

ND Medicaid
DME Purchase Fee Schedule
as of 7/1/2021

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

Code	Medicaid Fee
A4206	\$0.50
A4207	\$0.41
A4208	\$0.50
A4209	\$0.67
A4212	\$12.23
A4213	\$0.67
A4215	\$0.37
A4216	\$0.68
A4217	\$3.52
A4220	\$65.11
A4221	\$34.94
A4222	\$71.45
A4224	\$34.94
A4225	\$3.85
A4230	\$9.54
A4231	\$6.34
A4232	\$3.20
A4233	\$1.20
A4234	\$5.60
A4235	\$3.61
A4236	\$2.59
A4244	\$3.79
A4245	\$5.47
A4246	\$14.30
A4247	\$11.30
A4253	\$11.88
A4256	\$17.17
A4258	\$27.78

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Code	Medicaid Fee
A4259	\$19.33
A4261	\$46.07
A4266	\$33.60
A4267	\$0.42
A4268	\$3.98
A4269	\$15.36
A4310	\$12.25
A4311	\$23.83
A4312	\$27.59
A4313	\$27.02
A4314	\$39.70
A4315	\$37.79
A4316	\$40.21
A4320	\$8.28
A4322	\$4.77
A4326	\$14.93
A4327	\$68.25
A4328	\$15.87
A4330	\$10.89
A4331	\$4.97
A4332	\$0.11
A4333	\$3.37
A4334	\$7.56
A4338	\$19.31
A4340	\$46.05
A4344	\$24.00
A4346	\$30.36
A4349	\$2.82
A4351	\$2.72
A4352	\$8.67
A4353	\$10.69
A4354	\$17.48
A4355	\$13.15

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Code	Medicaid Fee
A4356	\$69.90
A4357	\$13.20
A4358	\$10.03
A4361	\$26.52
A4362	\$5.52
A4363	\$3.38
A4364	\$4.54
A4366	\$2.03
A4367	\$11.26
A4368	\$0.41
A4369	\$3.38
A4371	\$5.60
A4372	\$6.40
A4373	\$9.61
A4375	\$26.78
A4376	\$72.77
A4377	\$6.83
A4378	\$47.01
A4379	\$22.96
A4380	\$57.10
A4381	\$7.07
A4382	\$37.67
A4383	\$43.14
A4384	\$14.69
A4385	\$7.98
A4387	\$6.12
A4388	\$6.65
A4389	\$9.52
A4390	\$14.69
A4391	\$10.82
A4392	\$11.36
A4393	\$13.92
A4394	\$3.95

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Code	Medicaid Fee
A4395	\$0.05
A4396	\$61.89
A4397	\$6.60
A4398	\$20.57
A4399	\$18.62
A4400	\$74.39
A4402	\$2.57
A4404	\$2.46
A4405	\$5.17
A4406	\$7.08
A4407	\$13.72
A4408	\$12.48
A4409	\$9.89
A4410	\$10.94
A4411	\$6.17
A4412	\$3.49
A4413	\$8.74
A4414	\$6.86
A4415	\$8.00
A4416	\$4.38
A4417	\$5.91
A4418	\$2.88
A4419	\$2.78
A4422	\$0.18
A4423	\$2.96
A4424	\$7.55
A4425	\$5.71
A4426	\$4.32
A4427	\$4.42
A4428	\$10.35
A4429	\$13.12
A4430	\$13.54
A4431	\$9.89

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Code	Medicaid Fee
A4432	\$5.73
A4433	\$5.15
A4434	\$5.82
A4450	\$0.15
A4452	\$0.59
A4455	\$2.46
A4456	\$0.29
A4481	\$0.61
A4520	\$0.89
A4554	\$0.67
A4556	\$16.02
A4557	\$29.77
A4558	\$6.23
A4561	\$29.53
A4562	\$73.47
A4565	\$10.31
A4570	\$11.11
A4595	\$44.06
A4604	\$86.40
A4605	\$23.99
A4606	\$46.39
A4608	\$92.41
A4611	\$298.44
A4612	\$101.09
A4613	\$178.31
A4614	\$38.91
A4615	\$2.62
A4616	\$0.35
A4617	\$5.70
A4618	\$10.33
A4619	\$1.93
A4620	\$6.92
A4623	\$10.41

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Code	Medicaid Fee
A4624	\$3.76
A4625	\$9.71
A4626	\$4.68
A4627	\$40.67
A4628	\$5.83
A4629	\$7.34
A4630	\$8.09
A4634	\$38.24
A4635	\$6.32
A4636	\$5.51
A4637	\$3.02
A4640	\$88.25
A4660	\$48.29
A4663	\$34.96
A4670	\$48.24
A5051	\$3.27
A5052	\$2.37
A5053	\$2.57
A5054	\$2.87
A5055	\$2.43
A5056	\$4.60
A5057	\$9.48
A5061	\$5.60
A5062	\$3.34
A5063	\$4.28
A5071	\$9.56
A5072	\$5.43
A5073	\$4.99
A5081	\$4.74
A5082	\$18.90
A5093	\$3.08
A5102	\$35.62
A5105	\$64.35

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Code	Medicaid Fee
A5112	\$54.38
A5113	\$6.75
A5114	\$14.23
A5120	\$0.37
A5121	\$11.66
A5122	\$20.44
A5126	\$1.99
A5131	\$22.10
A5200	\$17.51
A5500	\$94.23
A5501	\$275.27
A5503	\$40.82
A5504	\$40.82
A5505	\$41.96
A5506	\$41.96
A5507	\$41.96
A5512	\$27.84
A5513	\$55.67
A6010	\$49.18
A6011	\$3.62
A6021	\$33.37
A6022	\$33.38
A6023	\$302.38
A6024	\$9.81
A6154	\$22.82
A6196	\$11.67
A6197	\$26.11
A6199	\$8.42
A6203	\$5.34
A6204	\$9.92
A6207	\$11.66
A6209	\$11.87
A6210	\$30.68

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Code	Medicaid Fee
A6211	\$46.68
A6212	\$15.42
A6213	\$8.44
A6214	\$16.34
A6216	\$0.06
A6219	\$1.53
A6220	\$4.11
A6222	\$3.38
A6223	\$3.83
A6224	\$5.74
A6229	\$5.74
A6231	\$7.44
A6232	\$10.93
A6233	\$30.51
A6234	\$10.40
A6235	\$26.73
A6236	\$43.30
A6237	\$12.57
A6238	\$36.22
A6240	\$19.41
A6241	\$4.09
A6242	\$9.64
A6243	\$19.58
A6244	\$62.40
A6245	\$11.57
A6246	\$15.78
A6247	\$37.78
A6248	\$25.79
A6251	\$3.18
A6252	\$5.16
A6253	\$10.09
A6254	\$1.96
A6255	\$4.79

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Code	Medicaid Fee
A6257	\$2.45
A6258	\$6.84
A6259	\$16.07
A6266	\$3.06
A6402	\$0.23
A6403	\$0.69
A6404	\$1.22
A6407	\$2.98
A6410	\$0.64
A6411	\$0.33
A6441	\$1.11
A6442	\$0.30
A6443	\$0.48
A6444	\$0.88
A6445	\$0.51
A6446	\$0.67
A6447	\$1.10
A6448	\$1.84
A6449	\$2.81
A6450	\$3.08
A6452	\$9.41
A6453	\$0.97
A6454	\$1.22
A6456	\$1.99
A6457	\$1.14
A6550	\$43.72
A7000	\$14.44
A7001	\$51.15
A7002	\$5.93
A7003	\$4.15
A7005	\$47.65
A7006	\$14.76
A7007	\$3.55

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Code	Medicaid Fee
A7008	\$17.00
A7010	\$36.49
A7012	\$6.58
A7013	\$0.94
A7014	\$6.94
A7015	\$2.91
A7016	\$11.23
A7017	\$117.43
A7018	\$0.67
A7027	\$275.08
A7028	\$52.05
A7029	\$37.19
A7030	\$291.72
A7031	\$107.91
A7032	\$62.70
A7033	\$45.25
A7034	\$181.94
A7035	\$61.47
A7036	\$28.15
A7037	\$63.44
A7038	\$7.94
A7039	\$23.69
A7046	\$30.17
A7501	\$167.33
A7502	\$79.31
A7503	\$18.01
A7504	\$1.10
A7505	\$7.42
A7506	\$0.51
A7507	\$3.95
A7508	\$4.55
A7509	\$2.25
A7520	\$75.39

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Code	Medicaid Fee
A7521	\$74.73
A7522	\$71.70
A7525	\$3.30
A7526	\$5.38
A7527	\$4.29
A8000	\$231.98
A8001	\$231.98
B4034	\$9.54
B4035	\$20.87
B4036	\$14.30
B4081	\$35.36
B4082	\$24.72
B4083	\$3.62
B4087	\$45.18
B4088	\$45.18
B4100	\$2.19
B4149	\$1.98
B4150	\$1.09
B4152	\$0.87
B4153	\$2.98
B4154	\$1.89
B4155	\$1.49
B4158	\$1.53
B4159	\$1.53
B4160	\$1.53
B4161	\$3.03
B4164	\$27.07
B4168	\$38.34
B4176	\$74.25
B4178	\$89.13
B4180	\$37.75
B4185	\$15.46
B4189	\$275.30

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Code	Medicaid Fee
B4193	\$355.76
B4197	\$433.08
B4199	\$494.89
B4216	\$11.97
B4220	\$12.41
B4222	\$15.32
B4224	\$38.75
B5100	\$7.18
B9002	\$1,951.63
B9004	\$3,402.19
B9006	\$3,402.19
E0100	\$20.86
E0105	\$53.86
E0110	\$90.32
E0111	\$57.40
E0112	\$42.05
E0113	\$24.61
E0114	\$54.94
E0116	\$32.30
E0117	\$224.20
E0130	\$51.10
E0135	\$54.52
E0140	\$305.30
E0141	\$64.00
E0143	\$65.24
E0144	\$285.60
E0147	\$453.73
E0148	\$94.54
E0149	\$147.20
E0153	\$98.13
E0154	\$108.30
E0155	\$46.68
E0156	\$34.46

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Code	Medicaid Fee
E0157	\$121.71
E0158	\$44.44
E0159	\$27.33
E0160	\$31.39
E0161	\$24.92
E0162	\$169.61
E0163	\$69.30
E0165	\$147.30
E0167	\$10.76
E0168	\$126.49
E0175	\$101.20
E0181	\$190.60
E0182	\$427.44
E0184	\$169.16
E0185	\$222.81
E0186	\$194.00
E0187	\$375.00
E0188	\$25.65
E0189	\$49.94
E0191	\$15.09
E0196	\$328.40
E0197	\$230.00
E0198	\$352.43
E0199	\$31.57
E0203	\$325.45
E0240	\$83.20
E0245	\$63.63
E0249	\$177.66
E0250	\$659.40
E0251	\$606.00
E0255	\$742.10
E0256	\$647.60
E0260	\$804.50

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Code	Medicaid Fee
E0261	\$795.60
E0265	\$1,602.90
E0266	\$1,403.90
E0271	\$330.18
E0272	\$204.80
E0275	\$23.67
E0276	\$19.83
E0280	\$57.14
E0290	\$610.10
E0291	\$458.80
E0292	\$660.60
E0293	\$593.10
E0294	\$779.80
E0295	\$771.50
E0303	\$1,909.20
E0305	\$300.32
E0310	\$273.03
E0325	\$13.95
E0326	\$13.11
E0430	\$476.27
E0435	\$595.89
E0440	\$3,654.68
E0441	\$54.47
E0442	\$54.47
E0443	\$50.24
E0444	\$50.24
E0445	\$850.56
E0457	\$950.31
E0465	\$14,599.92
E0466	\$14,599.92
E0470	\$1,444.30
E0471	\$3,360.60
E0480	\$641.96

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Code	Medicaid Fee
E0482	\$4,507.00
E0483	\$12,375.60
E0484	\$68.27
E0550	\$953.38
E0555	\$7.98
E0560	\$265.23
E0561	\$165.46
E0562	\$458.78
E0565	\$773.23
E0570	\$90.20
E0600	\$479.80
E0601	\$574.50
E0602	\$43.42
E0603	\$131.80
E0607	\$77.78
E0610	\$399.01
E0615	\$663.79
E0618	\$3,177.96
E0619	\$3,092.92
E0621	\$126.18
E0627	\$300.08
E0629	\$294.16
E0630	\$736.70
E0637	\$3,072.82
E0638	\$3,072.82
E0639	\$1,298.60
E0720	\$149.03
E0730	\$149.53
E0731	\$523.84
E0747	\$4,558.56
E0748	\$4,529.04
E0760	\$3,763.54
E0765	\$130.11

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Code	Medicaid Fee
E0776	\$163.53
E0780	\$12.07
E0781	\$2,552.90
E0784	\$4,566.70
E0840	\$85.29
E0849	\$548.06
E0850	\$148.18
E0855	\$575.40
E0860	\$44.86
E0870	\$115.09
E0880	\$146.14
E0890	\$140.15
E0900	\$149.16
E0910	\$126.70
E0911	\$435.60
E0912	\$901.00
E0940	\$238.20
E0942	\$25.98
E0944	\$60.33
E0945	\$58.34
E0947	\$705.96
E0948	\$682.82
E0950	\$165.10
E0951	\$30.16
E0952	\$29.12
E0954	\$56.49
E0955	\$312.67
E0956	\$152.46
E0957	\$213.31
E0958	\$642.61
E0959	\$64.44
E0960	\$140.70
E0961	\$46.01

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Code	Medicaid Fee
E0966	\$100.10
E0967	\$99.89
E0969	\$224.80
E0971	\$84.13
E0973	\$166.79
E0974	\$103.09
E0978	\$66.03
E0980	\$48.66
E0981	\$79.37
E0982	\$74.08
E0990	\$180.95
E0992	\$147.15
E0994	\$23.80
E0995	\$47.00
E1002	\$6,360.60
E1014	\$564.66
E1015	\$158.77
E1016	\$203.07
E1020	\$376.43
E1028	\$319.38
E1029	\$571.49
E1060	\$2,002.16
E1070	\$1,813.04
E1083	\$1,411.03
E1084	\$1,026.40
E1087	\$1,975.10
E1092	\$1,992.59
E1093	\$1,230.50
E1100	\$1,668.43
E1110	\$1,575.50
E1150	\$949.60
E1160	\$727.70
E1161	\$2,754.20

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E1224	\$1,600.34
E1226	\$1,197.69
E1227	\$364.77
E1232	\$2,489.50
E1233	\$2,579.20
E1234	\$2,245.50
E1235	\$2,162.30
E1236	\$1,907.60
E1237	\$1,924.20
E1238	\$1,907.60
E1240	\$1,019.40
E1270	\$1,807.22
E1280	\$2,169.99
E1295	\$2,357.37
E1296	\$652.45
E1297	\$158.77
E1298	\$654.02
E1372	\$226.49
E1390	\$1,214.40
E1700	\$541.24
E1701	\$16.39
E1702	\$34.02
E1812	\$117.53
E1820	\$89.76
E1821	\$122.50
E2000	\$543.20
E2201	\$576.98
E2202	\$470.44
E2203	\$740.81
E2205	\$31.86
E2206	\$61.87
E2208	\$95.88
E2209	\$162.37

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E2210	\$10.06
E2211	\$62.63
E2212	\$6.20
E2213	\$46.39
E2214	\$44.48
E2215	\$13.19
E2219	\$55.67
E2220	\$40.21
E2221	\$38.67
E2222	\$20.89
E2226	\$54.13
E2231	\$228.50
E2310	\$1,809.71
E2312	\$2,568.00
E2313	\$440.14
E2321	\$2,457.46
E2322	\$2,181.04
E2323	\$105.55
E2324	\$67.75
E2325	\$1,117.52
E2327	\$3,873.34
E2330	\$5,292.10
E2340	\$554.19
E2341	\$761.29
E2342	\$711.16
E2359	\$171.66
E2360	\$160.33
E2361	\$212.11
E2362	\$157.14
E2363	\$282.81
E2365	\$170.58
E2366	\$386.55
E2367	\$648.09

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Code	Medicaid Fee
E2368	\$751.58
E2369	\$477.96
E2370	\$1,241.54
E2373	\$1,799.60
E2374	\$242.35
E2375	\$1,225.55
E2376	\$1,920.71
E2377	\$695.90
E2378	\$589.09
E2381	\$100.51
E2382	\$27.84
E2383	\$201.05
E2384	\$106.70
E2385	\$66.51
E2386	\$197.94
E2387	\$89.71
E2388	\$72.06
E2389	\$39.14
E2390	\$61.22
E2391	\$29.39
E2392	\$77.33
E2394	\$109.79
E2395	\$78.09
E2396	\$88.15
E2500	\$455.20
E2502	\$1,391.97
E2504	\$2,439.41
E2506	\$2,692.43
E2508	\$4,163.40
E2510	\$7,878.69
E2512	\$1,345.29
E2601	\$140.47
E2602	\$162.37

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E2603	\$354.07
E2604	\$255.16
E2605	\$309.28
E2607	\$469.24
E2608	\$473.20
E2611	\$483.01
E2612	\$581.40
E2613	\$607.81
E2614	\$462.15
E2615	\$699.49
E2616	\$551.86
E2619	\$79.37
E2620	\$888.85
E2621	\$491.55
E2622	\$454.67
E2623	\$572.20
E2624	\$453.15
E2625	\$575.27
E2626	\$520.43
E2627	\$830.47
E2628	\$625.63
E2629	\$791.71
E2630	\$553.64
E2631	\$194.55
E2632	\$124.25
E2633	\$187.38
E8000	\$1,229.43
E8001	\$2,035.00
E8002	\$1,882.91
K0001	\$305.20
K0002	\$501.50
K0003	\$503.90
K0004	\$702.00

**ND Medicaid
DME Purchase Fee Schedule
as of 7/1/2021**

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

Code	Medicaid Fee
K0005	\$2,116.08
K0006	\$791.50
K0007	\$1,042.90
K0011	\$5,551.70
K0012	\$3,405.60
K0015	\$276.32
K0017	\$77.71
K0018	\$43.42
K0019	\$26.66
K0020	\$78.58
K0037	\$63.31
K0038	\$39.67
K0039	\$93.67
K0040	\$123.02
K0041	\$84.93
K0042	\$50.80
K0043	\$31.77
K0044	\$26.99
K0045	\$80.96
K0046	\$32.54
K0047	\$126.99
K0050	\$53.18
K0051	\$76.99
K0052	\$140.59
K0053	\$165.10
K0056	\$156.34
K0065	\$65.10
K0069	\$168.29
K0070	\$292.10
K0071	\$144.46
K0072	\$87.83
K0073	\$54.76
K0077	\$88.90

**ND Medicaid
DME Purchase Fee Schedule
as of 7/1/2021**

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

Code	Medicaid Fee
K0098	\$40.15
K0105	\$148.43
K0195	\$248.40
K0455	\$4,576.30
K0552	\$3.85
K0601	\$1.70
K0602	\$9.81
K0603	\$0.88
K0604	\$9.42
K0605	\$22.57
K0730	\$2,006.80
K0733	\$43.30
K0739	\$14.97
K0813	\$1,916.93
K0814	\$2,160.60
K0815	\$2,453.13
K0816	\$2,234.13
K0820	\$2,036.60
K0821	\$2,219.13
K0822	\$2,523.87
K0823	\$2,398.80
K0824	\$3,428.40
K0825	\$3,115.20
K0826	\$5,320.00
K0827	\$4,620.00
K0828	\$6,259.73
K0829	\$5,989.40
K0830	\$5,685.61
K0831	\$5,685.61
K0835	\$2,810.93
K0836	\$2,915.40
K0837	\$3,514.73
K0838	\$3,125.27

**ND Medicaid
DME Purchase Fee Schedule
as of 7/1/2021**

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

Code	Medicaid Fee
K0839	\$4,627.80
K0840	\$7,073.20
K0841	\$3,104.07
K0842	\$3,101.20
K0843	\$3,699.73
K0848	\$5,302.00
K0849	\$5,097.47
K0850	\$6,149.93
K0851	\$5,913.27
K0852	\$7,105.93
K0853	\$7,299.67
K0854	\$9,670.40
K0855	\$9,135.13
K0856	\$5,690.93
K0857	\$5,805.07
K0858	\$7,060.87
K0859	\$6,733.93
K0860	\$10,087.40
K0861	\$5,700.07
K0862	\$7,060.87
K0863	\$10,087.40
K0864	\$12,004.00
L0120	\$31.78
L0130	\$193.68
L0140	\$86.46
L0150	\$132.67
L0160	\$192.28
L0170	\$853.28
L0172	\$169.05
L0174	\$382.97
L0180	\$507.68
L0190	\$585.56
L0200	\$667.39

**ND Medicaid
DME Purchase Fee Schedule
as of 7/1/2021**

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

Code	Medicaid Fee
L0220	\$155.72
L0450	\$134.91
L0454	\$445.72
L0456	\$1,285.50
L0458	\$1,152.03
L0460	\$1,298.21
L0462	\$1,614.42
L0464	\$1,921.11
L0466	\$465.53
L0468	\$582.62
L0470	\$788.96
L0472	\$495.74
L0480	\$2,081.13
L0482	\$2,120.80
L0484	\$2,149.91
L0486	\$2,586.87
L0488	\$1,285.50
L0490	\$362.27
L0491	\$885.19
L0621	\$129.90
L0625	\$59.48
L0626	\$97.44
L0627	\$358.77
L0628	\$100.51
L0630	\$140.38
L0631	\$863.29
L0633	\$361.63
L0636	\$1,426.08
L0637	\$897.46
L0638	\$1,244.89
L0640	\$1,268.08
L0700	\$2,445.46
L0710	\$2,652.03

**ND Medicaid
DME Purchase Fee Schedule
as of 7/1/2021**

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

Code	Medicaid Fee
L0810	\$3,222.48
L0820	\$2,787.10
L0830	\$3,813.59
L0970	\$154.14
L0972	\$128.71
L0974	\$217.70
L0976	\$216.12
L0978	\$234.39
L0980	\$20.87
L0982	\$19.42
L0984	\$80.19
L1000	\$2,208.71
L1005	\$4,051.95
L1010	\$92.94
L1020	\$112.83
L1025	\$153.37
L1030	\$87.40
L1040	\$96.15
L1050	\$101.69
L1060	\$115.97
L1070	\$110.45
L1080	\$73.63
L1085	\$189.09
L1090	\$118.40
L1100	\$205.77
L1110	\$305.46
L1120	\$51.37
L1200	\$2,267.50
L1210	\$352.74
L1220	\$283.64
L1230	\$826.80
L1240	\$95.28
L1250	\$88.13

**ND Medicaid
DME Purchase Fee Schedule
as of 7/1/2021**

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

Code	Medicaid Fee
L1260	\$92.10
L1270	\$95.35
L1280	\$101.69
L1290	\$100.02
L1300	\$2,043.05
L1310	\$2,203.95
L1600	\$155.72
L1610	\$53.23
L1620	\$166.85
L1630	\$198.66
L1640	\$641.14
L1650	\$311.47
L1652	\$457.62
L1660	\$203.21
L1680	\$1,457.10
L1685	\$1,422.15
L1686	\$1,207.67
L1690	\$2,462.94
L1700	\$1,825.75
L1710	\$2,304.03
L1720	\$1,403.08
L1730	\$1,355.42
L1755	\$1,892.50
L1810	\$120.66
L1812	\$130.39
L1820	\$163.92
L1830	\$109.55
L1831	\$370.26
L1832	\$725.48
L1833	\$760.00
L1834	\$954.18
L1836	\$170.04
L1840	\$997.86

**ND Medicaid
DME Purchase Fee Schedule
as of 7/1/2021**

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

Code	Medicaid Fee
L1843	\$1,152.03
L1844	\$2,044.63
L1845	\$982.01
L1846	\$1,264.85
L1847	\$735.71
L1850	\$370.23
L1860	\$1,438.05
L1900	\$351.18
L1902	\$95.28
L1904	\$603.80
L1906	\$174.65
L1907	\$706.72
L1910	\$325.76
L1920	\$460.79
L1930	\$309.58
L1932	\$1,122.72
L1940	\$590.55
L1945	\$1,107.27
L1950	\$962.95
L1951	\$1,072.58
L1960	\$719.65
L1970	\$892.16
L1971	\$607.63
L1980	\$471.95
L1990	\$518.07
L2000	\$1,256.88
L2005	\$4,467.35
L2010	\$1,293.45
L2020	\$1,395.14
L2030	\$1,210.81
L2034	\$2,319.68
L2035	\$222.44
L2036	\$2,236.71

**ND Medicaid
DME Purchase Fee Schedule
as of 7/1/2021**

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

Code	Medicaid Fee
L2037	\$1,991.01
L2038	\$1,709.75
L2040	\$252.42
L2050	\$630.22
L2060	\$707.12
L2070	\$160.88
L2080	\$454.67
L2090	\$581.57
L2106	\$811.98
L2108	\$1,453.95
L2112	\$557.74
L2114	\$699.15
L2116	\$850.13
L2126	\$1,608.06
L2128	\$2,049.82
L2132	\$1,247.36
L2134	\$1,156.77
L2136	\$1,589.00
L2180	\$181.13
L2182	\$116.79
L2184	\$150.96
L2186	\$203.39
L2188	\$357.55
L2190	\$108.04
L2192	\$425.84
L2200	\$71.45
L2210	\$87.34
L2220	\$105.15
L2230	\$100.10
L2232	\$249.56
L2240	\$100.10
L2250	\$436.95
L2260	\$254.24

**ND Medicaid
DME Purchase Fee Schedule
as of 7/1/2021**

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

Code	Medicaid Fee
L2265	\$134.96
L2270	\$69.87
L2275	\$171.44
L2280	\$525.79
L2300	\$320.97
L2310	\$150.96
L2320	\$279.41
L2330	\$463.94
L2335	\$284.42
L2340	\$519.59
L2350	\$1,154.40
L2360	\$67.48
L2370	\$306.65
L2375	\$134.96
L2380	\$182.75
L2385	\$177.83
L2387	\$170.13
L2390	\$173.20
L2395	\$204.98
L2397	\$152.55
L2405	\$111.14
L2415	\$155.72
L2425	\$184.13
L2430	\$184.33
L2492	\$143.00
L2500	\$376.59
L2510	\$867.59
L2520	\$587.92
L2525	\$1,638.22
L2526	\$953.38
L2530	\$336.88
L2540	\$573.63
L2550	\$376.59

**ND Medicaid
DME Purchase Fee Schedule
as of 7/1/2021**

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

Code	Medicaid Fee
L2570	\$568.86
L2580	\$622.86
L2600	\$265.37
L2610	\$303.50
L2620	\$319.37
L2622	\$365.46
L2624	\$385.06
L2627	\$2,733.05
L2628	\$2,269.08
L2630	\$303.24
L2640	\$400.06
L2650	\$143.00
L2660	\$254.24
L2670	\$232.00
L2680	\$219.28
L2750	\$100.10
L2755	\$168.30
L2760	\$72.70
L2768	\$166.85
L2780	\$79.44
L2785	\$36.54
L2795	\$100.02
L2800	\$134.96
L2810	\$101.69
L2820	\$111.14
L2830	\$107.95
L2840	\$50.82
L2850	\$87.40
L3000	\$309.58
L3001	\$166.71
L3002	\$198.42
L3003	\$222.44
L3010	\$206.39

**ND Medicaid
DME Purchase Fee Schedule
as of 7/1/2021**

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

Code	Medicaid Fee
L3020	\$220.68
L3030	\$104.01
L3040	\$60.34
L3050	\$60.37
L3060	\$79.38
L3070	\$38.15
L3080	\$41.11
L3090	\$52.63
L3100	\$54.13
L3140	\$114.29
L3150	\$97.90
L3170	\$56.01
L3201	\$58.77
L3202	\$63.50
L3203	\$63.50
L3208	\$64.35
L3209	\$60.37
L3211	\$39.74
L3212	\$79.44
L3213	\$79.44
L3214	\$79.44
L3215	\$143.83
L3216	\$161.39
L3219	\$171.62
L3221	\$190.51
L3224	\$72.66
L3225	\$92.78
L3230	\$323.85
L3251	\$255.84
L3252	\$330.20
L3253	\$193.85
L3260	\$20.62
L3300	\$46.39

**ND Medicaid
DME Purchase Fee Schedule
as of 7/1/2021**

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

Code	Medicaid Fee
L3310	\$73.05
L3320	\$135.86
L3332	\$58.77
L3334	\$46.39
L3340	\$66.75
L3350	\$27.02
L3360	\$39.74
L3370	\$47.65
L3380	\$47.65
L3390	\$54.13
L3400	\$41.75
L3410	\$63.56
L3420	\$63.51
L3480	\$44.46
L3510	\$36.56
L3530	\$28.31
L3540	\$43.93
L3550	\$11.12
L3580	\$62.46
L3640	\$40.27
L3650	\$76.20
L3660	\$146.91
L3670	\$131.87
L3674	\$929.94
L3675	\$204.82
L3702	\$304.61
L3710	\$144.59
L3720	\$727.09
L3730	\$1,055.09
L3740	\$1,250.54
L3760	\$572.20
L3761	\$576.51
L3762	\$123.95

**ND Medicaid
DME Purchase Fee Schedule
as of 7/1/2021**

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

Code	Medicaid Fee
L3763	\$730.74
L3764	\$831.87
L3766	\$1,511.25
L3806	\$535.94
L3807	\$293.95
L3808	\$426.76
L3906	\$477.85
L3908	\$69.87
L3912	\$100.61
L3913	\$225.46
L3915	\$654.18
L3917	\$112.76
L3921	\$339.15
L3923	\$44.46
L3925	\$57.93
L3927	\$38.75
L3929	\$91.72
L3931	\$226.55
L3933	\$225.32
L3961	\$1,323.42
L3962	\$838.98
L3980	\$360.70
L3995	\$37.35
L4002	\$11.61
L4055	\$319.37
L4090	\$106.47
L4110	\$101.69
L4205	\$15.46
L4210	\$20.03
L4350	\$106.82
L4360	\$330.20
L4370	\$238.37
L4386	\$204.82

**ND Medicaid
DME Purchase Fee Schedule
as of 7/1/2021**

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

Code	Medicaid Fee
L4387	\$199.48
L4392	\$28.58
L4394	\$20.62
L4396	\$204.98
L4398	\$97.89
L4631	\$1,189.80
L5000	\$642.92
L5010	\$1,701.81
L5020	\$2,982.83
L5050	\$3,086.72
L5060	\$4,299.81
L5100	\$2,960.31
L5105	\$4,855.97
L5150	\$4,956.07
L5160	\$5,458.20
L5200	\$4,205.12
L5210	\$3,332.11
L5220	\$3,835.25
L5230	\$6,462.42
L5250	\$7,002.70
L5280	\$7,253.77
L5301	\$2,947.13
L5312	\$4,646.21
L5321	\$4,182.89
L5331	\$7,134.55
L5341	\$7,728.85
L5400	\$1,563.92
L5410	\$532.32
L5420	\$2,176.95
L5430	\$640.36
L5450	\$515.94
L5460	\$730.94
L5500	\$1,906.81

**ND Medicaid
DME Purchase Fee Schedule
as of 7/1/2021**

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

Code	Medicaid Fee
L5505	\$2,509.04
L5510	\$2,146.72
L5520	\$1,832.11
L5530	\$2,345.97
L5535	\$2,159.44
L5540	\$2,585.94
L5560	\$3,025.43
L5570	\$3,203.42
L5580	\$3,678.52
L5585	\$3,546.65
L5590	\$3,912.12
L5595	\$5,130.87
L5600	\$5,664.75
L5611	\$2,542.38
L5613	\$3,813.59
L5614	\$2,186.45
L5616	\$2,272.29
L5617	\$721.41
L5618	\$347.95
L5620	\$352.44
L5622	\$460.79
L5624	\$463.54
L5626	\$606.98
L5628	\$614.97
L5629	\$403.23
L5630	\$624.48
L5631	\$558.79
L5632	\$337.12
L5634	\$516.43
L5636	\$289.66
L5637	\$366.73
L5638	\$826.28
L5640	\$977.24

**ND Medicaid
DME Purchase Fee Schedule
as of 7/1/2021**

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

Code	Medicaid Fee
L5642	\$873.97
L5643	\$2,644.11
L5645	\$1,190.61
L5646	\$794.50
L5647	\$1,236.26
L5648	\$1,088.46
L5649	\$2,857.40
L5650	\$611.16
L5651	\$1,746.18
L5652	\$739.74
L5653	\$988.34
L5654	\$412.89
L5655	\$347.95
L5656	\$486.24
L5658	\$530.21
L5661	\$775.41
L5665	\$651.47
L5666	\$89.00
L5668	\$125.28
L5670	\$448.45
L5671	\$842.94
L5672	\$491.79
L5673	\$963.59
L5676	\$460.36
L5677	\$627.66
L5678	\$61.90
L5679	\$803.25
L5680	\$473.51
L5681	\$1,706.57
L5682	\$795.33
L5683	\$1,706.57
L5684	\$61.90
L5685	\$160.82

**ND Medicaid
DME Purchase Fee Schedule
as of 7/1/2021**

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

Code	Medicaid Fee
L5686	\$76.26
L5688	\$76.20
L5690	\$123.95
L5692	\$174.81
L5694	\$257.43
L5695	\$252.64
L5696	\$235.16
L5697	\$111.26
L5698	\$131.77
L5699	\$236.75
L5700	\$3,611.44
L5701	\$4,696.55
L5702	\$6,651.52
L5704	\$752.44
L5705	\$1,279.49
L5706	\$1,263.24
L5707	\$1,743.11
L5710	\$540.26
L5711	\$664.19
L5712	\$548.21
L5714	\$646.72
L5716	\$1,237.81
L5718	\$1,547.68
L5722	\$1,279.15
L5724	\$2,010.05
L5726	\$2,223.00
L5728	\$3,649.93
L5780	\$1,463.45
L5781	\$5,044.52
L5782	\$5,464.54
L5785	\$643.32
L5790	\$915.28
L5795	\$1,368.12

**ND Medicaid
DME Purchase Fee Schedule
as of 7/1/2021**

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

Code	Medicaid Fee
L5810	\$688.04
L5811	\$1,204.45
L5812	\$884.21
L5814	\$4,811.46
L5816	\$1,080.52
L5818	\$1,342.31
L5822	\$2,399.39
L5824	\$2,582.10
L5826	\$4,045.55
L5828	\$3,937.27
L5830	\$2,416.86
L5840	\$4,960.76
L5845	\$2,319.27
L5850	\$215.90
L5855	\$521.21
L5910	\$555.62
L5920	\$634.97
L5925	\$570.45
L5930	\$4,231.09
L5940	\$850.87
L5950	\$1,028.67
L5960	\$1,228.29
L5968	\$4,708.18
L5970	\$289.19
L5972	\$524.35
L5974	\$300.32
L5975	\$600.67
L5976	\$746.12
L5978	\$371.83
L5979	\$3,495.78
L5980	\$4,948.64
L5981	\$4,127.35
L5982	\$982.01

**ND Medicaid
DME Purchase Fee Schedule
as of 7/1/2021**

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

Code	Medicaid Fee
L5984	\$746.96
L5985	\$363.87
L5986	\$1,075.74
L5990	\$2,287.21
L6000	\$1,692.28
L6010	\$2,005.31
L6020	\$1,784.44
L6050	\$2,604.35
L6055	\$3,605.41
L6100	\$2,577.35
L6110	\$2,659.98
L6120	\$3,340.07
L6130	\$3,603.84
L6200	\$3,885.08
L6205	\$4,754.24
L6250	\$3,459.25
L6300	\$5,072.05
L6310	\$3,866.02
L6320	\$2,321.53
L6350	\$5,828.42
L6360	\$4,058.27
L6370	\$2,586.87
L6380	\$1,482.53
L6382	\$2,016.45
L6384	\$2,796.64
L6386	\$511.64
L6388	\$643.56
L6400	\$3,942.30
L6450	\$5,237.31
L6500	\$5,107.05
L6550	\$6,443.35
L6570	\$5,402.57
L6580	\$2,396.19

**ND Medicaid
DME Purchase Fee Schedule
as of 7/1/2021**

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

Code	Medicaid Fee
L6582	\$2,337.41
L6584	\$2,607.56
L6586	\$2,712.44
L6588	\$3,600.63
L6590	\$3,611.79
L6600	\$238.37
L6605	\$235.16
L6610	\$214.52
L6611	\$541.24
L6615	\$247.89
L6616	\$82.64
L6620	\$432.19
L6623	\$816.74
L6625	\$676.92
L6628	\$813.58
L6629	\$233.59
L6630	\$273.31
L6632	\$110.42
L6635	\$263.79
L6637	\$467.16
L6640	\$373.43
L6641	\$204.98
L6642	\$276.49
L6645	\$406.78
L6650	\$430.62
L6655	\$95.35
L6660	\$119.19
L6665	\$57.19
L6670	\$60.37
L6672	\$257.43
L6675	\$152.55
L6676	\$179.53
L6680	\$313.04

**ND Medicaid
DME Purchase Fee Schedule
as of 7/1/2021**

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

Code	Medicaid Fee
L6682	\$340.06
L6684	\$484.66
L6686	\$751.60
L6687	\$978.82
L6688	\$673.77
L6689	\$1,144.07
L6690	\$875.53
L6691	\$438.58
L6692	\$891.42
L6693	\$3,678.52
L6694	\$734.55
L6698	\$642.54
L6703	\$420.63
L6704	\$757.76
L6706	\$451.55
L6707	\$1,663.99
L6708	\$1,082.54
L6709	\$1,568.11
L6711	\$654.97
L6712	\$1,205.88
L6713	\$1,521.91
L6714	\$1,289.05
L6805	\$452.87
L6810	\$270.12
L6881	\$5,296.13
L6882	\$4,016.96
L6890	\$230.41
L6895	\$726.16
L6900	\$1,924.27
L6905	\$1,870.24
L6910	\$1,822.56
L6915	\$797.68
L6920	\$10,336.38

**ND Medicaid
DME Purchase Fee Schedule
as of 7/1/2021**

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

Code	Medicaid Fee
L6925	\$11,148.37
L6930	\$10,860.77
L6935	\$11,660.02
L6940	\$14,906.32
L6945	\$17,342.28
L6950	\$16,943.42
L6955	\$20,293.02
L6960	\$20,466.21
L6965	\$22,174.37
L6970	\$22,447.69
L7040	\$3,591.13
L7045	\$2,059.34
L7170	\$7,838.50
L7180	\$45,497.61
L7185	\$8,132.47
L7186	\$14,741.07
L7190	\$10,290.31
L7191	\$15,103.37
L7360	\$289.19
L7362	\$424.28
L7364	\$506.88
L7366	\$683.28
L7367	\$503.73
L7368	\$653.08
L7400	\$301.56
L7403	\$363.44
L7520	\$23.83
L7900	\$693.73
L8000	\$47.63
L8001	\$162.09
L8002	\$212.93
L8015	\$76.26
L8020	\$254.24

**ND Medicaid
DME Purchase Fee Schedule
as of 7/1/2021**

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

Code	Medicaid Fee
L8030	\$452.43
L8040	\$2,992.07
L8041	\$3,607.04
L8042	\$3,850.13
L8043	\$4,539.74
L8044	\$5,025.98
L8045	\$3,146.21
L8046	\$3,241.54
L8047	\$1,660.48
L8300	\$122.33
L8400	\$18.54
L8410	\$27.90
L8415	\$30.16
L8417	\$97.44
L8420	\$24.77
L8430	\$31.25
L8435	\$25.44
L8440	\$52.43
L8460	\$84.19
L8465	\$61.95
L8470	\$11.05
L8480	\$15.63
L8485	\$16.96
L8500	\$840.56
L8501	\$152.40
L8507	\$54.03
L8509	\$141.42
L8510	\$327.35
L8610	\$993.13
L8614	\$26,004.79
L8615	\$463.94
L8616	\$137.63
L8617	\$120.62

**ND Medicaid
DME Purchase Fee Schedule
as of 7/1/2021**

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

Code	Medicaid Fee
L8618	\$34.02
L8619	\$11,670.83
L8621	\$0.78
L8624	\$210.31
L8627	\$7,479.58
L8628	\$1,417.93
L8630	\$539.28
L8658	\$495.52
L8693	\$1,597.61
S1040	\$2,077.36
S8120	\$15.99
S8186	\$4.26
S8210	\$5.33
S8452	\$14.93
S8490	\$42.66
V2623	\$1,184.35
V2624	\$96.57
V2625	\$576.58
V2626	\$249.25
V2627	\$2,034.64
V2628	\$2,034.64
V5008	\$9.59
V5020	\$32.59
V5030	\$570.90
V5040	\$570.90
V5050	\$570.90
V5060	\$570.90
V5090	\$570.90
V5110	\$1,141.76
V5130	\$1,141.76
V5140	\$1,141.76
V5160	\$1,141.76
V5241	\$570.90

**ND Medicaid
DME Purchase Fee Schedule
as of 7/1/2021**

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

Code	Medicaid Fee
V5246	\$570.90
V5247	\$570.90
V5253	\$1,141.76
V5254	\$570.90
V5255	\$570.90
V5256	\$570.90
V5257	\$570.90
V5259	\$1,141.76
V5260	\$1,141.76
V5261	\$1,141.76
V5264	\$71.44
V5265	\$71.44
V5266	\$2.39
V5298	\$570.90