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**ND Medicaid
DME Purchase Fee Schedule
as of 1/1/2025**

Inclusion or exclusion of a procedure code, supply, product, or service does not imply Medicaid coverage, reimbursement, or lack thereof.

| Code | Medicaid Fee |
|-------------|---------------------|
| A4206 | \$0.54 |
| A4207 | \$0.43 |
| A4208 | \$0.54 |
| A4209 | \$0.71 |
| A4212 | \$13.01 |
| A4213 | \$0.71 |
| A4215 | \$0.39 |
| A4216 | \$0.72 |
| A4217 | \$3.75 |
| A4220 | \$69.25 |
| A4221 | \$37.16 |
| A4222 | \$75.99 |
| A4224 | \$37.16 |
| A4225 | \$4.10 |
| A4230 | \$10.15 |
| A4231 | \$6.75 |
| A4232 | \$3.41 |
| A4233 | \$1.28 |
| A4234 | \$5.95 |
| A4235 | \$3.84 |
| A4236 | \$2.76 |
| A4239 | \$267.92 |
| A4244 | \$4.03 |
| A4245 | \$5.81 |
| A4246 | \$15.21 |
| A4247 | \$12.02 |
| A4253 | \$12.64 |
| A4256 | \$18.26 |
| A4258 | \$29.55 |

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| Code | Medicaid Fee |
|-------------|---------------------|
| A4259 | \$20.56 |
| A4261 | \$49.01 |
| A4266 | \$35.73 |
| A4267 | \$0.44 |
| A4268 | \$4.23 |
| A4269 | \$16.34 |
| A4310 | \$13.03 |
| A4311 | \$25.35 |
| A4312 | \$29.34 |
| A4313 | \$28.74 |
| A4314 | \$42.22 |
| A4315 | \$40.19 |
| A4316 | \$42.77 |
| A4320 | \$8.81 |
| A4322 | \$5.07 |
| A4326 | \$15.88 |
| A4327 | \$72.58 |
| A4328 | \$16.88 |
| A4330 | \$11.59 |
| A4331 | \$5.28 |
| A4332 | \$0.11 |
| A4333 | \$3.58 |
| A4334 | \$8.04 |
| A4338 | \$20.54 |
| A4340 | \$48.99 |
| A4344 | \$25.52 |
| A4346 | \$32.29 |
| A4349 | \$3.00 |
| A4351 | \$2.89 |
| A4352 | \$9.22 |
| A4353 | \$11.37 |
| A4354 | \$18.59 |
| A4355 | \$13.99 |

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| Code | Medicaid Fee |
|-------------|---------------------|
| A4356 | \$74.34 |
| A4357 | \$14.04 |
| A4358 | \$10.67 |
| A4361 | \$28.21 |
| A4362 | \$5.87 |
| A4363 | \$3.59 |
| A4364 | \$4.83 |
| A4366 | \$2.16 |
| A4367 | \$11.98 |
| A4368 | \$0.43 |
| A4369 | \$3.59 |
| A4371 | \$5.95 |
| A4372 | \$6.81 |
| A4373 | \$10.22 |
| A4375 | \$28.49 |
| A4376 | \$77.39 |
| A4377 | \$7.27 |
| A4378 | \$50.00 |
| A4379 | \$24.42 |
| A4380 | \$60.73 |
| A4381 | \$7.52 |
| A4382 | \$40.06 |
| A4383 | \$45.89 |
| A4384 | \$15.63 |
| A4385 | \$8.49 |
| A4387 | \$6.51 |
| A4388 | \$7.08 |
| A4389 | \$10.12 |
| A4390 | \$15.63 |
| A4391 | \$11.52 |
| A4392 | \$12.08 |
| A4393 | \$14.80 |
| A4394 | \$4.20 |

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| Code | Medicaid Fee |
|-------------|---------------------|
| A4395 | \$0.05 |
| A4396 | \$65.82 |
| A4398 | \$21.88 |
| A4399 | \$19.81 |
| A4400 | \$79.12 |
| A4402 | \$2.74 |
| A4404 | \$2.62 |
| A4405 | \$5.50 |
| A4406 | \$7.53 |
| A4407 | \$14.58 |
| A4408 | \$13.28 |
| A4409 | \$10.52 |
| A4410 | \$11.64 |
| A4411 | \$6.57 |
| A4412 | \$3.72 |
| A4413 | \$9.29 |
| A4414 | \$7.30 |
| A4415 | \$8.51 |
| A4416 | \$4.66 |
| A4417 | \$6.28 |
| A4418 | \$3.07 |
| A4419 | \$2.96 |
| A4422 | \$0.20 |
| A4423 | \$3.15 |
| A4424 | \$8.03 |
| A4425 | \$6.07 |
| A4426 | \$4.59 |
| A4427 | \$4.70 |
| A4428 | \$11.01 |
| A4429 | \$13.95 |
| A4430 | \$14.40 |
| A4431 | \$10.52 |
| A4432 | \$6.09 |

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| Code | Medicaid Fee |
|-------------|---------------------|
| A4433 | \$5.47 |
| A4434 | \$6.18 |
| A4436 | \$29.57 |
| A4437 | \$29.57 |
| A4450 | \$0.15 |
| A4452 | \$0.63 |
| A4455 | \$2.62 |
| A4456 | \$0.31 |
| A4481 | \$0.65 |
| A4520 | \$0.95 |
| A4554 | \$0.71 |
| A4556 | \$17.04 |
| A4557 | \$31.66 |
| A4558 | \$6.63 |
| A4561 | \$31.40 |
| A4562 | \$78.14 |
| A4565 | \$10.97 |
| A4570 | \$11.81 |
| A4595 | \$46.87 |
| A4604 | \$91.90 |
| A4605 | \$25.51 |
| A4606 | \$49.35 |
| A4608 | \$98.28 |
| A4611 | \$317.42 |
| A4612 | \$107.51 |
| A4613 | \$189.64 |
| A4614 | \$41.39 |
| A4615 | \$2.79 |
| A4616 | \$0.37 |
| A4617 | \$6.06 |
| A4618 | \$10.99 |
| A4619 | \$2.05 |
| A4620 | \$7.36 |

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| Code | Medicaid Fee |
|-------|--------------|
| A4623 | \$11.07 |
| A4624 | \$4.00 |
| A4625 | \$10.32 |
| A4626 | \$4.97 |
| A4627 | \$43.25 |
| A4628 | \$6.20 |
| A4629 | \$7.81 |
| A4630 | \$8.60 |
| A4634 | \$40.67 |
| A4635 | \$6.73 |
| A4636 | \$5.86 |
| A4637 | \$3.21 |
| A4640 | \$93.85 |
| A4660 | \$51.36 |
| A4663 | \$37.18 |
| A4670 | \$51.30 |
| A5051 | \$3.48 |
| A5052 | \$2.52 |
| A5053 | \$2.74 |
| A5054 | \$3.06 |
| A5055 | \$2.59 |
| A5056 | \$4.89 |
| A5057 | \$10.08 |
| A5061 | \$5.95 |
| A5062 | \$3.55 |
| A5063 | \$4.55 |
| A5071 | \$10.17 |
| A5072 | \$5.77 |
| A5073 | \$5.30 |
| A5081 | \$5.04 |
| A5082 | \$20.11 |
| A5093 | \$3.28 |
| A5102 | \$37.88 |

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| Code | Medicaid Fee |
|-------------|---------------------|
| A5105 | \$68.44 |
| A5112 | \$57.84 |
| A5113 | \$7.18 |
| A5114 | \$15.14 |
| A5120 | \$0.39 |
| A5121 | \$12.40 |
| A5122 | \$21.73 |
| A5126 | \$2.11 |
| A5131 | \$23.50 |
| A5200 | \$18.62 |
| A5500 | \$100.22 |
| A5501 | \$292.77 |
| A5503 | \$43.41 |
| A5504 | \$43.41 |
| A5505 | \$44.62 |
| A5506 | \$44.62 |
| A5507 | \$44.62 |
| A5512 | \$29.61 |
| A5513 | \$59.20 |
| A6010 | \$52.30 |
| A6011 | \$3.85 |
| A6021 | \$35.48 |
| A6022 | \$35.49 |
| A6023 | \$321.60 |
| A6024 | \$10.42 |
| A6154 | \$24.28 |
| A6196 | \$12.41 |
| A6197 | \$27.78 |
| A6199 | \$8.95 |
| A6203 | \$5.68 |
| A6204 | \$10.55 |
| A6207 | \$12.40 |
| A6209 | \$12.63 |

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| Code | Medicaid Fee |
|-------------|---------------------|
| A6210 | \$32.63 |
| A6211 | \$49.65 |
| A6212 | \$16.40 |
| A6213 | \$8.97 |
| A6214 | \$17.38 |
| A6216 | \$0.06 |
| A6219 | \$1.63 |
| A6220 | \$4.37 |
| A6222 | \$3.59 |
| A6223 | \$4.08 |
| A6224 | \$6.10 |
| A6229 | \$6.10 |
| A6231 | \$7.91 |
| A6232 | \$11.63 |
| A6233 | \$32.46 |
| A6234 | \$11.06 |
| A6235 | \$28.43 |
| A6236 | \$46.05 |
| A6237 | \$13.37 |
| A6238 | \$38.52 |
| A6240 | \$20.64 |
| A6241 | \$4.35 |
| A6242 | \$10.25 |
| A6243 | \$20.83 |
| A6244 | \$66.37 |
| A6245 | \$12.31 |
| A6246 | \$16.78 |
| A6247 | \$40.18 |
| A6248 | \$27.43 |
| A6251 | \$3.39 |
| A6252 | \$5.49 |
| A6253 | \$10.73 |
| A6254 | \$2.08 |

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| Code | Medicaid Fee |
|-------------|---------------------|
| A6255 | \$5.09 |
| A6257 | \$2.61 |
| A6258 | \$7.28 |
| A6259 | \$17.09 |
| A6266 | \$3.25 |
| A6402 | \$0.25 |
| A6403 | \$0.73 |
| A6404 | \$1.30 |
| A6407 | \$3.17 |
| A6410 | \$0.68 |
| A6411 | \$0.35 |
| A6441 | \$1.17 |
| A6442 | \$0.32 |
| A6443 | \$0.50 |
| A6444 | \$0.94 |
| A6445 | \$0.55 |
| A6446 | \$0.71 |
| A6447 | \$1.16 |
| A6448 | \$1.96 |
| A6449 | \$2.99 |
| A6450 | \$3.28 |
| A6452 | \$10.00 |
| A6453 | \$1.03 |
| A6454 | \$1.30 |
| A6456 | \$2.11 |
| A6457 | \$1.21 |
| A6550 | \$46.49 |
| A7000 | \$15.36 |
| A7001 | \$54.40 |
| A7002 | \$6.30 |
| A7003 | \$4.41 |
| A7005 | \$50.68 |
| A7006 | \$15.70 |

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| Code | Medicaid Fee |
|-------|--------------|
| A7007 | \$3.64 |
| A7008 | \$18.08 |
| A7010 | \$38.81 |
| A7012 | \$7.00 |
| A7013 | \$1.00 |
| A7014 | \$7.39 |
| A7015 | \$3.10 |
| A7016 | \$11.95 |
| A7017 | \$129.60 |
| A7018 | \$0.71 |
| A7027 | \$292.56 |
| A7028 | \$55.36 |
| A7029 | \$39.55 |
| A7030 | \$310.26 |
| A7031 | \$114.77 |
| A7032 | \$66.69 |
| A7033 | \$48.12 |
| A7034 | \$193.50 |
| A7035 | \$65.37 |
| A7036 | \$29.94 |
| A7037 | \$67.48 |
| A7038 | \$8.45 |
| A7039 | \$25.19 |
| A7046 | \$32.09 |
| A7501 | \$177.96 |
| A7502 | \$84.36 |
| A7503 | \$19.16 |
| A7504 | \$1.16 |
| A7505 | \$7.89 |
| A7506 | \$0.55 |
| A7507 | \$4.20 |
| A7508 | \$4.84 |
| A7509 | \$2.40 |

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| Code | Medicaid Fee |
|-------------|---------------------|
| A7520 | \$80.19 |
| A7521 | \$79.49 |
| A7522 | \$76.26 |
| A7525 | \$3.51 |
| A7526 | \$5.72 |
| A7527 | \$4.56 |
| A8000 | \$246.73 |
| A8001 | \$246.73 |
| B4034 | \$10.15 |
| B4035 | \$22.20 |
| B4036 | \$15.21 |
| B4081 | \$37.61 |
| B4082 | \$26.29 |
| B4083 | \$3.85 |
| B4087 | \$48.05 |
| B4088 | \$48.05 |
| B4100 | \$2.34 |
| B4149 | \$2.10 |
| B4150 | \$1.15 |
| B4152 | \$0.93 |
| B4153 | \$3.17 |
| B4154 | \$2.01 |
| B4155 | \$1.58 |
| B4158 | \$1.63 |
| B4159 | \$1.63 |
| B4160 | \$1.63 |
| B4161 | \$3.22 |
| B4164 | \$28.79 |
| B4168 | \$40.78 |
| B4172 | \$59.87 |
| B4176 | \$78.97 |
| B4178 | \$94.79 |
| B4180 | \$40.15 |

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| Code | Medicaid Fee |
|-------|--------------|
| B4185 | \$16.45 |
| B4187 | \$16.45 |
| B4189 | \$292.80 |
| B4193 | \$378.37 |
| B4197 | \$460.60 |
| B4199 | \$526.34 |
| B4216 | \$12.73 |
| B4220 | \$13.19 |
| B4222 | \$16.29 |
| B4224 | \$41.22 |
| B5000 | \$15.39 |
| B5100 | \$7.64 |
| B5200 | \$8.00 |
| B9002 | \$2,075.67 |
| B9004 | \$3,618.41 |
| B9006 | \$3,618.41 |
| E0100 | \$25.03 |
| E0105 | \$64.66 |
| E0110 | \$108.41 |
| E0111 | \$68.90 |
| E0112 | \$50.46 |
| E0113 | \$29.54 |
| E0114 | \$65.94 |
| E0116 | \$38.77 |
| E0117 | \$269.10 |
| E0130 | \$55.34 |
| E0135 | \$55.34 |
| E0140 | \$355.00 |
| E0141 | \$57.98 |
| E0143 | \$57.98 |
| E0144 | \$334.60 |
| E0147 | \$506.54 |
| E0148 | \$103.57 |

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| Code | Medicaid Fee |
|-------------|---------------------|
| E0149 | \$150.70 |
| E0153 | \$104.37 |
| E0154 | \$115.18 |
| E0155 | \$49.65 |
| E0156 | \$36.66 |
| E0157 | \$129.44 |
| E0158 | \$47.27 |
| E0159 | \$29.07 |
| E0160 | \$35.97 |
| E0161 | \$30.46 |
| E0162 | \$203.58 |
| E0163 | \$66.28 |
| E0165 | \$154.00 |
| E0167 | \$12.88 |
| E0168 | \$136.45 |
| E0175 | \$107.62 |
| E0181 | \$189.60 |
| E0182 | \$265.00 |
| E0184 | \$199.96 |
| E0185 | \$214.39 |
| E0186 | \$222.90 |
| E0187 | \$257.40 |
| E0188 | \$31.39 |
| E0189 | \$61.29 |
| E0191 | \$16.05 |
| E0196 | \$386.50 |
| E0197 | \$233.00 |
| E0198 | \$309.70 |
| E0199 | \$36.75 |
| E0203 | \$346.13 |
| E0240 | \$88.49 |
| E0245 | \$67.67 |
| E0249 | \$188.94 |

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| Code | Medicaid Fee |
|-------|--------------|
| E0250 | \$743.50 |
| E0251 | \$718.70 |
| E0255 | \$747.20 |
| E0256 | \$724.70 |
| E0260 | \$747.20 |
| E0261 | \$747.20 |
| E0265 | \$1,791.70 |
| E0266 | \$1,559.00 |
| E0271 | \$351.17 |
| E0272 | \$217.81 |
| E0275 | \$25.17 |
| E0276 | \$21.09 |
| E0280 | \$60.77 |
| E0290 | \$698.50 |
| E0291 | \$533.10 |
| E0292 | \$743.50 |
| E0293 | \$683.70 |
| E0294 | \$747.20 |
| E0295 | \$747.20 |
| E0303 | \$2,018.30 |
| E0305 | \$134.00 |
| E0310 | \$290.38 |
| E0325 | \$14.83 |
| E0326 | \$13.94 |
| E0430 | \$506.53 |
| E0435 | \$633.76 |
| E0440 | \$3,886.94 |
| E0441 | \$57.94 |
| E0442 | \$57.94 |
| E0443 | \$53.44 |
| E0444 | \$53.44 |
| E0445 | \$904.62 |
| E0457 | \$1,010.71 |

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| Code | Medicaid Fee |
|-------------|---------------------|
| E0465 | \$15,527.78 |
| E0466 | \$15,527.78 |
| E0470 | \$1,321.10 |
| E0471 | \$3,286.60 |
| E0480 | \$682.76 |
| E0482 | \$5,409.70 |
| E0483 | \$14,854.10 |
| E0484 | \$72.60 |
| E0550 | \$1,013.96 |
| E0555 | \$8.49 |
| E0560 | \$282.09 |
| E0561 | \$175.98 |
| E0562 | \$487.94 |
| E0565 | \$822.36 |
| E0570 | \$71.60 |
| E0600 | \$576.00 |
| E0601 | \$493.70 |
| E0602 | \$46.19 |
| E0603 | \$140.17 |
| E0607 | \$93.36 |
| E0610 | \$424.37 |
| E0615 | \$705.97 |
| E0618 | \$3,379.92 |
| E0619 | \$3,289.48 |
| E0621 | \$134.21 |
| E0627 | \$333.69 |
| E0629 | \$327.08 |
| E0630 | \$727.50 |
| E0637 | \$3,268.11 |
| E0638 | \$3,268.11 |
| E0639 | \$1,558.60 |
| E0700 | \$6.80 |
| E0720 | \$69.51 |

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| Code | Medicaid Fee |
|-------|--------------|
| E0730 | \$68.91 |
| E0731 | \$557.13 |
| E0747 | \$5,471.51 |
| E0748 | \$5,436.08 |
| E0760 | \$4,517.27 |
| E0765 | \$138.38 |
| E0776 | \$173.93 |
| E0780 | \$14.49 |
| E0781 | \$3,012.00 |
| E0784 | \$5,430.80 |
| E0840 | \$102.37 |
| E0849 | \$582.89 |
| E0850 | \$157.60 |
| E0855 | \$690.60 |
| E0860 | \$53.84 |
| E0870 | \$138.14 |
| E0880 | \$175.40 |
| E0890 | \$168.22 |
| E0900 | \$179.04 |
| E0910 | \$137.60 |
| E0911 | \$513.30 |
| E0912 | \$1,014.50 |
| E0940 | \$261.40 |
| E0942 | \$27.62 |
| E0944 | \$64.16 |
| E0945 | \$62.05 |
| E0947 | \$847.34 |
| E0948 | \$819.56 |
| E0950 | \$175.59 |
| E0951 | \$32.08 |
| E0952 | \$30.97 |
| E0953 | \$162.15 |
| E0954 | \$60.08 |

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| Code | Medicaid Fee |
|-------------|---------------------|
| E0955 | \$174.40 |
| E0956 | \$162.15 |
| E0957 | \$226.87 |
| E0958 | \$529.70 |
| E0959 | \$68.54 |
| E0960 | \$149.64 |
| E0961 | \$48.94 |
| E0966 | \$106.46 |
| E0967 | \$106.23 |
| E0969 | \$239.08 |
| E0971 | \$89.48 |
| E0973 | \$177.40 |
| E0974 | \$109.64 |
| E0978 | \$70.24 |
| E0980 | \$51.75 |
| E0981 | \$84.42 |
| E0982 | \$78.80 |
| E0990 | \$192.45 |
| E0992 | \$156.51 |
| E0994 | \$25.32 |
| E0995 | \$49.99 |
| E1002 | \$6,764.83 |
| E1014 | \$600.54 |
| E1015 | \$168.87 |
| E1016 | \$215.98 |
| E1020 | \$400.35 |
| E1028 | \$339.68 |
| E1029 | \$607.81 |
| E1060 | \$2,129.41 |
| E1070 | \$1,928.26 |
| E1083 | \$1,500.71 |
| E1084 | \$1,231.90 |
| E1087 | \$2,100.62 |

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| Code | Medicaid Fee |
|-------------|---------------------|
| E1092 | \$2,119.23 |
| E1093 | \$1,477.00 |
| E1100 | \$1,774.46 |
| E1110 | \$1,675.62 |
| E1150 | \$1,139.70 |
| E1160 | \$873.40 |
| E1161 | \$3,305.80 |
| E1224 | \$1,702.04 |
| E1226 | \$1,273.80 |
| E1227 | \$387.95 |
| E1232 | \$2,988.00 |
| E1233 | \$3,095.70 |
| E1234 | \$2,695.20 |
| E1235 | \$2,595.30 |
| E1236 | \$2,289.70 |
| E1237 | \$2,309.50 |
| E1238 | \$2,289.70 |
| E1240 | \$1,223.60 |
| E1270 | \$1,922.07 |
| E1280 | \$2,307.89 |
| E1295 | \$2,507.18 |
| E1296 | \$693.91 |
| E1297 | \$168.87 |
| E1298 | \$695.59 |
| E1372 | \$240.89 |
| E1390 | \$1,291.58 |
| E1700 | \$575.64 |
| E1701 | \$17.43 |
| E1702 | \$36.18 |
| E1812 | \$124.99 |
| E1820 | \$107.75 |
| E1821 | \$147.04 |
| E2000 | \$652.00 |

**ND Medicaid
DME Purchase Fee Schedule
as of 1/1/2025**

Inclusion or exclusion of a procedure code, supply, product, or service does not imply Medicaid coverage, reimbursement, or lack thereof.

| Code | Medicaid Fee |
|-------------|---------------------|
| E2201 | \$613.64 |
| E2202 | \$500.34 |
| E2203 | \$787.89 |
| E2205 | \$33.89 |
| E2206 | \$65.80 |
| E2208 | \$101.97 |
| E2209 | \$172.69 |
| E2210 | \$10.70 |
| E2211 | \$66.61 |
| E2212 | \$6.60 |
| E2213 | \$49.35 |
| E2214 | \$47.31 |
| E2215 | \$14.03 |
| E2219 | \$59.20 |
| E2220 | \$42.77 |
| E2221 | \$41.13 |
| E2222 | \$22.22 |
| E2226 | \$57.58 |
| E2231 | \$243.02 |
| E2310 | \$1,924.72 |
| E2312 | \$2,731.20 |
| E2313 | \$468.11 |
| E2321 | \$2,613.64 |
| E2322 | \$2,319.64 |
| E2323 | \$112.25 |
| E2324 | \$72.06 |
| E2325 | \$1,188.54 |
| E2327 | \$4,119.50 |
| E2330 | \$5,628.42 |
| E2340 | \$589.42 |
| E2341 | \$809.67 |
| E2342 | \$756.36 |
| E2359 | \$182.57 |

**ND Medicaid
DME Purchase Fee Schedule
as of 1/1/2025**

Inclusion or exclusion of a procedure code, supply, product, or service does not imply Medicaid coverage, reimbursement, or lack thereof.

| Code | Medicaid Fee |
|-------|--------------|
| E2360 | \$170.52 |
| E2361 | \$225.59 |
| E2362 | \$167.13 |
| E2363 | \$300.79 |
| E2365 | \$181.42 |
| E2366 | \$411.12 |
| E2367 | \$689.28 |
| E2368 | \$799.34 |
| E2369 | \$508.33 |
| E2370 | \$1,320.44 |
| E2373 | \$1,913.97 |
| E2374 | \$257.76 |
| E2375 | \$1,303.43 |
| E2376 | \$2,042.78 |
| E2377 | \$740.13 |
| E2378 | \$626.53 |
| E2381 | \$106.89 |
| E2382 | \$29.61 |
| E2383 | \$213.83 |
| E2384 | \$113.49 |
| E2385 | \$70.74 |
| E2386 | \$210.51 |
| E2387 | \$95.41 |
| E2388 | \$76.64 |
| E2389 | \$41.63 |
| E2390 | \$65.11 |
| E2391 | \$31.25 |
| E2392 | \$82.25 |
| E2394 | \$116.76 |
| E2395 | \$83.06 |
| E2396 | \$93.75 |
| E2397 | \$644.98 |
| E2398 | \$1,012.04 |

**ND Medicaid
DME Purchase Fee Schedule
as of 1/1/2025**

Inclusion or exclusion of a procedure code, supply, product, or service does not imply Medicaid coverage, reimbursement, or lack thereof.

| Code | Medicaid Fee |
|-------------|---------------------|
| E2103 | \$295.36 |
| E2500 | \$546.37 |
| E2502 | \$1,670.75 |
| E2504 | \$2,594.45 |
| E2506 | \$3,231.64 |
| E2508 | \$4,997.21 |
| E2510 | \$9,456.56 |
| E2512 | \$1,430.78 |
| E2601 | \$149.39 |
| E2602 | \$172.69 |
| E2603 | \$376.58 |
| E2604 | \$271.37 |
| E2605 | \$328.93 |
| E2607 | \$499.06 |
| E2608 | \$503.27 |
| E2611 | \$513.71 |
| E2612 | \$618.35 |
| E2613 | \$646.44 |
| E2614 | \$491.53 |
| E2615 | \$743.95 |
| E2616 | \$586.94 |
| E2619 | \$84.42 |
| E2620 | \$945.33 |
| E2621 | \$522.79 |
| E2622 | \$483.56 |
| E2623 | \$608.57 |
| E2624 | \$481.95 |
| E2625 | \$611.83 |
| E2626 | \$553.50 |
| E2627 | \$883.26 |
| E2628 | \$665.39 |
| E2629 | \$842.03 |
| E2630 | \$588.82 |

**ND Medicaid
DME Purchase Fee Schedule
as of 1/1/2025**

Inclusion or exclusion of a procedure code, supply, product, or service does not imply Medicaid coverage, reimbursement, or lack thereof.

| Code | Medicaid Fee |
|-------|--------------|
| E2631 | \$206.92 |
| E2632 | \$132.15 |
| E2633 | \$199.29 |
| E8000 | \$1,307.56 |
| E8001 | \$2,164.33 |
| E8002 | \$2,002.58 |
| K0001 | \$281.10 |
| K0002 | \$455.70 |
| K0003 | \$437.20 |
| K0004 | \$517.40 |
| K0005 | \$2,539.87 |
| K0006 | \$704.80 |
| K0007 | \$993.90 |
| K0011 | \$6,663.50 |
| K0012 | \$4,087.70 |
| K0015 | \$293.88 |
| K0017 | \$82.65 |
| K0018 | \$46.19 |
| K0019 | \$28.36 |
| K0020 | \$83.57 |
| K0037 | \$67.33 |
| K0038 | \$42.19 |
| K0039 | \$99.62 |
| K0040 | \$130.84 |
| K0041 | \$90.32 |
| K0042 | \$54.03 |
| K0043 | \$33.79 |
| K0044 | \$28.71 |
| K0045 | \$86.10 |
| K0046 | \$34.61 |
| K0047 | \$135.06 |
| K0050 | \$56.56 |
| K0051 | \$81.89 |

**ND Medicaid
DME Purchase Fee Schedule
as of 1/1/2025**

Inclusion or exclusion of a procedure code, supply, product, or service does not imply Medicaid coverage, reimbursement, or lack thereof.

| Code | Medicaid Fee |
|-------------|---------------------|
| K0052 | \$149.53 |
| K0053 | \$175.59 |
| K0056 | \$166.27 |
| K0065 | \$69.24 |
| K0069 | \$178.98 |
| K0070 | \$310.66 |
| K0071 | \$153.63 |
| K0072 | \$93.41 |
| K0073 | \$58.25 |
| K0077 | \$94.54 |
| K0098 | \$42.70 |
| K0105 | \$157.86 |
| K0195 | \$264.18 |
| K0455 | \$4,867.13 |
| K0552 | \$4.10 |
| K0601 | \$1.80 |
| K0602 | \$10.42 |
| K0603 | \$0.94 |
| K0604 | \$10.01 |
| K0605 | \$24.01 |
| K0733 | \$46.05 |
| K0739 | \$15.92 |
| K0813 | \$2,168.00 |
| K0814 | \$2,290.60 |
| K0815 | \$2,596.53 |
| K0816 | \$2,296.27 |
| K0820 | \$2,297.60 |
| K0821 | \$2,296.27 |
| K0822 | \$2,513.93 |
| K0823 | \$2,296.27 |
| K0824 | \$3,658.53 |
| K0825 | \$3,310.53 |
| K0826 | 6,193.13 |

**ND Medicaid
DME Purchase Fee Schedule
as of 1/1/2025**

Inclusion or exclusion of a procedure code, supply, product, or service does not imply Medicaid coverage, reimbursement, or lack thereof.

| Code | Medicaid Fee |
|-------------|---------------------|
| K0827 | \$5,425.33 |
| K0828 | \$7,481.40 |
| K0829 | \$7,268.60 |
| K0830 | \$6,046.93 |
| K0831 | \$6,046.93 |
| K0835 | \$2,916.93 |
| K0836 | \$3,025.40 |
| K0837 | \$3,741.27 |
| K0838 | \$3,316.00 |
| K0839 | \$4,969.67 |
| K0840 | \$7,630.07 |
| K0841 | \$3,287.07 |
| K0842 | \$3,282.33 |
| K0843 | \$3,896.53 |
| K0848 | \$6,363.80 |
| K0849 | \$6,118.33 |
| K0850 | \$7,381.60 |
| K0851 | \$7,097.53 |
| K0852 | \$8,529.00 |
| K0853 | \$8,761.53 |
| K0854 | \$11,607.13 |
| K0855 | \$10,964.60 |
| K0856 | \$6,830.67 |
| K0857 | \$6,967.67 |
| K0858 | \$8,474.93 |
| K0859 | \$8,082.53 |
| K0860 | \$12,107.60 |
| K0861 | \$6,841.67 |
| K0862 | \$8,474.93 |
| K0863 | \$12,107.60 |
| K0864 | \$14,408.00 |
| L0120 | \$33.80 |
| L0130 | \$205.98 |

**ND Medicaid
DME Purchase Fee Schedule
as of 1/1/2025**

Inclusion or exclusion of a procedure code, supply, product, or service does not imply Medicaid coverage, reimbursement, or lack thereof.

| Code | Medicaid Fee |
|-------------|---------------------|
| L0140 | \$91.96 |
| L0150 | \$141.10 |
| L0160 | \$204.50 |
| L0170 | \$907.50 |
| L0172 | \$179.79 |
| L0174 | \$407.31 |
| L0180 | \$539.95 |
| L0190 | \$622.77 |
| L0200 | \$709.80 |
| L0220 | \$165.61 |
| L0450 | \$143.49 |
| L0454 | \$474.04 |
| L0455 | \$288.50 |
| L0456 | \$1,367.19 |
| L0457 | \$827.34 |
| L0458 | \$1,225.25 |
| L0460 | \$1,380.72 |
| L0462 | \$1,717.02 |
| L0464 | \$2,043.20 |
| L0466 | \$495.11 |
| L0468 | \$619.65 |
| L0469 | \$438.35 |
| L0470 | \$839.10 |
| L0472 | \$527.25 |
| L0480 | \$2,213.39 |
| L0482 | \$2,255.58 |
| L0484 | \$2,286.54 |
| L0486 | \$2,751.27 |
| L0488 | \$1,367.19 |
| L0490 | \$385.30 |
| L0491 | \$941.44 |
| L0621 | \$138.15 |
| L0625 | \$63.26 |

**ND Medicaid
DME Purchase Fee Schedule
as of 1/1/2025**

Inclusion or exclusion of a procedure code, supply, product, or service does not imply Medicaid coverage, reimbursement, or lack thereof.

| Code | Medicaid Fee |
|-------|--------------|
| L0626 | \$103.63 |
| L0627 | \$381.57 |
| L0628 | \$106.89 |
| L0630 | \$149.30 |
| L0631 | \$918.15 |
| L0633 | \$384.61 |
| L0636 | \$1,516.72 |
| L0637 | \$954.49 |
| L0638 | \$1,324.00 |
| L0640 | \$1,348.67 |
| L0642 | \$342.01 |
| L0648 | \$854.15 |
| L0649 | \$238.59 |
| L0650 | \$988.30 |
| L0700 | \$2,600.87 |
| L0710 | \$2,820.57 |
| L0810 | \$3,427.28 |
| L0820 | \$2,964.23 |
| L0830 | \$4,055.94 |
| L0970 | \$163.95 |
| L0972 | \$136.89 |
| L0974 | \$231.53 |
| L0976 | \$229.85 |
| L0978 | \$249.29 |
| L0980 | \$22.20 |
| L0982 | \$20.65 |
| L0984 | \$85.28 |
| L1000 | \$2,349.08 |
| L1005 | \$4,309.46 |
| L1006 | \$1,418.67 |
| L1010 | \$98.85 |
| L1020 | \$120.00 |
| L1025 | \$163.11 |

**ND Medicaid
DME Purchase Fee Schedule
as of 1/1/2025**

Inclusion or exclusion of a procedure code, supply, product, or service does not imply Medicaid coverage, reimbursement, or lack thereof.

| Code | Medicaid Fee |
|-------|--------------|
| L1030 | \$92.96 |
| L1040 | \$102.26 |
| L1050 | \$108.15 |
| L1060 | \$123.34 |
| L1070 | \$117.47 |
| L1080 | \$78.30 |
| L1085 | \$201.11 |
| L1090 | \$125.93 |
| L1100 | \$218.84 |
| L1110 | \$324.87 |
| L1120 | \$54.64 |
| L1200 | \$2,411.61 |
| L1210 | \$375.16 |
| L1220 | \$301.67 |
| L1230 | \$879.35 |
| L1240 | \$101.34 |
| L1250 | \$93.73 |
| L1260 | \$97.95 |
| L1270 | \$101.41 |
| L1280 | \$108.15 |
| L1290 | \$106.38 |
| L1300 | \$2,172.89 |
| L1310 | \$2,344.01 |
| L1600 | \$165.61 |
| L1610 | \$56.61 |
| L1620 | \$177.46 |
| L1630 | \$211.28 |
| L1640 | \$681.88 |
| L1650 | \$331.27 |
| L1652 | \$486.70 |
| L1653 | \$479.96 |
| L1660 | \$216.12 |
| L1680 | \$1,549.70 |

**ND Medicaid
DME Purchase Fee Schedule
as of 1/1/2025**

Inclusion or exclusion of a procedure code, supply, product, or service does not imply Medicaid coverage, reimbursement, or lack thereof.

| Code | Medicaid Fee |
|-------------|---------------------|
| L1685 | \$1,512.53 |
| L1686 | \$1,284.42 |
| L1690 | \$2,619.47 |
| L1700 | \$1,941.78 |
| L1710 | \$2,450.45 |
| L1720 | \$1,492.25 |
| L1730 | \$1,441.56 |
| L1755 | \$2,012.77 |
| L1810 | \$128.33 |
| L1812 | \$138.68 |
| L1820 | \$174.34 |
| L1821 | \$179.07 |
| L1830 | \$116.50 |
| L1831 | \$393.80 |
| L1832 | \$771.58 |
| L1833 | \$808.30 |
| L1834 | \$1,014.83 |
| L1836 | \$180.85 |
| L1840 | \$1,061.27 |
| L1843 | \$1,225.25 |
| L1844 | \$2,174.57 |
| L1845 | \$1,044.42 |
| L1846 | \$1,345.23 |
| L1847 | \$782.47 |
| L1850 | \$393.76 |
| L1851 | \$247.94 |
| L1860 | \$1,529.45 |
| L1900 | \$373.50 |
| L1902 | \$101.34 |
| L1904 | \$642.17 |
| L1906 | \$185.75 |
| L1907 | \$751.63 |
| L1910 | \$346.46 |

**ND Medicaid
DME Purchase Fee Schedule
as of 1/1/2025**

Inclusion or exclusion of a procedure code, supply, product, or service does not imply Medicaid coverage, reimbursement, or lack thereof.

| Code | Medicaid Fee |
|-------------|---------------------|
| L1920 | \$490.07 |
| L1930 | \$329.25 |
| L1932 | \$1,194.08 |
| L1940 | \$628.08 |
| L1945 | \$1,177.64 |
| L1950 | \$1,024.15 |
| L1951 | \$1,140.75 |
| L1960 | \$765.38 |
| L1970 | \$948.86 |
| L1971 | \$646.24 |
| L1980 | \$501.94 |
| L1990 | \$551.00 |
| L2000 | \$1,336.75 |
| L2005 | \$4,751.27 |
| L2010 | \$1,375.65 |
| L2020 | \$1,483.81 |
| L2030 | \$1,287.77 |
| L2034 | \$2,467.10 |
| L2035 | \$236.58 |
| L2036 | \$2,378.86 |
| L2037 | \$2,117.55 |
| L2038 | \$1,818.40 |
| L2040 | \$268.46 |
| L2050 | \$670.27 |
| L2060 | \$752.06 |
| L2070 | \$171.10 |
| L2080 | \$483.56 |
| L2090 | \$618.53 |
| L2106 | \$863.58 |
| L2108 | \$1,546.35 |
| L2112 | \$593.18 |
| L2114 | \$743.59 |
| L2116 | \$904.16 |

**ND Medicaid
DME Purchase Fee Schedule
as of 1/1/2025**

Inclusion or exclusion of a procedure code, supply, product, or service does not imply Medicaid coverage, reimbursement, or lack thereof.

| Code | Medicaid Fee |
|-------------|---------------------|
| L2126 | \$1,710.25 |
| L2128 | \$2,180.09 |
| L2132 | \$1,326.63 |
| L2134 | \$1,230.28 |
| L2136 | \$1,689.98 |
| L2180 | \$192.64 |
| L2182 | \$124.21 |
| L2184 | \$160.56 |
| L2186 | \$216.32 |
| L2188 | \$380.27 |
| L2190 | \$114.91 |
| L2192 | \$452.90 |
| L2200 | \$75.99 |
| L2210 | \$92.90 |
| L2220 | \$111.83 |
| L2230 | \$106.46 |
| L2232 | \$265.42 |
| L2240 | \$106.46 |
| L2250 | \$464.72 |
| L2260 | \$270.41 |
| L2265 | \$143.54 |
| L2270 | \$74.30 |
| L2275 | \$182.34 |
| L2280 | \$559.20 |
| L2300 | \$341.36 |
| L2310 | \$160.56 |
| L2320 | \$297.17 |
| L2330 | \$493.42 |
| L2335 | \$302.49 |
| L2340 | \$552.62 |
| L2350 | \$1,227.77 |
| L2360 | \$71.77 |
| L2370 | \$326.14 |

**ND Medicaid
DME Purchase Fee Schedule
as of 1/1/2025**

Inclusion or exclusion of a procedure code, supply, product, or service does not imply Medicaid coverage, reimbursement, or lack thereof.

| Code | Medicaid Fee |
|-------|--------------|
| L2375 | \$143.54 |
| L2380 | \$194.37 |
| L2385 | \$189.13 |
| L2387 | \$180.95 |
| L2390 | \$184.21 |
| L2395 | \$218.00 |
| L2397 | \$162.25 |
| L2405 | \$118.20 |
| L2415 | \$165.61 |
| L2425 | \$195.83 |
| L2430 | \$196.04 |
| L2492 | \$152.09 |
| L2500 | \$400.53 |
| L2510 | \$922.73 |
| L2520 | \$625.28 |
| L2525 | \$1,742.34 |
| L2526 | \$1,013.96 |
| L2530 | \$358.29 |
| L2540 | \$610.08 |
| L2550 | \$400.53 |
| L2570 | \$605.01 |
| L2580 | \$662.44 |
| L2600 | \$282.23 |
| L2610 | \$322.79 |
| L2620 | \$339.67 |
| L2622 | \$388.68 |
| L2624 | \$409.53 |
| L2627 | \$2,906.74 |
| L2628 | \$2,413.28 |
| L2630 | \$322.51 |
| L2640 | \$425.48 |
| L2650 | \$152.09 |
| L2660 | \$270.41 |

**ND Medicaid
DME Purchase Fee Schedule
as of 1/1/2025**

Inclusion or exclusion of a procedure code, supply, product, or service does not imply Medicaid coverage, reimbursement, or lack thereof.

| Code | Medicaid Fee |
|-------------|---------------------|
| L2670 | \$246.75 |
| L2680 | \$233.21 |
| L2750 | \$106.46 |
| L2755 | \$178.99 |
| L2760 | \$77.32 |
| L2768 | \$177.46 |
| L2780 | \$84.49 |
| L2785 | \$38.86 |
| L2795 | \$106.38 |
| L2800 | \$143.54 |
| L2810 | \$108.15 |
| L2820 | \$118.20 |
| L2830 | \$114.81 |
| L2840 | \$54.05 |
| L2850 | \$92.96 |
| L3000 | \$329.25 |
| L3001 | \$177.30 |
| L3002 | \$211.04 |
| L3003 | \$236.58 |
| L3010 | \$219.51 |
| L3020 | \$234.71 |
| L3030 | \$110.62 |
| L3040 | \$64.17 |
| L3050 | \$64.21 |
| L3060 | \$84.43 |
| L3070 | \$40.58 |
| L3080 | \$43.72 |
| L3090 | \$55.97 |
| L3100 | \$57.58 |
| L3140 | \$121.56 |
| L3150 | \$104.11 |
| L3170 | \$59.56 |
| L3201 | \$62.51 |

**ND Medicaid
DME Purchase Fee Schedule
as of 1/1/2025**

Inclusion or exclusion of a procedure code, supply, product, or service does not imply Medicaid coverage, reimbursement, or lack thereof.

| Code | Medicaid Fee |
|-------|--------------|
| L3202 | \$67.54 |
| L3203 | \$67.54 |
| L3208 | \$68.44 |
| L3209 | \$64.21 |
| L3211 | \$42.27 |
| L3212 | \$84.49 |
| L3213 | \$84.49 |
| L3214 | \$84.49 |
| L3215 | \$152.98 |
| L3216 | \$171.64 |
| L3219 | \$182.53 |
| L3221 | \$202.62 |
| L3224 | \$77.28 |
| L3225 | \$98.67 |
| L3230 | \$344.43 |
| L3251 | \$272.10 |
| L3252 | \$351.19 |
| L3253 | \$206.16 |
| L3260 | \$21.93 |
| L3300 | \$49.35 |
| L3310 | \$77.69 |
| L3320 | \$144.50 |
| L3332 | \$62.51 |
| L3334 | \$49.35 |
| L3340 | \$71.00 |
| L3350 | \$28.74 |
| L3360 | \$42.27 |
| L3370 | \$50.68 |
| L3380 | \$50.68 |
| L3390 | \$57.58 |
| L3400 | \$44.40 |
| L3410 | \$67.60 |
| L3420 | \$67.55 |

**ND Medicaid
DME Purchase Fee Schedule
as of 1/1/2025**

Inclusion or exclusion of a procedure code, supply, product, or service does not imply Medicaid coverage, reimbursement, or lack thereof.

| Code | Medicaid Fee |
|-------------|---------------------|
| L3480 | \$47.29 |
| L3510 | \$38.88 |
| L3530 | \$30.11 |
| L3540 | \$46.72 |
| L3550 | \$11.82 |
| L3580 | \$66.44 |
| L3640 | \$42.83 |
| L3650 | \$81.04 |
| L3660 | \$156.25 |
| L3670 | \$140.26 |
| L3674 | \$989.04 |
| L3675 | \$217.83 |
| L3702 | \$323.97 |
| L3710 | \$153.78 |
| L3720 | \$773.30 |
| L3730 | \$1,122.14 |
| L3740 | \$1,330.02 |
| L3760 | \$608.57 |
| L3761 | \$613.15 |
| L3762 | \$131.83 |
| L3763 | \$777.19 |
| L3764 | \$884.74 |
| L3766 | \$1,607.29 |
| L3806 | \$570.00 |
| L3807 | \$312.63 |
| L3808 | \$453.88 |
| L3809 | \$312.63 |
| L3906 | \$508.21 |
| L3908 | \$74.30 |
| L3912 | \$107.01 |
| L3913 | \$239.78 |
| L3915 | \$695.75 |
| L3916 | \$695.75 |

**ND Medicaid
DME Purchase Fee Schedule
as of 1/1/2025**

Inclusion or exclusion of a procedure code, supply, product, or service does not imply Medicaid coverage, reimbursement, or lack thereof.

| Code | Medicaid Fee |
|-------|--------------|
| L3917 | \$119.92 |
| L3918 | \$119.92 |
| L3921 | \$360.71 |
| L3923 | \$93.65 |
| L3923 | \$93.65 |
| L3924 | \$93.65 |
| L3925 | \$61.60 |
| L3927 | \$41.22 |
| L3929 | \$97.55 |
| L3930 | \$97.55 |
| L3931 | \$240.95 |
| L3933 | \$239.64 |
| L3961 | \$1,407.53 |
| L3962 | \$892.30 |
| L3980 | \$383.62 |
| L3995 | \$39.72 |
| L4002 | \$12.35 |
| L4055 | \$339.67 |
| L4090 | \$113.24 |
| L4110 | \$108.15 |
| L4205 | \$16.45 |
| L4210 | \$21.30 |
| L4350 | \$113.61 |
| L4360 | \$351.19 |
| L4361 | \$351.19 |
| L4370 | \$253.52 |
| L4386 | \$217.83 |
| L4387 | \$212.16 |
| L4392 | \$30.40 |
| L4394 | \$21.93 |
| L4396 | \$218.00 |
| L4398 | \$104.10 |
| L4631 | \$1,265.41 |

**ND Medicaid
DME Purchase Fee Schedule
as of 1/1/2025**

Inclusion or exclusion of a procedure code, supply, product, or service does not imply Medicaid coverage, reimbursement, or lack thereof.

| Code | Medicaid Fee |
|-------|--------------|
| L5000 | \$683.79 |
| L5010 | \$1,809.96 |
| L5020 | \$3,172.40 |
| L5050 | \$3,282.89 |
| L5060 | \$4,573.08 |
| L5100 | \$3,148.44 |
| L5105 | \$5,164.57 |
| L5150 | \$5,271.04 |
| L5160 | \$5,805.09 |
| L5200 | \$4,472.36 |
| L5210 | \$3,543.87 |
| L5220 | \$4,079.00 |
| L5230 | \$6,873.13 |
| L5250 | \$7,447.74 |
| L5280 | \$7,714.76 |
| L5301 | \$3,134.43 |
| L5312 | \$4,941.49 |
| L5321 | \$4,448.72 |
| L5331 | \$7,587.97 |
| L5341 | \$8,220.04 |
| L5400 | \$1,663.31 |
| L5410 | \$566.15 |
| L5420 | \$2,315.30 |
| L5430 | \$681.06 |
| L5450 | \$548.73 |
| L5460 | \$777.39 |
| L5500 | \$2,028.00 |
| L5505 | \$2,668.49 |
| L5510 | \$2,283.15 |
| L5520 | \$1,948.54 |
| L5530 | \$2,495.05 |
| L5535 | \$2,296.68 |
| L5540 | \$2,750.28 |

**ND Medicaid
DME Purchase Fee Schedule
as of 1/1/2025**

Inclusion or exclusion of a procedure code, supply, product, or service does not imply Medicaid coverage, reimbursement, or lack thereof.

| Code | Medicaid Fee |
|-------------|---------------------|
| L5560 | \$3,217.70 |
| L5570 | \$3,407.00 |
| L5580 | \$3,912.30 |
| L5585 | \$3,772.06 |
| L5590 | \$4,160.75 |
| L5595 | \$5,456.95 |
| L5600 | \$6,024.76 |
| L5611 | \$2,703.96 |
| L5613 | \$4,055.94 |
| L5614 | \$2,325.41 |
| L5616 | \$2,416.70 |
| L5617 | \$767.26 |
| L5618 | \$370.06 |
| L5620 | \$374.84 |
| L5622 | \$490.07 |
| L5624 | \$493.00 |
| L5626 | \$645.56 |
| L5628 | \$654.06 |
| L5629 | \$428.86 |
| L5630 | \$664.16 |
| L5631 | \$594.31 |
| L5632 | \$358.54 |
| L5634 | \$549.25 |
| L5636 | \$308.06 |
| L5637 | \$390.04 |
| L5638 | \$878.80 |
| L5640 | \$1,039.34 |
| L5642 | \$929.50 |
| L5643 | \$2,812.15 |
| L5645 | \$1,266.28 |
| L5646 | \$844.99 |
| L5647 | \$1,314.83 |
| L5648 | \$1,157.64 |

**ND Medicaid
DME Purchase Fee Schedule
as of 1/1/2025**

Inclusion or exclusion of a procedure code, supply, product, or service does not imply Medicaid coverage, reimbursement, or lack thereof.

| Code | Medicaid Fee |
|-------------|---------------------|
| L5649 | \$3,038.99 |
| L5650 | \$650.00 |
| L5651 | \$1,857.16 |
| L5652 | \$786.76 |
| L5653 | \$1,051.15 |
| L5654 | \$439.13 |
| L5655 | \$370.06 |
| L5656 | \$517.14 |
| L5658 | \$563.91 |
| L5661 | \$824.69 |
| L5665 | \$692.87 |
| L5666 | \$94.66 |
| L5668 | \$133.24 |
| L5670 | \$476.95 |
| L5671 | \$896.51 |
| L5672 | \$523.04 |
| L5673 | \$1,024.83 |
| L5676 | \$489.62 |
| L5677 | \$667.55 |
| L5678 | \$65.83 |
| L5679 | \$854.30 |
| L5680 | \$503.60 |
| L5681 | \$1,815.04 |
| L5682 | \$845.88 |
| L5683 | \$1,815.04 |
| L5684 | \$65.83 |
| L5685 | \$171.04 |
| L5686 | \$81.10 |
| L5688 | \$81.04 |
| L5690 | \$131.83 |
| L5692 | \$185.93 |
| L5694 | \$273.78 |
| L5695 | \$268.70 |

**ND Medicaid
DME Purchase Fee Schedule
as of 1/1/2025**

Inclusion or exclusion of a procedure code, supply, product, or service does not imply Medicaid coverage, reimbursement, or lack thereof.

| Code | Medicaid Fee |
|-------|--------------|
| L5696 | \$250.10 |
| L5697 | \$118.34 |
| L5698 | \$140.14 |
| L5699 | \$251.79 |
| L5700 | \$3,840.95 |
| L5701 | \$4,995.03 |
| L5702 | \$7,074.24 |
| L5704 | \$800.26 |
| L5705 | \$1,360.81 |
| L5706 | \$1,343.52 |
| L5707 | \$1,853.89 |
| L5710 | \$574.60 |
| L5711 | \$706.40 |
| L5712 | \$583.05 |
| L5714 | \$687.82 |
| L5716 | \$1,316.47 |
| L5718 | \$1,646.04 |
| L5722 | \$1,360.44 |
| L5724 | \$2,137.80 |
| L5726 | \$2,364.28 |
| L5728 | \$3,881.88 |
| L5780 | \$1,556.45 |
| L5781 | \$5,365.11 |
| L5782 | \$5,811.83 |
| L5785 | \$684.21 |
| L5790 | \$973.45 |
| L5795 | \$1,455.07 |
| L5810 | \$731.76 |
| L5811 | \$1,280.99 |
| L5812 | \$940.40 |
| L5814 | \$5,117.24 |
| L5816 | \$1,149.19 |
| L5818 | \$1,427.62 |

**ND Medicaid
DME Purchase Fee Schedule
as of 1/1/2025**

Inclusion or exclusion of a procedure code, supply, product, or service does not imply Medicaid coverage, reimbursement, or lack thereof.

| Code | Medicaid Fee |
|-------------|---------------------|
| L5822 | \$2,551.88 |
| L5824 | \$2,746.21 |
| L5826 | \$4,302.65 |
| L5828 | \$4,187.49 |
| L5830 | \$2,570.46 |
| L5840 | \$5,276.02 |
| L5845 | \$2,466.66 |
| L5850 | \$229.62 |
| L5855 | \$554.34 |
| L5910 | \$590.93 |
| L5920 | \$675.33 |
| L5925 | \$606.71 |
| L5930 | \$4,499.99 |
| L5940 | \$904.95 |
| L5950 | \$1,094.05 |
| L5960 | \$1,306.35 |
| L5968 | \$5,007.40 |
| L5970 | \$307.57 |
| L5972 | \$557.67 |
| L5974 | \$319.40 |
| L5975 | \$638.85 |
| L5976 | \$793.54 |
| L5978 | \$395.46 |
| L5979 | \$3,717.95 |
| L5980 | \$5,263.14 |
| L5981 | \$4,389.65 |
| L5982 | \$1,044.42 |
| L5984 | \$794.43 |
| L5985 | \$386.99 |
| L5986 | \$1,144.10 |
| L5990 | \$2,432.57 |
| L6000 | \$1,799.83 |
| L6010 | \$2,132.75 |

**ND Medicaid
DME Purchase Fee Schedule
as of 1/1/2025**

Inclusion or exclusion of a procedure code, supply, product, or service does not imply Medicaid coverage, reimbursement, or lack thereof.

| Code | Medicaid Fee |
|-------------|---------------------|
| L6020 | \$1,897.85 |
| L6050 | \$2,769.87 |
| L6055 | \$3,834.54 |
| L6100 | \$2,741.14 |
| L6110 | \$2,829.03 |
| L6120 | \$3,552.34 |
| L6130 | \$3,832.88 |
| L6200 | \$4,131.98 |
| L6205 | \$5,056.38 |
| L6250 | \$3,679.10 |
| L6300 | \$5,394.39 |
| L6310 | \$4,111.72 |
| L6320 | \$2,469.06 |
| L6350 | \$6,198.83 |
| L6360 | \$4,316.18 |
| L6370 | \$2,751.27 |
| L6380 | \$1,576.75 |
| L6382 | \$2,144.59 |
| L6384 | \$2,974.37 |
| L6386 | \$544.16 |
| L6388 | \$684.47 |
| L6400 | \$4,192.84 |
| L6450 | \$5,570.15 |
| L6500 | \$5,431.61 |
| L6550 | \$6,852.84 |
| L6570 | \$5,745.92 |
| L6580 | \$2,548.48 |
| L6582 | \$2,485.96 |
| L6584 | \$2,773.28 |
| L6586 | \$2,884.82 |
| L6588 | \$3,829.46 |
| L6590 | \$3,841.32 |
| L6600 | \$253.52 |

**ND Medicaid
DME Purchase Fee Schedule
as of 1/1/2025**

Inclusion or exclusion of a procedure code, supply, product, or service does not imply Medicaid coverage, reimbursement, or lack thereof.

| Code | Medicaid Fee |
|-------|--------------|
| L6605 | \$250.10 |
| L6610 | \$228.16 |
| L6611 | \$575.64 |
| L6615 | \$263.65 |
| L6616 | \$87.90 |
| L6620 | \$459.66 |
| L6623 | \$868.64 |
| L6625 | \$719.94 |
| L6628 | \$865.28 |
| L6629 | \$248.44 |
| L6630 | \$290.68 |
| L6632 | \$117.44 |
| L6635 | \$280.55 |
| L6637 | \$496.85 |
| L6640 | \$397.16 |
| L6641 | \$218.00 |
| L6642 | \$294.07 |
| L6645 | \$432.63 |
| L6650 | \$457.99 |
| L6655 | \$101.41 |
| L6660 | \$126.76 |
| L6665 | \$60.82 |
| L6670 | \$64.21 |
| L6672 | \$273.78 |
| L6675 | \$162.25 |
| L6676 | \$190.94 |
| L6680 | \$332.93 |
| L6682 | \$361.67 |
| L6684 | \$515.46 |
| L6686 | \$799.36 |
| L6687 | \$1,041.03 |
| L6688 | \$716.58 |
| L6689 | \$1,216.78 |

**ND Medicaid
DME Purchase Fee Schedule
as of 1/1/2025**

Inclusion or exclusion of a procedure code, supply, product, or service does not imply Medicaid coverage, reimbursement, or lack thereof.

| Code | Medicaid Fee |
|-------------|---------------------|
| L6690 | \$931.17 |
| L6691 | \$466.46 |
| L6692 | \$948.07 |
| L6693 | \$3,912.30 |
| L6694 | \$781.23 |
| L6698 | \$683.37 |
| L6703 | \$447.36 |
| L6704 | \$805.91 |
| L6706 | \$480.25 |
| L6707 | \$1,769.74 |
| L6708 | \$1,151.34 |
| L6709 | \$1,667.77 |
| L6711 | \$696.60 |
| L6712 | \$1,282.51 |
| L6713 | \$1,618.62 |
| L6714 | \$1,370.97 |
| L6805 | \$481.65 |
| L6810 | \$287.29 |
| L6881 | \$5,632.71 |
| L6882 | \$4,272.24 |
| L6890 | \$245.06 |
| L6895 | \$772.31 |
| L6900 | \$2,046.56 |
| L6905 | \$1,989.11 |
| L6910 | \$1,938.39 |
| L6915 | \$848.37 |
| L6920 | \$10,993.28 |
| L6925 | \$11,856.88 |
| L6930 | \$11,551.00 |
| L6935 | \$12,401.05 |
| L6940 | \$15,853.66 |
| L6945 | \$18,444.43 |
| L6950 | \$18,020.21 |

**ND Medicaid
DME Purchase Fee Schedule
as of 1/1/2025**

Inclusion or exclusion of a procedure code, supply, product, or service does not imply Medicaid coverage, reimbursement, or lack thereof.

| Code | Medicaid Fee |
|-------|--------------|
| L6955 | \$21,582.68 |
| L6960 | \$21,766.89 |
| L6965 | \$23,583.60 |
| L6970 | \$23,874.29 |
| L7040 | \$3,819.35 |
| L7045 | \$2,190.21 |
| L7170 | \$8,336.66 |
| L7180 | \$48,389.08 |
| L7185 | \$8,649.30 |
| L7186 | \$15,677.90 |
| L7190 | \$10,944.29 |
| L7191 | \$16,063.22 |
| L7360 | \$307.57 |
| L7362 | \$451.24 |
| L7364 | \$539.09 |
| L7366 | \$726.71 |
| L7367 | \$535.74 |
| L7368 | \$694.58 |
| L7400 | \$320.72 |
| L7403 | \$386.54 |
| L7520 | \$25.35 |
| L7900 | \$737.81 |
| L8000 | \$50.66 |
| L8001 | \$172.40 |
| L8002 | \$226.46 |
| L8015 | \$81.10 |
| L8020 | \$270.41 |
| L8030 | \$481.19 |
| L8040 | \$3,182.23 |
| L8041 | \$3,836.28 |
| L8042 | \$4,094.82 |
| L8043 | \$4,828.25 |
| L8044 | \$5,345.39 |

**ND Medicaid
DME Purchase Fee Schedule
as of 1/1/2025**

Inclusion or exclusion of a procedure code, supply, product, or service does not imply Medicaid coverage, reimbursement, or lack thereof.

| Code | Medicaid Fee |
|-------|--------------|
| L8045 | \$3,346.16 |
| L8046 | \$3,447.54 |
| L8047 | \$1,766.01 |
| L8300 | \$130.11 |
| L8400 | \$19.72 |
| L8410 | \$29.67 |
| L8415 | \$32.08 |
| L8417 | \$103.63 |
| L8420 | \$26.34 |
| L8430 | \$33.24 |
| L8435 | \$27.06 |
| L8440 | \$55.76 |
| L8460 | \$89.54 |
| L8465 | \$65.88 |
| L8470 | \$11.75 |
| L8480 | \$16.62 |
| L8485 | \$18.04 |
| L8500 | \$893.98 |
| L8501 | \$162.08 |
| L8507 | \$57.47 |
| L8509 | \$150.40 |
| L8510 | \$348.16 |
| L8610 | \$1,056.24 |
| L8615 | \$493.42 |
| L8616 | \$146.37 |
| L8617 | \$128.29 |
| L8618 | \$36.18 |
| L8619 | \$12,412.54 |
| L8621 | \$0.82 |
| L8622 | \$0.42 |
| L8623 | \$223.69 |
| L8624 | \$223.69 |
| L8625 | \$262.02 |

**ND Medicaid
DME Purchase Fee Schedule
as of 1/1/2025**

Inclusion or exclusion of a procedure code, supply, product, or service does not imply Medicaid coverage, reimbursement, or lack thereof.

| Code | Medicaid Fee |
|-------|--------------|
| L8627 | \$7,954.93 |
| L8628 | \$1,508.03 |
| L8629 | \$215.91 |
| L8691 | \$1,929.79 |
| L8692 | \$2,689.26 |
| L8693 | \$1,699.14 |
| L8694 | \$1,058.27 |
| S1040 | \$2,209.38 |
| S8120 | \$17.01 |
| S8186 | \$4.53 |
| S8210 | \$5.67 |
| S8490 | \$45.37 |
| V2623 | \$1,256.48 |
| V2624 | \$102.45 |
| V2625 | \$611.70 |
| V2626 | \$264.43 |
| V2627 | \$2,158.55 |
| V2628 | \$522.75 |
| V5030 | \$607.19 |
| V5040 | \$607.19 |
| V5050 | \$607.19 |
| V5060 | \$607.19 |
| V5090 | \$607.19 |
| V5110 | \$1,214.32 |
| V5130 | \$1,214.32 |
| V5140 | \$1,214.32 |
| V5160 | \$1,214.32 |
| V5190 | \$607.19 |
| V5200 | \$607.19 |
| V5211 | \$1,214.32 |
| V5212 | \$1,214.32 |
| V5213 | \$1,214.32 |
| V5214 | \$1,214.32 |

**ND Medicaid
DME Purchase Fee Schedule
as of 1/1/2025**

Inclusion or exclusion of a procedure code, supply, product, or service does not imply Medicaid coverage, reimbursement, or lack thereof.

| Code | Medicaid Fee |
|-------------|---------------------|
| V5215 | \$1,214.32 |
| V5221 | \$1,214.32 |
| V5230 | \$1,214.32 |
| V5240 | \$607.19 |
| V5241 | \$607.19 |
| V5246 | \$607.19 |
| V5247 | \$607.19 |
| V5253 | \$1,214.32 |
| V5254 | \$607.19 |
| V5255 | \$607.19 |
| V5256 | \$607.19 |
| V5257 | \$607.19 |
| V5259 | \$1,214.32 |
| V5260 | \$1,214.32 |
| V5261 | \$1,214.32 |
| V5264 | \$75.98 |
| V5265 | \$75.98 |
| V5266 | \$2.54 |
| V5298 | \$607.19 |