.05	1/1/2022

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NC DIVISION OF HEALTH BENEFITS (NC MEDICAID)

DURABLE MEDICAL EQUIPMENT

Fee Schedule effective August 16, 2022

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K0839*		POWER WHEELCHAIR GROUP 2 VERY HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	\$ 609.72	\$ 6,097.22	\$ 4,572.92	1/1/2022
K0840*		POWER WHEELCHAIR GROUP 2 VERY HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 601 OR MORE POUNDS	\$ 923.76	\$ 9,237.59	\$ 6,928.20	1/1/2022
K0841*		POWER WHEELCHAIR, GROUP 2 STANDARD, MULTIPLE POWER OPTIONS, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	\$ 420.01	\$ 4,200.06	\$ 3,150.05	1/1/2022
K0842*		POWER WHEELCHAIR, GROUP 2 STANDARD, MULTIPLE POWER OPTIONS, CAPTAIN'S CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	\$ 420.01	\$ 4,200.06	\$ 3,150.05	1/1/2022
K0843*		POWER WHEELCHAIR GROUP 2 HEAVY DUTY, MULTIPLE POWER OPTIONS, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	\$ 505.69	\$ 5,056.88	\$ 3,792.66	1/1/2022
K0848*		POWER WHEELCHAIR, GROUP 3 STANDARD, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	\$ 513.94	\$ 5,139.35	\$ 3,854.52	1/1/2022
K0849*		POWER WHEELCHAIR, GROUP 3 STANDARD, CAPTAIN'S CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	\$ 494.12	\$ 4,941.24	\$ 3,705.94	1/1/2022
K0850*		POWER WHEELCHAIR GROUP 3 HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	\$ 596.15	\$ 5,961.55	\$ 4,471.16	1/1/2022
K0851*		POWER WHEELCHAIR, GROUP 3 HEAVY DUTY, CAPTAIN'S CHAIR, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	\$ 573.19	\$ 5,731.93	\$ 4,298.95	1/1/2022
K0852*		POWER WHEELCHAIR, GROUP 3 VERY HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	\$ 688.82	\$ 6,888.20	\$ 5,166.15	1/1/2022
K0853*		POWER WHEELCHAIR, GROUP 3 VERY HEAVY DUTY, CAPTAIN'S CHAIR, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	\$ 707.59	\$ 7,075.90	\$ 5,306.92	1/1/2022
K0854*		POWER WHEELCHAIR, GROUP 3 EXTRA HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 601 POUNDS OR MORE	\$ 937.40	\$ 9,374.04	\$ 7,030.53	1/1/2022
K0855*		POWER WHEELCHAIR, GROUP 3 EXTRA HEAVY DUTY, CAPTAIN'S CHAIR, PATIENT WEIGHT CAPACITY 601 POUNDS OR MORE	\$ 885.52	\$ 8,855.18	\$ 6,641.39	1/1/2022
K0856*		POWER WHEELCHAIR, GROUP 3 STANDARD, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	\$ 551.66	\$ 5,516.61	\$ 4,137.46	1/1/2022
K0857*		POWER WHEELCHAIR, GROUP 3 STANDARD, SINGLE POWER OPTION, CAPTAIN'S CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	\$ 562.72	\$ 5,627.19	\$ 4,220.39	1/1/2022
K0858*		POWER WHEELCHAIR GROUP 3 HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	\$ 684.44	\$ 6,844.43	\$ 5,133.32	1/1/2022
K0859*		POWER WHEELCHAIR, GROUP 3 HEAVY DUTY, SINGLE POWER OPTION, CAPTAIN'S CHAIR, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	\$ 652.75	\$ 6,527.48	\$ 4,895.61	1/1/2022
K0860*		POWER WHEELCHAIR GROUP 3 VERY HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	\$ 977.81	\$ 9,778.14	\$ 7,333.61	1/1/2022
K0861*		POWER WHEELCHAIR, GROUP 3 STANDARD, MULTIPLE POWER OPTIONS, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	\$ 552.55	\$ 5,525.46	\$ 4,144.09	1/1/2022
K0862*		POWER WHEELCHAIR GROUP 3 HEAVY DUTY, MULTIPLE POWER OPTIONS, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	\$ 684.44	\$ 6,844.43	\$ 5,133.32	1/1/2022
K0863*		POWER WHEELCHAIR, GROUP 3 VERY HEAVY DUTY MULTIPLE POWER OPTIONS, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	\$ 977.81	\$ 9,778.14	\$ 7,333.61	1/1/2022
K0864*		POWER WHEELCHAIR GROUP 3 EXTRA HEAVY DUTY, MULTIPLE POWER OPTIONS, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 601 POUNDS OR MORE	\$ 1,163.61	\$ 11,082.00	\$ 8,727.08	1/1/2022
K0868*		POWER WHEELCHAIR, GROUP 4 STANDARD, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS		MANUALLY PRICED		
K0869*		POWER WHEELCHAIR, GROUP 4 STANDARD, CAPTAIN'S CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS		MANUALLY PRICED		
K0870*		POWER WHEELCHAIR GROUP 4 HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS		MANUALLY PRICED		
K0871*		POWER WHEELCHAIR, GROUP 4 VERY HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS		MANUALLY PRICED		
K0877*		POWER WHEELCHAIR, GROUP 4 STANDARD, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS		MANUALLY PRICED		
K0878*		POWER WHEELCHAIR, GROUP 4 STANDARD, SINGLE POWER OPTION, CAPTAIN'S CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS		MANUALLY PRICED		
K0879*		POWER WHEELCHAIR GROUP 4 HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS		MANUALLY PRICED		
K0880*		POWER WHEELCHAIR GROUP 4 VERY HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS		MANUALLY PRICED		
K0884*		POWER WHEELCHAIR, GROUP 4 STANDARD, MULTIPLE POWER OPTIONS, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS		MANUALLY PRICED		
K0885*		POWER WHEELCHAIR, GROUP 4 STANDARD, MULTIPLE POWER OPTIONS, CAPTAIN'S CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS		MANUALLY PRICED		
K0886*		POWER WHEELCHAIR GROUP 4 HEAVY DUTY, MULTIPLE POWER OPTIONS, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS		MANUALLY PRICED		
K0890*		POWER WHEELCHAIR, GROUP 5 PEDIATRIC, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 125 POUNDS		MANUALLY PRICED		
K0891*		POWER WHEELCHAIR, GROUP 5 PEDIATRIC, MULTIPLE POWER OPTIONS, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 125 POUNDS		MANUALLY PRICED		
K0898*		POWER WHEELCHAIR, NOT OTHERWISE CLASSIFIED		MANUALLY PRICED		
S8185		FLUTTER DEVICE		MANUALLY PRICED		
W4117*		WHEELCHAIR SEAT WIDTH, GREATER THAN 27"	\$ 9.20	\$ 92.04	\$ 69.02	1/1/2022
W4118*		WHEELCHAIR SEAT DEPTH, GREATER THAN 25"	\$ 8.98	\$ 89.86	\$ 67.39	1/1/2022
W4119*		WHEELCHAIR SEAT HEIGHT, COST ADDED OPTION FROM MANUFACTURER	\$ 10.96	\$ 109.59	\$ 82.19	1/1/2022
W4130*		CONTOURED OR 3-PIECE HEAD/NECK SUPPORTS WITH HARDWARE, EACH	\$ 20.14	\$ 201.43	\$ 151.08	1/1/2022
W4131*		BASIC HEAD/NECK SUPPORT WITH HARDWARE, EACH	\$ 16.03	\$ 160.32	\$ 120.25	1/1/2022
W4132*		CONTOURED OR 3-PIECE HEAD/NECK SUPPORT WITH MULTI-ADJUSTABLE HARDWARE ,EACH	\$ 32.17	\$ 321.69	\$ 241.26	1/1/2022
W4133*		BASIC HEAD/NECK SUPPORT WITH MULTI-ADJUSTABLE HARDWARE , EACH	\$ 30.21	\$ 302.16	\$ 226.62	1/1/2022
W4139*		SUB-ASIS BARS WITH HARDWARE, EACH	\$ 39.67	\$ 396.70	\$ 297.53	1/1/2022

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



NC DIVISION OF HEALTH BENEFITS (NC MEDICAID)

DURABLE MEDICAL EQUIPMENT

Fee Schedule effective August 16, 2022

Taxonomies: 332BC3200X, 332BD1200X, 332BP3500X, 332BX2000X Specialty: 087

The inclusion of a rate on this table does not guarantee that a service is covered.

Please refer to the Medicaid Billing Guide and the Medicaid and Health Choice Clinical Coverage Policies on the NC Medicaid website.

HCPCS CODE	National Drug Code (NDC)	DESCRIPTION	MEDICAID MAXIMUM SFY 2018			EFFECTIVE
			RENTAL	NEW	USED	
W4140*		ABDUCTOR PADS WITH HARDWARE , PAIR	\$ 27.75	\$ 277.49	\$ 208.11	1/1/2022
W4141*		KNEE BLOCKS WITH HARDWARE , PAIR	\$ 24.20	\$ 242.05	\$ 181.53	1/1/2022
W4143*		SHOE HOLDERS WITH HARDWARE , PAIR	\$ 13.77	\$ 137.72	\$ 103.30	1/1/2022
W4144*		FOOT/LEGREST CRADLE , EACH	\$ 13.77	\$ 137.72	\$ 103.30	1/1/2022
W4145*		MANUAL TILT-IN-SPACE OPTION , EACH	\$ 71.94	\$ 719.43	\$ 539.57	1/1/2022
W4150*		MULTI-ADJUSTABLE TRAY , EACH	\$ 42.13	\$ 421.38	\$ 316.03	1/1/2022
W4152*		GROWTH KIT, EACH	\$ 18.10	\$ 181.11	\$ 135.84	1/1/2022
W4155*		ADDUCTOR PADS WITH HARDWARE, PAIR	\$ 27.75	\$ 277.49	\$ 208.11	1/1/2022
W4713*		OVERSIZED FOOTPLATES FOR WEIGHTS 301# AND GREATER, PAIR	\$ 15.94	\$ 159.30	\$ 119.48	1/1/2022
W4714*		SWINGAWAY SPECIAL CONSTRUCTION FOOTRESTS FOR WEIGHTS 401# AND GREATER, PAIR	\$ 67.41	\$ 674.06	\$ 505.53	1/1/2022
W4715*		SWINGAWAY REINFORCED LEGREST, ELEVATING, FOR WEIGHTS 301# TO 400#, PAIR	\$ 39.83	\$ 398.26	\$ 298.70	1/1/2022
W4716*		SWINGAWAY SPECIAL CONSTRUCTION LEGRESTS, ELEVATING, FOR WEIGHTS 401# AND GREATER, PAIR	\$ 59.73	\$ 597.39	\$ 448.03	1/1/2022
W4717*		OVERSIZED CALF PADS, PAIR	\$ 19.91	\$ 199.12	\$ 149.33	1/1/2022
W4718*		OVERSIZED SOLID SEAT	\$ 54.76	\$ 547.61	\$ 410.70	1/1/2022
W4719*		OVERSIZED SOLID BACK	\$ 54.76	\$ 547.61	\$ 410.70	1/1/2022
W4722*		OVERSIZED FULL SUPPORT FOOTBOARD	\$ 19.91	\$ 199.13	\$ 149.34	1/1/2022
W4723*		OVERSIZED FULL SUPPORT CALFBOARD	\$ 19.91	\$ 199.13	\$ 149.34	1/1/2022
		<b>FREQUENTLY SERVICED ITEMS</b>				
E0194*		AIR FLUIDIZED BED	\$ 2,766.93	\$ -	\$ -	1/1/2022
E0202*		PHOTOTHERAPY (BILIRUBIN) LIGHT WITH PHOTOMETER, DAILY	\$ 69.42	\$ -	\$ -	1/1/2022
E0465*		HOME VENTILATOR, ANY TYPE, USED WITH INVASIVE INTERFACE, (E.G., TRACHEOSTOMY TUBE)	\$ 1,407.94	\$ -	\$ -	1/1/2022
E0466*		HOME VENTILATOR, ANY TYPE, USED WITH NON-INVASIVE INTERFACE, (E.G., MASK, CHEST SHELL)	\$ 1,074.31	\$ -	\$ -	1/1/2022
E0471*		RESPIRATORY ASSIST DEVICE, BI-LEVEL PRESSURE CAPABILITY WITH BACKUP RATE FEATURE, USED WITH NON-INVASIVE INTERFACE (INTERMITTENT ASSIST DEVICE WITH CONTINUOUS POSITIVE AIRWAY PRESSURE DEVICE	\$ 569.54	\$ -	\$ -	1/1/2022
E0483*		HIGH FREQUENCY CHEST WALL OSCILLATION AIR-PULSE GENERATOR SYSTEM, EACH, W/HOSES	\$ 1,033.95	\$ 9,920.03	\$ -	1/1/2022
E0500*		IPPB MACHINE, ALL TYPES, WITH BUILT-IN NEBULIZATION; MANUAL OR AUTOMATIC VALVES; INTERNAL OR EXTERNAL POWER SOURCE	\$ 99.54	\$ -	\$ -	1/1/2022
E0619*		APNEA MONITOR, WITH RECORDING FEATURE	\$ 275.42	\$ -	\$ -	1/1/2022
E0691*		ULTRAVIOLET LIGHT THERAPY SYSTEM, INCLUDES BULBS/LAMPS, TIMER AND EYE PROTECTION, TREATMENT AREA TWO SQUARE FEET OR LESS	\$ 87.39	\$ -	\$ -	1/1/2022
E0692*		ULTRAVIOLET LIGHT THERAPY SYSTEM PANEL, INCLUDES BULBS/LAMPS, TIMER AND EYE PROTECTION, FOUR FOOT PANEL	\$ 109.73	\$ -	\$ -	1/1/2022
E0781		AMBULATORY INFUSION PUMP, SINGLE OR MULTIPLE CHANNELS ELECTRIC OR BATTERY OPERATED, WITH ADMINISTRATIVE EQUIPMENT, WORN BY PATIENT MONTHLY RENTAL FEE	\$ 257.60	\$ -	\$ -	1/1/2022
E0935		CONTINUOUS PASSIVE MOTION EXERCISE DEVICE FOR USE OF KNEE ONLY	\$ 20.42	\$ -	\$ -	1/1/2022
E2402*		NEGATIVE PRESSURE WOUND THERAPY ELECTRICAL PUMP, STATIONARY OR PORTABLE	\$ 1,522.33	\$ -	\$ -	1/1/2022
		<b>OXYGEN AND OXYGEN RELATED ITEMS</b>				
A4614		PEAK EXPIRATORY FLOW RATE METER , HAND-HELD	\$ -	\$ 23.13	\$ -	1/1/2022
A7006		ADMINISTRATION SET, WITH SMALL VOLUME FILTERED PNEUMATIC NEBULIZER	\$ -	\$ 9.28	\$ -	1/1/2022
A7027		COMBINATION, ORAL/NASAL MASK USED WITH CPAP DEVICE, EACH	\$ -	\$ 179.65	\$ -	1/1/2022
A7028		ORAL CUSHION FOR COMBINATION ORAL/NASAL MASK, REPLACEMENT ONLY, EACH	\$ -	\$ 48.18	\$ -	1/1/2022
A7029		NASAL PILLOWS FOR COMBINATION ORAL/NASAL MASK, REPLACEMENT ONLY, PAIR	\$ -	\$ 19.68	\$ -	1/1/2022
A9284		SPIROMETER, NON-ELECTRONIC, INCLUDES ALL ACCESSORIES		MANUALLY PRICED		
E0424*		STATIONARY COMPRESSED GASEOUS OXYGEN SYSTEM, RENTAL; INCLUDES CONTENTS (PER UNIT), REGULATOR, FLOWMETER, HUMIDIFIER, NEBULIZER, CANNULA OR MASK AND TUBING. 1 UNIT = 50 CU. FT.	\$ 193.81	\$ -	\$ -	1/1/2022
E0431*		PORTABLE GASEOUS OXYGEN SYSTEM, RENTAL; INCLUDES REGULATOR, FLOWMETER, HUMIDIFIER, CANNULA OR MASK AND TUBING	\$ 28.19	\$ -	\$ -	1/1/2022
E0433*		PORTABLE LIQUID OXYGEN SYSTEM, RENTAL; HOME LIQUEFIER USED TO FILL PORTABLE LIQUID OXYGEN CONTAINERS; INCLUDES PORTABLE CONTAINERS, INCLUDES REGULATOR, FLOWMETER, HUMIDIFIER, , CANNULA OR MASK & TUBING, WITH OR WITHOUT SUPPLY RESERVOIR AND CONTENTS GAUGE	\$ 50.31	\$ -	\$ -	1/1/2022
E0434*		PORTABLE LIQUID OXYGEN SYSTEM, RENTAL; INCLUDES PORTABLE CONTAINER, SUPPLY RESERVOIR, HUMIDIFIER, FLOWMETER, REFILL ADAPTER, CONTENTS GAUGE, CANNULA OR MASK & TUBING	\$ 28.19	\$ -	\$ -	1/1/2022
E0439*		STATIONARY LIQUID OXYGEN SYSTEM, RENTAL; INCLUDES USE OF RESERVOIR, CONTENTS (PER UNIT), REGULATOR, FLOWMETER, HUMIDIFIER, NEBULIZER, CANNULA OR MASK AND TUBING. 1 UNIT = 10LBS	\$ 193.81	\$ -	\$ -	1/1/2022
E0441		STATIONARY OXYGEN CONTENTS, GASEOUS, 1 MONTH'S SUPPLY = 1 UNIT	\$ -	\$ 68.70	\$ -	1/1/2022
E0442		STATIONARY OXYGEN CONTENTS, LIQUID, 1 MONTH'S SUPPLY = 1 UNIT	\$ -	\$ 68.70	\$ -	1/1/2022
E0443		PORTABLE OXYGEN CONTENTS, GASEOUS, 1 MONTH'S SUPPLY = 1 UNIT	\$ -	\$ 16.17	\$ -	1/1/2022
E0444		PORTABLE OXYGEN CONTENTS, LIQUID, 1 MONTH'S SUPPLY = 1 UNIT	\$ -	\$ 16.17	\$ -	1/1/2022
E1354*		OXYGEN ACCESSORY, WHEELED CART FOR PORTABLE CYLINDER OR PORTABLE CONCENTRATOR, ANY TYPE, REPLACEMENT ONLY, EACH		MANUALLY PRICED		
E1355		STAND/RACK	\$ -	\$ 21.79	\$ -	1/1/2022
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; 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)	\$ 172.27	\$ -	\$ -	1/1/2022
E1392*		PORTABLE OXYGEN CONCENTRATOR	\$ 51.21	\$ -	\$ -	1/1/2022

Note: \* indicates that item requires prior approval  
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NC DIVISION OF HEALTH BENEFITS (NC MEDICAID)

DURABLE MEDICAL EQUIPMENT

Fee Schedule effective August 16, 2022

Taxonomies: 332BC3200X, 332BD1200X, 332BP3500X, 332BX2000X Specialty: 087

The inclusion of a rate on this table does not guarantee that a service is covered.

Please refer to the Medicaid Billing Guide and the Medicaid and Health Choice Clinical Coverage Policies on the NC Medicaid website.

HCPCS CODE	National Drug Code (NDC)	DESCRIPTION	MEDICAID MAXIMUM SFY 2018			EFFECTIVE
			RENTAL	NEW	USED	
K0738*		PORTABLE GASEOUS OXYGEN SYSTEM, RENTAL; HOME COMPRESSOR USED TO FILL PORTABLE OXYGEN CYLINDERS; INCLUDES PORTABLE CONTAINERS, REGULATOR, FLOWMETER, HUMIDIFIER, CANNULA OR MASK, AND TUBING	\$ 50.21	\$ -	\$ -	1/1/2022
S8120		OXYGEN CONTENTS, GASEOUS, 1 UNIT EQUALS 1 CUBIC FEET	\$ -	\$ 0.29	\$ -	1/1/2022
S8121		OXYGEN CONTENTS, LIQUID, 1 UNIT EQUALS 1 POUND	\$ -	\$ 1.12	\$ -	1/1/2022
W4001*		CO/2 SATURATION MONITOR WITH ACCESSORIES, PROBES	\$ 577.59	\$ -	\$ -	1/1/2022
<b>ENTERAL and ORAL NUTRITION PRODUCTS</b>						
A9999		MISCELLANEOUS DME SUPPLY OR ACCESSORY, NOT OTHERWISE SPECIFIED - FARRELL VALVE ONLY (note A), EACH	\$ -	\$ 8.48	\$ -	1/1/2022
B4034		ENTERAL FEEDING SUPPLY KIT; SYRINGE FED, PER DAY INCLUDES BUT NOT LIMITED TO FEEDING/FLUSHING SYRINGE, ADMINISTRATION SET TUBING, DRESSINGS, TAPE	\$ -	\$ 6.33	\$ -	1/1/2022
B4035		ENTERAL FEEDING SUPPLY KIT; PUMP FED, PER DAY INCLUDES BUT NOT LIMITED TO FEEDING/FLUSHING SYRINGE, ADMINISTRATION SET TUBING, DRESSINGS, TAPE	\$ -	\$ 11.07	\$ -	1/1/2022
B4036		ENTERAL FEEDING SUPPLY KIT; GRAVITY FED, PER DAY INCLUDES BUT NOT LIMITED TO FEEDING/FLUSHING SYRINGE, ADMINISTRATION SET TUBING, DRESSINGS, TAPE	\$ -	\$ 8.28	\$ -	1/1/2022
B4081		NASOGASTRIC TUBING WITH STYLET, EACH	\$ -	\$ 22.37	\$ -	1/1/2022
B4082		NASOGASTRIC TUBING WITHOUT STYLET (note A), EACH	\$ -	\$ 16.65	\$ -	1/1/2022
B4083		STOMACH TUBING - LEVINE TYPE, EACH	\$ -	\$ 2.55	\$ -	1/1/2022
B4087		GASTROSTOMY/JEJUNOSTOMY TUBE, STANDARD, ANY MATERIAL, ANY TYPE, EACH	\$ -	\$ 17.72	\$ -	1/1/2022
B4088		GASTROSTOMY/JEJUNOSTOMY TUBE, LOW-PROFILE, ANY MATERIAL, ANY TYPE, EACH	\$ -	\$ 135.92	\$ -	1/1/2022
B4100		FOOD THICKENER, ADMINISTERED ORALLY, PER OZ.	\$ -	\$ 0.55	\$ -	1/1/2022
B4103		ENTERAL FORMULA FOR PEDIATRICS USED TO REPLACE FLUIDS AND ELECTROLYTES (E.S. CLEAR LIQUIDS), 500 ML = 1 UNIT	\$ -	\$ 3.29	\$ -	1/1/2022
B4104		ADDITIVE FOR ENTERAL FORMULA (E.G. FIBER) 1 OZ. = 1 UNIT	\$ -	\$ 1.30	\$ -	1/1/2022
B4149		ENTERAL FORMULA, MANUFACTURED BLENDERIZED NATURAL FOODS WITH INTACT NUTRIENTS, INCLUDES PROTEINS, FATS, CARBOHYDRATES, VITAMINS, MINERALS, MAY INCLUDE FIBER, ADMINISTERED THROUGH AN INTERAL FEEDING TUBE, 100 CALORIES = 1 UNIT, EACH	\$ -	\$ 1.62	\$ -	1/1/2022
B4150		ENTERAL FORMULA, NUTRITIONALLY COMPLETE WITH INTACT NUTRIENTS, INCLUDES PROTEINS, FATS, CARBOHYDRATES, VITAMINS AND MINERALS, MAY INCLUDE FIBER, ADMINISTERED THROUGH AN ENTERAL FEEDING TUBE, 100 CALORIES = 1 UNIT, EACH	\$ -	\$ 0.69	\$ -	1/1/2022
B4152		ENTERAL FORMULA, NUTRITIONALLY COMPLETE, CALORICALLY DENSE (EQUAL TO OR GREATER THAN 1.5KCAL/ML) WITH INTACT NUTRIENTS, INCLUDES PROTEINS, FATS, CARBOHYDRATES, VITAMINS AND MINERALS, MAY INCLUDE FIBER, ADMINISTERED THROUGH AN ENTERAL FEEDING TUBE, 100 CAL=1 UNIT, EACH	\$ -	\$ 0.57	\$ -	1/1/2022
B4153		ENTERAL FORMULA, NUTRITIONALLY COMPLETE, HYDROLYZED PROTEINS (AMINO ACIDS AND PEPTIDE CHAIN), INCLUDES FATES, CARBOHYDRATES, VITAMINS AND MINERALS, MAY INCLUDE FIBER, ADMINISTERED THROUGH AN ENTERAL FEEDING TUBE, 100 CALORIES = 1 UNIT, EACH	\$ -	\$ 1.97	\$ -	1/1/2022
B4154		ENTERAL FORMULA, NUTRITIONALLY COMPLETE, FOR SPECIAL METABOLIC NEEDS, EXCLUDES INHERITED DISEASE OF METABOLISM, INCLUDES ALTERED COMPOSITION PROTEINS, FATS, CARBOHYDRATES, VITAMINS AND/OR MINERALS, MAY INCLUDE FIBER, ADMINISTERED THROUGH AN ENTERAL FEEDING TUBE, 100 CALORIES = 1 UNIT, EACH	\$ -	\$ 1.42	\$ -	1/1/2022
B4155		ENTERAL FORMULA NUTRITIONALLY INCOMPLETE/MODULAR NUTRIENTS, INCLUDES SPECIFIC NUTRIENTS, CARBOHYDRATES (E.G. MEDIUM CHAIN TRIGLYCERIDES) OR COMBINATION, ADMINISTERED THROUGH AN ENTERAL FEEDING TUBE, 100 CALORIES = 1 UNIT, EACH	\$ -	\$ 2.55	\$ -	1/1/2022
B4157		ENTERAL FORMULA, NUTRITIONALLY COMPLETE FOR SPECIAL METABOLIC NEEDS FOR INHERITED DISEASE OF METABOLISM, INCLUDES PROTEINS, FATS, CARBOHYDRATES, VITAMINS & MINERALS, MAY INCLUDE FIBER, ADMINISTERED THROUGH AN ENTERAL FEEDING TUBE, 100 CALORIES = 1 UNIT, EACH.	\$ -	\$ 3.73	\$ -	1/1/2022
B4158		ENTERAL FORMULA, FOR PEDIATRIC, NUTRITIONALLY COMPLETE WITH INTACT NUTRIENTS, INCLUDES PROTEINS, FATS, CARBOHYDRATES, VITAMINS & MINERALS, MAY INCLUDE FIBER, ADMINISTERED THROUGH AN ENTERAL FEEDING TUBE, 100 CALORIES = 1 UNIT, EACH	\$ -	\$ 0.64	\$ -	1/1/2022
B4159		ENTERAL FORMULA, FOR PEDIATRIC, NUTRITIONALLY COMPLETE SOY BASED WITH INTACT NUTRIENTS, INCLUDES PROTEINS, FATS, CARBOHYDRATES, VITAMINS & MINERALS, MAY INCLUDE FIBER AND/OR IRON, ADMINISTERED THROUGH AN ENTERAL FEEDING TUBE, 100 CALORIES = 1 UNIT, EACH	\$ -	\$ 0.64	\$ -	1/1/2022
B4160		ENTERAL FORMULA, FOR PEDIATRICS, NUTRITIONALLY COMPLETE CALORICALLY DENSE (EQUAL TO OR GREATER THAN 0.7 KCAL/ML) WITH INTACT NUTRIENTS, INCLUDES PROTEINS, FATS, CARBOHYDRATES, VITAMINS & MINERALS, MAY INCLUDE FIBER, ADMINISTERED THROUGH AN ENTERAL FEEDING TUBE, 100 CALORIES = 1 UNIT, EACH	\$ -	\$ 0.55	\$ -	1/1/2022
B4161		ENTERAL FORMULA, FOR PEDIATRIC, HYDROLYZED/AMINO ACIDS & PEPTIDE CHAIN PROTEINS, INCLUDES FATS, CARBOHYDRATES, VITAMINS & MINERALS, MAY INCLUDE FIBER, ADMINISTERED THROUGH AN ENTERAL FEEDING TUBE, 100 CALORIES = 1 UNIT, EACH	\$ -	\$ 1.86	\$ -	1/1/2022
B4162		ENTERAL FORMULA, FOR PEDIATRICS, SPECIAL METABOLIC NEEDS FOR INHERITED DISEASE OF METABOLISM, INCLUDES PROTEINS, FATS, CARBOHYDRATES, VITAMINS AND MINERALS, MAY INCLUDE FIBER, ADMINISTERED THROUGH AN ENTERAL FEEDING TUBE, 100 CALORIES = 1 UNIT, EACH	\$ -	\$ 3.86	\$ -	1/1/2022
S8265		HABERMAN FEEDER FOR CLEFT LIP / PALATE (1 BOTTLE / 1 NIPPLE = 1 UNIT)	\$ -	\$ 28.11	\$ -	1/1/2022
W4211*		LOW PROFILE GASTROSTOMY EXTENSION/REPLACEMENT KIT FOR CONTINUOUS FEEDING, EACH	\$ -	\$ 9.17	\$ -	1/1/2022
W4212*		LOW PROFILE GASTROSTOMY EXTENSION/REPLACEMENT KIT FOR BOLUS FEEDING, EACH	\$ -	\$ 9.17	\$ -	1/1/2022
<b>DME RELATED SUPPLIES</b>						
A4213		SYRINGE, STERILE, 20CC OR GREATER, EACH	\$ -	\$ 1.11	\$ -	1/1/2022
A4215		NEEDLE, STERILE, ANY SIZE, EACH	\$ -	\$ 0.14	\$ -	1/1/2022
A4217		STERILE WATER/SALINE, 500 ml, EACH	\$ -	\$ 2.59	\$ -	1/1/2022
A4230		INFUSION SET FOR EXTERNAL INSULIN PUMP, NON-NEEDLE CANNULA TYPE, EACH	\$ -	\$ 15.02	\$ -	1/1/2022
A4231		INFUSION SET FOR EXTERNAL INSULIN PUMP, NEEDLE TYPE, EACH	\$ -	\$ 7.06	\$ -	1/1/2022
A4233		Replacement Battery, Alkaline (other than J cell), for use with medically necessary home glucose monitor owned by patient, EACH	\$ -	\$ 0.78	\$ -	1/1/2022
A4234		Replacement Battery, Alkaline J cell, for use with medically necessary home glucose monitor owned by patient, EACH	\$ -	\$ 3.53	\$ -	1/1/2022

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



NC DIVISION OF HEALTH BENEFITS (NC MEDICAID)

DURABLE MEDICAL EQUIPMENT

Fee Schedule effective August 16, 2022

Taxonomies: 332BC3200X, 332BD1200X, 332BP3500X, 332BX2000X Specialty: 087

The inclusion of a rate on this table does not guarantee that a service is covered.

Please refer to the Medicaid Billing Guide and the Medicaid and Health Choice Clinical Coverage Policies on the NC Medicaid website.

HCPCS CODE	National Drug Code (NDC)	DESCRIPTION	MEDICAID MAXIMUM SFY 2018			EFFECTIVE
			RENTAL	NEW	USED	
A4235		Replacement Battery, Lithium, for use with medically necessary home glucose monitor owned by patient, EACH	\$ -	\$ 2.28	\$ -	1/1/2022
A4236		Replacement Battery, silver oxide, for use with medically necessary home glucose monitor owned by patient, EACH	\$ -	\$ 1.63	\$ -	1/1/2022
A4244		ALCOHOL OR PEROXIDE, PER PINT, EACH	\$ -	\$ 0.99	\$ -	1/1/2022
A4246		BETADINE OR pHISOHEX SOLUTION, PER PINT, EACH	\$ -	\$ 5.78	\$ -	1/1/2022
A4250		URINE TEST OR REAGENT STRIPS OR TABLETS (100 TABLETS OR STRIPS), PER 100	\$ -	\$ 25.85	\$ -	1/1/2022
A4253*		NON-PREFERRED BRAND 50 CT TEST STRIPS	\$ -	\$ 28.06	\$ -	1/1/2022
A4253	65702-0407-10	ACCU-CHEK AVIVA PLUS 50 CT TEST STRIPS	\$ -	\$ 75.84	\$ -	1/1/2022
A4253	65702-0492-10	ACCU-CHEK SMARTVIEW 50 CT TEST STRIPS	\$ -	\$ 75.84	\$ -	1/1/2022
A4253	50924-0988-50	ACCU-CHEK COMPACT 51 CT TEST STRIPS	\$ -	\$ 77.78	\$ -	1/1/2022
A4253	65702-0711-10	ACCU-CHEK GUIDE 50 CT TEST STRIPS	\$ -	\$ 20.53	\$ -	1/1/2022
A4253	65702-0712-10	ACCU-CHEK GUIDE 100 CT TEST STRIPS	\$ -	\$ 41.07	\$ -	1/1/2022
A4256*		NON-PREFERRED BRAND CALIBRATOR SOLUTION/CHIPS, EACH	\$ -	\$ 10.60	\$ -	1/1/2022
A4256	65702-0107-10	ACCU-CHEK AVIVA GLUCOSE CONTROL SOLUTION (2 LEVELS)	\$ -	\$ 10.60	\$ -	1/1/2022
A4256	65702-0468-10	ACCU-CHEK COMPACT PLUS CLEAR GLUCOSE CONTROL SOLUTION (2 LEVELS)	\$ -	\$ 10.60	\$ -	1/1/2022
A4256	65702-0713-10	ACCU-CHEK GUIDE GLUCOSE CONTROL SOLUTION (2 LEVELS)	\$ -	\$ 10.60	\$ -	1/1/2022
A4256	65702-0488-10	ACCU-CHEK SMARTVIEW GLUCOSE CONTROL SOLUTION (2 LEVELS)	\$ -	\$ 10.60	\$ -	1/1/2022
A4258*		NON- PREFERRED BRAND SPRING-POWERED DEVICE FOR LANCET, EACH	\$ -	\$ 16.71	\$ -	1/1/2022
A4258	65702-0400-10	ACCU-CHEK SOFTCLIX LANCING DEVICE KIT (BLACK)	\$ -	\$ 21.55	\$ -	1/1/2022
A4258	65702-0481-10	ACCU-CHEK FASTCLIX LANCING DEVICE KIT	\$ -	\$ 16.71	\$ -	1/1/2022
A4259*		NON-PREFERRED BRAND LANCETS, 100 PER BOX	\$ -	\$ 10.18	\$ -	1/1/2022
A4259	50924-0450-01	ACCU-CHEK MULTICLIX 102 CT LANCETS	\$ -	\$ 14.93	\$ -	1/1/2022
A4259	50924-0971-10	ACCU-CHEK SOFTCLIX 100 CT LANCETS	\$ -	\$ 13.27	\$ -	1/1/2022
A4259	65702-0288-10	ACCU-CHEK FASTCLIX 102 CT LANCETS	\$ -	\$ 13.03	\$ -	1/1/2022
A4456		ADHESIVE REMOVER, WIPES, ANY TYPE, EACH	\$ -	\$ 0.25	\$ -	1/1/2022
A4483		MOISTURE EXCHANGER, DISPOSABLE FOR USE WITH INVASIVE MECHANICAL VENTILATION, EACH	\$ -	\$ 6.26	\$ -	1/1/2022
A4556		ELECTRODES, (E.G. APNEA MONITOR), set of 2, SET	\$ -	\$ 10.04	\$ -	1/1/2022
A4557		LEAD WIRES, (E.G. APNEA MONITOR), SET	\$ -	\$ 20.52	\$ -	1/1/2022
A4595		TENS SUPPLIES, 2-LEAD, PER MONTH, EACH	\$ -	\$ 28.02	\$ -	1/1/2022
A4611		BATTERY, HEAVY DUTY; REPLACEMENT FOR PATIENT OWNED VENTILATOR, EACH	\$ -	\$ 162.40	\$ -	1/1/2022
A4612		BATTERY CABLES; REPLACEMENT FOR PATIENT OWNED VENTILATOR, EACH	\$ -	\$ 77.74	\$ -	1/1/2022
A4613		BATTERY CHARGER; REPLACEMENT FOR PATIENT OWNED VENTILATOR, EACH	\$ -	\$ 119.22	\$ -	1/1/2022
A4615		CANNULA, NASAL, EACH	\$ -	\$ 0.81	\$ -	1/1/2022
A4616		TUBING, OXYGEN, PER FOOT	\$ -	\$ 0.07	\$ -	1/1/2022
A4617		MOUTHPIECE, EACH	\$ -	\$ 3.49	\$ -	1/1/2022
A4619		FACE TENT	\$ -	\$ 2.19	\$ -	8/1/2022
A4618		BREATHING CIRCUITS, EACH	\$ -	\$ 7.35	\$ -	1/1/2022
A4623		TRACHEOSTOMY, INNER CANNULA (REPLACEMENT ONLY), EACH	\$ -	\$ 5.42	\$ -	1/1/2022
A4624		TRACHEAL SUCTION CATHETER, ANY TYPE, EACH	\$ -	\$ 2.18	\$ -	1/1/2022
A4625		TRACHEOSTOMY CARE KIT FOR NEW TRACHEOSTOMY, EACH	\$ -	\$ 5.73	\$ -	1/1/2022
A4626		TRACHEOSTOMY CLEANING BRUSH, EACH	\$ -	\$ 2.64	\$ -	1/1/2022
A4627		SPACER, BAG or RESERVOIR, w/ or w/o mask, for use w/ metered dose inhaler (Inspirease or Aerochamber), EACH	\$ -	\$ 36.43	\$ -	1/1/2022
A4628		OROPHARYNGEAL SUCTION CATHETER, EACH	\$ -	\$ 3.64	\$ -	1/1/2022
A4629		TRACHEOSTOMY CARE KIT FOR ESTABLISHED TRACHEOSTOMY, EACH	\$ -	\$ 4.50	\$ -	1/1/2022
A4927		GLOVES, NON-STERILE, 100/BOX, PER BOX	\$ -	\$ 11.29	\$ -	1/1/2022
A4930		GLOVES, STERILE, PER PAIR	\$ -	\$ 0.88	\$ -	1/1/2022
A6257		TRANSPARENT FILM 16 SQ INCHES OR LESS EACH DRESSING (FOR USE WITH EXTERNAL INSULIN PUMP), EACH	\$ -	\$ 1.49	\$ -	1/1/2022
A6258		TRANSPARENT FILM MORE THAN 16 SQ INCHES BUT LESS THAN OR EQUAL TO 48 SQ INCHES EACH DRESSING (FOR USE WITH EXTERNAL INSULIN PUMP, EACH	\$ -	\$ 4.18	\$ -	1/1/2022
A6550		WOUND CARE SET FOR NEGATIVE PRESSURE WOUND THERAPY ELECTRICAL PUMP, INCLUDES ALL SUPPLIES AND ACCESSORIES, EACH	\$ -	\$ 26.67	\$ -	1/1/2022
A7000		CANISTER, DISPOSABLE, USED WITH SUCTION PUMP, EACH	\$ -	\$ 9.11	\$ -	1/1/2022
A7001		CANISTER, NON-DISPOSABLE, USED WITH SUCTION PUMP, EACH	\$ -	\$ 27.90	\$ -	1/1/2022
A7002		TUBING, USED WITH SUCTION PUMP, EACH	\$ -	\$ 3.17	\$ -	1/1/2022
A7003		ADMINISTRATION SET, SMALL VOLUME NON-FILTERED PNEUMATIC NEBULIZER, DISPOSABLE, EACH	\$ -	\$ 2.60	\$ -	1/1/2022
A7004		SMALL VOLUME NON-FILTERED PNEUMATIC NEBULIZER, DISPOSABLE, EACH	\$ -	\$ 1.49	\$ -	1/1/2022
A7005		ADMINISTRATION SET, WITH SMALL VOLUME NON-FILTERED PNEUMATIC NEBULIZER, NON-DISPOSABLE NEBULIZER, NON DISPOSABLE, EACH	\$ -	\$ 25.49	\$ -	1/1/2022
A7007		LARGE VOLUME NEBULIZER, DISPOSABLE, UNFILLED, USED WITH AEROSOL COMPRESSOR, EACH	\$ -	\$ 4.15	\$ -	1/1/2022
A7010		CORRUGATED TUBING, DISPOSABLE, USED WITH LARGE VOLUME NEBULIZER, 100 FEET, EACH	\$ -	\$ 19.50	\$ -	1/1/2022
A7012		WATER COLLECTION DEVICE, USED WITH LARGE VOLUME NEBULIZER, EACH	\$ -	\$ 3.63	\$ -	1/1/2022
A7013		FILTER, DISPOSABLE, USED WITH AEROSOL COMPRESSOR OR ULTRASONIC GENERATOR	\$ -	\$ 0.69	\$ -	1/1/2022
A7015		AEROSOL MASK USED WITH DME NEBULIZER, EACH	\$ -	\$ 1.83	\$ -	1/1/2022
A7025*		HIGH FREQUENCY CHEST WALL OSCILLATION SYSTEM VEST, REPLACEMENT FOR USE WITH PATIENT OWNED EQUIPMENT, EACH	\$ 44.42	\$ 423.00	\$ -	1/1/2022
A7026*		HIGH FREQUENCY CHEST WALL OSCILLATION SYSTEM HOSE REPLACEMENT FOR USE WITH PATIENT OWNED EQUIPMENT, EACH	\$ -	\$ 27.96	\$ -	1/1/2022
A4604		TUBING WITH INTEGRATED HEATING ELEMENT FOR USE WITH POSITIVE AIRWAY PRESSURE DEVICE	\$ -	\$ 46.37	\$ -	2/1/2022
A7014		COMPRESSOR NONDISPOS FILTER	\$ -	\$ 3.95	\$ -	8/1/2022
A7030		FULL FACE MASK USED WITH POSITIVE AIRWAY PRESSURE DEVICE, EACH	\$ -	\$ 183.46	\$ -	1/1/2022
A7031		FULL FACE MASK INTERFACE, REPLACEMENT FOR FULL FACE MASK, EACH	\$ -	\$ 67.85	\$ -	1/1/2022
A7032		CUSHION FOR USE ON NASAL MASK INTERFACE, REPLACEMENT ONLY, EACH	\$ -	\$ 39.42	\$ -	1/1/2022
A7033		PILLOW FOR USE ON NASAL CANNULA TYPE INTERFACE, REPLACEMENT ONLY, PAIR	\$ -	\$ 27.63	\$ -	1/1/2022
A7034		NASAL INTERFACE (MASK OR CANNULA TYPE) USED WITH POSITIVE AIRWAY PRESSURE DEVICewith OR WITHOUT HEAD STRAP, EACH	\$ -	\$ 114.42	\$ -	1/1/2022

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NC DIVISION OF HEALTH BENEFITS (NC MEDICAID)

DURABLE MEDICAL EQUIPMENT

Fee Schedule effective August 16, 2022

Taxonomies: 332BC3200X, 332BD1200X, 332BP3500X, 332BX2000X Specialty: 087

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HCPCS CODE	National Drug Code (NDC)	DESCRIPTION	MEDICAID MAXIMUM SFY 2018			EFFECTIVE
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A7035		HEADGEAR, USED WITH POSITIVE AIRWAY PRESSURE DEVICE, EACH	\$ -	\$ 34.78	\$ -	1/1/2022
A7036		CHIN STRAP, USED WITH POSITIVE AIRWAY PRESSURE DEVICE, EACH	\$ -	\$ 15.05	\$ -	1/1/2022
A7037		TUBING, USED WITH POSITIVE AIRWAY PRESSURE DEVICE, EACH	\$ -	\$ 38.40	\$ -	1/1/2022
A7038		FILTER, DISPOSABLE, USED WITH AIRWAY PRESSURE DEVICE, EACH	\$ -	\$ 5.15	\$ -	1/1/2022
A7039		FILTER, NONDISPOSABLE, USED WITH POSITIVE AIRWAY PRESSURE DEVICE, EACH	\$ -	\$ 12.67	\$ -	1/1/2022
A7046		WATER CHAMBER FOR HUMIDIFIER, USED WITH POSITIVE AIRWAY PRESSURE DEVICE, REPLACEMENT, EACH	\$ -	\$ 15.09	\$ -	2/1/2022
A7048		VACUUM DRAINAGE COLLECTION UNIT AND TUBING KIT, INCLUDING ALL SUPPLIES NEEDED FOR COLLECTION UNIT CHANGE, FOR USE WITH IMPLANTED CATHETER, EACH		MANUALLY PRICED		
A7520		TRACHEOSTOMY OR LARYNGECTOMY TUBE, NON CUFFED, PVC, SILICONE OR EQUAL, EACH	\$ -	\$ 46.18	\$ -	1/1/2022
A7521		TRACHEOSTOMY/LARYNGECTOMY TUBE, CUFFED, POLYVINYLCHLORIDE (PVC), SILICONE OR EQUAL, EACH	\$ -	\$ 45.76	\$ -	1/1/2022
A7522		TRACHEOSTOMY/LARYNGECTOMY TUBE, STAINLESS STEEL OR EQUAL (STERILIZABLE AND REUSABLE), EACH	\$ -	\$ 43.92	\$ -	1/1/2022
A7525		TRACHEOSTOMY MASK, EACH	\$ -	\$ 2.01	\$ -	1/1/2022
A7526		TRACHEOSTOMY TUBE COLLAR/HOLDER, EACH	\$ -	\$ 3.27	\$ -	1/1/2022
A9274		EXTERNAL AMBULATORY INSULIN DELIVERY SYSTEM, DISPOSABLE, EACH, INCLUDES ALL SUPPLIES AND ACCESSORIES	\$ -	\$ 33.56	\$ -	1/1/2022
A9276		SENSOR; INVASIVE (E.G. SUBCUTANEOUS), DISPOSABLE, FOR USE WITH INTERSTITIAL CONTINUOUS GLUCOSE MONITORING SYSTEM, ONE UNIT = 1 DAY SUPPLY		MANUALLY PRICED		
A9277		TRANSMITTER; EXTERNAL, FOR USE WITH INTERSTITIAL CONTINUAL GLUCOSE MONITORING SYSTEM		MANUALLY PRICED		
A9278		RECEIVER (MONITOR); EXTERNAL, FOR USE WITH INTERSTITIAL CONTINUAL GLUCOSE MONITORING SYSTEM		MANUALLY PRICED		
E0572		AEROSOL COMPRESSOR ADJUST PR	\$ 36.54	\$ 365.40	\$ -	8/1/2022
E0574		ULTRASONIC GENERATOR W SVNEB	\$ 36.54	\$ 365.40	\$ -	8/1/2022
E0585		NEBULIZER W/ COMPRESSOR & HE	\$ 32.59	\$ 325.90	\$ -	8/1/2022
E1372		OXY SUPPL HEATER FOR NEBULIZ	\$ 16.45	\$ 147.19	\$ 110.39	8/1/2022
K0552		SUPPLIES FOR EXTERNAL INFUSION PUMP, SYRINGE TYPE CARTRIDGE, STERILE, EACH	\$ -	\$ 2.54	\$ -	1/1/2022
K0601		REPLACEMENT BATTERY FOR EXTERNAL INFUSION PUMP OWNED BY PATIENT, SILVER OXIDE, 1.5 VOLT, EACH	\$ -	\$ 1.07	\$ -	1/1/2022
K0602		REPLACEMENT BATTERY FOR EXTERNAL INFUSION PUMP OWNED BY PATIENT, SILVER OXIDE, 3 VOLT, EACH	\$ -	\$ 6.18	\$ -	1/1/2022
K0603		REPLACEMENT BATTERY FOR EXTERNAL INFUSION PUMP OWNED BY PATIENT, ALKALINE, 1.5 VOLT, EACH	\$ -	\$ 0.55	\$ -	1/1/2022
K0604		REPLACEMENT BATTERY FOR EXTERNAL INFUSION PUMP OWNEN BY PATIENT, LITHIUM, 3.6 VOLT, EACH	\$ -	\$ 5.92	\$ -	1/1/2022
K0605		REPLACEMENT BATTERY FOR EXTERNAL INFUSION PUMP OWNED BY PATIENT, LITHIUM, 4.5 VOLT, EACH	\$ -	\$ 14.20	\$ -	1/1/2022
L8501		TRACHEOSTOMY SPEAKING VALVE, EACH	\$ -	\$ 121.61	\$ -	1/1/2022
S8490		INSULIN SYRINGES (100 SYRINGES per box, ANY SIZE), 1 UNIT = 1 BOX	\$ -	\$ 29.31	\$ -	1/1/2022
W4120*		DISPOSABLE BAGS FOR INSPIREASE INHALER SYSTEM, set of 3, EACH	\$ -	\$ 11.51	\$ -	1/1/2022
W4153*		TRACHEOSTOMY TIES, TWILL, EACH	\$ -	\$ 0.30	\$ -	1/1/2022
W4670*		STERILE SALINE, 3 CC VIAL, EACH	\$ -	\$ 0.31	\$ -	1/1/2022
W4678*		REPLACEMENT BATTERY FOR PORTABLE SUCTION PUMP ADAPTIC AND TRANSPARENT TYPE SUCH AS TEGADERM OR OPSITE for use with external insulin pump, EACH	\$ -	\$ 69.92	\$ -	1/1/2022
<b>AUGMENTATIVE AND ALTERNATIVE COMMUNICATION DEVICES</b>						
E2500		SPEECH GENERATING DEVICE, DIGITALIZED SPEECH, USING PRE-RECORDED MESSAGES, LESS THAN OR EQUAL TO 8 MINUTES RECORDING TIME	\$ 39.94	\$ 399.34	\$ 299.50	1/1/2022
E2502		SPEECH GENERATING DEVICE, DIGITALIZED SPEECH, USING PRE-RECORDED MESSAGES, MORE THAN 8 MINUTES BUT LESS THAN OR EQUAL TO 20 MINUTES RECORDING TIME	\$ 122.12	\$ 1,221.13	\$ 915.85	1/1/2022
E2504		SPEECH GENERATING DEVICE, DIGITALIZED SPEECH, USING PRE-RECORDED MESSAGES, MORE THAN 20 MINUTES BUT LESS THAN OR EQUAL TO 40 MINUTES RECORDING TIME	\$ 161.10	\$ 1,610.83	\$ 1,208.10	1/1/2022
E2506		SPEECH GENERATING DEVICE, DIGITALIZED SPEECH, USING PRE-RECORDED MESSAGES, GREATER THAN 40 MINUTES RECORDING TIME	\$ 236.18	\$ 2,361.95	\$ 1,771.43	1/1/2022
E2508*		SPEECH GENERATING DEVICE, SYNTHESIZED SPEECH, REQUIRING MESSAGE FORMULATION BY SPELLING AND ACCESS BY PHYSICAL CONTACT WITH THE DEVICE	\$ 365.24	\$ 3,652.36	\$ 2,739.28	1/1/2022
E2510*		SPEECH GENERATING DEVICE, SYNTHESIZED SPEECH, PERMITTING MULTIPLE METHODS OF MESSAGE FORMULATION AND MULTIPLE METHODS OF DEVICE ACCESS	\$ 691.15	\$ 6,911.60	\$ 5,183.69	1/1/2022
E2511*		SPEECH GENERATING SOFTWARE PROGRAM FOR PERSONAL COMPUTER OR PERSONAL DIGITAL ASSISTANT		MANUALLY PRICED		
E2512		ACCESSORY FOR SPEECH GENERATING DEVICE, MOUNTING SYSTEM		MANUALLY PRICED		
E2599*		ACCESSORY FOR SPEECH GENERATING DEVICE, NOT OTHERWISE SPECIFIED		MANUALLY PRICED		
V5336*		REPAIR/MODIFICATION OF AUGMENTATIVE COMMUNICATION SYSTEM OR DEVICE (EXCLUDES ADAPTIVE HEARING AID)	\$ -	\$ 11.81	\$ -	1/1/2022
<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	\$ -	\$ 11.81	\$ -	1/1/2022
<b>INDIVIDUALLY PRICED</b>						
E0784*		EXTERNAL AMBULATORY INFUSION PUMP, INSULIN		MANUALLY PRICED		
<b>INCONTINENCE, OSTOMY AND URINARY SUPPLIES</b>						
A4310		INSERTION TRAY WITHOUT DRAINAGE BAG AND WITHOUT CATHETER (ACCESSORIES ONLY)	\$ -	\$ 6.75	\$ -	1/1/2022
A4311		INSERTION TRAY WITHOUT DRAINAGE BAG AND WITH INDWELLING CATHETER, FOLEY TYPE, 2-WAY LATEX WITH COATING (TEFLON, SILICONE, SILICONE ELASTOMER OR HYDROPHILIC, ETC.)	\$ -	\$ 15.27	\$ -	1/1/2022
A4313		INSERTION TRAY WITHOUT DRAINAGE BAG AND WITH INDWELLING CATHETER, FOLEY TYPE, 3-WAY FOR CONTINUOUS IRRIGATION	\$ -	\$ 19.06	\$ -	1/1/2022
A4314		INSERTION TRAY WITH DRAINAGE BAG AND WITH INDWELLING CATHETER, FOLEY TYPE, 2-WAY LATEX WITH COATING (TEFLON, SILICONE, SILICONE ELASTOMER OR HYDROPHILIC, ETC.)	\$ -	\$ 26.02	\$ -	1/1/2022

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A4316		INSERTION TRAY WITH DRAINAGE BAG AND WITH INDWELLING CATHETER, FOLEY TYPE, 3-WAY FOR CONTINUOUS IRRIGATION	\$ -	\$ 29.22	\$ -	1/1/2022
A4320		IRRIGATION TRAY WITH BULB OR PISTON SYRINGE, ANY PURPOSE	\$ -	\$ 4.66	\$ -	1/1/2022
A4321		THERAPEUTIC AGENT FOR URINARY CATHETER IRRIGATION	\$ -	\$ 6.95	\$ -	1/1/2022
A4322		IRRIGATION SYRINGE, BULB, OR PISTON, EACH	\$ -	\$ 3.02	\$ -	1/1/2022
A4328		FEMALE EXTERNAL URINARY COLLECTION DEVICE; POUCH, EACH	\$ -	\$ 10.54	\$ -	1/1/2022
A4331		EXTENSION DRAINAGE TUBING, ANY TYPE, ANY LENGTH, WITH CONNECTOR/ADAPTOR, FOR USE WITH URINARY LEG BAG OR UROSTOMY POUCH, EACH	\$ -	\$ 3.27	\$ -	1/1/2022
A4334		URINARY CATHETER ANCHORING DEVICE, LEG STRAP, EACH	\$ -	\$ 5.08	\$ -	1/1/2022
A4335		INCONTINENCE SUPPLY; MISCELLANEOUS	\$ -	\$ 4.07	\$ -	1/1/2022
A4338		INDWELLING CATHETER; FOLEY TYPE, 2-WAY LATEX WITH COATING (TEFLON, SILICONE, SILICONE ELASTOMER OR HYDROPHILIC, ETC.) EACH	\$ -	\$ 11.18	\$ -	1/1/2022
A4340		INDWELLING CATHETER; SPECIALTY TYPE, (e.g. COUDE, MUSHROOM, WING, ETC.), EACH	\$ -	\$ 27.77	\$ -	1/1/2022
A4344		INDWELLING CATHETER; FOLEY TYPE, 2-WAY, ALL SILICONE, EACH	\$ -	\$ 14.77	\$ -	1/1/2022
A4349		MALE, EXTERNAL CATHETER, WITH OR WITHOUT ADHESIVE, DISPOSABLE, EACH	\$ -	\$ 2.08	\$ -	1/1/2022
A4351		INTERMITTENT URINARY CATHETER, STRAIGHT TIP, WITH OR WITHOUT COATING (TEFLON, SILICONE, SILICONE ELASTOMER OR HYDROPHILIC, ETC.) EACH	\$ -	\$ 1.59	\$ -	1/1/2022
A4352		INTERMITTENT URINARY CATHETER, COUGE (CURVED) TIP, WITH OR WITHOUT COATING (TEFLON, SILICONE, SILICONE ELASTOMER OR HYDROPHILIC, ETC.) EACH	\$ -	\$ 6.12	\$ -	1/1/2022
A4353		INTERMITTENT URINARY CATHETER, WITH INSERTION SUPPLIES	\$ -	\$ 7.20	\$ -	1/1/2022
A4354		INSERTION TRAY WITH DRAINAGE BAG BUT WITHOUT CATHETER	\$ -	\$ 12.14	\$ -	1/1/2022
A4357		BEDSIDE DRAINAGE BAG, DAY OR NIGHT, WITH OR WITHOUT ANTI-REFLUX DEVICE, WITH OR WITHOUT TUBE, EACH	\$ -	\$ 9.99	\$ -	1/1/2022
A4358		URINARY DRAINAGE BAG, LEG OR ABDOMEN, VINYL, WITH OR WITHOUT TUBE, WITH STRAPS, EACH	\$ -	\$ 6.82	\$ -	1/1/2022
A4361		OSTOMY FACEPLATE, EACH	\$ -	\$ 17.82	\$ -	1/1/2022
A4362		SKIN BARRIER; SOLID, 4X4 OR EQUIVALENT; EACH	\$ -	\$ 3.56	\$ -	1/1/2022
A4364		ADHESIVE LIQUID, OR EQUAL, ANY TYPE, PER OZ	\$ -	\$ 5.85	\$ -	1/1/2022
A4367		OSTOMY BELT, EACH	\$ -	\$ 6.43	\$ -	1/1/2022
A4368		OSTOMY FILTER, ANY TYPE, EACH	\$ -	\$ 0.25	\$ -	1/1/2022
A4369		OSTOMY SKIN BARRIER, LIQUID (SPRAY, BRUSH, ETC.) PER OZ.	\$ -	\$ 3.88	\$ -	1/1/2022
A4371		OSTOMY SKIN BARRIER, POWDER, PER OZ.	\$ -	\$ 6.79	\$ -	1/1/2022
A4372		OSTOMY SKIN BARRIER; SOLID, 4X4 OR EQUIVALENT, STANDARD WEAR, WITH BUILT-IN CONVEXITY, EACH	\$ -	\$ 4.30	\$ -	1/1/2022
A4373		OSTOMY SKIN BARRIER WITH FLANGE (SOLID, FLEXIBLE OR ACCORDIAN), WITH BUILT-IN CONVEXITY, ANY SIZE, EACH	\$ -	\$ 6.46	\$ -	1/1/2022
A4375		OSTOMY POUCH, DRAINABLE, WITH FACEPLATE ATTACHED, PLASTIC, EACH	\$ -	\$ 17.68	\$ -	1/1/2022
A4376		OSTOMY POUCH, DRAINABLE, WITH FACEPLATE ATTACHED, RUBBER, EACH	\$ -	\$ 46.16	\$ -	1/1/2022
A4377		OSTOMY POUCH, DRAINABLE, FOR USE ON FACEPLATE, PLASTIC, EACH	\$ -	\$ 4.41	\$ -	1/1/2022
A4378		OSTOMY POUCH, DRAINABLE, FOR USE ON FACEPLATE, RUBBER, EACH	\$ -	\$ 29.83	\$ -	1/1/2022
A4379		OSTOMY POUCH, URINARY, WITH FACEPLATE ATTACHED, PLASTIC, EACH	\$ -	\$ 15.45	\$ -	1/1/2022
A4380		OSTOMY POUCH, URINARY, WITH FACEPLATE ATTACHED, RUBBER, EACH	\$ -	\$ 36.21	\$ -	1/1/2022
A4381		OSTOMY POUCH, URINARY, FOR USE ON FACEPLATE, PLASTIC, EACH	\$ -	\$ 4.74	\$ -	1/1/2022
A4382		OSTOMY POUCH, URINARY, FOR USE ON FACEPLATE, HEAVY PLASTIC, EACH	\$ -	\$ 23.88	\$ -	1/1/2022
A4383		OSTOMY POUCH, URINARY, FOR USE ON FACEPLATE, RUBBER, EACH	\$ -	\$ 27.35	\$ -	1/1/2022
A4384		OSTOMY FACEPLATE EQUIVALENT, SILICONE RING, EACH	\$ -	\$ 9.33	\$ -	1/1/2022
A4385		OSTOMY SKIN BARRIER, SOLID 4X4 OR EQUIVALENT, EXTENDED WEAR, WITHOUT BUILT-IN CONVEXITY, EACH	\$ -	\$ 5.25	\$ -	1/1/2022
A4388		OSTOMY POUCH, DRAINABLE, WITH EXTENDED WEAR BARRIER ATTACHED, (1 PIECE), EACH	\$ -	\$ 4.49	\$ -	1/1/2022
A4389		OSTOMY POUCH, DRAINABLE, WITH BARRIER ATTACHED, WITH BUILT-IN CONVEXITY (1 PIECE), EACH	\$ -	\$ 6.03	\$ -	1/1/2022
A4390		OSTOMY POUCH, DRAINABLE, WITH EXTENDED WEAR BARRIER ATTACHED, WITH BUILT-IN CONVEXITY (1 PIECE), EACH	\$ -	\$ 9.89	\$ -	1/1/2022
A4391		OSTOMY POUCH, URINARY, WITH EXTENDED WEAR BARRIER ATTACHED, (1 PIECE), EACH	\$ -	\$ 6.85	\$ -	1/1/2022
A4392		OSTOMY POUCH, URINARY, WITH STANDARD WEAR BARRIER ATTACHED, WITH BUILT-IN CONVEXITY (1 PIECE), EACH	\$ -	\$ 7.94	\$ -	1/1/2022
A4393		OSTOMY POUCH, URINARY, WITH EXTENDED WEAR BARRIER ATTACHED, WITH BUILT-IN CONVEXITY (1 PIECE), EACH	\$ -	\$ 8.77	\$ -	1/1/2022
A4394		OSTOMY DEODORANT, WITH OR WITHOUT LUBRICANT, FOR USE IN OSTOMY POUCH, PER FL. OZ.	\$ -	\$ 2.66	\$ -	1/1/2022
A4395		OSTOMY DEODORANT, FOR USE IN OSTOMY POUCH, SOLID, PER TABLET	\$ -	\$ 0.05	\$ -	1/1/2022
A4398		OSTOMY IRRIGATION SUPPLY; BAG, EACH	\$ -	\$ 14.21	\$ -	1/1/2022
A4399		OSTOMY IRRIGATION SUPPLY; CONE / CATHETER, WITH OR WITHOUT BRUSH	\$ -	\$ 12.50	\$ -	1/1/2022
A4400		OSTOMY IRRIGATION SET	\$ -	\$ 42.74	\$ -	1/1/2022
A4402		LUBRICANT, PER OZ.	\$ -	\$ 1.32	\$ -	1/1/2022
A4404		OSTOMY RING, EACH	\$ -	\$ 1.47	\$ -	1/1/2022
A4405		OSTOMY SKIN BARRIER, NONPECTIN-BASED, PASTE, PER OZ.	\$ -	\$ 4.17	\$ -	1/1/2022
A4406		OSTOMY SKIN BARRIER, PECTIN-BASED, PASTE, PER OZ.	\$ -	\$ 6.17	\$ -	1/1/2022
A4407		OSTOMY SKIN BARRIER, WITH FLANGE (SOLID, FLEXIBLE, OR ACCORDIAN), EXTENDED WEAR, WITH BUILT-IN CONVEXITY, 4X4 IN. OR SMALLER, EACH	\$ -	\$ 8.64	\$ -	1/1/2022
A4408		OSTOMY SKIN BARRIER, WITH FLANGE (SOLID, FLEXIBLE, OR ACCORDIAN), EXTENDED WEAR, WITH BUILT-IN CONVEXITY, LARGER THAN 4X4 IN. EACH	\$ -	\$ 10.15	\$ -	1/1/2022
A4409		OSTOMY SKIN BARRIER, WITH FLANGE (SOLID, FLEXIBLE, OR ACCORDIAN), EXTENDED WEAR, WITHOUT BUILT-IN CONVEXITY, 4X4 IN. OR SMALLER, EACH	\$ -	\$ 6.40	\$ -	1/1/2022
A4410		OSTOMY SKIN BARRIER, WITH FLANGE (SOLID, FLEXIBLE, OR ACCORDIAN), EXTENDED WEAR, WITHOUT BUILT-IN CONVEXITY, LARGER THAN 4X4 IN. EACH	\$ -	\$ 8.86	\$ -	1/1/2022
A4411		OSTOMY SKIN BARRIER, SOLID 4X4 OR EQUIVALENT, EXTENDED WEAR, WITH BUILT-IN CONVEXITY	\$ -	\$ 5.25	\$ -	1/1/2022
A4414		OSTOMY SKIN BARRIER, WITH FLANGE (SOLID, FLEXIBLE, OR ACCORDIAN), WITHOUT BUILT-IN CONVEXITY, 4X4 IN. OR SMALLER, EACH	\$ -	\$ 5.08	\$ -	1/1/2022
A4415		OSTOMY SKIN BARRIER, WITH FLANGE (SOLID, FLEXIBLE, OR ACCORDIAN), WITHOUT BUILT-IN CONVEXITY, LARGER THAN 4X4 IN. EACH	\$ -	\$ 6.17	\$ -	1/1/2022
A4416		OSTOMY POUCH, CLOSED, WITH BARRIER ATTACHED, WITH FILTER (1-PIECE), EACH	\$ -	\$ 2.83	\$ -	1/1/2022

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

NC DIVISION OF HEALTH BENEFITS (NC MEDICAID)

DURABLE MEDICAL EQUIPMENT

Fee Schedule effective August 16, 2022

Taxonomies: 332BC3200X, 332BD1200X, 332BP3500X, 332BX2000X Specialty: 087

The inclusion of a rate on this table does not guarantee that a service is covered.

Please refer to the Medicaid Billing Guide and the Medicaid and Health Choice Clinical Coverage Policies on the NC Medicaid website.

HCPCS CODE	National Drug Code (NDC)	DESCRIPTION	MEDICAID MAXIMUM SFY 2018			EFFECTIVE
			RENTAL	NEW	USED	
A4417		OSTOMY POUCH, CLOSED, WITH BARRIER ATTACHED, WITH BUILT-IN CONVEXITY, WITH FILTER (1-PIECE), EACH	\$ -	\$ 3.83	\$ -	1/1/2022
A4418		OSTOMY POUCH, CLOSED, WITHOUT BARRIER ATTACHED, WITH FILTER (1-PIECE), EACH	\$ -	\$ 1.86	\$ -	1/1/2022
A4419		OSTOMY POUCH, CLOSED, FOR USE ON BARRIER WITH NONLOCKING FLANGE, WITH FILTER (2-PIECE), EACH	\$ -	\$ 1.79	\$ -	1/1/2022
A4423		OSTOMY POUCH, CLOSED, FOR USE ON BARRIER WITH LOCKING FLANGE, WITH FILTER (2-PIECE), EACH	\$ -	\$ 1.91	\$ -	1/1/2022
A4424		OSTOMY POUCH, DRAINABLE, WITH BARRIER ATTACHED, WITH FILTER (1-PIECE), EACH	\$ -	\$ 4.89	\$ -	1/1/2022
A4425		OSTOMY POUCH, DRAINABLE; FOR USE ON BARRIER WITH NONLOCKING FLANGE, WITH FILTER (2-PIECE), EACH	\$ -	\$ 3.68	\$ -	1/1/2022
A4426		OSTOMY POUCH, DRAINABLE; FOR USE ON BARRIER WITH LOCKING FLANGE, WITH FILTER (2-PIECE), EACH	\$ -	\$ 2.81	\$ -	1/1/2022
A4427		OSTOMY POUCH, DRAINABLE, FOR USE ON BARRIER WITH LOCKING FLANGE, (2-PIECE SYSTEM), EACH	\$ -	\$ 2.86	\$ -	1/1/2022
A4428		OSTOMY POUCH, URINARY, WITH EXTENDED WEAR BARRIER ATTACHED, WITH FAUCET-TYPE TAP WITH VALVE (1-PIECE), EACH	\$ -	\$ 6.70	\$ -	1/1/2022
A4429		OSTOMY POUCH, URINARY, WITH BARRIER ATTACHED, WITH BUILT-IN CONVEXITY, WITH FAUCET-TYPE TAP WITH VALVE (1-PIECE), EACH	\$ -	\$ 8.49	\$ -	1/1/2022
A4430		OSTOMY POUCH, URINARY, WITH EXTENDED WEAR BARRIER ATTACHED, WITH BUILT-IN CONVEXITY, WITH FAUCET-TYPE TAP WITH VALVE (1-PIECE), EACH	\$ -	\$ 8.77	\$ -	1/1/2022
A4431		OSTOMY POUCH, URINARY, WITH BARRIER ATTACHED, WITH FAUCET-TYPE TAP WITH VALVE (1-PIECE), EACH	\$ -	\$ 6.40	\$ -	1/1/2022
A4432		OSTOMY POUCH, URINARY; FOR USE ON BARRIER WITH NONLOCKING FLANGE, WITH FAUCET-TYPE TAP WITH VALVE (2-PIECE), EACH	\$ -	\$ 3.69	\$ -	1/1/2022
A4433		OSTOMY POUCH, URINARY; FOR USE ON BARRIER WITH LOCKING FLANGE (2-PIECE), EACH	\$ -	\$ 3.44	\$ -	1/1/2022
A4435		OSTOMY POUCH, DRAINABLE, HIGH OUTPUT, WITH EXTENDED BARRIER (ONE PIECE SYSTEM), WITH OR WITHOUT FILTER, EACH	\$ -	\$ 6.13	\$ -	1/1/2022
A4450		TAPE, NONWATERPROOF, PER 18 SQ IN	\$ -	\$ 0.09	\$ -	1/1/2022
A4452		TAPE, WATERPROOF, PER 18 SQ IN	\$ -	\$ 0.37	\$ -	1/1/2022
A4453		REC CATH MAN PUMP ENEMA REPL	\$ -	MANUALLY PRICED	\$ -	10/1/2021
A4455		ADHESIVE REMOVER OR SOLVENT (FOR TAPE, CEMENT, OR OTHER ADHESIVE), PER OZ.	\$ -	\$ 3.76	\$ -	1/1/2022
A4459		MANUAL PUMP ENEMA, REUSABLE	\$ -	MANUALLY PRICED	\$ -	10/1/2021
A4554		DISPOSABLE UNDERPADS ALL SIZES	\$ -	\$ 0.43	\$ -	1/1/2022
A5051		OSTOMY POUCH, CLOSED; WITH BARRIER ATTACHED (1-PIECE), EACH	\$ -	\$ 2.70	\$ -	1/1/2022
A5052		OSTOMY POUCH, CLOSED; WITHOUT BARRIER ATTACHED (1-PIECE), EACH	\$ -	\$ 1.67	\$ -	1/1/2022
A5053		OSTOMY POUCH, CLOSED; FOR USE ON FACEPLATE, EACH	\$ -	\$ 1.44	\$ -	1/1/2022
A5054		OSTOMY POUCH, CLOSED; FOR USE ON BARRIER WITH FLANGE (2-PIECE) EACH	\$ -	\$ 1.69	\$ -	1/1/2022
A5055		STOMA CAP	\$ -	\$ 1.29	\$ -	1/1/2022
A5056		OSTOMY POUCH, DRAINABLE, WITH EXTENDED WEAR BARRIER ATTACHED, WITH FILTER, (1 PIECE), EACH	\$ -	\$ 4.93	\$ -	1/1/2022
A5057		OSTOMY POUCH, DRAINABLE, WITH EXTENDED WEAR BARRIER ATTACHED WITH BUILT IN CONVEXITY, WITH FILTER, (1 PIECE), EACH	\$ -	\$ 10.16	\$ -	1/1/2022
A5061		OSTOMY POUCH, DRAINABLE; WITH BARRIER ATTACHED (1-PIECE), EACH	\$ -	\$ 4.14	\$ -	1/1/2022
A5062		OSTOMY POUCH, DRAINABLE; WITHOUT BARRIER ATTACHED (1-PIECE), EACH	\$ -	\$ 2.45	\$ -	1/1/2022
A5063		OSTOMY POUCH, DRAINABLE; FOR USE ON BARRIER WITH FLANGE (2-PIECE SYSTEM) EACH	\$ -	\$ 3.01	\$ -	1/1/2022
A5071		OSTOMY POUCH, URINARY; WITH BARRIER ATTACHED (1-PIECE), EACH	\$ -	\$ 4.69	\$ -	1/1/2022
A5072		OSTOMY POUCH, URINARY; WITHOUT BARRIER ATTACHED (1-PIECE), EACH	\$ -	\$ 3.40	\$ -	1/1/2022
A5073		OSTOMY POUCH, URINARY; FOR USE ON BARRIER WITH FLANGE (2-PIECE SYSTEM) EACH	\$ -	\$ 3.12	\$ -	1/1/2022
A5093		OSTOMY ACCESSORY, CONVEX INSERT	\$ -	\$ 1.61	\$ -	1/1/2022
A5102		BEDSIDE DRAINAGE BOTTLE WITH OR WITHOUT TUBE, EACH	\$ -	\$ 21.90	\$ -	1/1/2022
A5120		SKIN BARRIER, WIPES OR SWABS, EACH	\$ -	\$ 0.25	\$ -	1/1/2022
A5121		SKIN BARRIER, SOLID 6X6 OR EQUIVALENT, EACH	\$ -	\$ 8.79	\$ -	1/1/2022
A5122		SKIN BARRIER, SOLID 8X8 OR EQUIVALENT, EACH	\$ -	\$ 12.29	\$ -	1/1/2022
A5126		ADHESIVE OR NONADHESIVE; DISK OR FOAM PAD	\$ -	\$ 1.10	\$ -	1/1/2022
A5131		APPLIANCE CLEANER, INCONTINENCE AND OSTOMY APPLIANCES, PER 16 OZ	\$ -	\$ 14.03	\$ -	1/1/2022
A6216		GAUZE, NONIMPREGNATED, NONSTERILE, PAD SIZE 16 SQ IN OR LESS, WITHOUT ADHESIVE BORDER, EACH DRESSING	\$ -	\$ 0.05	\$ -	1/1/2022
T4521		ADULT SIZE DISPOSABLE INCONTINENCE PRODUCT, BRIEF / DIAPER, SMALL, EACH	\$ -	\$ 0.74	\$ -	1/1/2022
T4522		ADULT SIZE DISPOSABLE INCONTINENCE PRODUCT, BRIEF / DIAPER, MEDIUM, EACH	\$ -	\$ 0.78	\$ -	1/1/2022
T4523		ADULT SIZE DISPOSABLE INCONTINENCE PRODUCT, BRIEF / DIAPER, LARGE, EACH	\$ -	\$ 0.86	\$ -	1/1/2022
T4524		ADULT SIZE DISPOSABLE INCONTINENCE PRODUCT, BRIEF / DIAPER, EXTRA LARGE, EACH	\$ -	\$ 0.86	\$ -	1/1/2022
T4525		ADULT SIZE DISPOSABLE INCONTINENCE PRODUCT, PROTECTIVE UNDERWEAR/PULL ON, SMALL, EACH	\$ -	\$ 0.76	\$ -	1/1/2022
T4526		ADULT SIZE DISPOSABLE INCONTINENCE PRODUCT, PROTECTIVE UNDERWEAR/PULL ON, MEDIUM, EACH	\$ -	\$ 0.78	\$ -	1/1/2022
T4527		ADULT SIZE DISPOSABLE INCONTINENCE PRODUCT, PROTECTIVE UNDERWEAR/PULL ON, LARGE, EACH	\$ -	\$ 0.86	\$ -	1/1/2022
T4528		ADULT SIZE DISPOSABLE INCONTINENCE PRODUCT, PROTECTIVE UNDERWEAR/PULL ON, EXTRA LARGE, EACH	\$ -	\$ 0.86	\$ -	1/1/2022
T4529		PEDIATRIC SIZE DISPOSABLE INCONTINENCE PRODUCT, BRIEF / DIAPER, SMALL / MEDIUM, EACH	\$ -	\$ 0.49	\$ -	1/1/2022
T4530		PEDIATRIC SIZE DISPOSABLE INCONTINENCE PRODUCT, BRIEF / DIAPER, LARGE, EACH	\$ -	\$ 0.55	\$ -	1/1/2022
T4531		PEDIATRIC SIZE DISPOSABLE INCONTINENCE PRODUCT, PROTECTIVE UNDERWEAR/PULL ON, SMALL/MEDIUM, EACH	\$ -	\$ 0.70	\$ -	1/1/2022
T4532		PEDIATRIC SIZE DISPOSABLE INCONTINENCE PRODUCT, PROTECTIVE UNDERWEAR/PULL ON, LARGE, EACH	\$ -	\$ 0.85	\$ -	1/1/2022
T4533		YOUTH SIZE DISPOSABLE INCONTINENCE PRODUCT, BRIEF / DIAPER, EACH	\$ -	\$ 0.67	\$ -	1/1/2022
T4534		YOUTH SIZE DISPOSABLE INCONTINENCE PRODUCT, PROTECTIVE UNDERWEAR/PULL ON, EACH	\$ -	\$ 0.84	\$ -	1/1/2022
T4543		ADULT SIZE DISPOSABLE INCONTINENCE PRODUCT, BRIEF / DIAPER, BARIATRIC, XXL, EACH	\$ -	\$ 1.29	\$ -	1/1/2022

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



NC DIVISION OF HEALTH BENEFITS (NC MEDICAID)

DURABLE MEDICAL EQUIPMENT

Fee Schedule effective August 16, 2022

**Taxonomies: 332BC3200X, 332BD1200X, 332BP3500X, 332BX2000X Specialty: 087**

The inclusion of a rate on this table does not guarantee that a service is covered.

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HCPCS CODE	National Drug Code (NDC)	DESCRIPTION	MEDICAID MAXIMUM SFY 2018			EFFECTIVE
			RENTAL	NEW	USED	
T4544		ADULT SIZE DISPOSABLE INCONTINENCE PRODUCT, PROTECTIVE UNDERWEAR/PULL ON, ABOVE EXTRA LARGE, EACH	\$ -	\$ 1.29	\$ -	1/1/2022
		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.				
		<b>Note: * indicates that item requires prior approval</b>				
		<b>BOLD indicates Medicare is primary payer for this item</b>				