		NC DIVISION OF HEALTH BENEFITS (NC MEDICAID) DURABLE MEDICAL EQUIPMENT				
		Fee Schedule effective July 15, 2021 Taxonomies: 332BC3200X, 332BD1200X, 332BP3500X, 332BX2000X Specialty: 087				
		The inclusion of a rate on this table does not guarantee that a service is covered.				
	Please	e refer to the Medicaid Billing Guide and the Medicaid and Health Choice Clinical Coverage Policies on the Net	C Medicaid websit	te.	1	
HCPCS	National Drug	DESCRIPTION	MEDICAID MAXIMUM _SFY 2018		SFY 2018	EFFECTIVE
CODE	Code (NDC)		RENTAL	NEW	USED	
A4245		INEXPENSIVE OR ROUTINELY PURCHASED ITEMS Alcohol wipes, per box		3.21		4/1/2021
A4247		Betadine or iodine swabs/wipes, per box		7.69		4/1/2021
A4248 A4252		Chlorhexidine containing antiseptic, 1 ml BLOOD KETONE TEST OR REAGENT STRIP, EACH		0.90 MANUALLY		4/1/2021
A 4000		Urinary catheter anchoring device, adhesive skin attachment, each		PRICED 2.58		4/4/0004
A4333 A4481		TRACHEOSTOMA FILTER, ANY TYPE, ANY SIZE, EACH		0.43		4/1/2021 4/1/2021
A4635 A4636		UNDERARM PAD, CRUTCH, REPLACEMENT, EACH REPLACEMENT, HANDGRIP, CANE, CRUTCH, OR WALKER, EACH	0.62 0.34	4.66 3.36	3.10 2.52	
A4636 A4637		REPLACEMENT, HANDGRIP, CANE, CRUTCH, OK WALKER, EACH	0.34	2.17	2.52	
A4640		REPLACEMENT PAD FOR USE WITH MEDICALLY NECESSARY ALTERNATING PRESSURE PAD OWNED BY PATIENT		58.28		
A4670		automatic blood pressure monitor		66.13		
A4928 A6207		Surgical Mask, per 20 Contact layer, sterile, more than 16 sq. in. but less than or equal to 48 sq. in., each dressing		17.01 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 A6402		Transparent fil, sterile, more than 48 sq. in., each dressing Gauze, non-impregnated, sterile, pad size 16 sq. in. or less, without adhesive border, each		12.73 0.13		4/1/2021 4/1/2021
		dressing				-7 1/2 JZ I
A7020		border, each dressing		MANUALLY PRICED		
A7501		TRACHEOSTOMA VALVE, INCLUDING DIAPHRAGM, EACH		122.25		4/1/2021
A7502 A7503		REPLACEMENT DIAPHRAGM/FACEPLATE FOR TRACHEOSTOMA VALVE, EACH FILTER HOLDER OR FILTER CAP, REUSABLE, FOR USE IN A TRACHEOSTOMA HEAT AND		58.12 13.21		4/1/2021 4/1/2021
		MOISTURE EXCHANGE SYSTEM,				
A7504 A7505		FILTER FOR USE IN A TRACHEOSTOMA HEAT AND MOISTURE EXCHANGE SYSTEM, EACH HOUSING, REUSABLE WITHOUT ADHESIVE, FOR USE IN A HEAT AND MOISTURE EXCHANGE		0.80 5.46		4/1/2021 4/1/2021
		SYSTEM AND/OR WITH A TRACHEOSTOMA VALVE, EACH		0.00		
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		3.34		4/1/2021
A7509		EXCHANGE SYSTEM AND/OR WITH A TRACHEOSTOMA VALVE, EACH FILTER HOLDER AND INTEGRATED FILTER HOUSING, AND ADHESIVE, FOR USE AS A		1.64		4/1/2021
		TRACHEOSTOMA HEAT AND MOISTURE EXCHANGE SYSTEM, EACH		1.04		4/1/2021
A7524 E0100		TRACHEOSTOMA STENT/STUD/BUTTON, EACH CANE, INCLUDES CANES OF ALL MATERIALS, ADJUSTABLE OR FIXED, WITH TIP		90.11 18.29	14.11	4/1/2021
E0105		CANE, QUAD OR THREE PRONG, INCLUDES CANES OF ALL MATERIALS, ADJUSTABLE OR FIXED,		48.58	36.44	
E0110		WITH TIPS CRUTCHES, FOREARM, INCLUDES CRUTCHES OF VARIOUS MATERIALS, ADJUSTABLE OR FIXED,		76.42	57.33	
		PAIR, WITH TIPS AND HAND GRIPS				
E0111		CRUTCH, FOREARM, INCLUDES CRUTCHES OF VARIOUS MATERIALS, ADJUSTABLE OR FIXED, EACH, WITH TIP AND HANDGRIPS		46.23	35.54	
E0112		CRUTCHES UNDERARM, WOOD, ADJUSTABLE OR FIXED, PAIR, WITH PADS, TIPS AND HANDGRIPS		34.34	25.74	
E0113		CRUTCH, UNDERARM, WOOD, ADJUSTABLE OR FIXED, EACH, WITH PAD, TIP, AND HANDGRIP	4.69	19.26	14.45	
E0114		CRUTCHES UNDERARM, ALUMINUM, ADJUSTABLE OR FIXED, PAIR, WITH PADS, TIPS AND		40.96	30.96	
E0118*		HANDGRIPS CRUTCH SUBSTITUTE. LOWER LEG PLATFORM. WITH OR WITHOUT WHEELS. EACH		MANUALLY		
				PRICED		
E0130 E0135		WALKER, RIGID (PICKUP), ADJUSTABLE OR FIXED HEIGHT WALKER, FOLDING (PICKUP), ADJUSTABLE OR FIXED HEIGHT		67.49 85.62	50.62 65.68	
E0141		WALKER, RIGID, WHEELED, ADJUSTABLE OR FIXED HEIGHT		117.74	88.31	
E0143 E0148		WALKER, FOLDING, WHEELED, ADJUSTABLE OR FIXED HEIGHT WALKER HEAVY DUTY, WITHOUT WHEELS, RIGID OR FOLDING ANY TYPE, EACH		108.34 117.63	78.10 88.23	
E0149		WALKER, HEAVY DUTY, WHEELED, RIGID OR FOLDING, ANY TYPE, EACH		206.67	155.00	
E0154 E0155		PLATFORM ATTACHMENT, WALKER, EACH WHEEL ATTACHMENT, RIGID PICK-UP WALKER, PER PAIR	3.02	72.00 24.79	54.71 18.89	
E0156		SEAT ATTACHMENT, WALKER	2.66	21.85	16.39	
E0158 E0199		LEG EXTENSIONS FOR WALKER, PER SET OF FOUR (4) DRY PRESSURE PAD FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	2.81	28.09 27.81	21.05 20.86	
E0240 E0244		BATH/SHOWER CHAIR, WITH OR WITHOUT WHEELS, ANY SIZE RAISED TOILET SEAT		70.65 83.39	52.99 62.54	
E0244 E0247		TRANSFER BENCH FOR TUB OR TOILET WITH OR WITHOUT COMMODE OPENING		100.30	75.22	
E0248		TRANSFER BENCH , HEAVY DUTY, FOR TUB OR TOILET WITH OR WITHOUT COMMODE OPENING		273.40	205.05	
E0271		MATTRESS, INNERSPRING		226.75	175.08	
E0272 E0276		MATTRESS, FOAM RUBBER BED PAN, FRACTURE, METAL OR PLASTIC		206.66 11.55	154.25 9.03	
E0280		BED CRADLE, ANY TYPE		33.16	24.86	
E0305 E0310		BED SIDE RAILS, HALF LENGTH BED SIDE RAILS, FULL LENGTH		155.95 181.64	116.97 138.58	
E0325		URINAL; MALE, JUG-TYPE, ANY MATERIAL		8.77	5.81	
E0326		URINAL; FEMALE, JUG-TYPE, ANY MATERIAL OXIMETER DEVICE FOR MEASURING BLOOD OXYGEN LEVELS NON-INVASIVELY ( <u>HOSPITAL</u>	196.57	9.11	6.84	
E0445*		GRADE, TABLE-TOP FOR RENTAL)		455.00		
E0445		OXIMETER DEVICE FOR MEASURING BLOOD OXYGEN LEVELS NON-INVASIVELY ( <u>PORTABLE</u> <u>OXIMETER FOR PURCHASE</u> )		155.98		
E0607 E0621		HOME BLOOD GLUCOSE MONITOR SLING OR SEAT, PATIENT LIFT, CANVAS OR NYLON		68.24 85.92	<b>51.16</b> 64.46	
E0621 E0840		TRACTION FRAME, ATTACHED TO HEADBOARD, CERVICAL TRACTION		63.61	47.68	

		NC DIVISION OF HEALTH BENEFITS (NC MEDICAID) DURABLE MEDICAL EQUIPMENT				
		Fee Schedule effective July 15, 2021				
		Taxonomies: 332BC3200X, 332BD1200X, 332BP3500X, 332BX2000X Specialty: 087				
	Pleas	The inclusion of a rate on this table does not guarantee that a service is covered. e refer to the Medicaid Billing Guide and the Medicaid and Health Choice Clinical Coverage Policies on the Net	C Medicaid webs	ite.		
HCPCS	National Drug	DESCRIPTION			SFY 2018	EFFECTIVE
CODE	Code (NDC)		RENTAL	NEW	USED	
E0860 E0890		TRACTION EQUIPMENT, OVERDOOR, CERVICAL TRACTION FRAME, ATTACHED TO FOOTBOARD, PELVIC TRACTION		34.69 104.52	26.02 80.33	
E0980		SAFETY VEST, WHEELCHAIR		28.70	21.40	
S5560		INSULIN DELIVERY DEVICE, REUSABLE PEN: 1.5 ML SIZE		58.60		
S5561 W4002*		INSULIN DELIVERY DEVICE, REUSABLE PEN: 3 ML SIZE MANUAL VENTILATION BAG (e.g. AMBU BAG)		58.60 176.99	132.74	
W4002 W4016*		BATH SEAT, PEDIATRIC (e.g. TLC)		417.35	313.02	
W4688*		SINGLE POINT CANE FOR WEIGHTS 251# TO 500#		26.66	19.99	
W4689* W4690*		QUAD CANE FOR WEIGHTS 251# TO 500# UNDERARM CRUTCHES FOR WEIGHTS 251# TO 500#		65.90 167.15	49.43 125.37	
W4691*		FIXED-HEIGHT FOREARM CRUTCHES FOR WEIGHTS TO 600#		418.17	313.63	
W4695*		GLIDES/SKIS FOR USE WITH WALKER		31.35		
W4733*		REPLACEMENT OVERSIZED INNERSPRING MATTRESS FOR HOSPITAL BED W/ WIDTH TO 39"		339.76	254.83	
		CAPPED RENTAL/PURCHASED EQUIPMENT				
B9002		ENTERAL PUMP, WITH ALARM	129.03	1332.21	999.14	
B9004 B9006		PARENTERAL INFUSION PUMP - PORTABLE PARENTERAL INFUSION PUMP - STATIONARY	420.68 420.68	2657.35 2657.35	1993.02 1993.02	
E0163		COMMODE CHAIR, MOBILE OR STATIONARY, WITH FIXED ARMS	9.86	2057.55 96.16	73.83	1
E0165		COMMODE CHAIR, MOBILE OR STATIONARY, WITH DETACHABLE ARMS	16.13	161.25	120.94	
E0167 E0168		PAIL OR PAN FOR USE WITH COMODE CHAIR, REPLACEMENT ONLY COMMODE CHAIR, EXTRA WIDE AND/OR HEAVY DUTY, STATIONARY OR MOBILE WITH OR	16.30	11.80 162.14	121.59	
		WITHOUT ARMS, ANY TYPE EACH				
E0181		POWERED PRESSURE REDUCING MATTRESS OVERLAY/PAD, ALTERNATING WITH PUMP, INCLUDES HEAVY DUTY	21.68	216.72	162.54	
E0182		PUMP FOR ALTERNATING PRESSURE PAD, FOR REPLACEMENT ONLY DRY PRESSURE MATTRESS	22.72	227.21	170.42	<u> </u>
E0184 E0185		DRY PRESSURE MATTRESS GEL OR GEL-LIKE PRESSURE PAD FOR MATTRESS, STANDARD MATTRESS LENGTH AND	20.56 42.46	198.83 326.63	152.48 250.68	1
		WIDTH				
E0186 E0187		AIR PRESSURE MATTRESS WATER PRESSURE MATTRESS	10.98 15.46	109.92 154.59	82.43 115.95	
E0193*		POWERED AIR FLOTATION BED (LOW AIR LOSS THERAPY)	922.59	9225.95	6919.46	
E0196		GEL PRESSURE MATTRESS	33.18	331.78	248.84	
E0197 E0198		AIR PRESSURE PAD FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH WATER PRESSURE PAD FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	26.23 22.32	192.33 223.17	166.98 167.38	
E0196		PARAFFIN BATH UNIT, PORTABLE	16.83	168.29	126.22	
E0250*		HOSPITAL BED, FIXED HEIGHT, WITH ANY TYPE SIDE RAILS, WITH MATTRESS	93.22	932.23	699.18	
E0255* E0260*		HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITH ANY TYPE SIDE RAILS, WITH MATTRESS HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT) WITH ANY TYPE SIDE RAILS,	107.63 130.81	1076.22 1308.07	807.17 981.05	
		WITH MATTRESS				
E0265*		HOSPITAL BED, TOTAL ELECTRIC (HEAD, FOOT AND HEIGHT ADJUSTMENTS), WITH ANY TYPE SIDE RAILS, WITH MATTRESS	204.11	2041.14	1530.85	
E0277*		POWERED PRESSURE-REDUCING AIR MATTRESS PEDIATRIC CRIB. HOSPITAL GRADE. FULLY ENCLOSED WITH OR WITHOUT TOP ENCLOSURE	718.37	7183.69 MANUALLY	5387.77	
E0300*		FEDIATRIC CRID, HOSFITAL GRADE, FULLT ENCLOSED WITH OR WITHOUT TOF ENCLOSURE		PRICED		
E0303*		HOSPITAL BED HEAVY DUTY, EXTRA WIDE FOR WEIGHTS 350 LBS BUT LESS THAN 600 LBS W/ MATTRESS AND ANY TYPE SIDE RAILS	281.46	2814.62	2110.97	
E0304*		HOSPITAL BED, EXTRA HEAVY DUTY FOR WEIGHT CAPACITY GREATER THAN 600 LBS W/	713.59	7135.91	5351.93	
E0316*		MATTRESS AND ANY TYPE SIDE RAILS SAFETY ENCLOSURE FRAME / CANOPY FOR USE WITH HOSPITAL BED, ANY TYPE	197.32	1973.18	1479.89	
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	101.02	PRICED	1410.00	
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	453.89	4538.94	3404.21	<u> </u>
E0372*		POWERED AIR OVERLAY FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	550.77	5507.63	4130.72	
E0373* E0470*		NONPOWERED ADVANCED PRESSURE REDUCING MATTRESS RESPIRATORY ASSIST DEVICE, BI-LEVEL PRESSURE CAPABILITY WITHOUT BACKUP RATE	627.48 238.96	6274.84 2389.34	4706.14 1792.00	
		FEATURE, USED WITH NON-INVASIVE INTERFACE, NASAL OR DACIAL MASK (INTERMITTENT ASSIST DEVICE WITH CONTINUOUS POSITIVE AIRWAY PRESSURE DEVICE				
E0480*		PERCUSSOR, ELECTRIC OR PNEUMATIC, HOME MODEL	40.10	401.02	300.77	
E0482*		COUGH-STIMULATING DEVICE, ALTERNATING POSITIVE & NEGATIVE AIRWAY PRESSURE	439.13	4391.28	3293.46	
E0484 E0550		OSCILLATORY POSITIVE EXPIRATORY PRESSURE DEVICE, NONELECTRIC, ANY TYPE, EACH HUMIDIFIER, DURABLE FOR EXTENSIVE SUPPLEMENTAL HUMIDIFICATION DURING IPPB	51.19	40.97 511.92	383.94	<u> </u>
		TREATMENTS OR OXYGEN DELIVERY HUMIDIFIER, DURABLE, GLASS OR AUTOCLAVABLE PLASTIC BOTTLE TYPE, FOR USE WITH	11.37	113.77	85.33	
E0555		REGULATOR OR FLOWMETER				
E0561 E0562		HUMIDIFIER, NON-HEATED, USED WITH POSTIVE AIRWAY PRESSURE DEVICE HUMIDIFIER, HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	10.92 28.05	109.26 280.51	81.94 210.38	
E0565*		COMPRESSOR, AIR POWER SOURCE FOR EQUIPMENT WHICH IS NOT SELF CONTAINED OR	62.31	623.02	467.27	1
E0570		CYLINDER DRIVEN NEBULIZER, WITH COMPRESSOR	14.41	144.06	108.05	
E0570 E0575		NEBULIZER, WITH COMPRESSOR	55.30	553.10	414.83	1
E0600		RESPIRATORY SUCTION PUMP, HOME MODEL, PORTABLE OR STATIONARY, ELECTRIC	46.76	467.60	350.70	
E0601*		CONTINUOUS AIRWAY PRESSURE (CPAP) DEVICE PATIENT LIFT HYDRAULIC OR MECHANICAL, INCLUDES ANY SEAT, SLING STRAPS(S) OR PAD(S)	103.93	1039.29 1040.48	779.47 780.36	
E0630*			104.04		100.30	
		COMBINATION SIT TO STAND SYSTEM, any size including pediatric, with seatlift feature, with or		MANUALLY		
E0637*		without wheeles		PRICED		

		NC DIVISION OF HEALTH BENEFITS (NC MEDICAID)				
		DURABLE MEDICAL EQUIPMENT Fee Schedule effective July 15, 2021				
		Taxonomies: 332BC3200X, 332BD1200X, 332BP3500X, 332BX2000X Specialty: 087				
		The inclusion of a rate on this table does not guarantee that a service is covered.		••		
	Pleas	e refer to the Medicaid Billing Guide and the Medicaid and Health Choice Clinical Coverage Policies on the N	C Medicaid webs	ite.	1	
HCPCS CODE	National Drug Code (NDC)	DESCRIPTION	RENTAL	ID MAXIMUM _	SFY 2018 USED	EFFECTIVE
E0641*		STANDING FRAME/TABLE SYSTEM, multi-position (e.g. three-way stander), any size including	RENTAL	MANUALLY	USLD	
		pediatric, with or without wheels		PRICED		
E0642*		STANDING FRAME/TABLE SYSTEM, mobile (dynamic stander), any size including pediatric		MANUALLY		
E0650*		PNEUMATIC COMPRESSOR, NONSEGMENTAL HOME MODEL	66.43	PRICED 648.26	486.19	
E0650* E0651*		PNEUMATIC COMPRESSOR, NONSEGMENTAL HOME MODEL PNEUMATIC COMPRESSOR, SEGMENTAL HOME MODEL W/O CALIBRATED GRADIENT	95.80	937.87	486.19 703.41	
		PRESSURE				
E0652*		PNEUMATIC COMPRESSOR, SEGMENTAL HOME MODEL WITH CALIBRATED GRADIENT	535.05	5413.74	4056.66	
E0655*		PRESSURE NONSEGMENTAL PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC COMPRESSOR, HALF	10.88	98.65	73.98	
E0033		ARM	10.00	30.05	75.90	
E0660*		NONSEGMENTAL PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC COMPRESSOR, FULL	16.54	163.14	122.34	
		LEG				
E0665*		NONSEGMENTAL PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC COMPRESSOR, FULL ARM	13.43	134.27	100.71	
E0666*		NONSEGMENTAL PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC COMPRESSOR, HALF	13.22	132.32	99.26	
		LEG				
E0667*		SEGMENTAL PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC COMPRESSOR, FULL LEG	36.90	330.62	247.97	
E0668* E0669*		SEGMENTAL PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC COMPRESSOR, FULL ARM SEGMENTAL PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC COMPRESSOR, HALF LEG	44.53 18.31	451.24 183.10	338.44 137.31	+
E0669*		SEGMENTAL PREUMATIC APPLIANCE FOR USE WITH PREUMATIC COMPRESSOR, HALF LEG	10.51	1400.50	137.31	1
		2 FULL LEGS AND TRUNK				
E0671*		SEGMENTAL GRADIENT PRESSURE PNEUMATIC APPLIANCE, FULL LEG	42.42	424.15	318.10	
E0672* E0673*		SEGMENTAL GRADIENT PRESSURE PNEUMATIC APPLIANCE, FULL ARM SEGMENTAL GRADIENT PRESSURE PNEUMATIC APPLIANCE, HALF LEG	32.96 27.38	329.56 273.85	247.19 205.41	+
E0673" E0700*		SAFETY EQUIPMENT, DEVICES OR ACCESSORY, ANY TYPE	21.30	Z73.85 MANUALLY	203.41	
				PRICED		
E0705		TRANSFER BOARD OR DEVICE, ANY TYPE, EACH	5.73	56.29	41.21	
E0720* E0730*		TENS, TWO LEAD DEVICE, TWO LEAD, LOCALIZED STIMULATION TENS, FOUR OR MORE LEADS, FOR MULTIPLE NERVE STIMULATION	38.50 38.82	375.36 378.41	288.72 291.06	
E0730 E0747*		OSTEOGENESIS STIMULATOR, NONINVASIVE	394.68	3971.75	2950.94	
E0748*		OSTEOGENESIS STIMULATOR, ELECTRICAL, NONINVASIVE, SPINAL APPLICATIONS	394.59	3946.02	2959.53	
E0760*		OSTEOGENESIS STIMULATOR, LOW INTENSITY, NONINVASIVE	327.93	3279.07	2459.31	
E0776		IV POLE	16.18	110.80	83.11	
E0910 E0911*		TRAPEZE BARS, AKA PATIENT HELPER, ATTACHED TO BED, WITH GRAB BAR TRAPEZE BAR, HEAVY DUTY, FOR PATIENT WEIGHT CAPACITY GREATER THAN 250 POUNDS,	17.36 50.90	173.60 509.06	130.20 381.80	
20011		ATTACHED TO BED, WITH GRAB BAR	00.00	000.00	001100	
E0912*		TRAPEZE BAR, HEAVY DUTY, FOR PATIENT WEIGHT CAPACITY GREATER THAN 250 POUNDS,	116.90	1168.94	876.72	
<b>E</b> 00.40		FREE STANDING, COMPLETE WITH GRAB BAR				-
E0940 E0950		TRAPEZE BAR, FREE STANDING, COMPLETE WITH GRAB BAR WHEELCHAIR ACCESSORY TRAY, EACH	27.79 10.63	277.99 106.16	208.49 79.62	
E0951		HEEL LOOP/HOLDER, ANY TYPE, WITH OR WITHOUT ANKLE STRAP, EACH	1.83	18.12	13.59	
E0952		TOE LOOP/HOLEDER, ANY TYPE, EACH	1.97	19.23	14.43	
E0956*		WHEELCHAIR ACCESSORY, LATERAL TRUNK OR HIP SUPPORT, ANY TYPE, INCLUDING FIXED	10.08	100.66	75.50	
E0957*		MOUNTING HARDWARE, EACH WHEELCHAIR ACCESSORY, MEDICAL THIGH SUPPORT, ANY TYPE, INCLUDING FIXED	14.08	140.85	105.64	-
L0337		MOUNTING HARDWARE, EACH	14.00	140.05	103.04	
E0958		WHEELCHAIR ATTACHMENT TO CONVERT ANY WHEELCHAIR TO ONE-ARM DRIVE	44.55	445.54	334.16	
E0959		MANUAL WHEELCHAIR ACCESSORY, ADAPTER FOR AMPUTEE, EACH	4.37	43.66	32.73	
E0960*		WHEELCHAIR ACCESSORY, SHOULDER HARNESS/STRAPS OR CHES STRAP INCLUDING ANY TYPE MOUNTING HARDWARE	9.29	92.90	69.69	
E0961		MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK BRAKE EXTENSION (HANDLE), EACH	2.70	25.82	12.90	1
E0966		MANUAL WHEELCHAIR ACCESSORY, HEADREST EXTENSION	7.16	71.52	53.63	
E0967		MANUAL WHEELCHAIR ACCESSORY, HAND RIM WITH PROJECTIONS, ANY TYPE, EACH	6.71	67.08	50.30	
E0971 E0973*		MANUAL WHEELCHAIR ACCESSORY, ANTI-TIPPING DEVICE, EACH WHEELCHAIR ACCESSORY, ADJUSTABLE HEIGHT DETACHABLE ARMREST, COMPLETE	4.43 11.18	44.31 117.40	33.25 88.05	+
F0913.		ASSEMBLY	11.10	117.40	00.00	
E0974		MANUAL WHEELCHAIR ACCESSORY, ANIT-ROLLBACK DEVICE, EACH	7.21	68.06	51.43	
E0978		WHEELCHAIR ACCESSORY, POSITIONING BELTS/SAFETY BELT/PELVIC STRAP, EACH	4.24	42.34	31.78	
E0981		WHEELCHAIR ACCESSORY, SEAT UPHOLSTERY, REPLACEMENT ONLY WHEELCHAIR ACCESSORY, BACK UPHOLSTERY, REPLACEMENT ONLY	4.55	45.38	34.03	
E0982 E0990		WHEELCHAIR ACCESSORY, BACK UPHOLSTERY, REPLACEMENT ONLY WHEELCHAIR ACCESSORY, ELEVATING LEGREST, COMPLETE ACCESSORY, EACH	4.47 11.48	44.73 112.52	33.54 84.39	
E0992	<u> </u>	MANUAL WHEELCHAIR ACCESSORY . SOLID SEAT INSERT	9.45	97.17	72.88	
E0995		WHEELCHAIR ACCESSORY, CALF REST/PAD, EACH	2.93	29.45	22.11	
E1002*		WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, TILT ONLY	413.90	4139.06	3104.28	
E1003*		WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, RECLINE ONLY, WITHOUT SHEAR REDUCTION	448.44	4484.31	3363.23	
E1004*		WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, RECLINE ONLY, WITH MECHANICAL	497.22	4972.17	3729.12	
		SHEAR REDUCTION	<b>ar</b>			
E4007*		WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, RECLINE ONLY, WITH POWER SHEAR REDUCTION	538.19	5381.99	4036.49	
E1005*	1	REDUCTION WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, COMBINATION TILT & RECLINE,	659.22	6592.43	4944.32	
E1005* E1006*		WITHOUT SHEAR REDUCTION				
		WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, COMBINATION TILT & RECLINE, WITH	892.65	8926.41	6694.79	
E1006* E1007*		WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, COMBINATION TILT & RECLINE, WITH MECHANICAL SHEAR REDUCTION				
E1006*		WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, COMBINATION TILT & RECLINE, WITH MECHANICAL SHEAR REDUCTION WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, COMBINATION TILT & RECLINE, WITH	892.65 892.71	8926.41 8927.21	6694.79 6695.42	
E1006* E1007*		WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, COMBINATION TILT & RECLINE, WITH MECHANICAL SHEAR REDUCTION				
E1006* E1007* E1008*		WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, COMBINATION TILT & RECLINE, WITH MECHANICAL SHEAR REDUCTION WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, COMBINATION TILT & RECLINE, WITH POWER SHEAR REDUCTION		8927.21		
E1006* E1007* E1008* E1020 E1028		WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, COMBINATION TILT & RECLINE, WITH MECHANICAL SHEAR REDUCTION WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, COMBINATION TILT & RECLINE, WITH POWER SHEAR REDUCTION RESIDUAL LIMB SUPPORT SYSTEM FOR WHEELCHAIR, ANY TYPE WHEELCHAIR ACCESSORY, MANUAL SWINGAWAY, RETRACTIBLE OR REMOVABLE MOUNTING HARDWARE FOR JOYSTICK, OTHER CONTROL INTERFACE OR POSITIONING ACCESSORY	892.71	8927.21 233.74 210.91	6695.42 158.17	
E1006* E1007* E1008* E1020		WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, COMBINATION TILT & RECLINE, WITH MECHANICAL SHEAR REDUCTION WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, COMBINATION TILT & RECLINE, WITH POWER SHEAR REDUCTION RESIDUAL LIMB SUPPORT SYSTEM FOR WHEELCHAIR, ANY TYPE WHEELCHAIR ACCESSORY, MANUAL SWINGAWAY, RETRACTIBLE OR REMOVABLE MOUNTING	892.71	8927.21 233.74	6695.42	

		NC DIVISION OF HEALTH BENEFITS (NC MEDICAID) DURABLE MEDICAL EQUIPMENT				
		Fee Schedule effective July 15, 2021 Taxonomies: 332BC3200X, 332BD1200X, 332BP3500X, 332BX2000X Specialty: 087				
	Dises	The inclusion of a rate on this table does not guarantee that a service is covered. a refer to the Medicaid Billing Guide and the Medicaid and Health Choice Clinical Coverage Policies on the N		4.0		
	Please	e refer to the Medicaid Billing Guide and the Medicaid and Health Choice Clinical Coverage Policies on the N		te.		
HCPCS	National Drug	DESCRIPTION	MEDICA	D MAXIMUM	SFY 2018	EFFECTIVE
CODE E1037*	Code (NDC)		RENTAL 116.54	NEW 1165.45	USED 874.08	
E1037*		TRANSPORT CHAIR, PEDIATRIC SIZE TRANSPORT CHAIR, ADULT SIZE, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	18.42	184.12	138.10	
E1039*		TRANSPORT CHAIR, ADULT SIZE, HEAVY DUTY, PATIENT WEIGHT CAPACITY GREATER THAN 300 POUNDS	34.92	349.24	261.93	
E1161*		MANUAL ADULT SIZE WHEELCHAIR, INCLUDES TILT IN SPACE	241.63	2416.21	1812.17	
E1226*		WHEELCHAIR ACCESSORY, MANUAL FULLY RECLINING BACK, (RECLINE GREATER THAN 80 DEGREES), EACH	48.56	473.62	355.18	
E1229*		WHEELCHAIR, PEDIATRIC SIZE, NOT OTHERWISE SPECIFIED		MANUALLY PRICED		
E1231*		WHEELCHAIR, PEDIATRIC SIZE, TILT-IN-SPACE, RIGID, ADJUSTABLE, WITH SEATING SYSTEM	232.16	2321.55	1741.16	
E1232*		WHEELCHAIR, PEDIATRIC SIZE, TILT-IN-SPACE, FOLDING, ADJUSTABLE, WITH SEATING SYSTEM	218.38	2183.70	1637.79	
E1233*		WHEELCHAIR, PEDIATRIC SIZE, TILT-IN-SPACE, RIGID, ADJUSTABLE, WITHOUT SEATING SYSTEM	226.26	2262.66	1696.99	
E1234*		WHEELCHAIR, PEDIATRIC SIZE, TILT-IN-SPACE, FOLDING, ADJUSTABLE, WITHOUT SEATING SYSTEM	197.00	1969.80	1477.34	
E1235*		WHEELCHAIR, PEDIATRIC SIZE, RIGID, ADJUSTABLE, WITH SEATING SYSTEM	189.68	1896.77	1422.57	
E1236* E1237*		WHEELCHAIR, PEDIATRIC SIZE, FOLDING, ADJUSTABLE, WITH SEATING SYSTEM WHEELCHAIR, PEDIATRIC SIZE, RIGID, ADJUSTABLE, WITHOUT SEATING SYSTEM	167.34 168.80	1673.44 1688.06	1255.09 1266.06	
E1238*		WHEELCHAIR, PEDIATRIC SIZE, FOLDING, ADJUSTABLE, WITHOUT SEATING SYSTEM	167.34	1673.44	1255.09	
E1239*		POWER WHEELCHAIR, PEDIATRIC SIZE, NOT OTHERWISE SPECIFIED		MANUALLY PRICED		
E1300 E1639		WHIRLPOOL, PORTABLE (OVERTUB TYPE) SCALE, EACH	19.33	193.34 80.55	144.99	
E2100		BLOOD GLUCOSE MONITOR WITH INTEGRATED VOICE SYNTHESIZER	64.77	647.75	485.82	
E2201*		MANUAL WHEELCHAIR ACCESSORY, NON-STANDARD SEAT FRAME, WIDTH GREATER THAN OR EQUAL TO 20 INCHES AND LESS THAN 24 INCHES	38.10	381.00	285.76	
E2202* E2203*		MANUAL WHEELCHAIR ACCESSORY, NON-STANDARD SEAT FRAME, WIDTH 24-27 INCHES MANUAL WHEELCHAIR ACCESSORY, NON-STANDARD SEAT FRAME DEPTH , 20 TO LESS THAN	48.41 48.91	487.73 489.20	363.03 366.89	
		22 INCHES				
E2204* E2205		MANUAL WHEELCHAIR ACCESSORY, NON-STANDARD SEAT FRAME DEPTH , 22-25 INCHES MANUAL WHEELCHAIR ACCESSORY, HANDRIM WITHOUT PROJECTIONS (INCLUDES ERGONOMIC OR CONTOURED), ANY TYPE, REPLACEMENT ONLY, EACH	83.08 3.32	830.62 33.36	622.98 25.04	
E2206		MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK ASSEMBLY, COMPLETE, EACH	4.15	41.54	31.14	
E2207 E2208		WHEELCHAIR ACCESSORY, CRUTCH AND CANE HOLDER, EACH WHEELCHAIR ACCESSORY, CYLINDER TANK CARRIER, EACH	4.43	44.27 121.30	33.20 90.97	
E2209		ARM TROUGH, WITH OR WITHOUT HAND SUPPORT, EACH	10.97	109.43	82.08	
E2210 E2211		WHEELCHAIR ACCESSORY, BEARINGS, ANY TYPE, REPLACEMENT ONLY, EACH MANUAL WHEELCHAIR ACCESSORY, PNEUMATIC PROPULSION TIRE, ANY SIZE, EACH	4.10	6.69 41.78	29.93	
E2212		MANUAL WHEELCHAIR ACCESSORY, TUBE FOR PNEUMATIC PROPULSION TIRE, ANY SIZE, EACH	0.62	6.01	4.52	
E2213		MANUAL WHEELCHAIR ACCESSORY, PNEUMATIC PROPULSION TIRE (REMOVABLE), ANY TYPE, ANY SIZE, EACH	3.12	31.06	23.27	
E2214		MANUAL WHEELCHAIR ACCESSORY, PNEUMATIC CASTER TIRE, ANY SIZE, EACH	3.44	31.26	23.45	
E2215 E2216		MANUAL WHEELCHAIR ACCESSORY, TUBE FOR PNEUMATIC CASTER TIRE, ANY SIZE, EACH MANUAL WHEELCHAIR ACCESSORY, FOAM FILLED PROPULSION TIRE, ANY SIZE, EACH	0.97	9.81	7.33	
E2210		MANUAL WHEELCHAIR ACCESSORY, FOAM FILLED CASTER TIRE, ANY SIZE, EACH	<u>3.14</u> 4.76	31.36 43.16	23.00	
E2218		MANUAL WHEELCHAIR ACCESSORY, FOAM PROPULSION TIRE, ANY SIZE, EACH	3.36	33.66	24.71	
E2219 E2220		MANUAL WHEELCHAIR ACCESSORY, FOAM CASTER TIRE, ANY SIZE, EACH MANUAL WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) PROPULSION TIRE, ANY SIZE,	4.82 2.80	42.74 29.13	32.06 22.27	
E2221		EACH MANUAL WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE, (REMOVABLE),	2.64	26.09	19.58	
E2222		ANY SIZE, EACH MANUAL WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE WITH	2.13	21.50	16.15	
E2224		INTEGRATED WHEEL, ANY SIZE, EACH MANUAL WHEELCHAIR ACCESSORY, PROPULSION WHEEL EXCLUDES TIRE, ANY SIZE, EACH	9.77	97.59	73.19	
E2225		MANUAL WHEELCHAIR ACCESSORY, CASTER WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	1.77	17.77	13.31	
E2226 E2227*		MANUAL WHEELCHAIR ACCESSORY, CASTER FORK, ANY SIZE, REPLACEMENT ONLY, EACH MANUAL WHEELCHAIR ACCESSORY, GEAR REDUCTION DRIVE WHEEL, EACH	3.87	38.75 MANUALLY	29.06	
E2228*		MANUAL WHEELCHAIR ACCESSORY, WHEEL BRAKING SYSTEM AND LOCK, COMPLETE, EACH		PRICED MANUALLY		
E2231*		MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT SUPPORT BASE (REPLACES SLING SEAT),	16.49	PRICED 164.78	123.57	
E2291*		INCLUDES ANY TYPE MOUNTING HARDWARE BACK, PLANAR, FOR PEDIATRIC SIZE WHEELCHAIR INCLUDING FIXED ATTACHING HARDWARE	48.27	482.72	362.03	
E2292*		SEAT, PLANAR, FOR PEDIATRIC SIZE WHEELCHAIR INCLUDING FIXED ATTACHING HARDWARE	45.66	456.65	342.48	
E2293*		BACK, CONTOURED, FOR PEDIATRIC SIZE WHEELCHAIR INCLUDING FIXED ATTACHING	48.27	482.72	362.03	
E2294*		HARDWARE SEAT, CONTOURED, FOR PEDIATRIC SIZE WHEELCHAIR INCLUDING FIXED ATTACHING HARDWARE	45.66	456.65	342.48	
E2295*		HARDWARE 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		-

		NC DIVISION OF HEALTH BENEFITS (NC MEDICAID) DURABLE MEDICAL EQUIPMENT				
		Fee Schedule effective July 15, 2021 Taxonomies: 332BC3200X, 332BD1200X, 332BP3500X, 332BX2000X Specialty: 087				
		The inclusion of a rate on this table does not guarantee that a service is covered.				
	Pleas	e refer to the Medicaid Billing Guide and the Medicaid and Health Choice Clinical Coverage Policies on the Net	C Medicaid webs	site.		
HCPCS	National Drug	DESCRIPTION	MEDIC		SEV 2018	EFFECTIVE
CODE	Code (NDC)	BESCRIPTION	RENTAL	NEW	USED	LIFECTIVE
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	119.50	1195.03	896.27	
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	241.95	2419.38	1814.54	
E2312*		POWER WHEELCHAIR ACCESSORY, HAND OR CHIN CONTROL INTERFACE, MINI- PROPORTIONAL REMOTE JOYSTICK, PROPORTIONAL, INCLUDING FIXED MOUNTING HARDWARE, EACH		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	162.29	1622.75	1217.09	
E2322*		POWER WHEELCHAIR ACCESSORY, HAND CONTROL INTERFACE, MULTIPLE MECHANICAL SWITCHES, NONPROPORTIONAL, INCLUDING ALL RELATED ELECTRONICS, MECHANICAL STOP SWITCH, AND FIXED MOUNTING HARDWARE	144.02	1440.23	1080.19	
E2323		POWER WHEELCHAIR ACCESSORY, SPECIALTY JOYSTICK HANDLE FOR HAND CONTROL INTERFACE, PREFABRICATED	7.07	70.62	52.97	
E2324		POWER WHEELCHAIR ACCESSORY, CHIN CUP FOR CHIN CONTROL INTERFACE	4.46	44.75	33.57	
E2325*		POWER WHEELCHAIR ACCESSORY, SIP AND PUFF INTERFACE, NONPROPORTIONAL, INCLUDING ALL RELATED ELECTRONICS, MECHANICAL STOP SWITCH, AND MANUAL SWINGAWAY MOUNTING HARDWARE	137.55	1375.35	1031.52	
E2326		POWER WHEELCHAIR ACCESSORY, BREATH TUBE KIT FOR SIP AND PUFF INTERFACE	35.47	354.49	265.85	
E2327*		POWER WHEELCHIAR ACCESSORY, HEAD CONTROL INTERFACE, MECHANICAL, PROPORTIONAL, INCLUDING ALL RELATED ELECTRONICS, MECHANICAL DIRECTION CHANGE SWITCH, AND FIXED MOUNTING HARDWARE	266.77	2667.71	2000.78	
E2328*		POWER WHEELCHAIR ACCESSORY, HEAD CONTROL OR EXTREMITY CONTROL INTERFACE, ELECTRONIC, PROPORTIONAL INCLUDING ALL RELATED ELECTRONICS AND FIXED MOUNTING HARDWARE	506.02	5060.28	3795.21	
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	180.35	1803.53	1352.65	
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	349.45	3494.57	2620.94	
E2340*		POWER WHEELCHAIR ACCESSORY, NON-STANDARD SEAT FRAME, WIDTH 20-23 INCHES	36.61	365.95	274.48	
E2341* E2342*		POWER WHEELCHAIR ACCESSORY, NON-STANDARD SEAT FRAME, WIDTH 24-27 INCHES POWER WHEELCHAIR ACCESSORY, NON-STANDARD SEAT FRAME, DEPTH 20-21 INCHES	54.89 45.75	548.96 457.46	411.73 343.11	
E2343*		POWER WHEELCHAIR ACCESSORY, NON-STANDARD SEAT FRAME, DEPTH 20-21 INCHES	73.19	731.97	548.96	
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)	19.14	191.33	143.50	
E2360 E2361		POWER WHEELCHAIR ACCESSORY, 22 NF NON SEALED LEAD ACID BATTERY, EACH POWER WHEELCHAIR ACCESSORY, 22 NF SEALED LEAD ACID BATTERY, EACH (E.G. GEL CELL, ABSORBED GLASSMAT)	11.53 14.25	114.72 142.42	86.05 106.84	
E2362 E2363		POWER WHEELCHAIR ACCESSORY, GROUP 24 NON-SEALED LEAD ACID BATTERY, EACH POWER WHEELCHAIR ACCESSORY, GROUP 24 SEALED LEAD ACID BATTERY, EACH (E. G. GEL	9.40 19.01	93.93 189.93	70.44 142.45	
E2364		CELL, ABSORBED GLASSMAT) POWER WHEELCHAIR ACCESSORY, U-1 NON-SEALED LEAD ACID BATTERY, EACH	11.53	114.72	86.05	
E2365		POWER WHEELCHAIR ACCESSORY, U-1 SEALED LEAD ACID BATTERY, EACH POWER WHEELCHAIR ACCESSORY, U-1 SEALED LEAD ACID BATTERY, EACH (E.G. GEL CELL, ABSORBED GLASS MAT)	11.46	114.72	85.93	
E2366*		POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, SINGLE MODE, FOR USE WITH ONLY 1 BATTERY TYPE, SEALED OR NON-SEALED, EACH	22.94	228.83	171.62	
E2367*		POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, DUAL MODE, FOR USE WITH EITHER BATTERY TYPE, SEALED OR NON-SEALED, EACH	42.80	427.96	320.96	
E2368*		POWER WHEELCHAIR COMPONENT, DRIVE WHEEL MOTOR, REPLACEMENT ONLY	52.76	527.51	395.65	
E2369*		POWER WHEELCHAIR COMPONENT, DRIVE WHEEL GEAR BOX, REPLACEMENT ONLY POWER WHEELCHAIR COMPONENT, INTEGRATED DRIVE WHEEL MOTOR AND GEAR BOX	45.95	459.47	344.60 614.87	+
E2370* E2371*		COMBINATION, REPLACEMENT ONLY POWER WHEELCHAIR ACCESSORY, GROUP 27 SEALED LEAD ACID BATTERY, (e.g.GEL CELL,	81.99	819.84 153.93	115.46	
E2372*		ABSORBED GLASSMAT), EACH POWER WHEELCHAIR ACCESSORY, GROUP 27 NON-SEALED LEAD ACID BATTERY, EACH	43.90	439.08	329.31	
E2373*		POWER WHEELCHAIR ACCESSORY, HAND OR CHIN CONTROL INTERFACE, COMPACT REMOTE JOYSTICK, PROPORTIONAL, INCLUDING FIXED MOUNTING HARDWARE	71.11	710.94	533.23	
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	54.53	545.33	409.02	
E2375*		POWER WHEELCHAIR ACCESSORY, NON-EXPANDABLE CONTROLLER, INCLUDING ALL RELATED ELECTRONICS AND MOUNTING HARDWARE, REPLACEMENT ONLY	87.47	874.70	656.01	
E2376*		POWER WHEELCHAIR ACCESSORY, EXPANDABLE CONTROLLER, INCLUDING ALL RELATED ELECTRONICS AND MOUNTING HARDWARE, REPLACEMENT ONLY	137.08	1370.70	1028.04	
E2377*		POWER WHEELCHAIR ACCESSORY, EXPANDABLE CONTROLLER, INCLUDING ALL RELATED ELECTRONICS AND MOUNTING HARDWARE, UPGRADE PROVIDED AT INITIAL ISSUE	49.59	496.00	372.02	
E2378*		POWER WHEELCHAIR COMPONENT, ACTUATOR, REPLACEMENT ONLY		MANUALLY PRICED		
E2381		POWER WHEELCHAIR ACCESSORY, PNEUMATIC DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	7.79	77.79	58.35	

		NC DIVISION OF HEALTH BENEFITS (NC MEDICAID) DURABLE MEDICAL EQUIPMENT				
		Fee Schedule effective July 15, 2021 Taxonomies: 332BC3200X, 332BD1200X, 332BP3500X, 332BX2000X Specialty: 087				
	Plass	The inclusion of a rate on this table does not guarantee that a service is covered. e refer to the Medicaid Billing Guide and the Medicaid and Health Choice Clinical Coverage Policies on the No	C Medicaid websi	to		
	r ieas			le.		
HCPCS	National Drug	DESCRIPTION		ID MAXIMUM		EFFECTIVE
CODE E2382	Code (NDC)	POWER WHEELCHAIR ACCESSORY, TUBE FOR PNEUMATIC DRIVE TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	2.11	NEW 21.21	USED 15.90	
E2383		POWER WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC DRIVE WHELL TIRE (REMOVABLE), ANY TYPE, ANY SIZE, REPLACEMENT ONLY, EACH	15.51	155.10	116.32	
E2384		POWER WHEELCHAIR ACCESSORY, PNEUMATIC CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	8.28	82.62	61.96	
E2385		POWER WHEELCHAIR ACCESSORY, TUBE FOR PNEUMATIC CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	5.06	50.55	37.89	
E2386		POWER WHEELCHAIR ACCESSORY, FOAM FILLED DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	15.37	153.70	115.26	
E2387		POWER WHEELCHAIR ACCESSORY, FOAM FILLED CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	6.84	68.28	51.22	
E2388		POWER WHEELCHAIR ACCESSORY, FOAM DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	5.15	51.46	38.60	
E2389		POWER WHEELCHAIR ACCESSORY, FOAM CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	2.79	27.94	20.95	
E2390		POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	4.37	43.70	32.75	
E2391 E2392		POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE (REMOVEABLE), ANY SIZE, REPLACEMENT ONLY, EACH POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE EITH INTEGRATED	2.09	20.94 55.02	15.71 41.27	
E2392 E2394		WHEEL, ANY SIZE, REPLACEMENT ONLY, EACH POWER WHEELCHAIR, ACCESSORY, DRIVE WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT	7.85	78.37	58.79	<u> </u>
E2394 E2395		ONLY, EACH POWER WHEELCHAIR, ACCESSORY, DRIVE WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT POWER WHEELCHAIR ACCESSORY, CASTER WHEEL EXCLUDES TIRE, ANY SIZE,	5.58	55.70	41.80	<u> </u>
E2395 E2396		POWER WHEELCHAIR ACCESSORY, CASTER WHEEL EXCLUDES TIRE, ANT SIZE, REPLACEMENT ONLY, EACH POWER WHEELCHAIR ACCESSORY, CASTER FORK, ANY SIZE, REPLACEMENT ONLY, EACH	7.28	67.91	50.95	
E2396 E2601		GENERAL USE WHEELCHAIR ACCESSORT, CASTER FORK, ANY SIZE, REPLACEMENT ONLY, EACH	6.26	67.91	50.95 46.84	
E2602		GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	12.19	121.93	91.44	
E2603*		SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	15.49	154.80	116.10	
E2604*		SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	19.23	192.40	144.32	
E2605* E2606*		POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	27.50 42.90	274.87 428.82	206.19 321.62	
E2607*		SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	29.60	295.98	221.99	
E2608*		SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	35.53	355.47	266.60	
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	31.89	318.97	239.25	
E2612		GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTIN G HARDWARE	43.14	431.49	323.60	
E2613*		POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	40.95	409.40	307.03	
E2614*		POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	55.56	555.45	416.61	
E2615*		POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	46.20	461.90	346.42	
E2616*		POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH GREATER THAN 22 INCHES , ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	62.15	621.47	466.12	
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	55.93	559.30	419.49	
E2621*		POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH GREATER THAN 22 INCHES , ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	58.68	586.93	440.21	
E2622		SKIN PROTECTION WHEELCHAIR SEAT CUSHION, ADJUSTABLE, WIDTH LESS THAN 22", ANY DEPTH	30.84	308.37	231.27	
E2623		SKIN PROTECTION WHEELCHAIR SEAT CUSHION, ADJUSTABLE, WIDTH 22" OR GREATER, ANY DEPTH	39.25	392.39	294.28	
E2624 E2625		SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, ADJUSTABLE, WIDTH LESS THAN 22", ANY DEPTH SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, ADJUSTABLE, WIDTH 22"	31.10	310.91 393.58	233.19 295.18	
E2625 E2626*		OR GREATER, ANY DEPTH WHEELCHAIR ACCESSORY, SHOULDER ELBOW, MOBILE ARM SUPPORT ATTACHED TO	39.33	689.15	293.10	
E2627*		WHEELCHAIR, BALANCED ADJUSTABLE WHEELCHAIR, BALANCED ADJUSTABLE WHEELCHAIR ACCESSORY, SHOULDER ELBOW, MOBILE ARM SUPPORT ATTACHED TO		1099.68		
E2628*		WHEELCHAIR, BALANCED, ADJUSTABLE RANCHO TYPE WHEELCHAIR ACCESSORY, SHOULDER ELBOW, MOBILE ARM SUPPORT ATTACHED TO		822.21		
E2629*		WHEELCHAIR, BALANCED, ADJUSTABLE RECLINING WHEELCHAIR ACCESSORY, SHOULDER ELBOW, MOBILE ARM SUPPORT ATTACHED TO		1048.35		
E2620*		WHEELCHAIR, BALANCED, FRICTION ARM SUPPORT (friction dampening to proximal and distal joints) WHEELCHAIR ACCESSORY, SHOULDER ELBOW, MOBILE ARM SUPPORT MONOSUSPENSION		623.14		
E2630* E2631*		ARM AND HAND SUPPORT, OVERHEAD ELBOW FOREARM HAND SLING SUPPORT YOKE TYPE SUSPENSION SUPPORT				
E2632*		WHEELCHAIR ACCESSORY, ADDITION TO MOBILE ARM SUPPORT, ELEVATING POXIMAL ARM WHEELCHAIR ACCESSORY, ADDITION TO MOBILE ARM SUPPORT, OFFSET OR LATERAL ROCKER WITH ELASTIC BALANCE CONTROL		293.27 177.36		
E2633* E8000*		WHEELCHAIR ACCESSORY, ADDITION TO MOBILE ARM SUPPORT, SUPINATOR GAIT TRAINER, PEDIATRIC SIZE, POSTERIOR SUPPORT, INCLUDE ALL ACCESSORIES AND		134.44 MANUALLY		<u> </u>
		COMPONENTS		PRICED		

Inter-control of the Action Section (ACTION Section County of the Action Section (ACTION Section County of the Action Section Sect			NC DIVISION OF HEALTH BENEFITS (NC MEDICAID) DURABLE MEDICAL EQUIPMENT				
The indexe of a sace of a back back or grantes that suck is nowsel.         FERENCE STATES           The indexe of the such as a state of colspan="2">Success of the such as a state of colspan="2">Success of the success of the succes of the success of the success of the success of the su			Fee Schedule effective July 15, 2021				
Project web to the Moleck and Yeals Closer Charse Courses Publics on the ICX Persons         Interaction of the Second Se							
CODE         Comp (PDC)         EXEMAL         PREVAL         PREVA		Pleas		C Medicaid websi	te.		
Coope         Comp (HOL)         EXPTIAL         NW         USED           ESD11         Cont Transfer, Planting Scie, UPRIGHT SUPPORT, INCLUDE ALL ACCESSIONES AND         Homal Link         Procession           ESD21         Cont Transfer, Planting Scie, UPRIGHT SUPPORT, INCLUDE ALL ACCESSIONES AND         Homal Link         Procession           ESD21         STANDARD ITEMA LONG         EAR INTERNO SUPPORT, INCLUDE ALL ACCESSIONES AND         Homal Link         Procession           ESD21         STANDARD ITEMA LONG         EAR INTERNO SUPPORT, INCLUDE ALL ACCESSIONES AND         Homal Link         Procession           ESD21         STANDARD ITEMA LONG SCI. ANTERNO SUPPORT, INCLUDE ALL ACCESSIONES AND         1937         1937         1937           ESD21         STANDARD ITEMA LONG SCI. ANTERNO SUPPORT, INCLUDE ALL ACCESSIONES AND         1937 <th></th> <th></th> <th></th> <th></th> <th></th> <th></th> <th></th>							
ESSIT         Duit Transfer PERIATING SIZE, UPRICHT SUPPORT, INCLUDE ALL ACCESSIONES AND DURLELY         HUBBLE INCLUDE INCLU		ě.	DESCRIPTION				EFFECTIVE
System         ONT TWARE, PERMITTING SEC. ANTERIOR SUPPORT. RELIDE ALL ACCESSORES AND         HUMBLY           SUBBY         TANDARD FEEL COMM         74.20         74.51         555.60           SUBBY         TANDARD FEEL COMM         74.20         74.51         555.60           SUBBY         TANDARD FEEL COMM         74.52         77.56         77.51         755.15         555.60           SUBBY         MARTING METHING SEC. ANTERIOR AND SET		Code (NDC)	GAIT TRAINER, PEDIATRIC SIZE, UPRIGHT SUPPORT, INCLUDE ALL ACCESSORIES AND	RENTAL		USED	
COMPT         COMPTONING         Control         Control         Control           00011         STANADA WELLOAM         77.4         77.70         77.70         77.70           00021         LICHTYNEDRT WELLCAMR         12.21         12.24.5         77.70         77.70           00020         MEMISTRANIL GUTKWINGT WILLCAMR         110.70         177.20         77.70           00020         MEMISTRANIL GUTKWINGT WILLCAMR         112.20         122.21         122.34         122.34           00020         META BLARK DUTY WILLCAMR         112.20         172.34         124.4         122.21         122.34         124.4           00027         DETABLARK DUTY WILLCAMR         10.37         124.2         122.21         122.34         124.4           00317         DETAGLARE ADARTALE HERRIF ADREST JARK FURCH DUTY MILLCAMR         124.3         123.4         124.4         124.3         124.4         124.3         124.4	Foodat						
EMBORY         EVADABS DEFINITION SEAT, WHEELCHAR         PAS.15         958.27           00002         LIGHTWAILECHAR         77.16         77.16         97.17         97.16         97.16         97.17 <td>E8002*</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>	E8002*						
60000*         LIGHTWEGHT MERLELOAR         77.76         99.22           60000*         MAD STRMCTH, LIGHTWEDT MERLEGAR         1123         1123.1         1123.3           60000*         HAAY OUT WERLEGAR         1123         1123.3         1123.3           60000*         EXATA AND UT WERLEGAR         1123         1123.3         1123.3         1123.3           60000*         EXATA AND UT WERLEGAR         1123.3         113.3         113.3         113.3         113.3         113.3         113.3         113.3         113.3         113.3         113.3         113.3         113.3         113.3         113.3							
IDDOC         LITERAL SHARPHICIDANE         INFT 20         1412.01           000000         HEAD TO THY MERICADAR         1413.70         1413.70         1413.70           000001         DETACHARL, SANALAUSTALE HEADT ADMIEST CACH         1413.70         1193.40         1193.40           000017         DETACHARL, SANALAUSTALE HEADT ADMIEST CACH         2.22         0.23         0.24           00017         DETACHARL, SANALAUSTALE HEADT ADMIEST CACH         2.22         0.23         0.24           00017         DETACHARL, SANALAUSTALE HEADT ADMIEST CACH         2.22         0.23         0.24           00007         MER AD. LAG         TENDER ADMIEST CACH         2.54         1.41         3.36           00007         MER AD. LAG         TENDER ADMIEST CACH         3.54         1.16         3.58           00007         MER AD. LAG         TENDER ADMIEST CACH         3.54         1.16         3.53           00007         MER AD. LAG         TENDER ADMIEST CACH         7.61         7.83         6.71           00008         LADUSTALE ADMIEST CACH         7.61         7.83         6.71         1.64           00004         CENDER ADMIEST CACH         7.81         6.71         7.75         6.71.0           00004							
EXAMP         IEEXT DUTY MEEL, CMAR         IEEXT ADD TY MEEL, CMAR	K0004*		HIGH STRENGTH, LIGHTWEIGHT WHEELCHAIR	122.31	1223.18	917.37	
K0007         EYTER HEAVE DUTY WHEELCAME         192.74         192.74         192.74           K0015         EXTAGRALE, KONALDISTALE HEGHT ARMEEST, EACH         19.24         192.74         192.74           K0017         DETACAMEL, KONALDISTALE HEGHT ARMEEST, EACH         2.26         2.35         2.36           K0017         ARF PAG, EACH         2.26         2.35         2.36           K0020         PTRED, ADJUSTALE HEGHT ARMEEST, FAIR         4.24         2.47         1.45           K0020         PTRED, ADJUSTALE HEGHT ARMEEST, FAIR         4.24         2.47         1.45           K0020         LEG STRAP, IS STRAP, EACH         5.41         5.50         1.42           K0021         LEG STRAP, IS STRAP, EACH         5.44         5.44         7.47         1.58           K0021         LEG STRAP, IS STRAP, EACH         5.43         5.50         1.42         5.43         5.51           K0041         LAGS STRAP, IS STRAP, EACH         3.44         5.47         1.42         5.43         5.43         5.47           K0042         STADARD SER SOFTARTE, EACH         5.46         5.43         5.43         5.43         5.43         5.43         5.43         5.43         5.43         5.43         5.44         5.43							
00017         DETACHABLE, ADUSTABLE HEIGHT ARMEST, BASE, EACH         5.2         92.2         93.14           00018         OWING         OWING         2.4         2.4         2.4         2.4           00018         OWING         ADUSTABLE, ADUSTABLE HEIGHT ARMEST, PAR         2.4         4.4         3.3.6           00020         PRED, ADUSTABLE HEIGHT ARMEST, PAR         2.4         4.4.1         3.3.6           00031         HIGH MOUNT FLUE-UP FORTHALE, FACH         2.4         4.4.1         3.3.6           00032         ESTARD, EACH         2.4         4.4.1         3.3.6           00031         LANSE AND FATHE, EACH         2.4         4.4.1         3.3.6           00041         LANSE SEE FOOTHALE, EACH         7.61         7.72         5.71           00441         LANSE SEE FOOTHALE, EACH         3.4         3.4.4         4.3.7           00452         STOMADEST SEEST, LOVER ESTERSENT, FOR COOR AND KORD, EACH         5.8         5.7.2         4.4.3.7           00464         POOTEST, LOVER ESTERSENT, FOR COOR AND KORD, EACH         5.8         5.7.2         4.3.7           00464         ELEVATINE LOREST, EACH         5.8.4         4.3.7         4.4.9           00464         ELEVATINE LOREST, EACH         5.8.4<	K0007*		EXTRA HEAVY DUTY WHEELCHAIR		1822.81	1367.10	
Identity         Def rachaells Adjustratis Height Adments (UPRER PORTION, EACH         236         25.16         1.88           00019         AME PAG, EACH         1.98         1.98         1.88           00019         HOH MOUNT FLW PROTREST, EACH         1.78         1.78         1.78           00019         LEO STRAP, EACH         2.44         4.41         1.93           00019         LEO STRAP, EACH         2.44         4.41         1.93           00019         LEO STRAP, EACH         2.44         4.41         1.93           00019         LEO STRAP, EACH         2.44         4.44         4.53           00021         STANDARD SET POTPLATE, EACH         5.41         4.54.1         4.53           00021         STANDARD SET POTPLATE, EACH         5.42         5.44         4.63.7           00021         STANDARD SET POTPLATE, EACH         5.41         4.53.7         4.53.1           00021         STANDARD SET POTPLATE, EACH         5.43         5.31.9         4.53.7           00021         STANDARD SET POTPLATE, EACH         5.43         5.31.9         4.53.7           00021         STANDARD SET POTPLATE, EACH         5.43         5.31.9         4.53.7           00021         STANDARD SET PO							
00000         PREE         ADJIST ADJIE FUEDOFI ARREST, PAR         47.3         47.4         35.56           00007         HIGH MUNT FLUE PLOTEST, EACH         37.4         41.81         31.50           00007         LG STRAP, HETYLE EACH         7.61         75.23         77.77           00017         LG STRAP, HETYLE EACH         7.61         75.23         77.77           00017         LG STRAP, HETYLE EACH         7.61         75.24         55.43         40.27           00017         LARGE SZE FOOTPLATE, EACH         3.60         15.94         14.97           00016         LARGE SZE FOOTPLATE, EACH         3.60         15.94         14.97           0004         POOTREST, UMPER ENTRONGT TUBEL EACH         3.60         15.24         5.42         5.43         14.97           0004         POOTREST, UMPER ENTRONGT TUBEL FOR NOOT ADD MORE ADCH         3.20         3.24         14.97	K0018*		DETACHABLE, ADJUSTABLE HEIGHT ARMREST, UPPER PORTION, EACH	2.90	29.16	21.88	
00007         INGH MOUNT PLUP FOOTREST, EACH         3.74         41.81         31.85           00008         LG STAME ACM         2.46         43.77         14.85           00008         LG STAME ACM         5.41         82.37         14.55           00008         LG STAME ACM         5.42         82.37         14.55           00008         LG STAME ACM         5.42         85.44         40.33           00008         STAMEARD SEC FOOTPLATE, EACH         5.42         55.44         40.33           00008         CONTREST, COMPLET EXEMPTION TOR KORD ALL CONTREST, EACH         2.32         45.37         45.37           00008         ELEVATING LEGREST, UPPER LINCER ST EACH         2.32         45.37         45.37           00008         ELEVATING LEGREST, UPPER LINCE FOR KORD ALAK KOOR, EACH         2.34         45.37         45.37           00007         CAM RELASSE ASSEMENT, VOOTREST RELASSEMENT YOR KORD ALAK KOOR, EACH         3.44         45.37         45.43           00007         CAM RELASSE ASSEMENT, YOOTREST RELASSEMENT YOR KORD ALAK KOOR, EACH         3.44         45.43         34.44           00005         ELEVATING LEGREST, LEACH         5.44         34.44         4.55         4.55         4.54         4.54         4.54         4.54 </td <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>							
K009         LE G STRAP, HSTLE, EACH         551         5502         4127           K0040         ADJUSTRALE ANGLE FOOTPLATE, EACH         741         741         743         741           K0040         STANDARD SEE FOOTPLATE, EACH         240         1353         1427           K0041         FOOTREST, UMPER STRUERS ON TUBE, EACH         240         1354         1427           K0041         FOOTREST, UMPER STRUERS ON TUBE, EACH         540         1544         4427           K0042         CONTREST, UMPER STRUERS ON TUBE, EACH         540         1544         4527           K0043         CONTREST, UMPER HANGER BRACKET, FOR K0001 ANK K0002, EACH         540         5314         544           K0045         CANTROL LEGISTERT LEGIST, UMPER HANGER BRACKET, FOR K0001 ANK K0002, EACH         331         3141         44491           K0050         CANTROL LEGISTERT, DOTREST ON LEGIST, EACH         331         3141         44491           K0060         CANTROL LEGISTERT, DOTREST ON LEGIST, EACH         331         3141         44491           K0065         CANTROL LEGISTERT, DOTREST ON LEGIST, EACH         1041         1041         1041         1041         1041         1041         1041         1041         1041         1041         1041         1041 <t< td=""><td>K0037*</td><td></td><td>HIGH MOUNT FLIP-UP FOOTREST, EACH</td><td>3.74</td><td>41.81</td><td>31.36</td><td></td></t<>	K0037*		HIGH MOUNT FLIP-UP FOOTREST, EACH	3.74	41.81	31.36	
KN060         ADJISTABLE ANGLE FOOTPLATE, EACH         7.61         7.63         87.77           K0041         LANGE SET FOOTTATE, EACH         5.42         54.44         64.33           K0041         POOTTREST, CUMPER EXTENSION TUBE, EACH         1.70         119.34         14.97           K0042         POOTTREST, CUMPER EXTENSION TUBE, FOR KOOT AND KNOW, EACH         5.92         79.43         43.37           K0045         POOTTREST, CUMPER EXTENSION TUBE, FOR KOOT AND KNOW, EACH         5.92         79.43         43.57           K0045         POOTTREST, CUMPER EXTENSION TUBE, FOR KNOW, AND KNOW, EACH         5.92         79.43         43.49           K0050         CATCHET ASSEMULY, FOOTREST CREATE, EACH         5.40         53.73         42.491           K0051         CATCHET ASSEMULY, FOOTREST CREATE, EACH         5.40         53.73         42.891           K0052         CATCHET ASSEMULY, FOOTREST CREATE, EACH         5.41         70.70         72.83           K0055         CATCHET ASSEMULY, FOOTREST CREATE, EACH         5.44         70.71         72.83           K0051         CATCHET ASSEMULY, FOOTREST CREATE, EACH         1.10         70.71         72.72.83           K0055         CATCHET ASSEMULY, FOOTREST CREATE, EACH         1.11         70.71         72.72.83							
K6042         STANDARD SEE FOOTNATE, EACH         316         316.31         23.71           K6043         FOOTREST, UVERE FINSION TUBE, EACH         400         19.84         14.87           K6044         FOOTREST, UVERE FINSION TUBE, EACH         100         19.84         14.87           K6044         FOOTREST, UVERE FINSION TUBE, FOOR K000 EACH         2.00         19.84         14.87           K6045         ELEVATING LEGREST, UPER ENABORS NO K000, EACH         7.80         78.10         58.64           K6045         ELEVATING LEGREST, UPER ENABORS NO K000, EACH         7.81         33.11         40.97           K6050         CAM RELASS ASSIMUT, POPTREST CA CONTREST, EACH         54.61         51.70         40.97           K6051         CAM RELASS ASSIMUT, POPTREST CA CONTREST, EACH         10.41         10.41         17.78         78.13           K6053         CAT HEIGHT LESS THAN T? ON LESS THAND R EQUAL TO 2T FOR AHIDE STEEMENTH         9.71         77.11         72.83           K6050         BEAT HEIGHT LESS THAN T? ON LESS THAND R EQUAL TO 2T FOR AHIDE STEEMENTH         9.71         72.24         72.24           K6070         REAT HEIGHT LESS THAN T? ON LESS THAND R EQUAL TO 2T FOR AHIDE STEEMENTH         10.7         10.24         72.55           K6071         REAT HEIGHT LESS THAN T? ON LESST	K0040		ADJUSTABLE ANGLE FOOTPLATE, EACH	7.61	76.25	57.17	
K0040         FOOTREST. LOWRE EXCERSION TUBLE, EACH         2.00         19.40         14.37           K0041         FOOTREST. COWRE ETERSION TUBLE, EACH         .7.0         15.92         57.82         63.72           K0045         FOOTREST. COWRE ITER ASSERBLY, FOR K0001, ADK 00002, EACH         .5.82         57.82         63.72           K0047         ELEVATING LEDREST, PUPER HANGER BACKET, FOR K001, ADK 00002, EACH         .5.83         78.10         55.66           K0047         CLARASE ASSEMULY, FOOTREST OR LEGREST, EACH         .5.40         53.73         40.34           K0051         CAM RELASSE ASSEMULY, FOOTREST OR LEGREST, EACH         .5.44         91.40         70.79           K0050         EXT-VEIGHT LEDS THUT OR LESS FOR MORE EACH         .5.44         91.40         70.79           K0050         EXT-VEIGHT LEDS THUT OR LESS FOR MORE EACH         .5.4         45.40         10.71         72.33           K0051         LIGHTWEIGHT OR LITER, WIT OR LEDREST, EACH         .5.7         45.64         45.44           K0051         SPOKE ROTECTORS, each         .5.7         45.64         45.64           K0071         FRONT CASTER ASSEMULY, COMPLETE, WITH PREMARTE THE EACH         .6.1         6.71         67.16         45.24           K0072         FRONT CASTER ASSEMULY, COMPLETE,							
Kools         POOTREST, COMPLETE ASSEMBLY FOR KOOT AND KOOD2, EACH         5.92         57.82         47.83           Koold         ELEVATING LEGREST, UDPER ANAGER BRACKET, FOR KOOT AND KOOD2, EACH         78.10         58.85           Koold         ELEVATING LEGREST, UDPER ANAGER BRACKET, FOR KOOT AND KOOD2, EACH         78.10         58.85           Koold         CAM RELASSE ASSEMBLY, FOOTRESTS, EACH         9.44         94.40         77.79           KOOSS         ELEVATING LEGREST, ANTICULATING TO CREEKES, EACH         9.44         94.40         77.79           KOOSS         ELEVATING CONTRESTS, ANTICULATING TO CREEKES, ANTICULATING POOTRESTS, COMPLETE, WITH POLINATICITIE, ECACH         16.77         176.52           KOOTS         CRAM WHEEL, ASSEMBLY, COMPLETE, WITH POURATICITIE, ECACH         11.16         11.16         11.16         11.16         11.16         11.16         11.16         11.16         11.16         11.16         <	K0043		FOOTREST, LOWER EXTENSION TUBE, EACH	2.00	19.94	14.97	
K0066         ELEVATING LEGREST, LOWER EXTENSION TUBE, FOR K0001 AND K0002, EACH         2.00         19.84         14.97           K0047         ELEVATING LEGREST, LOWER EXTENSION TUBE, FOR K0001 AND K0002, EACH         3.31 </td <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>							
K0600         RATCHET ASSEMBLY, TOTTEST OR LEGREST, EACH         3.31         3.31.9         24.91           K0605         CAM RELASE ASSEMBLY, FOOTREST OR LEGREST, EACH         5.40         6.37.3         40.28           K0057         ELEVATING FOOTRESTS, ANT/COLUMD EACH         0.44         0.44         0.44         0.44         0.44         0.70.7           K0057         ELEVATING FOOTRESTS, ANT/COLUMD EACH         0.71         0.71.6         0.71.6         0.71	K0046		ELEVATING LEGREST, LOWER EXTENSION TUBE, FOR K0001 AND K0002, EACH	2.00	19.94	14.97	
K0051         CAM RELEASE ASSEMBLY, COOTREST OR LEGARST, EACH         5.40         5.43         40.28           K0052         SWINAWAY, DETARLE FOOTRESTS, EACH         9.44         9.44         70.79           K0055         ELEVATING FOOTRESTS, ARTIOUATING TELESCOPING, EACH         9.44         9.40         77.79           K0056         SAT, HELOT, TESTS, ARTIOUATING TELESCOPING, EACH         10.41         10.41         10.41         77.1         77.18           K0056         SAT, HELOT, TESTS, ARTIOUATING TELESCOPING, EACH         10.47         10.24         76.52           K0056         REAW WHEEL ASSEMBLY, COMPLETE, WITH SOLD TIRE, SPCKES OR MOLDED, EACH         11.16         11.36         8.35           K0070         REAW WHEEL ASSEMBLY, COMPLETE, WITH SOLD TIRE, EACH         11.16         11.36         8.35           K0071         FRONT CASTER ASSEMBLY, COMPLETE, WITH SAULD TIRE, EACH         6.71         67.16         50.37           K0077         FRONT CASTER ASSEMBLY, COMPLETE, WITH SAULD TIRE, EACH         6.91         60.04         45.07           K0073         FRONT CASTER ASSEMBLY, COMPLETE, WITH SAULD TIRE, EACH         6.71         67.15         10.14         10.14         10.14         10.14         10.14         10.14         10.14         10.14         10.14         10.14         10.							
H0052*         ELEVATING FOOTRESTS, ARTICULATING CTELESCOPING, EACH         10.41         10.417         77.13           K0056         SEAT HEIGHT LESS MAN T7 OL LESS THAN OR EQUAL TO 21* FOR AIGH STRENGTH         9.71         97.11         77.83           K0056         SPORE PROTECTION OR ULTRALIGHT/WEIGHT INVEGEL CHAIR         9.71         97.11         77.85           K0050         SPORE PROTECTION OR ULTRALIGHT/WEIGHT INVEGEL CHAIR         9.71         97.11         77.85           K0070         REAR WHEEL ASSEMINLY, COMPLETE WITH SPUED INTE SPORES OR MOLDED, EACH         11.96         11.97         11.97         11.97         11.97         11.97         11.97         11.97         1			CAM RELEASE ASSEMBLY, FOOTREST OR LEGREST, EACH	5.40	53.73	40.28	
K0056         LICHTWEIGHT CUSS THAN 1° OR LESS THAN OR EQUAL TO 21* FOR A HIGH STRENGTH         9.71         97.11         72.85           K0056         SPOKE PROTECTORS, each         4.55         45.40         34.44           K0050         REAR WHEEL ASSEMBLY, COMPLETE, WITH SOLID TIRE, SPOKES OR MOLDED, EACH         102.74         102.04         74.52           K0070         REAR WHEEL ASSEMBLY, COMPLETE, WITH NEUWARTC TIRE, EACH         102.74         117.04         140.28           K0071         REAR WHEEL ASSEMBLY, COMPLETE, WITH NEUWARTC TIRE, EACH         10.71         117.15         53.37           K0072         CASTER PIN LOCK, EACH         3.53         35.21         26.40           K0073         CASTER PIN LOCK, EACH         8.33         35.81         26.40           K0073         CASTER FOR POWER WHEELCHAIR         8.35         83.45         62.59           K0105         IV HANGER, each         8.35         83.45         62.59           K0104         IVANGER, each         NITH INTEGRATED ELECTROCARDIGRAM ANALYSS, 2728.48         215.11         161.31         10.54         76.5           K0105         ELEVATING LEGREST, PARI (PON USE WITH CAPPED RENTAL WHEELCHAIR BASE)         21.51         21.51         21.51         21.51         21.51         21.51         23.51							
K0669         REAR WHEEL ASSEMBLY, COMPLETE, WITH SOLD THE, SPOKES OR MOLDED, EACH         10.47         102.04         76.52           K0070         REAR WHEEL ASSEMBLY, COMPLETE, WITH NEUMATIC TIRE, EACH         11.16         111.56         83.65           K0071         FRONT CASTER ASSEMBLY, COMPLETE, WITH NEUMATIC TIRE, EACH         11.16         111.56         83.63           K0072         FRONT CASTER ASSEMBLY, COMPLETE, WITH SOLD TIRE, EACH         6.01         60.02         45.97           K0073         CASTER PIN LOCA, EACH         0.14         60.15         75.15           K0075         FRONT CASTER ASSEMBLY, COMPLETE, WITH NERDATIC TIRE, EACH         10.14         101.54         77.15           K0195         ELEVATINO LEGREST, PAR (POR USE WITH CAPPED RENTAL WHEELCHAR BASE)         21.01         215.17         161.37           K0196*         ALTOMATIC EXTERNAL DEFIBRILATOR, WITH INTEGRATED LECTROCARDIDGRAM ANALYSIS, 2728.48         246.35         246.34         1847.62           K0733         POWER WHEELCHAR GROUP 1 STANDARD, CONTABLE, SLINGSOLD SEAT AND BACK, 246.35         246.34         1847.62           K0813*         POWER WHEELCHAR GROUP 1 STANDARD, CAPTAINS CHAIR, PATIENT WEIGHT         315.32         2364.89           K0814*         CAPACITY UP TO AND INCLUDING 300 POUNDS         S40.77         2693.08         264.34         1847.62 <td></td> <td></td> <td>SEAT HEIGHT LESS THAN 17" OR LESS THAN OR EQUAL TO 21" FOR A HIGH STRENGTH</td> <td></td> <td></td> <td></td> <td></td>			SEAT HEIGHT LESS THAN 17" OR LESS THAN OR EQUAL TO 21" FOR A HIGH STRENGTH				
K0070         REAR WHEEL ASSEMULY, COMPLETE, WITH NEUMATIC TIRE, EACH         18.72         187.74         140.28           K0071         FRONT CASTER ASSEMULY, COMPLETE, WITH NEUMATIC TIRE, EACH         11.16         111.56         53.55           K0072         FRONT CASTER ASSEMULY, COMPLETE, WITH SEMPREUMATIC TIRE, EACH         6.71         67.76         55.37           K0073         CASTER PNILOCK, EACH         6.01         60.09         45.07           K0093         FRONT CASTER ASSEMULY, COMPLETE, WITH SOUDD TIRE, EACH         6.31         60.16         60.09         45.07           K0093         FRONT CASTER ASSEMULY, COMPLETE, WITH SOUDD TIRE, EACH         6.33         63.45         62.59         10.11         101.24         776.15           K0093         FRONT CASTER ASSEMULY, COMPLETE, WITH ACAPED RENTAL WHEEL CHAR BASE)         215.17         161.37           K0093         CASTER PNILOCATER CONC.         STANDARD, PORTABLE, SALVASOLD SAT AND BACK, PATENT WEIGHT TYPE, GALVARA, PATENT WEIGHT TYPE, GALVARA, PATENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS         2728.46         246.32         245.49           K0813*         POWER WHEELCHAR GROUP 1 STANDARD, PORTABLE, SALVASOLD SAT AND BACK, PATENT WEIGHT 315.32         236.49         246.49         246.43           K0814*         POWER WHEELCHAR GROUP 1 STANDARD, PORTABLE, SALVASOLD SAT AND BACK, PATENT WEIGHT 315.32 <td< td=""><td></td><td></td><td></td><td></td><td></td><td></td><td></td></td<>							
K0072         FRONT CASTER ASSEMBLY, COMPLETE, WITH SEMPREUMATIC TIRE, EACH         6.71         6.71.6         50.37           K0073         CASTER PNL OCK, EACH         3.53							
K0073         CASTER PIN LOCK, EACH         3.53         35.21         26.40           K0077         PRONT CASTER ROR DOWER WHEELCHAIR         6.01         60.09         45.07           K0099         FRONT CASTER ROR POWER WHEELCHAIR         6.35         83.45         62.59           K0105         IV HANGER, asach         10.14         101.34         76.15           K0909         ELEVATING LEGREST, PAIR (FOR USE WITH CAPPED RENTAL WHEELCHAIR BASE)         21.51         215.17         161.37           K0906*         AUTOMATIC EXTERNAL DEFIBRILATOR, WITH INTEGRATED ELECTOCARDIGRAM ANALYSIS,         272.84         10.14         101.34         76.15           K0913*         CAMEREL CHAIR, ACCESSORY, 12 TO 24 AMP HOUR SEALED LEAD ACID BATTENY, EACH         3.11         30.85         23.15           K0913*         CAPACITY UP TO AND INCLUDING 300 POUNDS         246.35         246.34         1847.62           K0914*         CAPACITY UP TO AND INCLUDING 300 POUNDS         239.48         235.20         2364.89           K0815*         COWER WHEELCHAIR, GROUP 1 STANDARD, CAPTAINS CHAIR, PATIENT WEIGHT         315.32         236.48         2350.08         259.04         259.04         259.04         259.04         259.04         259.04         259.04         259.04         259.04         259.04         259.04 </td <td></td> <td></td> <td>FRONT CASTER ASSEMBLY, COMPLETE, WITH PNEUMATIC TIRE, EACH</td> <td></td> <td></td> <td></td> <td></td>			FRONT CASTER ASSEMBLY, COMPLETE, WITH PNEUMATIC TIRE, EACH				
K009         FRONT CASTER FOR POWER WHEELCHAIR         8.35         8.45         62.59           K0105         IV HANCER, each         10.14         10.154         76.15           K0105         IV HANCER, each         21.51         21.51         21.51         10.154         77.615           K0606*         AUTOMATIC EXTERNAL DERIBILATOR, WITH INTEGRATED ELECTROCARDIGRAM ANALYSIS, GARMENT TYPE         2728.48         21.51         22.51         22.57         50.4         50.57         22.57         50.4         50.57         22.57         50.4         50.57         22.57         50.4         50.52         <							
K0105         IV HANGER, each         10.14         10.154         70.15           K0195         ELEVATING LEGREST, PAIR (FOR USE WITH CAPPED RENTAL WHEELCHAR BASE)         21.51 <td< td=""><td></td><td></td><td></td><td></td><td></td><td></td><td></td></td<>							
K0195'         ELEVATING LEGREST, PAR (FOR USE WITH CAPPED RENTAL WHELCHAR BASE)         21.51         215.17         116.37           K0606'         AUTOMATIC EXTERNAL DERIBILATOR, WITH INTEGRATED ELECTROCARDIGRAM ANAL VSIS, GARMENT TYPE         2728.48         2728.48         2728.48           K0733         POWER WHEELCHARR ACCESSORY, 12 O 24 AMP HOUR SEALED LEAD ACID BATTERY, EACH         3.11         30.85         23.15           K0813'         POWER WHEELCHARR ACCESSORY, 12 O 24 AMP HOUR SEALED LEAD ACID BATTERY, EACH         3.11         30.85         23.15           K0814'         POWER WHEELCHARR ACCESSORY, 12 O 24 AMP HOUR SEALED LEAD ACID BATTERY, EACH         315.32         3153.20         2364.89           K0814'         POWER WHEELCHARR, GROUP 15 TANDARD, PORTABLE, SLING/SOLID SEAT AND BACK, PATIENT WEIGHT         315.32         3153.20         2364.89           K0815'         CPARCITY UP TO AND INCLUDING 300 POUNDS         K0816'         POWER WHEELCHARR, GROUP 5 STANDARD, CAPTAIN'S CHAIR, PATIENT WEIGHT         359.06         3590.77         2693.08           K0815'         CPARCITY UP TO AND INCLUDING 300 POUNDS         K0816'         2631.17         1973.38           K0822'         POWER WHEELCHARR, GROUP 2 STANDARD, PORTABLE, SLING/SOLID SEAT/BACK, PATIENT         263.12         2631.17         1973.38           K0822'         CPARCITY UP TO AND INCLUDING 300 POUNDS         K0821'							
GARMENT TYPE         Gall         Gall         Gall           K0733         POWER WHEELCHAIR ACCESSORY, 12 TO 24 AMP HOUR SEALED LEAD ACID BATTERY, EACH (a.g. gel cell, absorbed glassmat)         3.11         3.085         23.15           K0813'         POWER WHEELCHAIR COUP 1 STANDARD, PORTABLE, SLING/SOLID SEAT AND BACK, PATTERY WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS         246.35         246.34         1847.62           K0814'         POWER WHEELCHAIR, ROUP 1 STANDARD, PORTABLE, CAPTAN'S CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS         359.08         359.07         2693.08           K0815'         POWER WHEELCHAIR, ROUP 1 STANDARD, CAPTAIN'S CHAIR, PATIENT WEIGHT TO AND INCLUDING 300 POUNDS         359.08         3438.72         2579.04           K0816'         POWER WHEELCHAIR, ROUP 1 STANDARD, CAPTAIN'S CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS         337.77         337.76         2533.32           K0820'         WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS         300.77         337.76         2533.32           K0821'         CAPACITY UP TO AND INCLUDING 300 POUNDS         300.77         337.76         2533.32           K0822'         POWER WHEELCHAIR, ROUP 2 STANDARD, PORTABLE, CAPTAIN'S CHAIR, PATIENT WEIGHT         4082.17         3061.63           K0822'         POWER WHEELCHAIR, GROUP 2 STANDARD, SUNG/SOLID SEAT/BACK, PATIENT WEIGHT         4082.17         3061.63					215.17	161.37	
(e.g., get cell, absorbed glassmat)			GARMENT TYPE				
PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDSCK0814*POWER WHEELCHAIR, GROUP 1 STANDARD, PORTABLE, CAPTAIN'S CHAIR, PATIENT WEIGHT315.323153.202364.89K0815*POWER WHEELCHAIR, GROUP 1 STANDARD, SLING/SOLID SEAT AND BACK, PATIENT WEIGHT359.083590.772693.08K0816*POWER WHEELCHAIR, GROUP 1 STANDARD, CAPTAIN'S CHAIR, PATIENT WEIGHT343.883438.722579.04K0816*POWER WHEELCHAIR, GROUP 2 STANDARD, PORTABLE, SLING/SOLID SEAT/BACK, PATIENT263.122631.171973.38K0820*POWER WHEELCHAIR, GROUP 2 STANDARD, PORTABLE, SLING/SOLID SEAT/BACK, PATIENT263.122631.171973.38K0821*POWER WHEELCHAIR, GROUP 2 STANDARD, PORTABLE, CAPTAIN'S CHAIR, PATIENT WEIGHT337.773377.762533.32K0822*POWER WHEELCHAIR, GROUP 2 STANDARD, PORTABLE, CAPTAIN'S CHAIR, PATIENT WEIGHT408.224082.173061.63K0822*POWER WHEELCHAIR, GROUP 2 STANDARD, CAPTAIN'S CHAIR, PATIENT WEIGHT408.224082.173061.63K0823*POWER WHEELCHAIR, GROUP 2 STANDARD, CAPTAIN'S CHAIR, PATIENT WEIGHT440.534945.273708.96K0824*POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT441.89315.323081.70K0825*POWER WHEELCHAIR, GROUP 2 VERY HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT4405.273708.96K0825*POWER WHEELCHAIR, GROUP 2 VERY HEAVY DUTY, CAPTAIN'S CHAIR, PATIENT WEIGHT4405.214405.27K0825*POWER WHEELCHAIR, GROUP 2 VERY HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT640.216402.084601.57<			(e.g., gel cell, absorbed glassmat)	-			
CAPACITY UP TO AND INCLUDING 300 POUNDS         C         C         C           K0815'         POWER WHEELCHAIR, GROUP 1 STANDARD, SLING/SOLID SEAT AND BACK, PATIENT WEIGHT         359.08         3590.77         2693.08           K0816'         POWER WHEELCHAIR, GROUP 1 STANDARD, CAPTAIN'S CHAIR, PATIENT WEIGHT CAPACITY UP         343.88         3438.72         2579.04           K0816'         POWER WHEELCHAIR, GROUP 2 STANDARD, PORTABLE, SLING/SOLID SEAT/BACK, PATIENT         263.12         2631.17         1973.38           K0820'         POWER WHEELCHAIR, GROUP 2 STANDARD, PORTABLE, CAPTAIN'S CHAIR, PATIENT WEIGHT         337.77         3377.76         2533.32           K0822'         POWER WHEELCHAIR, GROUP 2 STANDARD, SLING/SOLID SEAT/BACK, PATIENT WEIGHT         408.22         4082.17         3061.63           K0822'         POWER WHEELCHAIR, GROUP 2 STANDARD, SLING/SOLID SEAT/BACK, PATIENT WEIGHT         408.22         4082.17         3061.63           K0822'         POWER WHEELCHAIR, GROUP 2 STANDARD, CAPTAIN'S CHAIR, PATIENT WEIGHT         408.22         4082.17         3061.63           K0822'         POWER WHEELCHAIR, GROUP 2 STANDARD, CAPTAIN'S CHAIR, PATIENT WEIGHT         408.22         4082.17         3061.63           K0824'         POWER WHEELCHAIR, GROUP 2 STANDARD, CAPTAIN'S CHAIR, PATIENT WEIGHT         404.53         4945.27         3708.96         2632.17         3081.70			PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS				
CAPACITY UP TO AND INCLUDING 300 POUNDS			CAPACITY UP TO AND INCLUDING 300 POUNDS				
TO AND INCLUDING 300 POUNDSConstraintsK0820*POWER WHEELCHAIR GROUP 2 STANDARD, PORTABLE, SLING/SOLID SEAT/BACK, PATIENT263.122631.171973.38K0821*POWER WHEELCHAIR, GROUP 2 STANDARD, PORTABLE, CAPTAIN'S CHAIR, PATIENT WEIGHT337.77337.762533.32K0822*CAPACITY UP TO AND INCLUDING 300 POUNDS408.224082.173061.63K0822*POWER WHEELCHAIR, GROUP 2 STANDARD, SLING/SOLID SEAT/BACK, PATIENT WEIGHT408.224082.173061.63K0823*POWER WHEELCHAIR, GROUP 2 STANDARD, CAPTAIN'S CHAIR, PATIENT WEIGHT CAPACITY UP4108.923081.70K0823*POWER WHEELCHAIR, GROUP 2 STANDARD, CAPTAIN'S CHAIR, PATIENT WEIGHT CAPACITY UP410.8.923081.70K0824*POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT494.534945.273706.96K0825*POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT452.714527.103395.32K0826*POWER WHEELCHAIR, GROUP 2 VERY HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT640.2.84801.57K0826*POWER WHEELCHAIR, GROUP 2 VERY HEAVY DUTY, CAPTAIN'S CHAIR, PATIENT WEIGHT510.965109.573832.19K0826*POWER WHEELCHAIR, GROUP 2 EXTRA HEAVY DUTY, CAPTAIN'S CHAIR, PATIENT WEIGHT510.965109.573832.19K0827*POWER WHEELCHAIR, GROUP 2 EXTRA HEAVY DUTY, CAPTAIN'S CHAIR, PATIENT WEIGHT510.965109.573832.19K0828*POWER WHEELCHAIR, GROUP 2 EXTRA HEAVY DUTY, CAPTAIN'S CHAIR, PATIENT WEIGHT510.965109.573832.19K0829*CAPACITY 40			CAPACITY UP TO AND INCLUDING 300 POUNDS				
WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS			TO AND INCLUDING 300 POUNDS				
CAPACITY UP TO AND INCLUDING 300 POUNDSCCCK0822*POWER WHEELCHAIR, GROUP 2 STANDARD, SLING/SOLID SEAT/BACK, PATIENT WEIGHT408.224082.173061.63K0823*POWER WHEELCHAIR, GROUP 2 STANDARD, CAPTAIN'S CHAIR, PATIENT WEIGHT CAPACITY UP410.904108.923081.70K0824*POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT494.534945.273708.96K0825*POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, CAPTAIN'S CHAIR, PATIENT WEIGHT CAPACITY452.714527.103395.32K0826*POWER WHEELCHAIR, GROUP 2 VERY HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT640.216400.084801.57K0826*POWER WHEELCHAIR, GROUP 2 VERY HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT640.216402.084801.57K0826*POWER WHEELCHAIR, GROUP 2 VERY HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT510.965109.573832.19K0827*POWER WHEELCHAIR, GROUP 2 VERY HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT510.965109.573832.19K0828*POWER WHEELCHAIR, GROUP 2 VERY HEAVY DUTY, CAPTAIN'S CHAIR, PATIENT WEIGHT510.965109.573832.19K0829*POWER WHEELCHAIR, GROUP 2 EXTRA HEAVY DUTY, CAPTAIN'S CHAIR, PATIENT WEIGHT638.706387.154790.36K0830*POWER WHEELCHAIR, GROUP 2, SEAT ELEVATOR, SLING/SOLID SEAT/BACK, PATIENT WEIGHT415.843118.87K0830*POWER WHEELCHAIR, GROUP 2, SEAT ELEVATOR, SLING/SOLID SEAT/BACK, PATIENT WEIGHT415.843118.87K0831*CAPACITY UP TO AND INCLUDING 300 POUNDS414.333107.50K0835* </td <td></td> <td></td> <td>WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS</td> <td></td> <td></td> <td></td> <td></td>			WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS				
CAPACITY UP TO AND INCLUDING 300 POUNDSCCCCCK0823*POWER WHEELCHAIR, GROUP 2 STANDARD, CAPTAIN'S CHAIR, PATIENT WEIGHT CAPACITY UP410.90410.923081.70K0824*POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT494.534945.273708.96K0825*POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, CAPTAIN'S CHAIR, PATIENT WEIGHT CAPACITY452.71452.713395.32K0826*POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, CAPTAIN'S CHAIR, PATIENT WEIGHT CAPACITY452.71452.71450.084801.57K0826*POWER WHEELCHAIR, GROUP 2 VERY HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT640.21640.084801.57WEIGHT CAPACITY 451 TO 600 POUNDSWEIGHT CAPACITY 451 TO 600 POUNDS5109.573832.19K0827*POWER WHEELCHAIR, GROUP 2 VERY HEAVY DUTY, CAPTAIN'S CHAIR, PATIENT WEIGHT510.965109.573832.19K0828*POWER WHEELCHAIR, GROUP 2 EXTRA HEAVY DUTY, CAPTAIN'S CHAIR, PATIENT WEIGHT510.965109.573832.19K0829*POWER WHEELCHAIR, GROUP 2 EXTRA HEAVY DUTY, CAPTAIN'S CHAIR, PATIENT WEIGHT705.457054.515290.89K0829*POWER WHEELCHAIR, GROUP 2 EXTRA HEAVY DUTY, CAPTAIN'S CHAIR, PATIENT WEIGHT638.70638.7154790.36K0830*CAPACITY 601 POUNDS OR MORECAPACITY 601 POUNDS OR MORE415.844158.483118.87K0831*POWER WHEELCHAIR, GROUP 2, SEAT ELEVATOR, SLING/SOLID SEAT/BACK, PATIENT WEIGHT415.844158.483118.87K0831*POWER WHEELCHAIR, GROUP 2, SEAT ELEVATOR, CAPTAIN'S CHAIR, PATIENT W			CAPACITY UP TO AND INCLUDING 300 POUNDS				
TO AND INCLUDING 300 POUNDSTO AND INCLUDING 300 POUNDSTO AND INCLUDING 300 POUNDSCompacting and an analysis of the second secon			CAPACITY UP TO AND INCLUDING 300 POUNDS				
CAPACITY 301 TO 450 POUNDS       C <thc< th="">       C       C       <thc< <="" td=""><td>K0823*</td><td></td><td>TO AND INCLUDING 300 POUNDS</td><td>410.90</td><td>4108.92</td><td>3081.70</td><td></td></thc<></thc<>	K0823*		TO AND INCLUDING 300 POUNDS	410.90	4108.92	3081.70	
301 TO 450 POUNDS       C	K0824*		CAPACITY 301 TO 450 POUNDS	494.53	4945.27	3708.96	
WEIGHT CAPACITY 451 TO 600 POUNDS       WEIGHT CAPACITY 451 TO 600 POUNDS       State of the state	K0825*			452.71	4527.10	3395.32	
K0827*       POWER WHEELCHAIR, GROUP 2 VERY HEAVY DUTY, CAPTAIN'S CHAIR, PATIENT WEIGHT       510.96       5109.57       3832.19         K0828*       POWER WHEELCHAIR, GROUP 2 EXTRA HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT       705.45       7054.51       5290.89         K0829*       POWER WHEELCHAIR, GROUP 2 EXTRA HEAVY DUTY, CAPTAIN'S CHAIR, PATIENT WEIGHT       638.70       6387.15       4790.36         K0829*       POWER WHEELCHAIR, GROUP 2 EXTRA HEAVY DUTY, CAPTAIN'S CHAIR, PATIENT WEIGHT       638.70       6387.15       4790.36         K0830*       POWER WHEELCHAIR, GROUP 2, SEAT ELEVATOR, SLING/SOLID SEAT/BACK, PATIENT WEIGHT       415.84       3118.87         K0831*       POWER WHEELCHAIR, GROUP 2, SEAT ELEVATOR, CAPTAIN'S CHAIR, PATIENT WEIGHT       415.84       3118.87         K0835*       POWER WHEELCHAIR, GROUP 2, SEAT ELEVATOR, CAPTAIN'S CHAIR, PATIENT WEIGHT       4158.48       3118.87         K0835*       POWER WHEELCHAIR, GROUP 2, SEAT ELEVATOR, CAPTAIN'S CHAIR, PATIENT WEIGHT       4158.48       3118.87         K0835*       POWER WHEELCHAIR, GROUP 2, SEAT ELEVATOR, CAPTAIN'S CHAIR, PATIENT WEIGHT       414.33       3107.50	K0826*		POWER WHEELCHAIR, GROUP 2 VERY HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	640.21	6402.08	4801.57	
Weight CAPACITY 601 POUNDS OR MORE         C         C           K0829*         POWER WHEELCHAIR, GROUP 2 EXTRA HEAVY DUTY, CAPTAIN'S CHAIR, PATIENT WEIGHT CAPACITY 601 POUNDS OR MORE         6387.15         4790.36           K0830*         POWER WHEELCHAIR, GROUP 2, SEAT ELEVATOR, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS         4158.48         3118.87           K0831*         POWER WHEELCHAIR, GROUP 2, SEAT ELEVATOR, CAPTAIN'S CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS         4158.48         3118.87           K0835*         POWER WHEELCHAIR, GROUP 2, SEAT ELEVATOR, CAPTAIN'S CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS         414.33         4143.33         3107.50	K0827*		POWER WHEELCHAIR, GROUP 2 VERY HEAVY DUTY, CAPTAIN'S CHAIR, PATIENT WEIGHT	510.96	5109.57	3832.19	
K0829*         POWER WHEELCHAIR, GROUP 2 EXTRA HEAVY DUTY, CAPTAIN'S CHAIR, PATIENT WEIGHT         638.70         6387.15         4790.36           K0830*         POWER WHEELCHAIR, GROUP 2, SEAT ELEVATOR, SLING/SOLID SEAT/BACK, PATIENT WEIGHT         415.84         4158.48         3118.87           K0831*         CAPACITY UP TO AND INCLUDING 300 POUNDS         POWER WHEELCHAIR, GROUP 2, SEAT ELEVATOR, CAPTAIN'S CHAIR, PATIENT WEIGHT         415.84         4158.48         3118.87           K0831*         POWER WHEELCHAIR, GROUP 2, SEAT ELEVATOR, CAPTAIN'S CHAIR, PATIENT WEIGHT         415.84         3118.87           K0835*         POWER WHEELCHAIR, GROUP 2, SEAT ELEVATOR, CAPTAIN'S CHAIR, PATIENT WEIGHT         414.33         3107.50           K0835*         POWER WHEELCHAIR, GROUP 2 STANDARD, SINGLE POWER OPTION, SLING/SOLID         414.33         3107.50	K0828*		WEIGHT CAPACITY 601 POUNDS OR MORE	705.45	7054.51	5290.89	
K0830*       POWER WHEELCHAIR, GROUP 2, SEAT ELEVATOR, SLING/SOLID SEAT/BACK, PATIENT WEIGHT       415.84       4158.48       3118.87         K0831*       POWER WHEELCHAIR, GROUP 2, SEAT ELEVATOR, CAPTAIN'S CHAIR, PATIENT WEIGHT       415.84       4158.48       3118.87         K0831*       POWER WHEELCHAIR, GROUP 2, SEAT ELEVATOR, CAPTAIN'S CHAIR, PATIENT WEIGHT       415.84       4158.48       3118.87         K0835*       POWER WHEELCHAIR, GROUP 2 STANDARD, SINGLE POWER OPTION, SLING/SOLID       414.33       4143.33       3107.50         K0835*       SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS       414.33       4143.33       3107.50	K0829*		POWER WHEELCHAIR, GROUP 2 EXTRA HEAVY DUTY, CAPTAIN'S CHAIR, PATIENT WEIGHT	638.70	6387.15	4790.36	
K0831*       POWER WHEELCHAIR, GROUP 2, SEAT ELEVATOR, CAPTAIN'S CHAIR, PATIENT WEIGHT       415.84       4158.48       3118.87         CAPACITY UP TO AND INCLUDING 300 POUNDS       POWER WHEELCHAIR, GROUP 2 STANDARD, SINGLE POWER OPTION, SLING/SOLID       414.33       3107.50         K0835*       SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS       300 POUNDS       414.33       3107.50	K0830*		POWER WHEELCHAIR, GROUP 2, SEAT ELEVATOR, SLING/SOLID SEAT/BACK, PATIENT WEIGHT	415.84	4158.48	3118.87	
K0835*         POWER WHEELCHAIR, GROUP 2 STANDARD, SINGLE POWER OPTION, SLING/SOLID         414.33         4143.33         3107.50           SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS         Seatriget and the second seco	K0831*		POWER WHEELCHAIR, GROUP 2, SEAT ELEVATOR, CAPTAIN'S CHAIR, PATIENT WEIGHT	415.84	4158.48	3118.87	
	K0835*		POWER WHEELCHAIR, GROUP 2 STANDARD, SINGLE POWER OPTION, SLING/SOLID	414.33	4143.33	3107.50	
PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	K0836*		POWER WHEELCHAIR, GROUP 2 STANDARD, SINGLE POWER OPTION, CAPTAIN'S CHAIR,	429.66	4296.61	3222.46	

		NC DIVISION OF HEALTH BENEFITS (NC MEDICAID) DURABLE MEDICAL EQUIPMENT				
		Fee Schedule effective July 15, 2021 Taxonomies: 332BC3200X, 332BD1200X, 332BP3500X, 332BX2000X Specialty: 087				
	Diago	The inclusion of a rate on this table does not guarantee that a service is covered. a refer to the Medicaid Billing Guide and the Medicaid and Health Choice Clinical Coverage Policies on the N	C Madiaaid wahai	10		
	Please	e refer to the Medicald Billing Guide and the Medicald and Health Choice Clinical Coverage Policies on the N	C Medicald webs	ite.		
HCPCS	National Drug	DESCRIPTION		ID MAXIMUM _		EFFECTIVE
CODE K0837*	Code (NDC)	POWER WHEELCHAIR GROUP 2 HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID	RENTAL 494.53	NEW 4945.27	USED 3708.96	
K0838*		SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, SINGLE POWER OPTION, CAPTAIN'S CHAIR.	442.41	4424.06	3318.05	
K0839*		PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS POWER WHEELCHAIR GROUP 2 VERY HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID	640.21	6402.08	4801.57	
K0840*		SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS POWER WHEELCHAIR GROUP 2 VERY HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID	969.95		7274.61	
		SEAT/BACK, PATIENT WEIGHT CAPACITY 601 OR MORE POUNDS		9699.47	-	
K0841*		POWER WHEELCHAIR, GROUP 2 STANDARD, MULTIPLE POWER OPTIONS, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	441.01	4410.06	3307.55	
K0842*		POWER WHEELCHAIR, GROUP 2 STANDARD, MULTIPLE POWER OPTIONS, CAPTAIN'S CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	441.01	4410.06	3307.55	
K0843*		POWER WHEELCHAIR GROUP 2 HEAVY DUTY, MULTIPLE POWER OPTIONS, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	530.97	5309.72	3982.29	
K0848*		POWER WHEELCHAIR, GROUP 3 STANDARD, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	539.64	5396.32	4047.25	
K0849*		POWER WHEELCHAIR, GROUP 3 STANDARD, CAPTAIN'S CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	518.83	5188.30	3891.24	
K0850*		POWER WHEELCHAIR GROUP 3 HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT	625.96	6259.63	4694.72	
K0851*		CAPACITY 301 TO 450 POUNDS POWER WHEELCHAIR, GROUP 3 HEAVY DUTY, CAPTAIN'S CHAIR, PATIENT WEIGHT CAPACITY	601.85	6018.53	4513.90	
K0852*		301 TO 450 POUNDS POWER WHEELCHAIR, GROUP 3 VERY HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT	723.26	7232.61	5424.46	
K0853*		WEIGHT CAPACITY 451 TO 600 POUNDS POWER WHEELCHAIR, GROUP 3 VERY HEAVY DUTY, CAPTAIN'S CHAIR, PATIENT WEIGHT	742.97	7429.70	5572.27	
K0854*		CAPACITY 451 TO 600 POUNDS POWER WHEELCHAIR, GROUP 3 EXTRA HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT	984.27	9842.74	7382.06	
K0855*		WEIGHT CAPACITY 601 POUNDS OR MORE POWER WHEELCHAIR, GROUP 3 EXTRA HEAVY DUTY, CAPTAIN'S CHAIR, PATIENT WEIGHT	929.80	9297.94	6973.46	
K0856*		CAPACITY 601 POUNDS OR MORE POWER WHEELCHAIR, GROUP 3 STANDARD, SINGLE POWER OPTION, SLING/SOLID	579.24	5792.44	4344.33	
K0857*		SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS POWER WHEELCHAIR, GROUP 3 STANDARD, SINGLE POWER OPTION, CAPTAIN'S CHAIR,	590.86	5908.55	4431.41	
		PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	718.66		5389.99	
K0858*		POWER WHEELCHAIR GROUP 3 HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS		7186.65		
K0859*		POWER WHEELCHAIR, GROUP 3 HEAVY DUTY, SINGLE POWER OPTION, CAPTAIN'S CHAIR, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	685.39	6853.85	5140.39	
K0860*		POWER WHEELCHAIR GROUP 3 VERY HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	1026.70	10267.05	7700.29	
K0861*		POWER WHEELCHAIR, GROUP 3 STANDARD, MULTIPLE POWER OPTIONS, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	580.18	5801.73	4351.29	
K0862*		POWER WHEELCHAIR GROUP 3 HEAVY DUTY, MULTIPLE POWER OPTIONS, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	718.66	7186.65	5389.99	
K0863*		POWER WHEELCHAIR, GROUP 3 VERY HEAVY DUTY MULTIPLE POWER OPTIONS, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	1026.70	10267.05	7700.29	
K0864*		POWER WHEELCHAIR GROUP 3 EXTRA HEAVY DUTY, MULTIPLE POWER OPTIONS, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 601 POUNDS OR MORE	1221.79	11636.10	9163.43	
K0868*		POWER WHEELCHAIR, GROUP 4 STANDARD, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS		MANUALLY		
K0869*		POWER WHEELCHAIR, GROUP 4 STANDARD, CAPTAIN'S CHAIR, PATIENT WEIGHT CAPACITY UP		MANUALLY		
K0870*		TO AND INCLUDING 300 POUNDS POWER WHEELCHAIR GROUP 4 HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT		PRICED MANUALLY		
K0871*		CAPACITY 301 TO 450 POUNDS POWER WHEELCHAIR, GROUP 4 VERY HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT		PRICED MANUALLY		
K0877*		WEIGHT CAPACITY 451 TO 600 POUNDS POWER WHEELCHAIR, GROUP 4 STANDARD, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK,		PRICED MANUALLY		
K0878*		PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS POWER WHEELCHAIR, GROUP 4 STANDARD, SINGLE POWER OPTION, CAPTAIN'S CHAIR,		PRICED MANUALLY		
K0879*		PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS POWER WHEELCHAIR GROUP 4 HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID		PRICED MANUALLY		
K0880*		SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS POWER WHEELCHAIR GROUP 4 VERY HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID		PRICED		
K0884*		POWER WHEELCHAIR GROUP 4 VERT HEAVED DUT, SINGLE POWER OF TON, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS POWER WHEELCHAIR, GROUP 4 STANDARD, MULTIPLE POWER OPTIONS, SLING/SOLID		PRICED		
		POWER WHEELCHAIR, GROUP 4 STANDARD, MULTIPLE POWER OPTIONS, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS POWER WHEELCHAIR, GROUP 4 STANDARD, MULTIPLE POWER OPTIONS, CAPTAIN'S CHAIR,		PRICED		
K0885*		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		1
W4117* W4118*		WHEELCHAIR SEAT WIDTH, GREATER THAN 27" WHEELCHAIR SEAT DEPTH, GREATER THAN 25"	9.66 9.43	96.64	72.47 70.76	
W4119*		WHEELCHAIR SEAT DEPTH, GREATER THAN 25 WHEELCHAIR SEAT HEIGHT, COST ADDED OPTION FROM MANUFACTURER CONTOURED OR 3-PIECE HEAD/NECK SUPPORTS WITH HARDWARE, EACH	11.51	115.07	86.30	
W4130* W4131*		BASIC HEAD/NECK SUPPORT WITH HARDWARE, EACH	21.15 16.83	211.50 168.34	158.63 126.26	

		NC DIVISION OF HEALTH BENEFITS (NC MEDICAID) DURABLE MEDICAL EQUIPMENT				
		Fee Schedule effective July 15, 2021				
		Taxonomies: 332BC3200X, 332BD1200X, 332BP3500X, 332BX2000X Specialty: 087 The inclusion of a rate on this table does not guarantee that a service is covered.				
	Pleas	e refer to the Medicaid Billing Guide and the Medicaid and Health Choice Clinical Coverage Policies on the N	C Medicaid websi	te.		
HCPCS	National Drug	DESCRIPTION		ID MAXIMUM		EFFECTIVE
CODE	Code (NDC)		33.78	NEW 337.77	USED 253.32	
W4132*		CONTOURED OR 3-PIECE HEAD/NECK SUPPORT WITH MULTI-ADJUSTABLE HARDWARE ,EACH	33.78	337.77	203.32	
W4133*		BASIC HEAD/NECK SUPPORT WITH MULTI-ADJUSTABLE HARDWARE , EACH	31.72	317.27	237.95	
W4139*		SUB-ASIS BARS WITH HARDWARE, EACH	41.65	416.54	312.41	
W4140* W4141*		ABDUCTOR PADS WITH HARDWARE , PAIR KNEE BLOCKS WITH HARDWARE , PAIR	29.14 25.41	291.36 254.15	218.52 190.61	
W4141 W4143*		SHOE HOLDERS WITH HARDWARE , PAIR	14.46	144.61	108.46	
W4144*		FOOT/LEGREST CRADLE , EACH	14.46	144.61	108.46	
W4145*		MANUAL TILT-IN-SPACE OPTION , EACH MULTI-ADJUSTABLE TRAY , EACH	75.54 44.24	755.40 442.45	566.55	
W4150* W4152*		GROWTH KIT, EACH	19.01	190.17	331.83 142.63	
W4155*		ADDUCTOR PADS WITH HARDWARE, PAIR	29.14	291.36	218.52	
W4713*		OVERSIZED FOOTPLATES FOR WEIGHTS 301# AND GREATER, PAIR	16.74	167.26	125.45	
W4714*		SWINGAWAY SPECIAL CONSTRUCTION FOOTRESTS FOR WEIGHTS 401# AND GREATER, PAIR	70.78	707.76	530.81	
W4715*		SWINGAWAY REINFORCED LEGREST, ELEVATING, FOR WEIGHTS 301# TO 400#, PAIR	41.82	418.17	313.63	
W4716*		SWINGAWAY SPECIAL CONSTRUCTION LEGRESTS, ELEVATING, FOR WEIGHTS 401# AND GREATER, PAIR	62.72	627.26	470.43	
W4717*		OVERSIZED CALF PADS, PAIR	20.91	209.08	156.80	1
W4718*		OVERSIZED SOLID SEAT	57.50	574.99	431.24	
W4719*		OVERSIZED SOLID BACK	57.50	574.99	431.24	
W4722* W4723*		OVERSIZED FULL SUPPORT FOOTBOARD OVERSIZED FULL SUPPORT CALFBOARD	20.91 20.91	209.09 209.09	156.81 156.81	+
117123		FREQUENTLY SERVICED ITEMS	20.31	203.03	100.01	1
E0194*		AIR FLUIDIZED BED	2905.28			
E0202*		PHOTOTHERAPY (BILIRUBIN) LIGHT WITH PHOTOMETER, DAILY	63.93			
E0465*		HOME VENTILATOR, ANY TYPE, USED WITH INVASIVE INTERFACE, (E.G., TRACHEOSTOMY TUBE)	1478.34			
E0466*		HOME VENTILATOR, ANY TYPE, USED WITH NON-INVASIVE INTERFACE, (E.G., MASK, CHEST SHELL)	1128.03			
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	598.02			
E0483*		HIGH FREQUENCY CHEST WALL OSCILLATION AIR-PULSE GENERATOR SYSTEM, EACH,	1085.65	10416.03		
E0500*		W/HOSES IPPB MACHINE, ALL TYPES, WITH BUILT-IN NEBULIZATION; MANUAL OR AUTOMATIC VALVES;	104.52			
E0040*			280.10			
E0619* E0691*		APNEA MONITOR, WITH RECORDING FEATURE ULTRAVIOLET LIGHT THERAPY SYSTEM, INCLUDES BULBS/LAMPS, TIMER AND EYE	289.19 91.76			
		PROTECTION, TREATMENT AREA TWO SQUARE FEET OR LESS				
E0692*		ULTRAVIOLET LIGHT THERAPY SYSTEM PANEL, INCLUDES BULBS/LAMPS, TIMER AND EYE PROTECTION, FOUR FOOT PANEL	115.22			
E0781		AMBULATORY INFUSION PUMP, SINGLE OR MULTIPLE CHANNELS ELECTRIC OR BATTERY OPERATED, WITH ADMINISTRATIVE EQUIPMENT, WORN BY PATIENT MONTHLY RENTAL FEE	270.48			
E0935		CONTINUOUS PASSIVE MOTION EXERCISE DEVICE FOR USE OF KNEE ONLY	21.44			
E2402*		NEGATIVE PRESSURE WOUND THERAPY ELECTRICAL PUMP, STATIONARY OR PORTABLE OXYGEN AND OXYGEN RELATED ITEMS	1598.45			
A4614		PEAK EXPIRATORY FLOW RATE METER , HAND-HELD		24.29		
A7006		ADMINISTRATION SET, WITH SMALL VOLUME FILTERED PNEUMATIC NEBULIZER		9.74		
A7027		COMBINATION, ORAL/NASAL MASK USED WITH CPAP DEVICE, EACH ORAL CUSHION FOR COMBINATION ORAL/NASAL MASK, REPLACEMENT ONLY, EACH		188.63 50.59		
A7028 A7029		NASAL PILLOWS FOR COMBINATION ORAL/NASAL MASK, REPLACEMENT ONLY, EACH		20.66		
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.	203.50			
E0431*		PORTABLE GASEOUS OXYGEN SYSTEM, RENTAL; INCLUDES REGULATOR, FLOWMETER, HUMIDFIER, CANNULA OR MASK AND TUBING	29.60			
E0433*		PORTABLE LIQUID OXYGEN SYSTEM, RENTAL; HOME LIQUEFIER USED TO FILL PORTABLE	52.83	1		
		LIQUID OXYGEN CONTAINERS; INCLUDES PORTABLE CONTAINERS, INCLUDES REGULATOR, FLOWMETER, HUMIDIFIER, , CANNULA OR MASK & TUBING, WITH OR WITHOUT SUPPLY				
		RESERVOIR AND CONTENTS GUAGE				
E0434*		PORTABLE LIQUID OXYGEN SYSTEM, RENTAL; INCLUDES PORTABLE CONTAINER, SUPPLY RESERVOIR, HUMIDIFIER, FLOWMETER, REFILL ADAPTER, CONTENTS GAUGE, CANNULA OR	29.60			
F0 100+		MASK & TUBING	000 FC			-
E0439*		STATIONARY LIQUID OXYGEN SYSTEM, RENTAL; INCLUDES USE OF RESERVOIR, CONTENTS (PER UNIT), REGULATOR, FLOWMETER, HUMIDIFIER, NEBULIZER, CANNULA OR MASK AND	203.50			
E0441		TUBING. 1 UNIT = 10LBS STATIONARY OXYGEN CONTENTS, GASEOUS, 1 MONTH'S SUPPLY = 1 UNIT		72.14		-
E0442		STATIONARY OXYGEN CONTENTS, LIQUID, 1 MONTH'S SUPPLY = 1 UNIT		72.14		
E0443		PORTABLE OXYGEN CONTENTS, GASEOUS, 1 MONTH'S SUPPLY = 1 UNIT		16.98		
E0444 E1354*		PORTABLE OXYGEN CONTENTS, LIQUID, 1 MONTH'S SUPPLY = 1 UNIT OXYGEN ACCESSORY, WHEELED CART FOR PORTABLE CYLINDER OR PORTABLE		16.98 MANUALLY		
		CONCENTRATOR, ANY TYPE, REPLACEMENT ONLY, EACH		PRICED		
E1355 E1356*		STAND/RACK OXYGEN ACCESSORY, BATTERY PACK/CARTRIDGE FOR PORTABLE CONCENTRATOR, ANY		22.88 MANUALLY		1
E1357*		TYPE, REPLACEMENT ONLY, EACH OXYGEN ACCESSORY, BATTERY CHARGER FOR PORTABLE CONCENTRATOR, ANY TYPE,		PRICED MANUALLY		
		REPLACEMENT ONLY, EACH OXYGEN ACCESSORY, DC ADAPTOR FOR PORTABLE CONCENTRATOR, ANY TYPE,		PRICED MANUALLY		<u> </u>
E1358*		REPLACEMENT ONLY, EACH		PRICED		

		NC DIVISION OF HEALTH BENEFITS (NC MEDICAID) DURABLE MEDICAL EQUIPMENT				
		Fee Schedule effective July 15, 2021				
		Taxonomies: 332BC3200X, 332BD1200X, 332BP3500X, 332BX2000X Specialty: 087				
	Pleas	The inclusion of a rate on this table does not guarantee that a service is covered. e refer to the Medicaid Billing Guide and the Medicaid and Health Choice Clinical Coverage Policies on the NC	C Medicaid websi	te.		
HCPCS CODE	National Drug	DESCRIPTION	-	ID MAXIMUM _ NEW	SFY 2018 USED	EFFECTIVE
E1390*	Code (NDC)	OXYGEN CONCENTRATOR, CAPABLE OF DELIVERING 85 PERCENT OR GREATER OXYGEN	RENTAL 180.88	NEW	USED	
		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)				
E1392*		PORTABLE OXYGEN CONCENTRATOR	53.77			
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	52.72			
S8120		OXYGEN CONTENTS, GASEOUS, 1 UNIT EQUALS 1 CUBIC FEET		0.30		
S8121 W4001*		OXYGEN CONTENTS, LIQUID, 1 UNIT EQUALS 1 POUND CO/2 SATURATION MONITOR WITH ACCESSORIES, PROBES	606.47	1.18		
A9999		ENTERAL and ORAL NUTRITION PRODUCTS MISCELLANEOUS DME SUPPLY OR ACCESSORY, NOT OTHERWISE SPECIFIED - FARRELL VALVE ONLY (note A), EACH		8.90		
B4034		ENTERAL FEEDING SUPPLY KIT; SYRINGE FED, PER DAY INCLUDES BUT NOT LIMITED TO		6.65		
B4035		FEEDING/FLUSHING SYRINGE, ADMINISTRATION SET TUBING, DRESSINGS, TAPE ENTERAL FEEDING SUPPLY KIT; PUMP FED, PER DAY INCLUDES BUT NOT LIMITED TO		11.62		
B4033		FEEDING/FLUSHING SYRINGE, ADMINISTRATION SET TUBING, DRESSINGS, TAPE		11.02		
B4036		ENTERAL FEEDING SUPPLY KIT; GRAVITY FED, PER DAY INCLUDES BUT NOT LIMITED TO FEEDING/FLUSHING SYRINGE, ADMINISTRATION SET TUBING, DRESSINGS, TAPE		8.69		
B4081		NASOGASTRIC TUBING WITH STYLET, EACH		23.49		
B4082 B4083		NASOGASTRIC TUBING WITHOUT STYLET (note A), EACH STOMACH TUBING - LEVINE TYPE, EACH		17.48 2.68		
B4087		GASTROSTOMY/JEJUNOSTOMY TUBE, STANDARD, ANY MATERIAL, ANY TYPE , EACH		18.61		
B4088 B4100		GASTROSTOMY/JEJUNOSTOMY TUBE, LOW-PROFILE, ANY MATERIAL, ANY TYPE, EACH FOOD THICKENER, ADMINISTERED ORALLY, PER OZ.		142.72 0.58		-
B4103		ENTERAL FORMULA FOR PEDIATRICS USED TO REPLACE FLUIDS AND ELECTROLYTES (E.S. CLEAR LIQUIDS), 500 ML = 1 UNIT		3.45		
B4104 B4149		ADDITIVE FOR ENTERAL FORMULA (E.G. FIBER) 1 OZ. = 1 UNIT ENTERAL FORMULA, MANUFACTURED BLENDERIZED NATURAL FOODS WITH INTACT		1.37 1.70		
54140		NUTRIENTS, INCLUDES PROTEINS, FATS, CARBOHYDRATES, VITAMINS, MINERALS, MAY INCLUDE FIBER, ADMINISTERED THROUGH AN INTERAL FEEDING TUBE, 100 CALORIES = 1 UNIT, EACH				
B4150		ENTERAL FORMULA, NUTRITIONALLY COMPLETE WITH INTACT NUTRIENTS, INCLUDES PROTEINS, FATS, CARBOHYDRATES, VITAMINS AND MINEREALS, MAY INCLUDE FIBER, ADMINISTERED THROGUH AN ENTERAL FEEDING TUBE, 100 CALORIES = 1 UNIT, EACH		0.72		
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		0.60		
B4153		ENTERAL FORMULA, NUTRITIONALLY COMPLETE, HYDROLYZED PROTEINS (AMINO ACIDS AND PEPTIDE CHAIN), INCLUDES FATES, CARBOHYDRATES, VITAMINS AND MINERALS, MAY INCLUDE FIBER, ADMINISTERED THROUGH AN ENTERAL FEEDING TUBE, 100 CALORIES = 1 UNIT. EACH		2.07		
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		1.49		
B4155		ENTERAL FORMULA NUTRITIONALLY INCOMPLETE/MODULAR NUTRIENTS, INCLUDES SPECIFIC NUTRIENTS, CARBOHYDRATES (E.G. MEDUIM CHAIN TRIGLYCERIDES) OR COMBINATION, ADMINISTERED THROUGH AN ENTERAL FEEDING TUBE, 100 CALORIES = 1 UNIT, EACH		2.68		
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.		3.92		
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		0.67		
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		0.67		
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		0.58		
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		1.95		
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		4.05		
S8265 W4211*		HABERMAN FEEDER FOR CLEFT LIP / PALATE (1 BOTTLE / 1 NIPPLE = 1 UNIT) LOW PROFILE GASTROSTOMY EXTENSION/REPLACEMENT KIT FOR CONTINUOUS FEEDING, EACH		29.52 9.63		
W4212*		LOW PROFILE GASTROSTOMY EXTENSION/REPLACEMENT KIT FOR BOLUS FEEDING, EACH		9.63		
A4213		DME RELATED SUPPLIES SYRINGE, STERILE, 20CC OR GREATER, EACH		1.17		
A4213 A4215		NEEDLE, STERILE, ANY SIZE, EACH		0.15		
A4217		STERILE WATER/SALINE, 500 ml, EACH INFUSION SET FOR EXTERNAL INSULIN PUMP, NON-NEEDLE CANNULA TYPE , EACH		2.72 15.77		
A4230 A4231		INFUSION SET FOR EXTERNAL INSULIN PUMP, NON-NEEDLE CANNULA TYPE, EACH		7.41		

		NC DIVISION OF HEALTH BENEFITS (NC MEDICAID) DURABLE MEDICAL EQUIPMENT				
		Fee Schedule effective July 15, 2021				
		Taxonomies: 332BC3200X, 332BD1200X, 332BP3500X, 332BX2000X Specialty: 087				
	Pleas	The inclusion of a rate on this table does not guarantee that a service is covered. e refer to the Medicaid Billing Guide and the Medicaid and Health Choice Clinical Coverage Policies on the N	C Medicaid webs	ite		
	1 1643		o medicald webs		1	
110000	Notional Deser	DECODIDITION	MEDIO		051/0010	FFFFOTN/F
HCPCS CODE	National Drug Code (NDC)	DESCRIPTION	RENTAL	NEW	USED	EFFECTIVE
A4233	Code (NDC)	Replacement Battery, Alkaline (other than J cell), for use with medically necessary home glucose	RENTAL	0.82	USED	
A4233		monitor owned by patient, EACH		0.02		
A4234		Replacement Battery, Alkaline J cell, for use with medically necessary home glucose monitor		3.71		
		owned by patient, EACH				
A4235		Replacement Battery, Lithium, for use with medically necessary home glucose monitor owned by		2.39		
4 4000		patient, EACH		4 74		
A4236		Replacement Battery, silver oxide. for use with medically necessary home glucose monitor owned by patient. EACH		1.71		
A4244		ALCOHOL OR PEROXIDE, PER PINT, EACH		1.04		
A4246		BETADINE OR pHISOHEX SOLUTION, PER PINT, EACH		6.07		
A4250		URINE TEST OR REAGENT STRIPS OR TABLETS (100 TABLETS OR STRIPS), PER 100		27.14		
A4253*		NON-PREFERRED BRAND 50 CT TEST STRIPS		29.46		
A4253	65702-0407-10	ACCU-CHEK AVIVA PLUS 50 CT TEST STRIPS		79.63	-	-
A4253 A4253	65702-0492-10 50924-0988-50	ACCU-CHEK SMARTVIEW 50 CT TEST STRIPS ACCU-CHEK COMPACT 51 CT TEST STRIPS		79.63 81.67		-
A4253	65702-0711-10	ACCU-CHEK GUIDE 50 CT TEST STRIPS		21.56		
A4253	65702-0712-10	ACCU-CHEK GUIDE 100 CT TEST STRIPS		43.12		
A4256*		NON-PREFERRED BRAND CALIBRATOR SOLUTION/CHIPS, EACH		11.13		
A4256	65702-0107-10	ACCU-CHEK AVIVA GLUCOSE CONTROL SOLUTION (2 LEVELS)		11.13		
A4256	65702-0468-10	ACCU-CHEK COMPACT PLUS CLEAR GLUCOSE CONTROL SOLUTION (2 LEVELS)		11.13		+
A4256 A4256	65702-0713-10 65702-0488-10	ACCU-CHEK GUIDE GLUCOSE CONTROL SOLUTION (2 LEVELS) ACCU-CHEK SMARTVIEW GLUCOSE CONTROL SOLUTION (2 LEVELS)		11.13 11.13	+	+
A4256 A4258*	00102-0400-1V	NON- PREFERRED BRAND SPRING-POWERED DEVICE FOR LANCET, EACH		17.55	1	
A4258	65702-0400-10	ACCU-CHEK SOFTCLIX LANCING DEVICE KIT (BLACK)		22.63	1	1
A4258	65702-0481-10	ACCU-CHEK FASTCLIX LANCING DEVICE KIT		17.55		
A4259*		NON-PREFERRED BRAND LANCETS, 100 PER BOX		10.69		
A4259	50924-0450-01	ACCU-CHEK MULTICLIX 102 CT LANCETS		15.68		
A4259 A4259	50924-0971-10 65702-0288-10	ACCU-CHEK SOFTCLIX 100 CT LANCETS ACCU-CHEK FASTCLIX 102 CT LANCETS		13.93 13.68		
A4259 A4456	03/02-0200-10	ADHESIVE REMOVER, WIPES, ANY TYPE, EACH		0.26		
A4483		MOISTURE EXCHANGER, DISPOSABLE FOR USE WITH INVASIVE MECHANICAL VENTILATION,		6.57		
		EACH				
A4556		ELECTRODES, (E.G. APNEA MONITOR), set of 2, SET		10.54		
A4557		LEAD WIRES, (E.G. APNEA MONITOR), SET		21.55		
A4595		TENS SUPPLIES, 2-LEAD, PER MONTH, EACH BATTERY, HEAVY DUTY; REPLACEMENT FOR PATIENT OWNED VENTILATOR, EACH		29.42 170.52		
A4611 A4612		BATTERY CABLES; REPLACEMENT FOR PATIENT OWNED VENTILATOR, EACH		81.63		
A4612		BATTERY CHARGER: REPLACEMENT FOR PATIENT OWNED VENTILATOR, EACH		125.18		
A4615		CANNULA, NASAL, EACH		0.85		
A4616		TUBING, OXYGEN, PER FOOT		0.07		
A4617		MOUTHPIECE, EACH		3.66		
A4618		BREATHING CIRCUITS, EACH		7.72		
A4623 A4624		TRACHEOSTOMY, INNER CANNULA (REPLACEMENT ONLY), EACH TRACHEAL SUCTION CATHETER, ANY TYPE, EACH		5.69 2.29		
A4624 A4625		TRACHEAL SOCION CATHETER, ANT TIPE, EACH TRACHEOSTOMY CARE KIT FOR NEW TRACHEOSTOMY, EACH		6.02		
A4626		TRACHEOSTOMY CLEANING BRUSH, EACH		2.77		
A4627		SPACER, BAG or RESERVOIR, w/ or w/o mask, for use w/ metered dose inhaler (Inspirease or		38.25		
		Aerochamber), EACH				
A4628		OROPHARYNGEAL SUCTION CATHETER, EACH		3.82	-	-
A4629 A4927		TRACHEOSTOMY CARE KIT FOR ESTABLISHED TRACHEOSTOMY, EACH GLOVES, NON-STERILE, 100/BOX, PER BOX		4.73 11.85	+	
A4927 A4930		GLOVES, NON-STERILE, 100/DOA, PER BOA		0.92		-
A6257		TRANSPARENT FILM 16 SQ INCHES OR LESS EACH DRESSING (FOR USE WITH EXTERNAL		1.56		
		INSULIN PUMP), EACH				
A6258		TRANSPARENT FILM MORE THAN 16 SQ INCHES BUT LESS THAN OR EQUAL TO 48 SQ INCHES		4.39		
40555		EACH DRESSING (FOR USE WITH EXTERNAL INSULIN PUMP, EACH			ł	+
A6550		WOUND CARE SET FOR NEGATIVE PRESSURE WOUND THERAPY ELECTRICAL PUMP, INCLUDES ALL SUPPLIES AND ACCESSORIES, EACH		28.00		
A7000		CANISTER. DISPOSABLE. USED WITH SUCTION PUMP. EACH		9.57	1	1
A7000		CANISTER, NON-DISPOSABLE, USED WITH SUCTION PUMP, EACH		29.30	1	1
A7002		TUBING, USED WITH SUCTION PUMP, EACH		3.33		
A7003		ADMINISTRATION SET, SMALL VOLUME NON-FILTERED PNEUMATIC NEBULIZER, DISPOSABLE,		2.73		
				4 8-	l	
A7004 A7005		SMALL VOLUME NON-FILTERED PNEUMATIC NEBULIZER, DISPOSABLE, EACH ADMINISTRATION SET, WITH SMALL VOLUME NON-FILTERED PNEUMATIC NEBULIZER, NON-		1.56 26.76	+	
A/005		DISPOSABLE NEBULIZER, NON DISPOSABLE, EACH		20.70		
A7007		LARGE VOLUME NEBULIZER, DISPOSABLE, UNFILLED, USED WITH AEROSOL COMPRESSOR,		4.36		
		EACH				
A7010		CORRUGATED TUBING, DISPOSABLE, USED WITH LARGE VOLUME NEBULIZER, 100 FEET, EACH		20.48		
47616					1	+
A7012		WATER COLLECTION DEVICE, USED WITH LARGE VOLUME NEBULIZER, EACH FILTER, DISPOSABLE, USED WITH AEROSOL COMPRESSOR OR ULTRASONIC GENERATOR		3.81 0.72	+	
A7013 A7015		AEROSOL MASK USED WITH DME NEBULIZER, EACH		1.92	1	1
A7015 A7025*		HIGH FREQUENCY CHEST WALL OSCILLATION SYSTEM VEST, REPLACEMENT FOR USE WITH		444.15	1	1
		PATIENT OWNED EQUIPMENT, EACH				
A7026*		HIGH FREQUENCY CHEST WALL OSCILLATION SYSTEM HOSE REPLACEMENT FOR USE WITH		29.36		
		PATIENT OWNED EQUIPMENT, EACH				-
A7030		FULL FACE MASK USED WITH POSITIVE AIRWAY PRESSURE DEVICE, EACH		192.63	l	
A7031		FULL FACE MASK INTERFACE, REPLACEMENT FOR FULL FACE MASK, EACH		71.24		
A7032 A7033		CUSHION FOR USE ON NASAL MASK INTERFACE, REPLACEMENT ONLY, EACH PILLOW FOR USE ON NASAL CANNULA TYPE INTERFACE, REPLACEMENT ONLY, PAIR		41.39 29.01	1	1
A7033 A7034		NASAL INTERFACE (MASAC CANNOLA TYPE) USED WITH POSITIVE AIRWAY PRESSURE		120.14	1	1
		DEVICEWITH OR WITHOUT HEAD STRAP, EACH				

		NC DIVISION OF HEALTH BENEFITS (NC MEDICAID) DURABLE MEDICAL EQUIPMENT				
		Fee Schedule effective July 15, 2021				
		Taxonomies: 332BC3200X, 332BD1200X, 332BP3500X, 332BX2000X Specialty: 087 The inclusion of a rate on this table does not guarantee that a service is covered.				
	Please	e refer to the Medicaid Billing Guide and the Medicaid and Health Choice Clinical Coverage Policies on the No	C Medicaid websi	te.		
HCPCS	National Drug	DECODIDION	MEDICA		SEV 2040	FFFFOTIVE
CODE	National Drug Code (NDC)	DESCRIPTION	RENTAL	ID MAXIMUM _ NEW	USED	EFFECTIVE
A7035		HEADGEAR, USED WITH POSITIVE AIRWAY PRESSURE DEVICE, EACH		36.52		
A7036 A7037		CHIN STRAP, USED WITH POSITIVE AIRWAY PRESSURE DEVICE, EACH TUBING, USED WITH POSITIVE AIRWAY PRESSURE DEVICE, EACH		15.80 40.32		
A7037 A7038		FILTER, DISPOSABLE, USED WITH AIRWAY PRESSURE DEVICE, EACH		5.41		
A7039 A7048		FILTER, NONDISPOSABLE, USED WITH POSITIVE AIRWAY PRESSURE DEVICE, EACH VACUUM DRAINAGE COLLECTION UNIT AND TUBING KIT, INCLUDING ALL SUPPLIES NEEDED		13.30 MANUALLY		
A7046		FOR COLLECTION UNIT CHANGE, FOR USE WITH IMPLANTED CATHETER, EACH		PRICED		
A7520 A7521		TRACHEOSTOMY OR LARYNGECTOMY TUBE, NON CUFFED, PVC, SILICONE OR EQUAL, EACH TRACHEOSTOMY/LARYNGECTOMY TUBE, CUFFED, POLYVINYLCHLORIDE (PVC), SILICONE OR		48.49 48.05		
A/321		EQUAL, EACH		40.05		
A7522		TRACHEOSTOMY/LARYNGECTOMY TUBE, STAINLESS STEEL OR EQUAL (STERILIZABLE AND		46.12		
A7525		REUSABLE), EACH TRACHEOSTOMY MASK, EACH		2.11		
A7526				3.43 35.24		
A9274		EXTERNAL AMBULATORY INSULIN DELIVERY SYSTEM, DISPOSABLE, EACH, INCLUDES ALL SUPPLIES AND ACCESSORIES		35.24		
A9276		SENSOR; INVASIVE (E.G. SUBCUTANEOUS), DISPOSABLE, FOR USE WITH INTERSTITIAL		MANUALLY		
A9277		CONTINUOUS GLUCOSE MONITORING SYSTEM, ONE UNIT = 1 DAY SUPPLY TRANSMITTER; EXTERNAL, FOR USE WITH INTERSTITIAL CONTINUAL GLUCOSE MONITORING		PRICED MANUALLY		
		SYSTEM		PRICED		
A9278		RECEIVER (MONITOR); EXTERNAL, FOR USE WITH INTERSTITIAL CONTINUAL GLUCOSE MONITORING SYSTEM		MANUALLY PRICED		
K0552		SUPPLIES FOR EXTERNAL INFUSION PUMP, SYRINGE TYPE CARTRIDGE, STERILE, EACH		2.67		
K0601		REPLACEMENT BATTERY FOR EXTERNAL INFUSION PUMP OWNED BY PATIENT, SILVER OXIDE, 1.5 VOLT, EACH		1.12		
K0602		REPLACEMENT BATTERY FOR EXTERNAL INFUSION PUMP OWNED BY PATIENT, SILVER OXIDE,		6.49		1
K0603		3 VOLT, EACH REPLACEMENT BATTERY FOR EXTERNAL INFUSION PUMP OWNED BY PATIENT, ALKALINE, 1.5		0.58		
		VOLT, EACH				
K0604		REPLACEMENT BATTERY FOR EXTERNAL INFUSION PUMP OWNEN BY PATIENT, LITHIUM, 3.6 VOLT, EACH		6.22		
K0605		REPLACEMENT BATTERY FOR EXTERNAL INFUSION PUMP OWNED BY PATIENT, LITHIUM, 4.5		14.91		
L8501		VOLT, EACH TRACHEOSTOMY SPEAKING VALVE, EACH		127.69		
S8490		INSULIN SYRINGES (100 SYRINGES per box, ANY SIZE), 1 UNIT = 1 BOX		30.99		
W4120* W4153*		DISPOSABLE BAGS FOR INSPIREASE INHALER SYSTEM, set of 3, EACH TRACHEOSTOMY TIES, TWILL, EACH		12.09 0.31		
W4133 W4670*		STERILE SALINE, 3 CC VIAL, EACH		0.33		
W4678*		REPLACEMENT BATTERY FOR PORTABLE SUCTION PUMP ADAPTIC AND TRANSPARENT TYPE SUCH AS TEGADERM OR OPSITE for use with external insulin pump, EACH		73.42		
		AUGMENTATIVE AND ALTERNATIVE COMMUNICATION DEVICES				
E2500		SPEECH GENERATING DEVICE, DIGITALIZED SPEECH, USING PRE-RECORDED MESSAGES, LESS	41.94	419.31	314.48	
E2502		THAN OR EQUAL TO 8 MINUTES RECORDING TIME SPEECH GENERATING DEVICE, DIGITALIZED SPEECH, USING PRE-RECORDED MESSAGES,	128.23	1282.19	961.64	
50504		MORE THAN 8 MINUTES BUT LESS THAN OR EQUAL TO 20 MINUTES RECORDING TIME	400.40	4004.07	1268.51	
E2504		SPEECH GENERATING DEVICE, DIGITALIZED SPEECH, USING PRE-RECORDED MESSAGES, MORE THAN 20 MINUTES BUT LESS THAN OR EQUAL TO 40 MINUTES RECORDING TIME	169.16	1691.37	1268.51	
E2506		SPEECH GENERATING DEVICE, DIGITALIZED SPEECH, USING PRE-RECORDED MESSAGES,	247.99	2480.05	1860.00	
E2508*		GREATER THAN 40 MINUTES RECORDING TIME SPEECH GENERATING DEVICE, SYNTHESIZED SPEECH, REQUIRING MESSAGE FORMULATION	383.50	3834.98	2876.24	
505100		BY SPELLING AND ACCESS BY PHYSICAL CONTACT WITH THE DEVICE			E 4 4 0 0 -	
E2510*		SPEECH GENERATING DEVICE, SYNTHESIZED SPEECH, PERMITTING MULTIPLE METHODS OF MESSAGE FORMULATION AND MULTIPLE METHODS OF DEVICE ACCESS	725.71	7257.18	5442.87	
E2511*		SPEECH GENERATING SOFTWARE PROGRAM FOR PERSONAL COMPUTER OR PERSONAL		MANUALLY		
E2512		DIGITAL ASSISTANT ACCESSORY FOR SPEECH GENERATING DEVICE, MOUNTING SYSTEM		PRICED MANUALLY		
				PRICED		
E2599*		ACCESSORY FOR SPEECH GENERATING DEVICE, NOT OTHERWISE SPECIFIED		MANUALLY PRICED		
V5336*		REPAIR/MODIFICATION OF AUGMENTATIVE COMMUNICATION SYSTEM OR DEVICE (EXCLUDES		12.40		
		ADAPTIVE HEARING AID) EQUIPMENT SERVICE AND REPAIR				
K0739*		REPAIR OR NON-ROUTINE SERVICE FOR DME EQUIPMENT REQUIRING THE SKILL OF A		12.40		
		TECHNICIAN, LABOR COMPONENT 15 MIN, EACH INDIVIDUALLY PRICED				
E0784*		EXTERNAL AMBULATORY INFUSION PUMP, INSULIN		MANUALLY		
		INCONTINENCE, OSTOMY AND URINARY SUPPLIES		PRICED		
A4310		INSERTION TRAY WITHOUT DRAINAGE BAG AND WITHOUT CATHETER (ACCESSORIES ONLY)		7.09		
A4311		INSERTION TRAY WITHOUT DRAINAGE BAG AND WITH INDWELLING CATHETER, FOLEY TYPE, 2- WAY LATEX WITH COATING (TEFLON, SILICONE, SILICONE ELASTOMER OR HYDROPHILIC,		16.03		
		ETC.)				
A4313		INSERTION TRAY WITHOUT DRAINAGE BAG AND WITH INDWELLING CATHETER, FOLEY TYPE, 3- WAY FOR CONTINUOUS IRRIGATION		20.01		
A4314		INSERTION TRAY WITH DRAINAGE BAG AND WITH INDWELLING CATHETER, FOLEY TYPE, 2-		27.32		1
		WAY LATEX WITH COATING (TEFLON, SILICONE, SILICONE ELASTOMER OR HYDROPHILIC, ETC.)				
A4316		INSERTION TRAY WITH DRAINAGE BAG AND WITH INDWELLING CATHETER, FOLEY TYPE, 3-		30.68		1
A4320		WAY FOR CONTINUOUS IRRIGATION IRRIGATION TRAY WITH BULB OR PISTION SYRINGE, ANY PURPOSE		4.89		
		THERAPEUTIC AGENT FOR URINARY CATHETER IRRIGATION		7.30		+
A4320 A4321 A4322		IRRIGATION SYRINGE, BULB, OR PISTON, EACH		3.17		

		NC DIVISION OF HEALTH BENEFITS (NC MEDICAID) DURABLE MEDICAL EQUIPMENT				
		Fee Schedule effective July 15, 2021 Taxonomies: 332BC3200X, 332BD1200X, 332BP3500X, 332BX2000X Specialty: 087				
		The inclusion of a rate on this table does not guarantee that a service is covered.				
	Pleas	e refer to the Medicaid Billing Guide and the Medicaid and Health Choice Clinical Coverage Policies on the No	C Medicaid websi	te.	1	
HCPCS	National Drug	DESCRIPTION	MEDICA		SEV 2018	EFFECTIVE
CODE	Code (NDC)		RENTAL	NEW	USED	EITEONIE
A4331		EXTENSION DRAINAGE TUBING, ANY TYPE, ANY LENGTH, WITH CONNECTOR/ADAPTOR, FOR		3.43		
A4334		USE WITH URINARY LEG BAG OR UROSTOMY POUCH, EACH URINARY CATHETER ANCHORING DEVICE, LEG STRAP, EACH		5.33		
A4335		INCONTINENCE SUPPLY; MISCELLANEOUS INDWELLING CATHETER; FOLEY TYPE, 2-WAY LATEX WITH COATING (TEFLON, SILICONE,		4.27		
A4338		SILICONE ELASTOMER OR HYDROPHILIC, ETC.) EACH		11.74		
A4340		INDWELLING CATHETER; SPECIALTY TYPE, (e.g. COUDE, MUSHROOM, WING, ETC.), EACH		29.16		
A4344 A4349		INDWELLING CATHETER; FOLEY TYPE, 2-WAY, ALL SILICONE, EACH MALE, EXTERNAL CATHETER, WITH OR WITHOUT ADHESIVE, DISPOSABLE, EACH		15.51 2.18		
A4351		ITERMITTENT URINARY CATHETER, STRAIGHT TIP, WITH OR WITHOUT COATING (TEFLON,		1.67		
A4352		SILICONE, SILICONE ELASTOMER OR HYDROPHILIC, ETC.) EACH ITERMITTENT URINARY CATHETER, COUGE (CURVED) TIP, WITH OR WITHOUT COATING		6.43		
		(TEFLON, SILICONE, SILICONE ELASTOMER OR HYDROPHILIC, ETC.) EACH				
A4353 A4354		ITERMITTENT URINARY CATHETER, WITH INSERTION SUPPLIES		7.56		
A4357		BEDSIDE DRAINAGE BAG, DAY OR NIGHT, WITH OR WITHOUT ANTI-REFLUX DEVICE, WITH OR		10.49		
A4358		WITHOUT TUBE, EACH URINARY DRAINAGE BAG, LEG OR ABDOMEN, VINYL, WITH OR WITHOUT TUBE, WITH STRAPS,		7.16		
		EACH				
A4361 A4362		OSTOMY FACEPLATE, EACH SKIN BARRIER; SOLID, 4X4 OR EQUIVALENT; EACH		18.71 3.74		
A4364		ADHESIVE LIQUID, OR EQUAL, ANY TYPE, PER OZ		6.14		1
A4367 A4368		OSTOMY BELT, EACH OSTOMY FILTER, ANY TYPE, EACH		6.75 0.26		
A4369		OSTOMY SKIN BARRIER, LIQUID (SPRAY, BRUSH, ETC.) PER OZ.		4.07		1
A4371 A4372		OSTOMY SKIN BARRIER, POWDER, PER OZ. OSTOMY SKIN BARRIER; SOLID, 4X4 OR EQUIVALENT, STANDARD WEAR, WITH BUILT-IN		7.13 4.52		
A4372		CONVEXITY, EACH				
A4373		OSTOM SKIN BARRIER WITH FLANGE (SOLID, FLEXIBLE OR ACCORDIAN), WITH BUILT-IN CONVEXITY, ANY SIZE, EACH		6.78		
A4375		OSTOMY POUCH, DRAINABLE, WITH FACEPLATE ATTACHED, PLASTIC, EACH		18.56		
A4376		OSTOMY POUCH, DRAINABLE, WITH FACEPLATE ATTACHED, RUBBER, EACH OSTOMY POUCH, DRAINABLE, FOR USE ON FACEPLATE, PLASTIC, EACH		48.47 4.63		
A4377 A4378		OSTOMY POUCH, DRAINABLE, FOR USE ON FACEPLATE, PLASTIC, EACH		4.63 31.32		
A4379		OSTOMY POUCH, URINARY, WITH FACEPLATE ATTACHED, PLASTIC, EACH		16.22		
A4380 A4381		OSTOMY POUCH, URINARY, WITH FACEPLATE ATTACHED, RUBBER, EACH OSTOMY POUCH, URINARY, FOR USE ON FACEPLATE, PLASTIC, EACH		38.02 4.98		
A4382		OSTOMY POUCH, URINARY, FOR USE ON FACEPLATE, HEAVY PLASTIC, EACH		25.07		
A4383 A4384		OSTOMY POUCH, URINARY, FOR USE ON FACEPLATE, RUBBER, EACH OSTOMY FACEPLATE EQUIVALENT, SILICONE RING, EACH		28.72 9.80		
A4385		OSTOMY SKIN BARRIER, SOLID 4X4 OR EQUIVALENT, EXTENDED WEAR, WITHOUT BUILT-IN		5.51		
A4388		CONVEXITY, EACH OSTOMY POUCH, DRAINABLE, WITH EXTENDED WEAR BARRIER ATTACHED, (1 PIECE), EACH		4.71		
A4389		OSTOMY POUCH, DRAINABLE, WITH BARRIER ATTACHED, WITH BUILT-IN CONVEXITY (1 PIECE),		6.33		
A4390		EACH OSTOMY POUCH. DRAINABLE. WITH EXTENDED WEAR BARRIER ATTACHED. WITH BUILT-IN		10.38		
		CONVEXITY (1 PIECE), EACH				
A4391 A4392		OSTOMY POUCH, URINARY, WITH EXTENDED WEAR BARRIER ATTACHED, (1 PIECE), EACH OSTOMY POUCH, URINARY, WITH STANDARD WEAR BARRIER ATTACHED, WITH BUILT-IN		7.19 8.34		
		CONVEXITY (1 PIECE), EACH				
A4393		OSTOMY POUCH, URINARY, WITH EXTENDED WEAR BARRIER ATTACHED, WITH BUILT-IN CONVEXITY (1 PIECE), EACH		9.21		
A4394		OSTOMY DEODORANT, WITH OR WITHOUT LUBRICANT, FOR USE IN OSTOMY POUCH, PER FL.		2.79		
A4395		OZ. OSTOMY DEODORANT, FOR USE IN OSTOMY POUCH, SOLID, PER TABLET		0.05		
A4397		IRRIGATION SUPPLY; SLEEVE, EACH		4.19		1
A4398 A4399		OSTOMY IRRIGATION SUPPLY; BAG, EACH OSTOMY IRRIGATION SUPPLY; CONE / CATHETER, WITH OR WITHOUT BRUSH		14.92 13.13		
A4400		OSTOMY IRRIGATION SET		44.88		
A4402 A4404		LUBRICANT, PER OZ. OSTOMY RING, EACH		1.39 1.54		
A4405		OSTOMY SKIN BARRIER, NONPECTIN-BASED, PASTE, PER OZ.		4.38		
A4406 A4407		OSTOMY SKIN BARRIER, PECTIN-BASED, PASTE, PER OZ. OSTOMY SKIN BARRIER, WITH FLANGE (SOLID, FLEXIBLE, OR ACCORDIAN), EXTENDED WEAR,		6.48 9.07		
A44U/		WITH BUILT-IN CONVEXITY, 4X4 IN. OR SMALLER, EACH		5.07		
A4408		OSTOMY SKIN BARRIER, WITH FLANGE (SOLID, FLEXIBLE, OR ACCORDIAN), EXTENDED WEAR,		10.66		
A4409		WITH BUILT-IN CONVEXITY, LARGER THAN 4X4 IN. EACH OSTOMY SKIN BARRIER, WITH FLANGE (SOLID, FLEXIBLE, OR ACCORDIAN), EXTENDED WEAR,		6.72		1
		WITHOUT BUILT-IN CONVEXITY, 4X4 IN. OR SMALLER, EACH		0.20		
A4410		OSTOMY SKIN BARRIER, WITH FLANGE (SOLID, FLEXIBLE, OR ACCORDIAN), EXTENDED WEAR, WITHOUT BUILT-IN CONVEXITY, LARGER THAN 4X4 IN. EACH		9.30		
A4411		OSTOMY SKIN BARRIER, SOLID 4X4 OR EQUIVALENT, EXTENDED WEAR, WITH BUILT-IN		5.51		
A4414		CONVEXITY OSTOMY SKIN BARRIER, WITH FLANGE (SOLID, FLEXIBLE, OR ACCORDIAN), WITHOUT BUILT-IN		5.33		
		CONVEXITY, 4X4 IN. OR SMALLER, EACH				-
A4415		OSTOMY SKIN BARRIER, WITH FLANGE (SOLID, FLEXIBLE, OR ACCORDIAN), WITHOUT BUILT-IN CONVEXITY, LARGER THAN 4X4 IN. EACH		6.48		
A4416		OSTOMY POUCH, CLOSED, WITH BARRIER ATTACHED, WITH FILTER (1-PIECE), EACH		2.97		
A4417		OSTOMY POUCH, CLOSED, WITH BARRIER ATTACHED, WITH BUILT-IN CONVEXITY, WITH FILTER (1-PIECE), EACH		4.02		
A4418		OSTOMY POUCH, CLOSED, WITHOUT BARRIER ATTACHED, WITH FILTER (1-PIECE), EACH		1.95		
A4410 A4419		OSTOMY POUCH, CLOSED, FOR USE ON BARRIER WITH NONLOCKING FLANGE, WITH FILTER (2-		1.88		

		NC DIVISION OF HEALTH BENEFITS (NC MEDICAID) DURABLE MEDICAL EQUIPMENT				
		Fee Schedule effective July 15, 2021				
		Taxonomies: 332BC3200X, 332BD1200X, 332BP3500X, 332BX2000X Specialty: 087				
	Pleas	The inclusion of a rate on this table does not guarantee that a service is covered. e refer to the Medicaid Billing Guide and the Medicaid and Health Choice Clinical Coverage Policies on the Not	C Medicaid websit	е.	I	
HCPCS	National Drug	DESCRIPTION				EFFECTIVE
CODE A4423	Code (NDC)	OSTOMY POUCH, CLOSED, FOR USE ON BARRIER WITH LOCKING FLANGE, WITH FILTER (2-	RENTAL	NEW 2.01	USED	
A4423		PIECE), EACH		2.01		
A4424		OSTOMY POUCH, DRAINABLE, WITH BARRIER ATTACHED, WITH FILTER (1-PIECE), EACH		5.13		
A4425		OSTOMY POUCH, DRAINABLE; FOR USE ON BARRIER WITH NONLOCKING FLANGE, WITH FILTER (2-PIECE), EACH		3.86		
A4426		OSTOMY POUCH, DRAINABLE; FOR USE ON BARRIER WITH LOCKING FLANGE, WITH FILTER (2-		2.95		
A 4 4 0 7		PIECE), EACH OSTOMY POUCH, DRAINABLE, FOR USE ON BARRIER WITH LOCKING FLANGE, (2-PIECE		3.00		-
A4427		SYSTEM), EACH		3.00		
A4428		OSTOMY POUCH, URINARY, WITH EXTENDED WEAR BARRIER ATTACHED, WITH FAUCET-TYPE		7.04		
A4429		TAP WITH VALVE (1-PIECE), EACH OSTOMY POUCH, URINARY, WITH BARRIER ATTACHED, WITH BUILT-IN CONVEXITY, WITH		8.91		
		FAUCET-TYPE TAP WITH VALVE (1-PIECE), EACH				
A4430		OSTOMY POUCH, URINARY, WITH EXTENDED WEAR BARRIER ATTACHED, WITH BUILT-IN		9.21		
A4431		CONVEXITY, WITH FAUCET-TYPE TAP WITH VALVE (1-PIECE), EACH OSTOMY POUCH, URINARY, WITH BARRIER ATTACHED, WITH FAUCET-TYPE TAP WITH VALVE		6.72		
		(1-PIECE), EACH				
A4432		OSTOMY POUCH, URINARY; FOR USE ON BARRIER WITH NONLOCKING FLANGE, WITH FAUCET- TYPE TAP WITH VALVE (2-PIECE), EACH		3.87		
A4433		OSTOMY POUCH, URINARY; FOR USE ON BARRIER WITH LOCKING FLANGE (2-PIECE), EACH		3.61		
A4435		OSTOMY POUCH, DRAINABLE, HIGH OUTPUT, WITH EXTENDED BARRIER (ONE PIECE SYSTEM),		6.44		
A4450		WITH OR WITHOUT FILTER, EACH TAPE, NONWATERPROOF, PER 18 SQ IN		0.09		+
A4452		TAPE, WATERPROOF, PER 18 SQ IN		0.39		
A4455		ADHESIVE REMOVER OR SOLVENT (FOR TAPE, CEMENT, OR OTHER ADHESIVE), PER OZ.		3.95		
A4554 A5051		DISPOSABLE UNDERPADS ALL SIZES OSTOMY POUCH, CLOSED; WITH BARRIER ATTACHED (1-PIECE), EACH		0.45 2.84		
A5051 A5052		OSTOMY POUCH, CLOSED; WITH BARRIER ATTACHED (1-PIECE), EACH		1.75		
A5053		OSTOMY POUCH, CLOSED; FOR USE ON FACEPLATE, EACH		1.51		
A5054		OSTOMY POUCH, CLOSED; FOR USE ON BARRIER WITH FLANGE (2-PIECE) EACH		1.77		-
A5055 A5056		STOMA CAP OSTOMY POUCH, DRAINABLE, WITH EXTENDED WEAR BARRIER ATTACHED, WITH FILTER, (1		1.35 5.18		
A0000		PIECE), EACH		0.10		
A5057		OSTOMY POUCH, DRAINABLE, WITH EXTENDED WEAR BARRIER ATTACHED WITH BUILT IN		10.67		
A5061		CONVEXITY, WITH FILTER, (1 PIECE), EACH OSTOMY POUCH, DRAINABLE; WITH BARRIER ATTACHED (1-PIECE), EACH		4.35		
A5062		OSTOMY POUCH, DRAINABLE; WITH BARRIER ATTACHED (1-PIECE), EACH		2.57		
A5063		OSTOMY POUCH, DRAINABLE; FOR USE ON BARRIER WITH FLANGE (2-PIECE SYSTEM) EACH		3.16		
A5071		OSTOMY POUCH, URINARY; WITH BARRIER ATTACHED (1-PIECE), EACH		4.92 3.57		
A5072 A5073		OSTOMY POUCH, URINARY; WITHOUT BARRIER ATTACHED (1-PIECE), EACH OSTOMY POUCH, URINARY; FOR USE ON BARRIER WITH FLANGE (2-PIECE SYSTEM) EACH		3.57		
A5093		OSTOMY ACCESSORY, CONVEX INSERT		1.69		
A5102		BEDSIDE DRAINAGE BOTTLE WITH OR WITHOUT TUBE, EACH		23.00		
A5120 A5121		SKIN BARRIER, WIPES OR SWABS, EACH SKIN BARRIER, SOLID 6X6 OR EQUIVALENT, EACH		0.26 9.23		-
A5121		SKIN BARRIER, SOLID 8X8 OR EQUIVALENT, EACH		12.90		
A5126		ADHESIVE OR NONADHESIVE; DISK OR FOAM PAD		1.16		
A5131 A6216		APPLIANCE CLEANER, INCONTINENCE AND OSTOMY APPLIANCES, PER 16 OZ GAUZE, NONIMPREGNATED, NONSTERILE, PAD SIZE 16 SQ IN OR LESS, WITHOUT ADHESIVE		14.73 0.05		
A0210		BORDER, EACH DRESSING		0.05		
T4521		ADULT SIZE DISPOSABLE INCONTINENCE PRODUCT, BRIEF / DIAPER, SMALL, EACH		0.78		
T4522		ADULT SIZE DISPOSABLE INCONTINENCE PRODUCT, BRIEF / DIAPER, MEDIUM, EACH ADULT SIZE DISPOSABLE INCONTINENCE PRODUCT, BRIEF / DIAPER, LARGE, EACH		0.82		+
T4523 T4524		ADULT SIZE DISPOSABLE INCONTINENCE PRODUCT, BRIEF / DIAPER, LARGE, EACH ADULT SIZE DISPOSABLE INCONTINENCE PRODUCT, BRIEF / DIAPER, EXTRA LARGE, EACH		0.90		1
T4525		ADULT SIZE DISPOSABLE INCONTINENCE PRODUCT, PROTECTIVE UNDERWEAR/PULL ON,		0.80		
T4526		SMALL, EACH ADULT SIZE DISPOSABLE INCONTINENCE PRODUCT, PROTECTIVE UNDERWEAR/PULL ON,		0.82		
04020		ADULT SIZE DISPOSABLE INCONTINENCE PRODUCT, PROTECTIVE UNDERWEAR/PULL ON, MEDIUM, EACH		0.02		
T4527		ADULT SIZE DISPOSABLE INCONTINENCE PRODUCT, PROTECTIVE UNDERWEAR/PULL ON,		0.90		
T4528		LARGE, EACH ADULT SIZE DISPOSABLE INCONTINENCE PRODUCT, PROTECTIVE UNDERWEAR/PULL ON,		0.90		+
14920		EXTRA LARGE, EACH		0.90		
T4529		PEDIATRIC SIZE DISPOSABLE INCONTINENCE PRODUCT, BRIEF / DIAPER, SMALL / MEDIUM,		0.51		
T4520		EACH PEDIATRIC SIZE DISPOSABLE INCONTINENCE PRODUCT, BRIEF / DIAPER, LARGE, EACH		0.58		+
T4530 T4531		PEDIATRIC SIZE DISPOSABLE INCONTINENCE PRODUCT, BRIEF / DIAPER, LARGE, EACH PEDIATRIC SIZE DISPOSABLE INCONTINENCE PRODUCT, PROTECTIVE UNDERWEAR/PULL ON,		0.58		
		SMALL/MEDIUM, EACH				
T4532		PEDIATRIC SIZE DISPOSABLE INCONTINENCE PRODUCT, PROTECTIVE UNDERWEAR/PULL ON, LARGE, EACH		0.89		
T4533		YOUTH SIZE DISPOSABLE INCONTINENCE PRODUCT, BRIEF / DIAPER, EACH		0.70		
T4534		YOUTH SIZE DISPOSABLE INCONTINENCE PRODUCT, PROTECTIVE UNDERWEAR/PULL ON,		0.88		
T4543		EACH ADULT SIZE DISPOSABLE INCONTINENCE PRODUCT, BRIEF / DIAPER, BARIATRIC, XXL, EACH		1.35		+
14543		ADULI SIZE DISFUSADLE INCONTINENCE PRODUCI, DRIEF / DIAPER, BARIATRIC, XXL, EACH		1.30		
T4544		ADULT SIZE DISPOSABLE INCONTINENCE PRODUCT, PROTECTIVE UNDERWEAR/PULL ON,		1.35		
		ABOVE EXTRA LARGE, EACH				
					1	1

		NC DIVISION OF HEALTH BENEFITS (NC MEDICAID)				
DURABLE MEDICAL EQUIPMENT						
	Fee Schedule effective July 15, 2021					
		Taxonomies: 332BC3200X, 332BD1200X, 332BP3500X, 332BX2000X Specialty: 087				
		The inclusion of a rate on this table does not guarantee that a service is covered.				
	Please	e refer to the Medicaid Billing Guide and the Medicaid and Health Choice Clinical Coverage Policies on the N	IC Medicaid websit	e.		
HCPCS	National Drug	DESCRIPTION	MEDICAID MAXIMUM _SFY 2018			EFFECTIVE
CODE	Code (NDC)		RENTAL	NEW	USED	1
		Providers are reminded to bill their usual and customary rates. Do not automatically bill the established				
		maximum reimbursement rate listed.				
		Payment will be the lesser of the billed usual and customary rate or the maximum reimbursement rate.				
		Note: * indicates that item requires prior approval				
		BOLD indicates Medicare is primary payer for this item				