

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

March 1, 2005

CODE	INEXPENSIVE OR ROUTINELY PURCHASED ITEMS DESCRIPTION	MEDICAID MAXIMUM		
		RENTAL	NEW	USED
<b>A4637</b>	<b>REPLACEMENT TIP, CANE, CRUTCH, WALKER, EACH</b>		<b>2.02</b>	
<b>A4640</b>	<b>REPLACEMENT PAD FOR USE WITH MEDICALLY NECESSARY ALTERNATING PRESSURE PAD OWNED BY PATIENT</b>		<b>54.22</b>	
E0100	CANE, INCLUDES CANES OF ALL MATERIALS, ADJUSTABLE OR FIXED, WITH TIP		12.88	9.66
E0105	CANE, QUAD OR THREE PRONG, INCLUDES CANES OF ALL MATERIALS, ADJUSTABLE OR FIXED, WITH TIPS		36.89	27.67
E0110	CRUTCHES, FOREARM, INCLUDES CRUTCHES OF VARIOUS MATERIALS, ADJUSTABLE OR FIXED, PAIR, WITH TIPS AND HAND GRIPS		71.10	53.34
E0111	CRUTCH, FOREARM, INCLUDES CRUTCHES OF VARIOUS MATERIALS, ADJUSTABLE OR FIXED, EACH, WITH TIP AND HANDGRIPS		43.01	33.19
E0112	CRUTCHES UNDERARM, WOOD, ADJUSTABLE OR FIXED, PAIR, WITH PADS, TIPS AND HANDGRIPS		23.78	17.84
E0114	CRUTCHES UNDERARM, ALUMINUM, ADJUSTABLE OR FIXED, PAIR, WITH PADS, TIPS AND HANDGRIPS		38.11	28.80
E0130	WALKER, RIGID (PICKUP), ADJUSTABLE OR FIXED HEIGHT		62.79	47.09
E0135	WALKER, FOLDING (PICKUP), ADJUSTABLE OR FIXED HEIGHT		79.65	61.11
E0141	WALKER, RIGID, WHEELED, ADJUSTABLE OR FIXED HEIGHT		105.61	76.13
E0143	WALKER, FOLDING, WHEELED, ADJUSTABLE OR FIXED HEIGHT		100.80	72.66
E0148	WALKER HEAVY DUTY, WITHOUT WHEELS, RIGID OR FOLDING ANY TYPE, EACH		140.25	114.64
E0149	WALKER, HEAVY DUTY, WHEELED, RIGID OR FOLDING, ANY TYPE, EACH		227.09	170.32
E0154	PLATFORM ATTACHMENT, WALKER, EACH		67.24	50.43
<b>E0199</b>	<b>DRY PRESSURE PAD FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH</b>		<b>25.49</b>	<b>19.41</b>
E0240	BATH/SHOWER CHAIR, WITH OR WITHOUT WHEELS, ANY SIZE		65.07	41.59
E0244	RAISED TOILET SEAT (clamp-on type)		76.81	57.61
E0247	TRANSFER BENCH FOR TUB OR TOILET WITH OR WITHOUT COMMODOE OPENING		92.37	69.28
E0248	TRANSFER BENCH, HEAVY DUTY, FOR TUB OR TOILET WITH OR WITHOUT COMMODOE OPENING		251.80	188.85
<b>E0271</b>	<b>MATTRESS, INNERSPRING</b>		<b>210.94</b>	<b>164.79</b>
<b>E0272</b>	<b>MATTRESS, FOAM RUBBER</b>		<b>110.87</b>	<b>83.16</b>
<b>E0276</b>	<b>BED PAN, FRACTURE, METAL OR PLASTIC</b>		<b>10.75</b>	<b>8.50</b>
<b>E0280</b>	<b>BED CRADLE, ANY TYPE</b>		<b>25.29</b>	<b>18.97</b>
<b>E0305</b>	<b>BED SIDE RAILS, HALF LENGTH</b>		<b>143.63</b>	<b>107.72</b>
<b>E0310</b>	<b>BED SIDE RAILS, FULL LENGTH</b>		<b>161.62</b>	<b>123.30</b>
E0325	URINAL; MALE, JUG-TYPE, ANY MATERIAL		5.76	4.32
E0326	URINAL; FEMALE, JUG-TYPE, ANY MATERIAL		8.49	6.35
<b>E0607</b>	<b>HOME BLOOD GLUCOSE MONITOR</b>		<b>63.48</b>	<b>47.59</b>
E0621	SLING OR SEAT, PATIENT LIFT, CANVAS OR NYLON		79.93	59.96
<b>E0840</b>	<b>TRACTION FRAME, ATTACHED TO HEADBOARD, CERVICAL TRACTION</b>		<b>53.28</b>	<b>39.97</b>
<b>E0860</b>	<b>TRACTION EQUIPMENT, OVERDOOR, CERVICAL</b>		<b>30.86</b>	<b>23.16</b>
<b>E0890</b>	<b>TRACTION FRAME, ATTACHED TO FOOTBOARD, PELVIC TRACTION</b>		<b>70.23</b>	<b>52.68</b>
E0980	SAFETY VEST, WHEELCHAIR		23.35	17.52
S5560	INSULIN DELIVERY DEVICE, REUSABLE PEN: 1.5 ML SIZE		53.98	
S5561	INSULIN DELIVERY DEVICE, REUSABLE PEN: 3 ML SIZE		53.98	
W4002*	MANUAL VENTILATION BAG (e.g. AMBU BAG)		171.16	128.37
W4016*	BATH SEAT, PEDIATRIC (e.g. TLC)		403.60	302.70
W4633*	EGGCRATE MATTRESS PAD		19.23	
W4688*	SINGLE POINT CANE FOR WEIGHTS 251# TO 500#		25.78	19.34
W4689*	QUAD CANE FOR WEIGHTS 251# TO 500#		63.73	47.80
W4690*	CRUTCHES FOR WEIGHTS 251# TO 500#		161.65	121.24
W4691*	FIXED-HEIGHT FOREARM CRUTCHES FOR WEIGHTS TO 600#		404.38	303.29
W4695*	GLIDES/SKIS FOR USE WITH WALKER		30.33	
W4733*	REPLACEMENT OVERSIZED INNERSPRING MATTRESS FOR HOSPITAL BED W/ WIDTH TO 39"		328.56	246.42
W4734*	REPLACEMENT OVERSIZED INNERSPRING MATTRESS FOR HOSPITAL BED W/ WIDTH TO 48"		404.38	303.29
W4735*	REPLACEMENT OVERSIZED INNERSPRING MATTRESS FOR HOSPITAL BED W/ WIDTH TO 54"		414.49	310.87
W4736*	REPLACEMENT OVERSIZED INNERSPRING MATTRESS FOR HOSPITAL BED W/ WIDTH TO 60"		434.71	326.03
HCPCS CODE	CAPPED RENTAL/PURCHASED EQUIPMENT DESCRIPTION	MEDICAID MAXIMUM		
		RENTAL	NEW	USED
<b>B9002</b>	<b>ENTERAL PUMP, WITH ALARM</b>	<b>115.87</b>	<b>1196.35</b>	<b>897.26</b>
B9004	PARENTERAL INFUSION PUMP - PORTABLE	377.79	2386.38	1789.79
B9006	PARENTERAL INFUSION PUMP - STATIONARY	365.72	2310.15	1732.61
<b>E0163</b>	<b>COMMODOE CHAIR, STATIONARY, WITH FIXED ARMS</b>	<b>8.55</b>	<b>85.56</b>	<b>64.17</b>
E0164	COMMODOE CHAIR, MOBILE, WITH FIXED ARMS	8.55	85.56	64.17
E0165	COMMODOE CHAIR, STATIONARY, DETACHABLE ARMS	15.00	150.00	112.50
E0166	COMMODOE CHAIR, MOBILE, WITH DETACHABLE ARMS	20.38	203.80	152.85
E0167	PAIL OR PAN FOR USE WITH COMODE CHAIR		6.39	
E0168	COMMODOE CHAIR, EXTRA WIDE AND/OR HEAVY DUTY, STATIONARY OR MOBILE WITH OR WITHOUT ARMS, ANY TYPE EACH	50.00	500.00	375.00
<b>E0180</b>	<b>PRESSURE PAD, ALTERNATING WITH PUMP</b>	<b>16.79</b>	<b>167.95</b>	<b>125.96</b>
<b>E0181</b>	<b>PRESSURE PAD, ALTERNATING WITH PUMP, HEAVY DUTY</b>	<b>19.96</b>	<b>199.60</b>	<b>149.70</b>
<b>E0182</b>	<b>PUMP FOR ALTERNATING PRESSURE PAD</b>	<b>21.15</b>	<b>211.45</b>	<b>158.59</b>

Note: \* indicates that item requires prior approval

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HCPCS CODE	CAPPED RENTAL/PURCHASED EQUIPMENT	MEDICAID MAXIMUM		
	DESCRIPTION continued	RENTAL	NEW	USED
E0184	<i>DRY PRESSURE MATTRESS</i>	7.87	78.72	59.04
E0185	<i>GEL OR GEL-LIKE PRESSURE PAD FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH</i>	39.96	303.87	233.22
E0186	<i>AIR PRESSURE MATTRESS</i>	10.12	101.23	75.92
E0187	<i>WATER PRESSURE MATTRESS</i>	14.24	142.38	106.79
E0193*	<i>POWERED AIR FLOTATION BED (LOW AIR LOSS THERAPY)</i>	858.32	8583.17	6437.38
E0196	<i>GEL PRESSURE MATTRESS</i>	30.87	308.67	231.50
E0197	<i>AIR PRESSURE PAD FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH</i>	24.69	178.93	157.17
E0198	<i>WATER PRESSURE PAD FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH</i>	20.77	207.62	155.73
E0235	PARAFFIN BATH UNIT, PORTABLE	15.66	156.57	117.43
E0250*	<i>HOSPITAL BED, FIXED HEIGHT, WITH ANY TYPE SIDE RAILS, WITH MATTRESS</i>	86.73	867.33	650.50
E0255*	<i>HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITH ANY TYPE SIDE RAILS, WITH MATTRESS</i>	100.12	1001.20	750.90
E0260*	<i>HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT) WITH ANY TYPE SIDE RAILS, WITH MATTRESS</i>	128.98	1289.80	967.35
E0265*	HOSPITAL BED, TOTAL ELECTRIC (HEAD, FOOT AND HEIGHT ADJUSTMENTS), WITH ANY TYPE SIDE RAILS, WITH MATTRESS	189.90	1899.00	1424.25
E0277*	<i>POWERED PRESSURE-REDUCING AIR MATTRESS</i>	721.41	7214.15	5410.61
E0303*	HOSPITAL BED HEAVY DUTY, EXTRA WIDE FOR WEIGHTS 350 LBS BUT LESS THAN 600 LBS W/ MATTRESS AND ANY TYPE SIDE RAILS	442.68	6436.40	4063.80
E0304*	HOSPITAL BED, EXTRA HEAVY DUTY FOR WEIGHT CAPACITY GREATER THAN 600 LBS W/ MATTRESS AND ANY TYPE SIDE RAILS	778.94	7809.64	5888.83
E0371*	<i>NONPOWERED ADVANCED PRESSURE REDUCING OVERLAY FOR MATTRESS</i>	422.26	4222.61	3166.96
E0372*	<i>POWERED AIR OVERLAY FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH</i>	512.39	5123.91	3842.93
E0373*	<i>NONPOWERED ADVANCED PRESSURE REDUCING MATTRESS</i>	583.76	5837.55	4378.16
E0470*	RESPIRATORY ASSIST DEVICE, BI-LEVEL PRESSURE CAPABILITY WITHOUT BACKUP RATE FEATURE, USED WITH NON-INVASIVE INTERFACE, NASAL OR DACIAL MASK (INTERMITTENT ASSIST DEVICE WITH CONTINUOUS POSITIVE AIRWAY PRESSURE DEVICE)	250.95	2509.51	1882.12
E0480*	<i>PERCUSSOR, ELECTRIC OR PNEUMATIC, HOME MODEL</i>	37.30	373.01	280.50
E0550	<i>HUMIDIFIER, DURABLE FOR EXTENSIVE SUPPLEMENTAL HUMIDIFICATION DURING IPPB TREATMENTS OR OXYGEN DELIVERY</i>	49.15	516.16	387.11
E0555	<i>HUMIDIFIER, DURABLE, GLASS OR AUTOCLAVABLE PLASTIC BOTTLE TYPE, FOR USE WITH REGULATOR OR FLOWMETER</i>	10.48	104.79	78.60
E0561	HUMIDIFIER, NON-HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	13.16	131.57	98.68
E0562	HUMIDIFIER, HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	35.00	350.00	262.50
E0565*	<i>COMPRESSOR, AIR POWER SOURCE FOR EQUIPMENT WHICH IS NOT SELF CONTAINED OR CYLINDER DRIVEN</i>	57.97	579.68	434.76
E0570	NEBULIZER, WITH COMPRESSOR	16.56	165.60	124.20
E0575*	NEBULIZER, ULTRASONIC	50.94	509.40	382.05
E0600	<i>RESPIRATORY SUCTION PUMP, HOME MODEL, PORTABLE OR STATIONARY, ELECTRIC</i>	43.50	434.96	326.22
E0601*	CONTINUOUS AIRWAY PRESSURE (CPAP) DEVICE	100.95	1009.46	757.10
E0609*	<i>BLOOD GLUCOSE MONITOR WITH SPECIAL FEATURES (e.g. voice synthesizer, automatic timer, etc.)</i>	60.26	602.61	451.97
E0630*	PATIENT LIFT HYDRAULIC, WITH SEAT OR SLING	96.79	967.93	725.95
E0650*	<i>PNEUMATIC COMPRESSOR, NONSEGMENTAL HOME MODEL</i>	55.88	558.85	434.27
E0651*	<i>PNEUMATIC COMPRESSOR, SEGMENTAL HOME MODEL W/O CALIBRATED GRADIENT PRESSURE</i>	89.13	872.53	654.40
E0652*	<i>PNEUMATIC COMPRESSOR, SEGMENTAL HOME MODEL WITH CALIBRATED GRADIENT PRESSURE</i>	497.77	5036.53	3774.02
E0655*	<i>NONSEGMENTAL PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC COMPRESSOR, HALF ARM</i>	10.24	91.77	68.82
E0660*	<i>NONSEGMENTAL PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC COMPRESSOR, FULL LEG</i>	15.38	151.76	113.81
E0665*	<i>NONSEGMENTAL PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC COMPRESSOR, FULL ARM</i>	12.50	124.92	93.70
E0666*	<i>NONSEGMENTAL PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC COMPRESSOR, HALF LEG</i>	12.30	123.11	92.34
E0667*	<i>SEGMENTAL PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC COMPRESSOR, FULL LEG</i>	34.73	307.59	230.70
E0668*	<i>SEGMENTAL PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC COMPRESSOR, FULL ARM</i>	41.43	419.80	314.85
E0669*	<i>SEGMENTAL PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC COMPRESSOR, HALF LEG</i>	17.03	170.34	127.74
E0671*	<i>SEGMENTAL GRADIENT PRESSURE PNEUMATIC APPLIANCE, FULL LEG</i>	39.46	394.59	295.94
E0672*	<i>SEGMENTAL GRADIENT PRESSURE PNEUMATIC APPLIANCE, FULL ARM</i>	30.67	306.60	229.97
E0673*	<i>SEGMENTAL GRADIENT PRESSURE PNEUMATIC APPLIANCE, HALF LEG</i>	25.48	254.77	191.10
E0720*	TENS, TWO LEAD, LOCALIZED STIMULATION	34.92	349.21	261.91
E0730*	TENS, FOUR LEAD, LARGER AREA/MULTIPLE NERVE STIMULATION	35.20	352.04	264.03
E0747*	<i>OSTEOGENESIS STIMULATOR, NONINVASIVE</i>	323.87	3238.67	2426.73
E0748*	<i>OSTEOGENESIS STIMULATOR, ELECTRICAL, NONINVASIVE, SPINAL APPLICATIONS</i>	332.92	3329.23	2496.93
E0760*	<i>OSTEOGENESIS STIMULATOR, LOW INTENSITY, NONINVASIVE</i>	301.79	3017.80	2263.35
E0776	IV POLE	24.38	96.31	72.24
E0910	<i>TRAPEZE BARS, AKA PATIENT HELPER, ATTACHED TO BED, WITH GRAB BAR</i>	16.15	161.45	121.09
E0940	<i>TRAPEZE BAR, FREE STANDING, COMPLETE WITH GRAB BAR</i>	25.60	256.02	192.02

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HCPCS CODE	CAPPED RENTAL/PURCHASED EQUIPMENT DESCRIPTION continued	MEDICAID MAXIMUM		
		RENTAL	NEW	USED
E0950	WHEELCHAIR ACCESSORY TRAY, EACH	9.89	98.76	74.07
E0951	HEEL LOOP/HOLDER, ANY TYPE, WITH OR WITHOUT ANKLE STRAP, EACH	2.42	24.03	18.02
E0952	TOE LOOP/HOLEDER, ANY TYPE, EACH	1.86	17.90	13.43
E0958	WHEELCHAIR ATTACHMENT TO CONVERT ANY WHEELCHAIR TO ONE-ARM DRIVE	41.45	414.55	310.90
E0959	MANUAL WHEELCHAIR ACCESSORY, ADAPTER FOR AMPUTEE, EACH	8.00	79.99	60.00
E0960*	WHEELCHAIR ACCESSORY, SHOULDER HARNESS/STRAPS OR CHES STRAP INCLUDING ANY TYPE MOUNTING HARDWARE	9.10	90.98	68.24
E0961	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK BRAKE EXTENSION (HANDLE), EACH	4.95	47.35	23.68
E0966*	MANUAL WHEELCHAIR ACCESSORY, HEADREST EXTENSION	6.65	66.53	49.90
E0967*	MANUAL WHEELCHAIR ACCESSORY, HAND RIM WITH PROJECTIONS, ANY TYPE, REPLACEMENT ONLY, EACH	6.71	67.07	50.28
E0971	ANTI-TIPPING DEVICE, WHEELCHAIR	3.08	30.72	23.04
E0972	WHEELCHAIR ACCESSORY, TRANSFER BOARD OR DEVICE, EACH	5.33	52.36	38.35
E0973*	WHEELCHAIR ACCESSORY, ADJUSTABLE HEIGHT DETACHABLE ARMREST, COMPLETE ASSEMBLY	10.40	109.22	81.92
E0974	MANUAL WHEELCHAIR ACCESSORY, ANIT-ROLLBACK DEVICE, EACH	13.24	124.75	94.27
E0978	WHEELCHAIR ACCESSORY, POSITIONING BELTS/SAFETY BELT/PELVIC STRAP, EACH	3.93	39.39	29.56
E0981	WHEELCHAIR ACCESSORY, SEAT UPHOLSTERY, REPLACEMENT ONLY	4.54	45.37	34.02
E0982*	WHEELCHAIR ACCESSORY, BACK UPHOLSTERY, REPLACEMENT ONLY	4.47	44.72	33.53
E0990*	WHEELCHAIR ACCESSORY, ELEVATING LEGREST, COMPLETE ACCESSORY, EACH	10.68	104.67	78.51
E0992*	MANUAL WHEELCHAIR ACCESSORY . SOLID SEAT INSERT	8.78	90.39	67.80
E0995	WHEELCHAIR ACCESSORY, CALF REST/PAD, EACH	2.73	27.40	20.57
E1025*	LATERAL THORACIC SUPPORT, NON-CONTOURED, FOR PEDIATRIC WHEELCHAIR, EACH (INCLUDES HARDWARE)	20.66	206.63	154.97
E1026*	LATERAL THORACIC SUPPORT, CONTOURED, FOR PEDIATRIC WHEELCHAIR, EACH (INCLUDES HARDWARE)	20.66	206.63	154.97
E1027*	LATERAL/ANTERIOR SUPPORT, FOR PEDIATRIC WHEELCHAIR, EACH (INDLCUES HARDWARE)	20.66	206.63	154.97
E1031	ROLLABOUT CHAIR, ANY AND ALL TYPES WITH CASTERS, 5" OR GREATER	32.83	328.28	246.21
E1037*	TRANSPORT CHAIR, PEDIATRIC SIZE	193.05	1930.58	1447.94
E1038*	TRANSPORT CHAIR, ADULT SIZE, PATIENT WEIGHT CAPACITY LESS THAN 250 POUNDS	40.00	400.00	300.00
E1161*	MANUAL ADULT SIZE WHEELCHAIR, INCLUDES TILT IN SPACE	236.61	2366.09	1774.59
E1226*	WHEELCHAIR ACCESSORY, MANUAL FULLY RECLINING BACK, (RECLINE GREATER THAN 80 DEGREES), EACH	45.35	440.62	330.44
E1229*	WHEELCHAIR, PEDIATRIC SIZE, NOT OTHERWISE SPECIFIED	manually priced		
E1231*	WHEELCHAIR, PEDIATRIC SIZE, TILT-IN-SPACE, RIGID, ADJUSTABLE, WITH SEATING SYSTEM	213.81	2138.09	1603.57
E1232*	WHEELCHAIR, PEDIATRIC SIZE, TILT-IN-SPACE, FOLDING, ADJUSTABLE, WITH SEATING SYSTEM	213.85	2138.41	1603.82
E1233*	WHEELCHAIR, PEDIATRIC SIZE, TILT-IN-SPACE, RIGID, ADJUSTABLE, WITHOUT SEATING SYSTEM	221.57	2215.73	1661.79
E1234*	WHEELCHAIR, PEDIATRIC SIZE, TILT-IN-SPACE, FOLDING, ADJUSTABLE, WITHOUT SEATING SYSTEM	192.91	1928.95	1446.70
E1235*	WHEELCHAIR, PEDIATRIC SIZE, RIGID, ADJUSTABLE, WITH SEATING SYSTEM	185.75	1857.43	1393.07
E1236*	WHEELCHAIR, PEDIATRIC SIZE, FOLDING, ADJUSTABLE, WITH SEATING SYSTEM	163.87	1638.73	1229.05
E1237*	WHEELCHAIR, PEDIATRIC SIZE, RIGID, ADJUSTABLE, WITHOUT SEATING SYSTEM	165.30	1653.05	1239.80
E1238*	WHEELCHAIR, PEDIATRIC SIZE, FOLDING, WITHOUT SEATING SYSTEM	172.37	1723.55	1292.64
E1239*	POWER WHEELCHAIR, PEDIATRIC SIZE, NOT OTHERWISE SPECIFIED	manually priced		
E1300	WHIRLPOOL, PORTABLE (OVERTUB TYPE)	17.81	178.06	133.55
E2201*	MANUAL WHEELCHAIR ACCESSORY, NON-STANDARD SEAT FRAME, WIDTH GREATER THAN OR EQUAL TO 20 INCHES AND LESS THAN 24 INCHES	37.31	373.10	279.83
E2202*	MANUAL WHEELCHAIR ACCESSORY, NON-STANDARD SEAT FRAME, WIDTH 24-27 INCHES	47.40	473.98	355.50
E2203*	MANUAL WHEELCHAIR ACCESSORY, NON-STANDARD SEAT FRAME DEPTH , 20 TO LESS THAN 22 INCHES	47.89	479.05	359.28
E2204*	MANUAL WHEELCHAIR ACCESSORY, NON-STANDARD SEAT FRAME DEPTH , 22-25 INCHES	81.35	813.40	610.05
E2205	MANUAL WHEELCHAIR ACCESSORY, HANDRIM WITHOUT PROJECTIONS, ANY TUPE, REPLACEMENT ONLY, EACH	3.25	32.67	24.52
E2206	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK ASSEMBLY, COMPLETE, EACH	4.06	40.68	30.50
E2291*	BACK, PLANAR, FOR PEDIATRIC SIZE WHEELCHAIR INCLUDING FIXED ATTACHING HARDWARE	44.46	444.56	333.42
E2292*	SEAT, PLANAR, FOR PEDIATRIC SIZE WHEELCHAIR INCLUDING FIXED ATTACHING HARDWARE	42.06	420.55	315.42
E2293*	BACK, CONTOURED, FOR PEDIATRIC SIZE WHEELCHAIR INCLUDING FIXED ATTACHING HARDWARE	44.46	444.56	333.42
E2294*	SEAT, CONTOURED, FOR PEDIATRIC SIZE WHEELCHAIR INCLUDING FIXED ATTACHING HARDWARE	42.06	420.55	315.42
E2340*	POWER WHEELCHAIR ACCESSORY, NON-STANDARD SEAT FRAME,WIDTH 20-23 INCHES	35.85	358.36	268.79
E2341*	POWER WHEELCHAIR ACCESSORY, NON-STANDARD SEAT FRAME,WIDTH 24-27 INCHES	53.76	537.58	403.19
E2342*	POWER WHEELCHAIR ACCESSORY, NON-STANDARD SEAT FRAME, DEPTH 20-21 INCHES	44.80	447.98	335.99
E2343*	POWER WHEELCHAIR ACCESSORY, NON-STANDARD SEAT FRAME, DEPTH 22-25 INCHES	71.67	716.78	537.58
E2360	POWER WHEELCHAIR ACCESSORY, 22 NF NON SEALED LEAD ACID BATTERY, EACH	10.73	106.73	80.05
E2361	POWER WHEELCHAIR ACCESSORY, 22 NF SEALED LEAD ACID BATTERY, EACH (E.G. GEL CELL, ABSORBED GLASSMAT)	13.26	132.50	99.39
E2362	POWER WHEELCHAIR ACCESSORY, GROUP 24 NON-SEALED LEAD ACID BATTERY, EACH	8.75	87.38	65.54
E2363	POWER WHEELCHAIR ACCESSORY, GROUP 24 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	17.68	176.71	132.53
E2364	POWER WHEELCHAIR ACCESSORY, U-1 NON-SEALED LEAD ACID BATTERY, EACH	10.73	106.73	80.05
E2365	POWER WHEELCHAIR ACCESSORY, U-1 SEALED LEAD ACID BATTERY, EACH (E.G. GEL CELL, ABSORBED GLASS MAT)	10.66	106.56	79.94

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		RENTAL	NEW	USED
E2366*	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, SINGLE MODE, FOR USE WITH ONLY 1 BATTERY TYPE, SEALED OR NON-SEALED, EACH	21.34	212.88	159.66
E2367*	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, DUAL MODE, FOR USE WITH EITHER BATTERY TYPE, SEALED OR NON-SEALED, EACH	39.81	398.14	298.61
E2368*	POWER WHEELCHAIR COMPONENT, MOTOR, REPLACEMENT ONLY	51.67	516.57	387.44
E2369*	POWER WHEELCHAIR COMPONENT, GEAR BOX, REPLACEMENT ONLY	45.00	449.94	337.45
E2370*	POWER WHEELCHAIR COMPONENT, MOTOR AND GEAR BOX, REPLACEMENT ONLY	80.29	802.84	602.12
E2601	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	8.86	88.65	66.49
E2602*	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	16.20	161.88	121.43
E2603*	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	22.31	223.04	167.28
E2604*	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	31.56	315.76	236.83
E2605*	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	32.19	321.69	241.29
E2606*	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	43.61	436.07	327.06
E2607*	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	29.56	295.60	221.70
E2608*	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	35.42	354.00	265.51
E2609*	CUSTOM FABRICATED WHEELCHAIR SEAT CUSHION, ANY SIZE	<i>manually priced</i>		
E2611	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	31.23	312.35	234.29
E2612	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	42.25	422.54	316.89
E2613*	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	39.31	393.04	294.78
E2614*	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	54.40	543.93	407.97
E2615*	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	45.24	452.32	339.23
E2616*	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH GREATER THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	60.86	608.58	456.45
E2620*	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	57.47	574.76	431.08
E2621*	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH GREATER THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	54.77	547.70	410.79
K0001*	STANDARD WHEELCHAIR	44.11	441.14	330.85
K0002*	STANDARD HEMI (LOW SEAT) WHEELCHAIR	69.32	693.23	519.92
K0003*	LIGHTWEIGHT WHEELCHAIR	72.35	723.51	542.63
K0004*	HIGH STRENGTH, LIGHTWEIGHT WHEELCHAIR	112.65	1126.51	844.88
K0005*	ULTRALIGHTWEIGHT WHEELCHAIR	175.63	1756.37	1317.26
K0006*	HEAVY DUTY WHEELCHAIR	112.99	1474.70	847.42
K0007*	EXTRA HEAVY DUTY WHEELCHAIR	169.58	1695.82	1271.86
K0010*	STANDARD WEIGHT FRAME MOTORIZED, POWER WHEELCHAIR	337.52	3375.20	2531.40
K0011*	STANDARD WEIGHT FRAME MOTORIZED/POWER WHEELCHAIR W/ PROGRAMMABLE CONTROL PARAMETERS FOR SPEED ADJUSTMENT,TREMOR DAMPENING,ACCELERATION CONTROL & BRAKING	478.63	4786.29	3589.72
K0015*	DETACHABLE, NONADJUSTABLE HEIGHT ARMREST, EACH	7.79	77.92	58.44
K0017*	DETACHABLE, ADJUSTABLE HEIGHT ARMREST, BASE, EACH	4.85	48.56	36.41
K0018*	DETACHABLE, ADJUSTABLE HEIGHT ARMREST, UPPER PORTION, EACH	2.70	27.12	20.36
K0019	ARM PAD, EACH	1.60	16.01	11.99
K0020*	FIXED, ADJUSTABLE HEIGHT ARMREST, PAIR	4.42	44.13	33.09
K0037*	HIGH MOUNT FLIP-UP FOOTREST, EACH	3.48	38.89	29.17
K0038	LEG STRAP, EACH	2.30	23.05	17.29
K0039	LEG STRAP, H STYLE, EACH	5.13	51.19	38.39
K0040	ADJUSTABLE ANGLE FOOTPLATE, EACH	7.08	70.94	53.19
K0041	LARGE SIZE FOOTPLATE, EACH	5.04	50.27	37.71
K0042	STANDARD SIZE FOOTPLATE, EACH	2.93	29.41	22.06
K0043	FOOTREST, LOWER EXTENSION TUBE, EACH	1.85	18.56	13.92
K0044	FOOTREST, UPPER HANGER BRACKET, EACH	1.58	15.81	11.85
K0045	FOOTREST, COMPLETE ASSEMBLY FOR K0001 AND K0002, EACH	5.55	53.78	40.35
K0046*	ELEVATING LEGREST, LOWER EXTENSION TUBE, FOR K0001 AND K0002, EACH	1.85	18.56	13.92
K0047*	ELEVATING LEGREST, UPPER HANGER BRACKET, FOR K0001 AND K0002, EACH	7.29	72.66	54.48
K0050	RATCHET ASSEMBLY	3.08	30.88	23.17
K0051	CAM RELEASE ASSEMBLY, FOOTREST OR LEGREST, EACH	5.02	49.98	37.47
K0052*	SWINGAWAY, DETACHABLE FOOTRESTS, EACH	8.77	87.82	65.86
K0053*	ELEVATING FOOTRESTS, ARTICULATING (TELESCOPING), EACH	9.68	96.91	72.69
K0056*	SEAT HEIGHT LESS THAN 17" OR LESS THAN OR EQUAL TO 21" FOR A HIGH STRENGTH LIGHTWEIGHT OR ULTRALIGHTWEIGHT WHEELCHAIR	9.03	90.35	67.77
K0064	ZERO PRESSURE TUBE	2.90	28.89	21.65
K0065	SPOKE PROTECTORS, each	4.22	42.24	31.67

Note: \* indicates that item requires prior approval

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

March 1, 2005

HCPCS CODE	CAPPED RENTAL/PURCHASED EQUIPMENT DESCRIPTION continued	MEDICAID MAXIMUM		
		RENTAL	NEW	USED
K0066	SOLID TIRE, ANY SIZE, EACH	2.61	27.09	20.72
K0067	PNEUMATIC TIRE, ANY SIZE, EACH	3.81	38.86	27.84
K0068	PNEUMATIC TIRE TUBE, EACH	0.58	5.59	4.19
K0069	REAR WHEEL ASSEMBLY, COMPLETE, WITH SOLID TIRE, SPOKES OR MOLDED, EACH	9.77	94.92	71.20
K0070	REAR WHEEL ASSEMBLY, COMPLETE, WITH PNEUMATIC TIRE, EACH	17.41	174.01	130.51
K0071	FRONT CASTER ASSEMBLY, COMPLETE, WITH PNEUMATIC TIRE, EACH	10.38	103.78	77.83
K0072	FRONT CASTER ASSEMBLY, COMPLETE, WITH SEMIPNEUMATIC TIRE, EACH	6.25	62.47	46.85
K0073	CASTER PIN LOCK, EACH	3.28	32.75	24.56
K0074	PNEUMATIC CASTER TIRE, ANY SIZE, EACH	3.20	29.08	21.81
K0075	SEMIPNEUMATIC CASTER TIRE, ANY SIZE, EACH	4.48	39.75	29.82
K0076	SOLID CASTER TIRE, ANY SIZE, EACH	2.45	24.27	18.22
K0077	FRONT CASTER ASSEMBLY, COMPLETE, WITH SOLID TIRE, EACH	5.59	55.91	41.92
K0078	PNEUMATIC CASTER TIRE TUBE, EACH	0.91	9.12	6.82
K0090	REAR WHEEL TIRE FOR POWER WHEELCHAIR, ANY SIZE, EACH	7.25	72.37	54.28
K0091	REAR WHEEL TIRE TUBE OTHER THAN ZERO PRESSURE FOR POWER WHEELCHAIR, ANY SIZE, EACH	1.97	19.73	14.79
K0092	REAR WHEEL ASSEMBLY FOR POWER WHEELCHAIR, COMPLETE, EACH	23.09	230.98	173.24
K0093	REAR WHEEL, ZERO PRESSURE TIRE TUBE (FLAT FREE INSERT), POWER WHEELCHAIR, ANY SIZE, EACH	14.42	144.29	108.22
K0094	WHEEL TIRE FOR POWER BASE, ANY SIZE, EACH	4.71	47.02	35.26
K0095	WHEEL TIRE TUBE OTHER THAN ZERO PRESSURE FOR EACH BASE, ANY SIZE, EACH	4.71	47.02	35.26
K0096	WHEEL ASSEMBLY FOR POWER BASE, COMPLETE, EACH	26.05	260.59	195.44
K0097	WHEEL ZERO PRESSURE TIRE TUBE (FLAT FREE INSERT) FOR POWER BASE, ANY SIZE, EACH	5.94	59.34	44.51
K0098	DRIVE BELT FOR POWER WHEELCHAIR	2.58	25.85	19.37
K0099	FRONT CASTER FOR POWER WHEELCHAIR	7.70	76.86	57.65
K0102	CRUTCH AND CANE HOLDER, each	4.12	41.19	30.89
K0104	CYLINDER TANK CARRIER, each	11.27	112.85	84.64
K0105	IV HANGER, each	9.43	94.46	70.85
K0106	ARM TROUGH, EACH	10.20	101.80	76.36
K0195*	ELEVATING LEGREST, PAIR (FOR USE WITH CAPPED RENTAL WHEELCHAIR BASE)	20.50	204.97	153.72
W4119*	WHEELCHAIR SEAT HEIGHT, COST ADDED OPTION FROM MANUFACTURER	11.13	111.29	83.46
W4130*	CONTOURED OR 3-PIECE HEAD/NECK SUPPORTS WITH HARDWARE, EACH	20.45	204.54	153.40
W4131*	BASIC HEAD/NECK SUPPORT WITH HARDWARE, EACH	16.28	162.79	122.10
W4132*	CONTOURED OR 3-PIECE HEAD/NECK SUPPORT WITH MULTI-ADJUSTABLE HARDWARE, EACH	32.66	326.63	244.98
W4133*	BASIC HEAD/NECK SUPPORT WITH MULTI-ADJUSTABLE HARDWARE, EACH	30.68	306.81	230.10
W4138*	HIP/THIGH SUPPORTS W/ HARDWARE, INCLUDING FIXED OR ADJUSTABLE PELVIC STABILIZERS, ETC., PAIR	25.98	259.85	194.88
W4139*	SUB-ASIS BARS WITH HARDWARE, EACH	40.28	402.81	302.11
W4140*	ABDUCTOR PADS WITH HARDWARE, PAIR	28.18	281.76	211.32
W4141*	KNEE BLOCKS WITH HARDWARE, PAIR	24.58	245.78	184.34
W4143*	SHOE HOLDERS WITH HARDWARE, PAIR	13.98	139.84	104.88
W4144*	FOOT/LEGREST CRADLE, EACH	13.98	139.84	104.88
W4145*	MANUAL TILT-IN-SPACE OPTION, EACH	73.05	730.49	547.87
W4146*	POWER TILT-IN-SPACE OPTION, EACH	512.05	5120.50	3840.37
W4147*	POWER RECLINE, EACH	512.15	5121.52	3841.14
W4150*	MULTI-ADJUSTABLE TRAY, EACH	42.79	427.86	320.89
W4151*	SPECIALTY CONTROLS WITH HARDWARE, EACH	260.89	2608.89	1956.67
W4152*	GROWTH KIT, EACH	18.40	183.91	137.93
W4155*	ADDUCTOR PADS WITH HARDWARE, PAIR	28.18	281.76	211.32
W4696*	MANUAL WHEELCHAIR FOR WEIGHTS 451# TO 600#	141.53	1415.34	1061.50
W4697*	MANUAL WHEELCHAIR FOR WEIGHTS 601# AND GREATER	244.65	2446.52	1834.89
W4704*	POWER WHEELCHAIR FOR WEIGHTS 251# TO 400#	389.62	3896.23	2922.17
W4705*	POWER WHEELCHAIR FOR WEIGHTS 401# TO 600#	620.02	6200.20	4650.15
W4706*	POWER WHEELCHAIR FOR WEIGHTS 601# AND GREATER	707.67	7076.70	5307.52
W4713*	OVERSIZED FOOTPLATES FOR WEIGHTS 301# AND GREATER, PAIR	16.18	161.75	121.31
W4714*	SWINGAWAY SPECIAL CONSTRUCTION FOOTRESTS FOR WEIGHTS 401# AND GREATER, PAIR	68.44	684.42	513.31
W4715*	SWINGAWAY REINFORCED LEGREST, ELEVATING, FOR WEIGHTS 301# TO 400#, PAIR	40.44	404.38	303.29
W4716*	SWINGAWAY SPECIAL CONSTRUCTION LEGRESTS, ELEVATING, FOR WEIGHTS 401# AND GREATER, PAIR	60.66	606.57	454.93
W4717*	OVERSIZED CALF PADS, PAIR	20.22	202.19	151.64
W4718*	OVERSIZED SOLID SEAT	55.60	556.03	416.51
W4719*	OVERSIZED SOLID BACK	55.60	556.03	416.51
W4721*	GROUP 27 GEL CELL BATTERY	40.44	404.38	303.29
W4722*	OVERSIZED FULL SUPPORT FOOTBOARD	20.22	202.19	151.64
W4723*	OVERSIZED FULL SUPPORT CALFBOARD	20.22	202.19	151.64
W4726*	TOTAL ELECTRIC HOSPITAL BED FOR WEIGHTS 351# TO 451# W/ MATTRESS AND ANY TYPE SIDE RAIL	225.44	2254.44	1690.83

Note: \* indicates that item requires prior approval

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

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HCPCS CODE	CAPPED RENTAL/PURCHASED EQUIPMENT	MEDICAID MAXIMUM		
	DESCRIPTION continued	RENTAL	NEW	USED
W4731*	TOTAL ELECTRIC HOSPITAL BED FOR WEIGHTS 451# TO 1000# W/ WIDTH TO 48" W/ MATTRESS AND ANY TYPE SIDE RAILS	945.24	9452.45	7089.33
W4732*	TOTAL ELECTRIC HOSPITAL BED FOR WEIGHTS 451# TO 1000# W/ WIDTH TO 54" W/ MATTRESS AND ANY TYPE SIDE RAILS	970.52	9705.18	7278.89
W4737*	TRAPEZE BAR, FREE STANDING, COMPLETE WITH GRAB BAR, FOR WEIGHT 451# TO 750#	227.47	2274.65	1705.99
HCPCS CODE	FREQUENTLY SERVICED ITEMS DESCRIPTION	MEDICAID MAXIMUM		
RENTAL	NEW	USED		
E0194*	<b>AIR FLUIDIZED BED</b>	<b>2702.85</b>		
E0202*	HOME PHOTOTHERAPY UNIT, DAILY	55.89		
E0445*	OXIMETER FOR MEASURING BLOOD OXYGEN LEVELS NON-INVASIVELY	181.04		
E0450*	<b>VOLUME CONTROL VENTILATOR, WITHOUT PRESSURE SUPPORT MODE, MAY INCLUDE PRESSURE CONTROL MODE, USED WITH INVASIVE INTERFACE (e.g. TRACHEOSTOMY TUBE)</b>	<b>710.12</b>		
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	589.00		
E0500*	<b>IPPB MACHINE, ALL TYPES, WITH BUILT-IN NEBULIZATION; MANUAL OR AUTOMATIC VALVES; INTERNAL OR EXTERNAL POWER SOURCE</b>	<b>94.59</b>		
E0619*	APNEA MONITOR, WITH RECORDING FEATURE	266.35		
E0691*	ULTRAVIOLET LIGHT THERAPY SYSTEM PANEL, INCLUDES BULBS/LAMPS, TIMER AND EYE PROTECTION, TREATMENT AREA TWO SQUARE FEET OR LESS	127.13		
E0692*	ULTRAVIOLET LIGHT THERAPY SYSTEM PANEL, INCLUDES BULBS/LAMPS, TIMER AND EYE PROTECTION, FOUR FOOT PANEL	127.13		
E0781	AMBULATORY INFUSION PUMP, SINGLE OR MULTIPLE CHANNELS ELECTRIC OR BATTERY OPERATED, WITH ADMINISTRATIVE EQUIPMENT, WORN BY PATIENT PER DAY RENTAL FEE	8.61		
E0935*	<b>PASSIVE MOTION EXERCISE DEVICE, PER DAY</b>	<b>19.06</b>		
E2402*	<b>NEGATIVE PRESSURE WOUND THERAPY ELECTRICAL PUMP, STATIONARY OR PORTABLE</b>	<b>1679.59</b>		
HCPCS CODE	OXYGEN AND OXYGEN RELATED ITEMS DESCRIPTION	MEDICAID MAXIMUM		
RENTAL	NEW	USED		
A4614	PEAK EXPIRATORY FLOW RATE METER, HAND-HELD		24.65	
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.	260.47		
E0431*	PORTABLE GASEOUS OXYGEN SYSTEM, RENTAL; INCLUDES REGULATOR, FLOWMETER, HUMIDIFIER, CANNULA OR MASK AND TUBING	37.61		
A7006	ADMINISTRATION SET, WITH SMALL VOLUME FILTERED PNEUMATIC NEBULIZER		13.62	
E0434*	PORTABLE LIQUID OXYGEN SYSTEM, RENTAL; INCLUDES PORTABLE CONTAINER, SUPPLY RESERVOIR, HUMIDIFIER, FLOWMETER, REFILL ADAPTER, CONTENTS GAUGE, CANNULA OR MASK & TUBING	37.61		
E0439*	STATIONARY LIQUID OXYGEN SYSTEM, RENTAL; INCLUDES USE OF RESERVOIR, CONTENTS (PER UNIT), REGULATOR, FLOWMETER, HUMIDIFIER, NEBULIZER, CANNULA OR MASK AND TUBING. 1 UNIT = 10LBS	260.47		
E0441	OXYGEN CONTENTS, GASEOUS, PER UNIT (FOR USE WITH OWNED GASEOUS STATIONARY SYSTEMS OR WHEN BOTH A STATIONARY AND A PORTABLE GASEOUS SYSTEM ARE OWNED). 1 UNIT = 50 CU FT		67.89	
EO442	OXYGEN CONTENTS, LIQUID, PER UNIT (FOR USE WITH OWNED LIQUID STATIONARY SYSTEMS OR WHEN BOTH A STATIONARY AND A PORTABLE LIQUID SYSTEM ARE OWNED). 1 UNIT = 10 LBS		67.89	
E0443	PORTABLE OXYGEN CONTENTS, GASEOUS, PER UNIT (FOR USE ONLY WITH PORTABLE GASEOUS SYSTEMS WHEN NO STATIONARY GAS OR LIQUID SYSTEM IS USED). 1 UNIT = 5 CU. FT.		15.98	
EO444	PORTABLE OXYGEN CONTENTS, LIQUID, PER UNIT (FOR USE ONLY WITH PORTABLE LIQUID SYSTEMS WHEN NO STATIONARY GAS OR LIQUID SYSTEM IS USED). 1 UNIT = 1 LB		15.98	
E1390*	OXYGEN CONCENTRATOR, CAPABLE OF DELIVERING 85 PERCENT OR GREATER OXYGEN CONCENTRATION AT THE THE PRESCRIBED RATE	204.77		
S8120	OXYGEN CONTENTS, GASEOUS, 1 UNIT EQUALS 1 CUBIC FEET		0.28	
S8121	OXYGEN CONTENTS, LIQUID, 1 UNIT EQUALS 1 POUND		1.09	
W4001*	CO/2 SATURATION MONITOR WITH ACCESSORIES, PROBES	586.47		
HCPCS CODE	ENTERAL NUTRITION PRODUCTS DESCRIPTION (NOTE: Brand names are given only as an example of items similar in purpose & function.)	MEDICAID MAXIMUM		
RENTAL	NEW	USED		
B4034	ENTERAL FEEDING SUPPLY KIT; SYRINGE, PER DAY	EACH	5.78	
B4035	ENTERAL FEEDING SUPPLY KIT; PUMP FED, PER DAY	EACH	11.02	
B4036	ENTERAL FEEDING SUPPLY KIT; GRAVITY FED, PER DAY	EACH	7.55	
B4081	NASOGASTRIC TUBING WITH STYLET	EACH	20.42	
B4082	NASOGASTRIC TUBING WITHOUT STYLET	EACH	15.20	
B4083	STOMACH TUBING - LEVINE TYPE	EACH	2.32	
B4086	GASTROSTOMY/JEJUNOSTOMY TUBE, ANY MATERIAL, EACH	EACH	17.09	
B4150	ENTERAL FORMULA, NUTRITIONALLY COMPLETE WITH INTACT NUTRIENTS, INCLUDES PROTEINS, FATS, CARBOHYDRATES, VITAMINS AND MINERALS, MAY INCLUDE FIBER, ADMINISTERED THROUGH AN ENTERAL FEEDING TUBE, 100 CALORIES = 1 UNIT	100 CAL	0.63	
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 CALORIES = 1 UNIT	100 CAL	0.53	
B4153	ENTERAL FORMULA, NUTRITIONALLY COMPLETE, HYDROLYZED PROTEINS (AMINO ACIDS AND PEPTIDE CHAIN), INCLUDES FATES, CARBOHYDRATES, VITAMINS AND MINERALS, MAY INCLUDE FIBER, ADMINISTERED THROUGH AN ENTERAL FEEDING TUBE, 100 CALORIES = 1 UNIT	100 CAL	1.80	
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.	100 CAL	1.15	

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revised 2/28/2005

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HCPCS		ENTERAL NUTRITION PRODUCTS (continued)	MEDICAID MAXIMUM		
CODE	DESCRIPTION (NOTE: Brand names are given only as an example of items similar in purpose & function.)		RENTAL	NEW	USED
B4155	ENTERAL FORMULA NUTRITIONALLY INCOMPLETE/MODULAR NUTRIENTS, INCLUDES SPECIFIC NUTRIENTS, CARBOHYDRATES (E.G. MEDIUM CHAIN TRIGLYCERIDES) OR COMBINATION, ADMINISTERED THROUGH AN ENTERAL FEEDING TUBE, 100 CALORIES = 1 UNIT		100 CAL	0.90	
B4157	ENTERAL FORMULA, NUTRITIONALLY COMPLETE FOR SPECIAL METABOLIC NEEDS FOR INHERITED DISEASE OF METABOLISM, INCLUDES PROTEINS, FATS, CARBOHYDRATES, VITAMINS & MINERALS, MAY INCLUDE FIBER, ADMINISTERED THROUGH AN ENTERAL FEEDING TUBE, 100 CALORIES = 1 UNIT.		100 CAL	1.15	
B4158	ENTERAL FORMULA, FOR PEDIATRIC, NUTRITIONALLY COMPLETE WITH INTACT NUTRIENTS, INCLUDES PROTEINS, FATS, CARBOHYDRATES, VITAMINS & MINERALS, MAY INCLUDE FIBER, ADMINISTERED THROUGH AN ENTERAL FEEDING TUBE, 100 CALORIES = 1 UNIT.		100 CAL	0.63	
B4159	ENTERAL FORMULA, FOR PEDIATRIC, NUTRITIONALLY COMPLETE SOY BASED WITH INTACT NUTRIENTS, INCLUDES PROTEINS, FATS, CARBOHYDRATES, VITAMINS & MINERALS, MAY INCLUDE FIBER AND/OR IRON, ADMINISTERED THROUGH AN ENTERAL FEEDING TUBE, 100 CALORIES = 1 UNIT.		100 CAL	0.63	
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.		100 CAL	0.53	
B4161	ENTERAL FORMULA, FOR PEDIATRIC, HYDROLYZED/AMINO ACIDS & PEPTIDE CHAIN PROTEINS, INCLUDES FATS, CARBOHYDRATES, VITAMINS & MINERALS, MAY INCLUDE FIBER, ADMINISTERED THROUGH AN ENTERAL FEEDING TUBE, 100 CALORIES = 1 UNIT.		100 CAL	1.80	
B4162	ENTERAL FORMULA, FOR PEDIATRICS, SPECIAL METABOLIC NEEDS FOR INHERITED DISEASE OF METABOLISM, INCLUDES PROTEINS, FATS, CARBOHYDRATES, VITAMINS AND MINERALS, MAY INCLUDE FIBER, ADMINISTERED THROUGH AN ENTERAL FEEDING TUBE, 100 CALORIES = 1 UNIT.		100 CAL	1.15	
W4210*	LOW PROFILE GASTROSTOMY KIT		EACH	131.44	
HCPCS		DME RELATED SUPPLIES	MEDICAID MAXIMUM		
CODE	DESCRIPTION		RENTAL	NEW	USED
W4211*	LOW PROFILE GASTROSTOMY EXTENSION/REPLACEMENT KIT FOR CONTINUOUS FEEDING		EACH	9.32	
W4212*	LOW PROFILE GASTROSTOMY EXTENSION/REPLACEMENT KIT FOR BOLUS FEEDING		EACH	9.32	
A4213	SYRINGE, STERILE, 20CC OR GREATER, EACH		EACH	1.08	
A4215	NEEDLE ONLY, STERILE, ANY SIZE, EACH		EACH	0.14	
A4217	STERILE WATER/SALINE, 500 ml		EACH	2.66	
A4230	INFUSION SET FOR EXTERNAL INSULIN PUMP, NON-NEEDLE CANNULA TYPE		EACH	14.53	
A4231	INFUSION SET FOR EXTERNAL INSULIN PUMP, NEEDLE TYPE		EACH	6.83	
A4244	ALCOHOL OR PEROXIDE, PER PINT		1 PINT	0.96	
A4246	BETADINE OR PHISOHEX SOLUTION, PER PINT		EACH	5.59	
A4250	URINE TEST OR REAGENT STRIPS OR TABLETS (100 TABLETS OR STRIPS)		per 100	25.00	
A4253	BLOOD GLUCOSE TEST OR REAGENT STRIPS FOR HOME BLOOD GLUCOSE MONITOR, 50 STRIPS		50/box	33.94	
A4254	Replacement Battery, any type, for use with medically necessary home glucose monitor owned by patient		EACH	6.27	
A4256	NORMAL, LOW, AND HIGH CALIBRATOR SOLUTION/CHIPS		EACH	10.91	
A4258	SPRING -POWERED DEVICE FOR LANCET		EACH	18.05	
A4259	LANCETS, PER BOX		100/box	12.74	
A4556	ELECTRODES, (E.G. APNEA MONITOR), set of 2		SET	9.80	
A4557	LEAD WIRES, (E.G. APNEA MONITOR), set		SET	20.05	14.83
A4595	TENS SUPPLIES, 2-LEAD, PER MONTH		EACH	27.37	
A4611	BATTERY, HEAVY DUTY; REPLACEMENT FOR PATIENT OWNED VENTILATOR		EACH	121.61	
A4612	BATTERY CABLES; REPLACEMENT FOR PATIENT OWNED VENTILATOR		EACH	72.61	
A4613	BATTERY CHARGER; REPLACEMENT FOR PATIENT OWNED VENTILATOR		EACH	100.36	
A4615	CANNULA, NASAL		EACH	1.12	
A4616	TUBING, OXYGEN, PER FOOT		1 FOOT	0.38	
A4617	MOUTHPIECE		EACH	1.10	
A4618	BREATHING CIRCUITS		EACH	2.96	
A7525	TRACHEOSTOMY MASK, EACH		EACH	2.07	
A7520	TRACHEOSTOMY OR LARYNGECTOMY TUB, NON CUFFED, POLYVINYLCHLORIDE		EACH	47.48	
A7521	TRACHEOSTOMY/LARYNGECTOMY TUBE, NON CUFFED, POLYVINYLCHLORIDE (PVC), SILICONE OR EQUAL		EACH	47.05	
A7522	TRACHEOSTOMY/LARYNGECTOMY TUBE, STAINLESS STEEL OR EQUAL (STERILIZABLE AND REUSABLE)		EACH	45.16	
A4623	TRACHEOSTOMY, INNER CANNULA (REPLACEMENT ONLY)		EACH	5.57	
A4624	TRACHEAL SUCTION CATHETER, ANY TYPE		EACH	2.10	
A4625	TRACHEOSTOMY CARE KIT FOR NEW TRACHEOSTOMY		EACH	5.89	
A4626	TRACHEOSTOMY CLEANING BRUSH		EACH	0.58	
A4627	SPACER, BAG or RESERVOIR, w/ or w/o mask, for use w/ metered dose inhaler (Inspirease or Aerochamber)		EACH	35.23	
A4628	OROPHARYNGEAL SUCTION CATHETER		EACH	3.56	
A4629	TRACHEOSTOMY CARE KIT FOR ESTABLISHED TRACHEOSTOMY		EACH	4.63	
A4927	GLOVES, NON-STERILE, PER 100		100/BOX	10.92	
A4930	GLOVES, STERILE, PER PAIR		1 PAIR	0.85	
A7000	CANISTER, DISPOSABLE, USED WITH SUCTION PUMP		EACH	8.90	
A7001	CANISTER, NON-DISPOSABLE, USED WITH SUCTION PUMP		EACH	27.26	

Note: \* indicates that item requires prior approval

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

March 1, 2005

HCPCS CODE	DME RELATED SUPPLIES (continued) DESCRIPTION	RENTAL	NEW	USED
A7002	TUBING, USED WITH SUCTION PUMP	EACH	3.09	
A7003	ADMINISTRATION SET, SMALL VOLUME NON-FILTERED PNEUMATIC NEBULIZER, DISPOSABLE	EACH	2.54	
A7004	SMALL VOLUME NON-FILTERED PNEUMATIC NEBULIZER, DISPOSABLE	EACH	1.45	
A4483	MOISTURE EXCHANGER, DISPOSABLE FOR USE WITH INVASIVE MECHANICAL VENTILATION	EACH	6.06	
A6257	TRANSPARENT FILM 16 SQ INCHES BUT LESS THAN OR EQUAL TO 48 SQ INCHES EACH DRESSING (FOR USE WITH EXTERNAL INSULIN PUMP)	EACH	1.53	
A6258	TRANSPARENT FILM MORE THAN 16 SQ INCHES BUT LESS THAN OR EQUAL TO 48 SQ INCHES EACH DRESSING (FOR USE WITH EXTERNAL INSULIN PUMP)	EACH	4.30	
A7005	ADMINISTRATION SET, WITH SMALL VOLUME NON-FILTERED PNEUMATIC NEBULIZER, NON-DISPOSABLE NEBULIZER, NON DISPOSABLE	EACH	24.97	
A7007	LARGE VOLUME NEBULIZER, DISPOSABLE, UNFILLED, USED WITH AEROSOL COMPRESSOR	EACH	4.05	
A7010	CORRUGATED TUBING, DISPOSABLE, USED WITH LARGE VOLUME NEBULIZER, 100 FEET	EACH	19.05	
A7012	WATER COLLECTION DEVICE, USED WITH LARGE VOLUME NEBULIZER	EACH	3.55	
A7013	FILTER, DISPOSABLE, USED WITH AEROSOL COMPRESSOR	1 PAIR	0.67	
A7015	AEROSOL MASK USED WITH DME NEBULIZER	EACH	1.78	
A7032	REPLACEMENT CUSHION FOR NASAL APPLICATION DEVICE, EACH	EACH	22.73	
A7033	REPLACEMENT PILLOWS FOR NASAL APPLICATION DEVICE, PAIR	EACH	22.73	
A7034	NASAL INTERFACE (MASK OR CANNULA TYPE) USED WITH POSITIVE AIRWAY PRESSURE DEVICE WITH OR WITHOUT HEAD STRAP	EACH	74.91	
A7035	HEADGEAR, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	EACH	33.97	
A7036	CHIN STRAP, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	EACH	14.73	
A7037	TUBING, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	EACH	37.51	
A7038	FILTER, DISPOSABLE, USED WITH AIRWAY PRESSURE DEVICE	EACH	5.03	
A7039	FILTER, NONDISPOSABLE, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	EACH	12.11	
K0552	SUPPLIES FOR EXTERNAL INFUSION PUMP, SYRINGE TYPE CARTRIDGE, STERIL	EACH	3.76	
K0601	REPLACEMENT BATTERY FOR EXTERNAL INFUSION PUMP OWNED BY PATIENT, SILVER OXIDE, 1.5 VOLT	EACH	6.98	
K0602	REPLACEMENT BATTERY FOR EXTERNAL INFUSION PUMP OWNED BY PATIENT, SILVER OXIDE, 3 VOLT	EACH	6.98	
K0603	REPLACEMENT BATTERY FOR EXTERNAL INFUSION PUMP OWNED BY PATIENT, ALKALINE, 1.5 VOLT	EACH	6.98	
K0604	REPLACEMENT BATTERY FOR EXTERNAL INFUSION PUMP OWNEN BY PATIENT, LITHIUM, 3.6 VOLT	EACH	6.98	
K0605	REPLACEMENT BATTERY FOR EXTERNAL INFUSION PUMP OWNED BY PATIENT, LITHIUM, 4.5 VOLT	EACH	6.98	
A6550	DRESSING SET FOR NEGATIVE PRESSURE WOUND THERAPY ELECTRICAL PUMP, stationary or portable	EACH	26.81	
A6551	CANISTER SET FOR NEGATIVE PRESSURE WOUND THERAPY ELECTRICAL PUMP, stationary or portable	EACH	24.01	
A7526	TRACHEOSTOMY TUBE COLLAR/HOLDER, EACH	EACH	3.37	
L8501	TRACHEOSTOMY SPEAKING VALVE	EACH	106.90	
S8490	INSULIN SYRINGES (100 SYRINGES per box, ANY SIZE)	1 UNIT	31.47	
W4120*	DISPOSABLE BAGS FOR INSPIREASE INHALER SYSTEM, set of 3	EACH	11.69	
W4153*	TRACHEOSTOMY TIES, TWILL	EACH	0.30	
W4651*	BLOOD GLUCOSE TEST STRIPS (visual strips - not for use with blood glucose monitor)	BOTTLE	1.88	
W4670*	STERILE SALINE, 3 CC VIAL	EACH	0.32	
W4672*	GRAY ADAPTER FOR USE WITH EXTERNAL INSULIN PUMP	EACH	7.85	
W4673*	PISTON ROD FOR USE WITH EXTERNAL INSULIN PUMP	EACH	11.21	
W4678*	REPLACEMENT BATTERY FOR PORTABLE SUCTION PUMP	EACH	71.00	
	ADAPTIC, AND TRANSPARENT TYPE SUCH AS TEGADERM OR OPSITE) for use with external insulin pump			
HCPCS CODE	EQUIPMENT SERVICE AND REPAIR DESCRIPTION	RENTAL	NEW	USED
E1340*	REPAIR OR NON-ROUTINE SERVICE FOR DME EQUIPMENT REQUIRING THE SKILL OF A TECHNICIAN, LABOR COMPONENT 15 MIN	EACH	11.42	
HCPCS CODE	INDIVIDUALLY PRICED DESCRIPTION	RENTAL	NEW	USED
E0784*	EXTERNAL AMBULATORY INFUSION PUMP, INSULIN	ANNUALLY PRICED		

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.