

NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES  
 DIVISION OF MEDICAL ASSISTANCE  
 HOME HEALTH AND PRIVATE DUTY NURSING  
 MAXIMUM REIMBURSEMENT RATE SCHEDULE  
 EFFECTIVE DATE: JULY 2004  
 Modified: FEBRUARY 2005

REVENUE CODE	HOME HEALTH SERVICES DESCRIPTION	BILLING UNIT	MAXIMUM RATE/UNIT
420	Physical Therapy	1 visit	99.94
424	Physical Therapy - Evaluation	1visit	99.94
430	Occupational Therapy	1 visit	99.94
434	Occupational Therapy - Evaluation	1visit	99.94
440	Speech Therapy	1 visit	99.94
444	Speech Therapy - Evaluation	1visit	99.94
550	Observation/Evaluation of stable patient	1 visit	101.41
551	Skilled Nursing Visit Prefilling insulin syringes	1 visit	101.41
559	Skilled Nursing Visit for Prefilling medicine planners	1 visit	101.41
570	Home Health Aide	1 visit	46.39
580	Skilled Nursing Visit for Venipuncture	1 visit	101.41
581	Skilled Nursing Visit for Denied by Medicare for dually-eligible patient	1 visit	101.41
589	Skilled Nursing Visit meeting Medicare criteria	1 visit	101.41
590	Skilled Nursing Visit/Not Otherwise Classified	1 visit	101.41

**HOME HEALTH CARE MEDICAL SUPPLIES**

HCPCS CODE	SKIN CARE (DECUBITUS) SUPPLIES DESCRIPTION	BILLING UNIT	MAXIMUM RATE/UNIT
E0191	Heel or elbow protector	each	8.45
E0199	Dry pressure pad for mattress, standard mattress length and width	each	25.49

HCPCS CODE	SOLUTIONS DESCRIPTION	BILLING UNIT	MAXIMUM RATE/UNIT
A4216	Sterile saline or water, 10 ml	10 ml	0.40
A4217	Sterile saline or water, 500ml	500 ml	2.66
A4244	Alcohol or Peroxide, per pint	1 pint	0.96
A4246	Betadine or pHisoHex solution, per pint	pint	5.59
A4321	Therapeutic agent for urinary catheter irrigation (acetic acid - 250 to 1,000 cc)	bottle	7.09

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**HOME HEALTH CARE MEDICAL SUPPLIES**

HCPCS CODE	<b>CATHETER SUPPLIES DESCRIPTION</b>	BILLING UNIT	MAXIMUM RATE/UNIT
A4310	Insertion tray without drainage bag and without catheter (accessories only)	each	6.71
A4311	with coating (teflon, silicone, silicone elastomer or hydrophilic, etc)	each	15.16
A4313	Insertion tray without drainage bag with indwelling catheter, Foley type, three-way, for continuous irrigation	each	18.92
A4314	Insertion tray with drainage bag with indwelling catheter, Foley type, two-way, latex with coating (teflon, silicone, silicone elastomer or hydrophilic, etc.)	each	25.83
A4316	Insertion tray with drainage bag with indwelling catheter, Foley type, three-way, for continuous irrigation	each	29.01
A4320	Irrigation tray with blub or piston syringe, any purpose	each	4.62
A4322	Irrigation syringe, bulb or piston	each	3.00
A4328	Female external urinary collection device; pouch	each	10.47
A4334	Urinary catheter anchoring device, leg strap	each	5.04
A4335	Incontinence supply, Misc., (catheter care kit)	each	4.08
A4338	Indwelling catheter; Foley type, two-way, latex with coating (teflon, silicone, silicone elastomer, or hydrophilic, etc.)	each	11.10
A4340	Indwelling catheter; specialty type, (e.g., coude, mushroom, wing, etc.)	each	27.57
A4344	Indwelling catheter, Foley type, two-way, all silicone	each	14.66
A4349	Male external catheter with or without adhesive, disposable	each	1.48
A4351	Intermittent urinary catheter; straight tip	each	1.57
A4354	Insertion tray with drainage bag but without catheter	each	12.05
A4357	Bedside drainage bag, day or night, with or without anti-reflux device, with or without tube	each	9.90
A4358	Urinary leg bag; vinyl, with or without tube	each	6.78

HCPCS CODE	<b>INTRAVENOUS THERAPY AND PARENTERAL SUPPLIES DESCRIPTION</b>	BILLING UNIT	MAXIMUM RATE/UNIT
A4206	Syringe with needle, sterile, 1 cc, each (or smaller)	each	0.34
A4207	Syringe with needle, sterile, 2cc	each	0.29
A4208	Syringe with needle, sterile, 3cc	each	0.29
A4209	Syringe with needle, sterile, 5 cc or greater, each	each	0.31
A4213	Syringe, sterile, 20 cc or greater, each	each	1.08
A4215	Needle only, sterile, any size, each	each	0.14
A4656	Needle, any size (Needle, sterile, filter)	each	0.44
A4657	Syringe w/or w/o needle (less than 20 cc)	each	0.31
B9999	NOC for parenteral supplies (IV infusion start kit)	each	2.72
S1015	IV Tubing Extension set (IV administration set)	each	4.34
T1999	Miscellaneous Therapeutic Item (Venipuncture Kit)		
J1642	Prefilled Heparin/Saline Syringe, per 10 units	each	5.71

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**HOME HEALTH CARE MEDICAL SUPPLIES**

HCPCS CODE	<b>DRESSING SUPPLIES</b> DESCRIPTION	BILLING UNIT	MAXIMUM RATE/UNIT
A4450	Tape, Non-waterproof 18 sq. in.	18 sq in	0.09
A4452	Tape, waterproof	18 sq in	0.47
A4550	Surgical tray (suture removal set)	each	4.16
A6196	Alginate or other fiber gelling dressing, wound cover, pad size 16 sq. in. or less	each	7.35
A6197	Alginate or other fiber gelling dressing, wound cover, pad size more than 16 sq. in. but less than or equal to 48 sq. in.	each	16.44
A6199	Alginate or other fiber gelling dressing wound filler, per 6 inches	each	5.29
A6216	Gauze, non-impregnated, non-sterile, pad size 16 sq in or less w/o adhesive border, each dressing	each	0.05
A6217	Gauze, non-impregnated, non-sterile, pad size more than 16 sq in but less than or equal to 48 sq. in. w/o adhesive border, each dressing	each	0.05
A6222	Gauze, impregnated, other than water or normal saline, pad size 16 sq. in. or less without adhesive border, each dressing	each	2.18
A6223	Gauze, impregnated, other than water or normal saline, pad size more than 16 sq. in., but less than or equal to 48 sq. in. without adhesive border, each dressing	each	2.47
A6234	Hydrocolloid dressing, wound cover, pad size 16 sq. in. or less, without adhesive border, each dressing	each	6.68
A6235	Hydrocolloid dressing, wound cover, pad size more than 16 sq. in., but less than or equal to 48 sq. in., without adhesive border, each dressing	each	17.19
A6251	Specialty absorptive dressing, wound cover, pad size 16 sq. in. or less, without adhesive border, each dressing	each	2.03
A6252	Specialty absorptive dressing, wound cover, pad size more than 16 sq. in., but less than or equal to 48 sq. in., without adhesive border, each dressing	each	3.32
A6257	Transparent film, 16 sq. in. or less, each dressing	each	1.56
A6258	Transparent film, more than 16 sq. in., but less than or equal to 48 sq. in., each dressing	each	4.39
A6260	Wound cleaners, any type, any size	each	25.52
A6402	Gauze, non-impregnated, sterile, pad size 16 sq. in. or less, without adhesive border, each dressing	each	0.12
A6403	Gauze, non-impregnated, sterile, pad size more than 16 sq. in. but less than or equal to 48 sq. in., without adhesive border, each dressing	each	0.44
A6407	Gauze packing strips, non-impregnated, up to 2 inches wide	each	1.88
A6443	Conforming bandage, non-elastic, knitted/woven, non-sterile, width greater than or equal to 3" & less than 5", per yard	per yard	0.29
A6444	Conforming bandage, non-elastic, knitted/woven, non-sterile, width greater than or equal to 5", per yard	per yard	0.56
A6446	Conforming bandage, non-elastic, knitted/woven, sterile, width greater than or equal to 3" and less than 5" , per yard	per yard	0.41
A6447	Conforming bandage, non-elastic, knitted/woven, sterile, width greater than or equal to 5", per yard	per yard	0.67
A6449	Light compression bandage, elastic, knitted/woven, width greater than or equal to 3" and less than 5", per yard	per yard	1.75
A6450	Light compression bandage, elastic, knitted/woven, width greater than or equal to 5", per yard	per yard	1.00
A6456	Zinc paste impregnated bandage, non-elastic, knit/woven width greater than or equal to 3" & less than 5", per yard	per yard	1.28

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HCPCS CODE	<b>OSTOMY SUPPLIES DESCRIPTION</b>	BILLING UNIT	MAXIMUM RATE/UNIT
A4364	Adhesive for ostomy or catheter; liquid (spray, brush, etc.), cement, powder or paste any composition (eg., silicone, latex, etc.); per oz	1 ounce	5.97
A4369	Ostomy skin barrier, liquid (spray, brush, etc.), per oz.	oz	3.96
A4371	Ostomy skin barrier, powder, per oz	oz	6.93
A4397	Irrigation supply; sleeve, each	each	5.93
A4405	Ostomy skin barrier, non pectin based, paste	1 oz	4.25
A4406	Ostomy skin barrier, pectin-based, paste	1 oz	6.30
A4407	Ostomy skin barrier, w/flange (solid, flexible, or accordion), extended wear, w/ built-in convexity, 4x4 or smaller	each	8.82
A4410	Ostomy skin barrier, w/flange (solid, flexible, or accordion), extended wear, w/o built-in convexity	each	9.04
A4455	Adhesive remover or solvent (for tape, cement or other adhesive)	per oz	3.84
A5051	Pouch, closed; with barrier attached (one piece)	each	2.75
A5052	Pouch, closed; without barrier attached (one piece)	each	1.70
A5054	Pouch, closed; for use on barrier with flange (two piece)	each	1.72
A5061	Pouch, drainable; with barrier attached (one peice)	each	4.22
A5062	Pouch, drainable; without barrier attached (one piece)	each	2.50
A5063	Pouch, drainable; for use on barrier with flange (two piece system)	each	3.07
A5071	Pouch, urinary; with barrier attached (one piece)	each	4.79
A5072	Pouch, urinary; without barrier attached (one piece)	each	3.47
A5073	Pouch, urinary; for use on barrier with flange (two piece)	each	3.65
A5119	Skin barrier, wipes; box of 50	50/box	11.94
A5121	Skin barrier, solid, 6 X 6 or equivalent (wafer)	each	8.97
A5122	Skin barrier, solid, 8 X 8 or equivalent (wafer)	each	12.81
A5126	Adhesive disc or foam pad	each	1.64

HCPCS CODE	<b>TRACHEOSTOMY SUPPLIES DESCRIPTION</b>	BILLING UNIT	MAXIMUM RATE/UNIT
A4623	Tracheostomy, inner cannula (replacement only)	each	5.69
A4624	Tracheal suction catheter, any type	each	2.10
A4625	Tracheostomy care kit for new tracheostomy	each	6.01
A4629	Tracheostomy care kit for established tracheostomy	each	4.73
A7520	Tracheostomy/laryngectomy tube, non-cuffed, polyvinylchloride (PVC), silicone or equal each	each	47.48
A7521	Tracheostomy/laryngectomy tube, cuffed, polyvinylchloride (PVC), silicone or equal each	each	47.05
A7522	Tracheostomy/laryngectomy tube, stainless steel or equal (sterilizable or reusable) each	each	45.16
A7525	Tracheostomy mask each	each	2.07
A7526	Tracheostomy tube, collar and holder	each	3.37
S8189	Tracheostomy supply not otherwise classified (tracheostomy ties, twill)	each	0.30

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HCPCS CODE	<b>MISCELLANEOUS SUPPLIES DESCRIPTION</b>	BILLING UNIT	MAXIMUM RATE/UNIT
A4250	Urine Test Strips	100/box	25.00
A4253	Blood glucose test or reagent strips for home glucose monitor	50/pkg	33.94
A4258	Spring-Powered device for lancet	each	18.44
A4259	Lancets, per box of 100	100/box	11.92
A4320	Irrigation tray with blub or piston syringe, any purpose	each	4.62
A4322	Irrigation syringe, bulb or piston, each	each	3.00
A4458	Enema bag with tubing, reusable	each	3.45
A4554	Disposable underpads, all sizes (e.g. Chux's)	each	0.50
A4558	Conductive paste or gel	1 jar	5.57
A4580	Cast Supplies	each	4.75
A4927	Non-Sterile Exam Gloves	100/bx	10.92
A4930	Sterile Surgical Gloves	1 pair	0.85
B4081	Nasogastric Tubing with Stylet	each	20.47
B4082	Nasogastric Tubing without Stylet	each	15.24
B4083	Stomach Tubing - Levine Type	each	2.33
<b>B4086</b>	Gastrostomy/Jejunostomy Tubing	each	17.09
S5199	Personal Care Items (Fleet Enemas)	each	1.41
<b>T4521</b>	Adult sized disposable incontinence product, brief/diaper, small	each	0.90
<b>T4522</b>	Adult sized disposable incontinence product, brief/diaper, medium	each	0.90
<b>T4523</b>	Adult sized disposable incontinence product, brief/diaper, large	each	0.90
<b>T4524</b>	Adult sized disposable incontinence product, brief/diaper, extra large	each	0.90
<b>T4529</b>	Pediatric sized incontinence product, diaper, small/medium size	each	0.90
<b>T4530</b>	Pediatric sized disposable incontinence product, brief/diaper, large size	each	0.90
<b>T4531</b>	Pediatric sized disposable incontinence product, brief, small/medium size	each	0.90
<b>T4532</b>	Pediatric sized disposable incontinence product, brief, large size	each	0.90
<b>T4533</b>	Youth-sized disposable incontinence product, brief/diaper	each	0.90
<b>T4534</b>	Youth-sized disposable incontinence product, brief	each	0.90
T1999	Misc. Therapeutic items and supplies (covered supplies not elsewhere classified)	each	

**Note: Brand names are given only as an example of items similar in purpose and function.**

**\*The new codes are effective starting with dates of service February 1, 2005.**

**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**