

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

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

Code	Medicaid Fee
A4206	\$0.49
A4207	\$0.40
A4208	\$0.49
A4209	\$0.66
A4212	\$11.99
A4213	\$0.66
A4215	\$0.36
A4216	\$0.67
A4217	\$3.45
A4220	\$63.83
A4221	\$34.25
A4222	\$70.05
A4224	\$34.25
A4225	\$3.77
A4230	\$9.35
A4231	\$6.22
A4232	\$3.14
A4233	\$1.18
A4234	\$5.49
A4235	\$3.54
A4236	\$2.54
A4244	\$3.72
A4245	\$5.36
A4246	\$14.02
A4247	\$11.08
A4253	\$11.65
A4256	\$16.83
A4258	\$27.24

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Code	Medicaid Fee
A4259	\$18.95
A4261	\$45.17
A4266	\$32.94
A4267	\$0.41
A4268	\$3.90
A4269	\$15.06
A4310	\$12.01
A4311	\$23.36
A4312	\$27.05
A4313	\$26.49
A4314	\$38.92
A4315	\$37.05
A4316	\$39.42
A4320	\$8.12
A4322	\$4.68
A4326	\$14.64
A4327	\$66.91
A4328	\$15.56
A4330	\$10.68
A4331	\$4.87
A4332	\$0.11
A4333	\$3.30
A4334	\$7.41
A4338	\$18.93
A4340	\$45.15
A4344	\$23.53
A4346	\$29.76
A4349	\$2.76
A4351	\$2.67
A4352	\$8.50
A4353	\$10.48
A4354	\$17.14
A4355	\$12.89

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Code	Medicaid Fee
A4356	\$68.53
A4357	\$12.94
A4358	\$9.83
A4361	\$26.00
A4362	\$5.41
A4363	\$3.31
A4364	\$4.45
A4366	\$1.99
A4367	\$11.04
A4368	\$0.40
A4369	\$3.31
A4371	\$5.49
A4372	\$6.27
A4373	\$9.42
A4375	\$26.25
A4376	\$71.34
A4377	\$6.70
A4378	\$46.09
A4379	\$22.51
A4380	\$55.98
A4381	\$6.93
A4382	\$36.93
A4383	\$42.29
A4384	\$14.40
A4385	\$7.82
A4387	\$6.00
A4388	\$6.52
A4389	\$9.33
A4390	\$14.40
A4391	\$10.61
A4392	\$11.14
A4393	\$13.65
A4394	\$3.87

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Code	Medicaid Fee
A4395	\$0.05
A4396	\$60.68
A4397	\$6.47
A4398	\$20.17
A4399	\$18.25
A4400	\$72.93
A4402	\$2.52
A4404	\$2.41
A4405	\$5.07
A4406	\$6.94
A4407	\$13.45
A4408	\$12.24
A4409	\$9.70
A4410	\$10.73
A4411	\$6.05
A4412	\$3.42
A4413	\$8.57
A4414	\$6.73
A4415	\$7.84
A4416	\$4.29
A4417	\$5.79
A4418	\$2.82
A4419	\$2.73
A4422	\$0.18
A4423	\$2.90
A4424	\$7.40
A4425	\$5.60
A4426	\$4.24
A4427	\$4.33
A4428	\$10.15
A4429	\$12.86
A4430	\$13.27
A4431	\$9.70

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Code	Medicaid Fee
A4432	\$5.62
A4433	\$5.05
A4434	\$5.71
A4450	\$0.15
A4452	\$0.58
A4455	\$2.41
A4456	\$0.28
A4481	\$0.60
A4520	\$0.87
A4554	\$0.66
A4556	\$15.71
A4557	\$29.19
A4558	\$6.11
A4561	\$28.95
A4562	\$72.03
A4565	\$10.11
A4570	\$10.89
A4595	\$43.20
A4604	\$84.71
A4605	\$23.52
A4606	\$45.48
A4608	\$90.60
A4611	\$292.59
A4612	\$99.11
A4613	\$174.81
A4614	\$38.15
A4615	\$2.57
A4616	\$0.34
A4617	\$5.59
A4618	\$10.13
A4619	\$1.89
A4620	\$6.78
A4623	\$10.21

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Code	Medicaid Fee
A4624	\$3.69
A4625	\$9.52
A4626	\$4.59
A4627	\$39.87
A4628	\$5.72
A4629	\$7.20
A4630	\$7.93
A4634	\$37.49
A4635	\$6.20
A4636	\$5.40
A4637	\$2.96
A4640	\$86.52
A4660	\$47.34
A4663	\$34.27
A4670	\$47.29
A5051	\$3.21
A5052	\$2.32
A5053	\$2.52
A5054	\$2.81
A5055	\$2.38
A5056	\$4.51
A5057	\$9.29
A5061	\$5.49
A5062	\$3.27
A5063	\$4.20
A5071	\$9.37
A5072	\$5.32
A5073	\$4.89
A5081	\$4.65
A5082	\$18.53
A5093	\$3.02
A5102	\$34.92
A5105	\$63.09

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Code	Medicaid Fee
A5112	\$53.31
A5113	\$6.62
A5114	\$13.95
A5120	\$0.36
A5121	\$11.43
A5122	\$20.04
A5126	\$1.95
A5131	\$21.67
A5200	\$17.17
A5500	\$92.38
A5501	\$269.87
A5503	\$40.02
A5504	\$40.02
A5505	\$41.14
A5506	\$41.14
A5507	\$41.14
A5512	\$27.29
A5513	\$54.58
A6010	\$48.22
A6011	\$3.55
A6021	\$32.72
A6022	\$32.73
A6023	\$296.45
A6024	\$9.62
A6154	\$22.37
A6196	\$11.44
A6197	\$25.60
A6199	\$8.25
A6203	\$5.24
A6204	\$9.73
A6207	\$11.43
A6209	\$11.64
A6210	\$30.08

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Code	Medicaid Fee
A6211	\$45.76
A6212	\$15.12
A6213	\$8.27
A6214	\$16.02
A6216	\$0.06
A6219	\$1.50
A6220	\$4.03
A6222	\$3.31
A6223	\$3.75
A6224	\$5.63
A6229	\$5.63
A6231	\$7.29
A6232	\$10.72
A6233	\$29.91
A6234	\$10.20
A6235	\$26.21
A6236	\$42.45
A6237	\$12.32
A6238	\$35.51
A6240	\$19.03
A6241	\$4.01
A6242	\$9.45
A6243	\$19.20
A6244	\$61.18
A6245	\$11.34
A6246	\$15.47
A6247	\$37.04
A6248	\$25.28
A6251	\$3.12
A6252	\$5.06
A6253	\$9.89
A6254	\$1.92
A6255	\$4.70

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Code	Medicaid Fee
A6257	\$2.40
A6258	\$6.71
A6259	\$15.75
A6266	\$3.00
A6402	\$0.23
A6403	\$0.68
A6404	\$1.20
A6407	\$2.92
A6410	\$0.63
A6411	\$0.32
A6441	\$1.09
A6442	\$0.29
A6443	\$0.47
A6444	\$0.86
A6445	\$0.50
A6446	\$0.66
A6447	\$1.08
A6448	\$1.80
A6449	\$2.75
A6450	\$3.02
A6452	\$9.23
A6453	\$0.95
A6454	\$1.20
A6456	\$1.95
A6457	\$1.12
A6550	\$42.86
A7000	\$14.16
A7001	\$50.15
A7002	\$5.81
A7003	\$4.07
A7005	\$46.72
A7006	\$14.47
A7007	\$3.55

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Code	Medicaid Fee
A7008	\$16.67
A7010	\$35.77
A7012	\$6.45
A7013	\$0.92
A7014	\$6.80
A7015	\$2.85
A7016	\$11.01
A7017	\$117.43
A7018	\$0.66
A7027	\$269.69
A7028	\$51.03
A7029	\$36.46
A7030	\$286.00
A7031	\$105.79
A7032	\$61.47
A7033	\$44.36
A7034	\$178.37
A7035	\$60.26
A7036	\$27.60
A7037	\$62.20
A7038	\$7.78
A7039	\$23.23
A7046	\$29.58
A7501	\$164.05
A7502	\$77.75
A7503	\$17.66
A7504	\$1.08
A7505	\$7.27
A7506	\$0.50
A7507	\$3.87
A7508	\$4.46
A7509	\$2.21
A7520	\$73.91

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Code	Medicaid Fee
A7521	\$73.26
A7522	\$70.29
A7525	\$3.24
A7526	\$5.27
A7527	\$4.21
A8000	\$227.43
A8001	\$227.43
B4034	\$9.35
B4035	\$20.46
B4036	\$14.02
B4081	\$34.67
B4082	\$24.24
B4083	\$3.55
B4087	\$44.29
B4088	\$44.29
B4100	\$2.15
B4149	\$1.94
B4150	\$1.07
B4152	\$0.85
B4153	\$2.92
B4154	\$1.85
B4155	\$1.46
B4158	\$1.50
B4159	\$1.50
B4160	\$1.50
B4161	\$2.97
B4164	\$26.54
B4168	\$37.59
B4176	\$72.79
B4178	\$87.38
B4180	\$37.01
B4185	\$15.16
B4189	\$269.90

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Code	Medicaid Fee
B4193	\$348.78
B4197	\$424.59
B4199	\$485.19
B4216	\$11.74
B4220	\$12.17
B4222	\$15.02
B4224	\$37.99
B9002	\$1,913.36
B9004	\$3,335.48
B9006	\$3,335.48
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	\$96.21
E0154	\$106.18
E0155	\$45.76
E0156	\$33.78
E0157	\$119.32

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Code	Medicaid Fee
E0158	\$43.57
E0159	\$26.79
E0160	\$31.39
E0161	\$24.92
E0162	\$169.61
E0163	\$69.30
E0165	\$147.30
E0167	\$10.76
E0168	\$126.49
E0175	\$99.22
E0181	\$190.60
E0182	\$419.06
E0184	\$169.16
E0185	\$222.81
E0186	\$194.00
E0187	\$367.65
E0188	\$25.65
E0189	\$49.94
E0191	\$14.79
E0196	\$328.40
E0197	\$230.00
E0198	\$345.52
E0199	\$31.57
E0203	\$319.07
E0240	\$81.57
E0245	\$62.38
E0249	\$174.18
E0250	\$659.40
E0251	\$606.00
E0255	\$742.10
E0256	\$647.60
E0260	\$804.50
E0261	\$795.60

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Code	Medicaid Fee
E0265	\$1,602.90
E0266	\$1,403.90
E0271	\$323.71
E0272	\$200.78
E0275	\$23.21
E0276	\$19.44
E0280	\$56.02
E0290	\$610.10
E0291	\$458.80
E0292	\$660.60
E0293	\$593.10
E0294	\$779.80
E0295	\$771.50
E0303	\$1,909.20
E0305	\$294.43
E0310	\$267.68
E0325	\$13.68
E0326	\$12.85
E0430	\$466.93
E0435	\$584.21
E0440	\$3,583.02
E0441	\$53.40
E0442	\$53.40
E0443	\$49.25
E0444	\$49.25
E0445	\$833.88
E0457	\$931.68
E0465	\$14,313.65
E0466	\$14,313.65
E0470	\$1,444.30
E0471	\$3,360.60
E0480	\$629.37
E0482	\$4,507.00

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Code	Medicaid Fee
E0483	\$12,375.60
E0484	\$66.93
E0550	\$934.69
E0555	\$7.82
E0560	\$260.03
E0561	\$162.22
E0562	\$449.78
E0565	\$758.07
E0570	\$90.20
E0600	\$479.80
E0601	\$574.50
E0602	\$42.57
E0603	\$129.22
E0607	\$77.78
E0610	\$391.19
E0615	\$650.77
E0618	\$3,115.65
E0619	\$3,032.27
E0621	\$123.71
E0627	\$300.08
E0629	\$294.16
E0630	\$736.70
E0637	\$3,012.57
E0638	\$3,012.57
E0639	\$1,298.60
E0720	\$149.03
E0730	\$149.53
E0731	\$513.57
E0747	\$4,558.56
E0748	\$4,529.04
E0760	\$3,756.03
E0765	\$127.56
E0776	\$160.32

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Code	Medicaid Fee
E0780	\$12.07
E0781	\$2,552.90
E0784	\$4,566.70
E0840	\$85.29
E0849	\$537.31
E0850	\$145.27
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	\$25.47
E0944	\$59.15
E0945	\$57.20
E0947	\$705.96
E0948	\$682.82
E0950	\$161.86
E0951	\$29.57
E0952	\$28.55
E0955	\$306.54
E0956	\$149.47
E0957	\$209.13
E0958	\$630.01
E0959	\$63.18
E0960	\$137.94
E0961	\$45.11
E0966	\$98.14
E0967	\$97.93

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Code	Medicaid Fee
E0969	\$220.39
E0971	\$82.48
E0973	\$163.52
E0974	\$101.07
E0978	\$64.74
E0980	\$47.71
E0981	\$77.81
E0982	\$72.63
E0990	\$177.40
E0992	\$144.26
E0994	\$23.33
E0995	\$46.08
E1002	\$6,235.88
E1014	\$553.59
E1015	\$155.66
E1016	\$199.09
E1020	\$369.05
E1028	\$313.12
E1029	\$560.28
E1060	\$1,962.90
E1070	\$1,777.49
E1083	\$1,383.36
E1084	\$1,026.40
E1087	\$1,936.37
E1092	\$1,953.52
E1093	\$1,230.50
E1100	\$1,635.72
E1110	\$1,544.61
E1150	\$949.60
E1160	\$727.70
E1161	\$2,754.20
E1224	\$1,568.96
E1226	\$1,174.21

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Code	Medicaid Fee
E1227	\$357.62
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	\$1,771.78
E1280	\$2,127.44
E1295	\$2,311.15
E1296	\$639.66
E1297	\$155.66
E1298	\$641.20
E1372	\$222.05
E1390	\$1,190.59
E1700	\$530.63
E1701	\$16.07
E1702	\$33.35
E1812	\$115.23
E1820	\$89.76
E1821	\$122.50
E2000	\$543.20
E2201	\$565.67
E2202	\$461.22
E2203	\$726.28
E2205	\$31.24
E2206	\$60.66
E2208	\$94.00
E2209	\$159.19
E2210	\$9.86
E2211	\$61.40

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Code	Medicaid Fee
E2212	\$6.08
E2213	\$45.48
E2214	\$43.61
E2215	\$12.93
E2219	\$54.58
E2220	\$39.42
E2221	\$37.91
E2222	\$20.48
E2226	\$53.07
E2231	\$224.02
E2310	\$1,774.23
E2312	\$2,517.65
E2313	\$431.51
E2321	\$2,409.27
E2322	\$2,138.27
E2323	\$103.48
E2324	\$66.42
E2325	\$1,095.61
E2327	\$3,797.39
E2330	\$5,188.33
E2340	\$543.32
E2341	\$746.36
E2342	\$697.22
E2359	\$168.29
E2360	\$157.19
E2361	\$207.95
E2362	\$154.06
E2363	\$277.26
E2365	\$167.24
E2366	\$378.97
E2367	\$635.38
E2368	\$736.84
E2369	\$468.59

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Code	Medicaid Fee
E2370	\$1,217.20
E2373	\$1,764.31
E2374	\$237.60
E2375	\$1,201.52
E2376	\$1,883.05
E2377	\$682.25
E2378	\$577.54
E2381	\$98.54
E2382	\$27.29
E2383	\$197.11
E2384	\$104.61
E2385	\$65.21
E2386	\$194.06
E2387	\$87.95
E2388	\$70.65
E2389	\$38.37
E2390	\$60.02
E2391	\$28.81
E2392	\$75.81
E2394	\$107.64
E2395	\$76.56
E2396	\$86.42
E2500	\$455.20
E2502	\$1,391.97
E2504	\$2,391.58
E2506	\$2,692.43
E2508	\$4,163.40
E2510	\$7,878.69
E2512	\$1,318.91
E2601	\$137.72
E2602	\$159.19
E2603	\$347.13
E2604	\$250.16

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Code	Medicaid Fee
E2605	\$303.22
E2607	\$460.04
E2608	\$463.92
E2611	\$473.54
E2612	\$570.00
E2613	\$595.89
E2614	\$453.09
E2615	\$685.77
E2616	\$541.04
E2619	\$77.81
E2620	\$871.42
E2621	\$481.91
E2622	\$445.75
E2623	\$560.98
E2624	\$444.26
E2625	\$563.99
E2626	\$510.23
E2627	\$814.19
E2628	\$613.36
E2629	\$776.19
E2630	\$542.78
E2631	\$190.74
E2632	\$121.81
E2633	\$183.71
E8000	\$1,205.32
E8001	\$1,995.10
E8002	\$1,845.99
K0001	\$305.20
K0002	\$501.50
K0003	\$503.90
K0004	\$702.00
K0005	\$2,116.08
K0006	\$791.50

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

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

Code	Medicaid Fee
K0007	\$1,042.90
K0011	\$5,551.70
K0012	\$3,405.60
K0015	\$270.90
K0017	\$76.19
K0018	\$42.57
K0019	\$26.14
K0020	\$77.04
K0037	\$62.07
K0038	\$38.89
K0039	\$91.83
K0040	\$120.61
K0041	\$83.26
K0042	\$49.80
K0043	\$31.15
K0044	\$26.46
K0045	\$79.37
K0046	\$31.90
K0047	\$124.50
K0050	\$52.14
K0051	\$75.48
K0052	\$137.83
K0053	\$161.86
K0056	\$153.27
K0065	\$63.82
K0069	\$164.99
K0070	\$286.37
K0071	\$141.63
K0072	\$86.11
K0073	\$53.69
K0077	\$87.16
K0098	\$39.36
K0105	\$145.52

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

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

Code	Medicaid Fee
K0195	\$243.53
K0455	\$4,486.57
K0552	\$3.77
K0601	\$1.67
K0602	\$9.62
K0603	\$0.86
K0604	\$9.24
K0605	\$22.13
K0730	\$2,006.80
K0733	\$42.45
K0739	\$14.68
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	\$5,574.13
K0831	\$5,574.13
K0835	\$2,810.93
K0836	\$2,915.40
K0837	\$3,514.73
K0838	\$3,125.27
K0839	\$4,627.80
K0840	\$7,073.20

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

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

Code	Medicaid Fee
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	\$31.16
L0130	\$189.88
L0140	\$84.76
L0150	\$130.07
L0160	\$188.51
L0170	\$836.55
L0172	\$165.74
L0174	\$375.46
L0180	\$497.73
L0190	\$574.08
L0200	\$654.30
L0220	\$152.67
L0450	\$132.26

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

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

Code	Medicaid Fee
L0454	\$436.98
L0456	\$1,260.29
L0458	\$1,129.44
L0460	\$1,272.75
L0462	\$1,582.76
L0464	\$1,883.44
L0466	\$456.40
L0468	\$571.20
L0470	\$773.49
L0472	\$486.02
L0480	\$2,040.32
L0482	\$2,079.22
L0484	\$2,107.75
L0486	\$2,536.15
L0488	\$1,260.29
L0490	\$355.17
L0491	\$867.83
L0621	\$127.35
L0625	\$58.31
L0626	\$95.53
L0627	\$351.74
L0628	\$98.54
L0630	\$137.63
L0631	\$846.36
L0633	\$354.54
L0636	\$1,398.12
L0637	\$879.86
L0638	\$1,220.48
L0640	\$1,243.22
L0700	\$2,397.51
L0710	\$2,600.03
L0810	\$3,159.29
L0820	\$2,732.45

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

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

Code	Medicaid Fee
L0830	\$3,738.81
L0970	\$151.12
L0972	\$126.19
L0974	\$213.43
L0976	\$211.88
L0978	\$229.79
L0980	\$20.46
L0982	\$19.04
L0984	\$78.62
L1000	\$2,165.40
L1005	\$3,972.50
L1010	\$91.12
L1020	\$110.62
L1025	\$150.36
L1030	\$85.69
L1040	\$94.26
L1050	\$99.70
L1060	\$113.70
L1070	\$108.28
L1080	\$72.19
L1085	\$185.38
L1090	\$116.08
L1100	\$201.74
L1110	\$299.47
L1120	\$50.36
L1200	\$2,223.04
L1210	\$345.82
L1220	\$278.08
L1230	\$810.59
L1240	\$93.41
L1250	\$86.40
L1260	\$90.29
L1270	\$93.48

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

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

Code	Medicaid Fee
L1280	\$99.70
L1290	\$98.06
L1300	\$2,002.99
L1310	\$2,160.74
L1600	\$152.67
L1610	\$52.19
L1620	\$163.58
L1630	\$194.76
L1640	\$628.57
L1650	\$305.36
L1652	\$448.65
L1660	\$199.23
L1680	\$1,428.53
L1685	\$1,394.26
L1686	\$1,183.99
L1690	\$2,414.65
L1700	\$1,789.95
L1710	\$2,258.85
L1720	\$1,375.57
L1730	\$1,328.84
L1755	\$1,855.39
L1810	\$118.29
L1812	\$127.83
L1820	\$160.71
L1830	\$107.40
L1831	\$363.00
L1832	\$711.25
L1833	\$745.10
L1834	\$935.47
L1836	\$166.71
L1840	\$978.29
L1843	\$1,129.44
L1844	\$2,004.54

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

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

Code	Medicaid Fee
L1845	\$962.75
L1846	\$1,240.05
L1847	\$721.28
L1850	\$362.97
L1860	\$1,409.85
L1900	\$344.29
L1902	\$93.41
L1904	\$591.96
L1906	\$171.23
L1907	\$692.86
L1910	\$319.37
L1920	\$451.75
L1930	\$303.51
L1932	\$1,100.71
L1940	\$578.97
L1945	\$1,085.56
L1950	\$944.07
L1951	\$1,051.55
L1960	\$705.54
L1970	\$874.67
L1971	\$595.72
L1980	\$462.70
L1990	\$507.91
L2000	\$1,232.24
L2005	\$4,379.75
L2010	\$1,268.09
L2020	\$1,367.78
L2030	\$1,187.07
L2034	\$2,274.20
L2035	\$218.08
L2036	\$2,192.85
L2037	\$1,951.97
L2038	\$1,676.23

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

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

Code	Medicaid Fee
L2040	\$247.47
L2050	\$617.86
L2060	\$693.25
L2070	\$157.73
L2080	\$445.75
L2090	\$570.17
L2106	\$796.06
L2108	\$1,425.44
L2112	\$546.80
L2114	\$685.44
L2116	\$833.46
L2126	\$1,576.53
L2128	\$2,009.63
L2132	\$1,222.90
L2134	\$1,134.09
L2136	\$1,557.84
L2180	\$177.58
L2182	\$114.50
L2184	\$148.00
L2186	\$199.40
L2188	\$350.54
L2190	\$105.92
L2192	\$417.49
L2200	\$70.05
L2210	\$85.63
L2220	\$103.09
L2230	\$98.14
L2232	\$244.67
L2240	\$98.14
L2250	\$428.38
L2260	\$249.25
L2265	\$132.31
L2270	\$68.50

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

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

Code	Medicaid Fee
L2275	\$168.08
L2280	\$515.48
L2300	\$314.68
L2310	\$148.00
L2320	\$273.93
L2330	\$454.84
L2335	\$278.84
L2340	\$509.40
L2350	\$1,131.76
L2360	\$66.16
L2370	\$300.64
L2375	\$132.31
L2380	\$179.17
L2385	\$174.34
L2387	\$166.79
L2390	\$169.80
L2395	\$200.96
L2397	\$149.56
L2405	\$108.96
L2415	\$152.67
L2425	\$180.52
L2430	\$180.72
L2492	\$140.20
L2500	\$369.21
L2510	\$850.58
L2520	\$576.39
L2525	\$1,606.10
L2526	\$934.69
L2530	\$330.27
L2540	\$562.38
L2550	\$369.21
L2570	\$557.71
L2580	\$610.65

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

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

Code	Medicaid Fee
L2600	\$260.17
L2610	\$297.55
L2620	\$313.11
L2622	\$358.29
L2624	\$377.51
L2627	\$2,679.46
L2628	\$2,224.59
L2630	\$297.29
L2640	\$392.22
L2650	\$140.20
L2660	\$249.25
L2670	\$227.45
L2680	\$214.98
L2750	\$98.14
L2755	\$165.00
L2760	\$71.27
L2768	\$163.58
L2780	\$77.88
L2785	\$35.82
L2795	\$98.06
L2800	\$132.31
L2810	\$99.70
L2820	\$108.96
L2830	\$105.83
L2840	\$49.82
L2850	\$85.69
L3000	\$303.51
L3001	\$163.44
L3002	\$194.53
L3003	\$218.08
L3010	\$202.34
L3020	\$216.35
L3030	\$101.97

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

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

Code	Medicaid Fee
L3040	\$59.16
L3050	\$59.19
L3060	\$77.82
L3070	\$37.40
L3080	\$40.30
L3090	\$51.60
L3100	\$53.07
L3140	\$112.05
L3150	\$95.98
L3170	\$54.91
L3201	\$57.62
L3202	\$62.25
L3203	\$62.25
L3208	\$63.09
L3209	\$59.19
L3211	\$38.96
L3212	\$77.88
L3213	\$77.88
L3214	\$77.88
L3215	\$141.01
L3216	\$158.23
L3219	\$168.25
L3221	\$186.77
L3224	\$71.24
L3225	\$90.96
L3230	\$317.50
L3251	\$250.82
L3252	\$323.73
L3253	\$190.05
L3260	\$20.22
L3300	\$45.48
L3310	\$71.62
L3320	\$133.20

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

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

Code	Medicaid Fee
L3332	\$57.62
L3334	\$45.48
L3340	\$65.44
L3350	\$26.49
L3360	\$38.96
L3370	\$46.72
L3380	\$46.72
L3390	\$53.07
L3400	\$40.93
L3410	\$62.31
L3420	\$62.26
L3480	\$43.59
L3510	\$35.84
L3530	\$27.75
L3540	\$43.07
L3550	\$10.90
L3580	\$61.24
L3640	\$39.48
L3650	\$74.71
L3660	\$144.03
L3670	\$129.28
L3674	\$911.71
L3675	\$200.80
L3702	\$298.64
L3710	\$141.75
L3720	\$712.83
L3730	\$1,034.40
L3740	\$1,226.02
L3760	\$560.98
L3761	\$565.21
L3762	\$121.52
L3763	\$716.41
L3764	\$815.56

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

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

Code	Medicaid Fee
L3766	\$1,481.62
L3806	\$525.43
L3807	\$288.19
L3808	\$418.39
L3906	\$468.48
L3908	\$68.50
L3912	\$98.64
L3913	\$221.04
L3915	\$641.35
L3917	\$110.55
L3921	\$332.50
L3923	\$43.59
L3925	\$56.79
L3927	\$37.99
L3929	\$89.92
L3931	\$222.11
L3933	\$220.90
L3961	\$1,297.47
L3962	\$822.53
L3980	\$353.63
L3995	\$36.62
L4002	\$11.38
L4055	\$313.11
L4090	\$104.38
L4110	\$99.70
L4205	\$15.16
L4210	\$19.64
L4350	\$104.73
L4360	\$323.73
L4370	\$233.70
L4386	\$200.80
L4387	\$195.57
L4392	\$28.02

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

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

Code	Medicaid Fee
L4394	\$20.22
L4396	\$200.96
L4398	\$95.97
L4631	\$1,166.47
L5000	\$630.31
L5010	\$1,668.44
L5020	\$2,924.34
L5050	\$3,026.20
L5060	\$4,215.50
L5100	\$2,902.26
L5105	\$4,760.75
L5150	\$4,858.89
L5160	\$5,351.18
L5200	\$4,122.67
L5210	\$3,266.77
L5220	\$3,760.05
L5230	\$6,335.71
L5250	\$6,865.39
L5280	\$7,111.54
L5301	\$2,889.34
L5312	\$4,555.11
L5321	\$4,100.87
L5331	\$6,994.66
L5341	\$7,577.30
L5400	\$1,533.25
L5410	\$521.88
L5420	\$2,134.26
L5430	\$627.80
L5450	\$505.82
L5460	\$716.61
L5500	\$1,869.42
L5505	\$2,459.84
L5510	\$2,104.63

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

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

Code	Medicaid Fee
L5520	\$1,796.19
L5530	\$2,299.97
L5535	\$2,117.10
L5540	\$2,535.24
L5560	\$2,966.11
L5570	\$3,140.61
L5580	\$3,606.39
L5585	\$3,477.11
L5590	\$3,835.41
L5595	\$5,030.26
L5600	\$5,553.68
L5611	\$2,492.53
L5613	\$3,738.81
L5614	\$2,143.58
L5616	\$2,227.74
L5617	\$707.26
L5618	\$341.13
L5620	\$345.53
L5622	\$451.75
L5624	\$454.45
L5626	\$595.08
L5628	\$602.91
L5629	\$395.32
L5630	\$612.24
L5631	\$547.83
L5632	\$330.51
L5634	\$506.30
L5636	\$283.98
L5637	\$359.54
L5638	\$810.08
L5640	\$958.08
L5642	\$856.83
L5643	\$2,592.26

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

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

Code	Medicaid Fee
L5645	\$1,167.26
L5646	\$778.92
L5647	\$1,212.02
L5648	\$1,067.12
L5649	\$2,801.37
L5650	\$599.18
L5651	\$1,711.94
L5652	\$725.24
L5653	\$968.96
L5654	\$404.79
L5655	\$341.13
L5656	\$476.71
L5658	\$519.81
L5661	\$760.21
L5665	\$638.70
L5666	\$87.25
L5668	\$122.82
L5670	\$439.66
L5671	\$826.41
L5672	\$482.15
L5673	\$944.70
L5676	\$451.33
L5677	\$615.35
L5678	\$60.69
L5679	\$787.50
L5680	\$464.23
L5681	\$1,673.11
L5682	\$779.74
L5683	\$1,673.11
L5684	\$60.69
L5685	\$157.67
L5686	\$74.76
L5688	\$74.71

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

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

Code	Medicaid Fee
L5690	\$121.52
L5692	\$171.38
L5694	\$252.38
L5695	\$247.69
L5696	\$230.55
L5697	\$109.08
L5698	\$129.19
L5699	\$232.11
L5700	\$3,540.63
L5701	\$4,604.46
L5702	\$6,521.10
L5704	\$737.69
L5705	\$1,254.40
L5706	\$1,238.47
L5707	\$1,708.93
L5710	\$529.67
L5711	\$651.17
L5712	\$537.46
L5714	\$634.04
L5716	\$1,213.54
L5718	\$1,517.33
L5722	\$1,254.07
L5724	\$1,970.64
L5726	\$2,179.41
L5728	\$3,578.36
L5780	\$1,434.75
L5781	\$4,945.61
L5782	\$5,357.39
L5785	\$630.71
L5790	\$897.33
L5795	\$1,341.29
L5810	\$674.55
L5811	\$1,180.83

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

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

Code	Medicaid Fee
L5812	\$866.87
L5814	\$4,717.12
L5816	\$1,059.33
L5818	\$1,315.99
L5822	\$2,352.34
L5824	\$2,531.47
L5826	\$3,966.23
L5828	\$3,860.07
L5830	\$2,369.47
L5840	\$4,863.49
L5845	\$2,273.79
L5850	\$211.67
L5855	\$510.99
L5910	\$544.73
L5920	\$622.52
L5925	\$559.26
L5930	\$4,148.13
L5940	\$834.19
L5950	\$1,008.50
L5960	\$1,204.21
L5968	\$4,615.86
L5970	\$283.52
L5972	\$514.07
L5974	\$294.43
L5975	\$588.89
L5976	\$731.49
L5978	\$364.54
L5979	\$3,427.24
L5980	\$4,851.61
L5981	\$4,046.42
L5982	\$962.75
L5984	\$732.31
L5985	\$356.74

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

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

Code	Medicaid Fee
L5986	\$1,054.65
L5990	\$2,242.36
L6000	\$1,659.10
L6010	\$1,965.99
L6020	\$1,749.45
L6050	\$2,553.28
L6055	\$3,534.72
L6100	\$2,526.81
L6110	\$2,607.82
L6120	\$3,274.58
L6130	\$3,533.18
L6200	\$3,808.90
L6205	\$4,661.02
L6250	\$3,391.42
L6300	\$4,972.60
L6310	\$3,790.22
L6320	\$2,276.01
L6350	\$5,714.14
L6360	\$3,978.70
L6370	\$2,536.15
L6380	\$1,453.46
L6382	\$1,976.91
L6384	\$2,741.80
L6386	\$501.61
L6388	\$630.94
L6400	\$3,865.00
L6450	\$5,134.62
L6500	\$5,006.91
L6550	\$6,317.01
L6570	\$5,296.64
L6580	\$2,349.21
L6582	\$2,291.58
L6584	\$2,556.43

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

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

Code	Medicaid Fee
L6586	\$2,659.25
L6588	\$3,530.03
L6590	\$3,540.97
L6600	\$233.70
L6605	\$230.55
L6610	\$210.31
L6611	\$530.63
L6615	\$243.03
L6616	\$81.02
L6620	\$423.72
L6623	\$800.73
L6625	\$663.65
L6628	\$797.63
L6629	\$229.01
L6630	\$267.95
L6632	\$108.25
L6635	\$258.62
L6637	\$458.00
L6640	\$366.11
L6641	\$200.96
L6642	\$271.07
L6645	\$398.80
L6650	\$422.18
L6655	\$93.48
L6660	\$116.85
L6665	\$56.07
L6670	\$59.19
L6672	\$252.38
L6675	\$149.56
L6676	\$176.01
L6680	\$306.90
L6682	\$333.39
L6684	\$475.16

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

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

Code	Medicaid Fee
L6686	\$736.86
L6687	\$959.63
L6688	\$660.56
L6689	\$1,121.64
L6690	\$858.36
L6691	\$429.98
L6692	\$873.94
L6693	\$3,606.39
L6694	\$720.15
L6698	\$629.94
L6703	\$412.38
L6704	\$742.90
L6706	\$442.70
L6707	\$1,631.36
L6708	\$1,061.31
L6709	\$1,537.36
L6711	\$642.13
L6712	\$1,182.24
L6713	\$1,492.07
L6714	\$1,263.77
L6805	\$443.99
L6810	\$264.82
L6881	\$5,192.28
L6882	\$3,938.20
L6890	\$225.89
L6895	\$711.92
L6900	\$1,886.54
L6905	\$1,833.57
L6910	\$1,786.82
L6915	\$782.04
L6920	\$10,133.71
L6925	\$10,929.77
L6930	\$10,647.81

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

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

Code	Medicaid Fee
L6935	\$11,431.39
L6940	\$14,614.04
L6945	\$17,002.24
L6950	\$16,611.20
L6955	\$19,895.12
L6960	\$20,064.91
L6965	\$21,739.58
L6970	\$22,007.54
L7040	\$3,520.72
L7045	\$2,018.96
L7170	\$7,684.80
L7180	\$44,605.50
L7185	\$7,973.01
L7186	\$14,452.03
L7190	\$10,088.54
L7191	\$14,807.23
L7360	\$283.52
L7362	\$415.96
L7364	\$496.94
L7366	\$669.88
L7367	\$493.85
L7368	\$640.27
L7400	\$295.65
L7403	\$356.31
L7520	\$23.36
L7900	\$680.13
L8000	\$46.70
L8001	\$158.91
L8002	\$208.75
L8015	\$74.76
L8020	\$249.25
L8030	\$443.56
L8040	\$2,933.40

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

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

Code	Medicaid Fee
L8041	\$3,536.31
L8042	\$3,774.64
L8043	\$4,450.73
L8044	\$4,927.43
L8045	\$3,084.52
L8046	\$3,177.98
L8047	\$1,627.92
L8300	\$119.93
L8400	\$18.18
L8410	\$27.35
L8415	\$29.57
L8417	\$95.53
L8420	\$24.28
L8430	\$30.64
L8435	\$24.94
L8440	\$51.40
L8460	\$82.54
L8465	\$60.74
L8470	\$10.83
L8480	\$15.32
L8485	\$16.63
L8500	\$824.08
L8501	\$149.41
L8507	\$52.97
L8509	\$138.65
L8510	\$320.93
L8610	\$973.66
L8615	\$454.84
L8616	\$134.93
L8617	\$118.25
L8618	\$33.35
L8619	\$11,441.99
L8621	\$0.76

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

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

Code	Medicaid Fee
L8624	\$206.19
L8627	\$7,332.92
L8628	\$1,390.13
L8693	\$1,566.28
S1040	\$2,036.63
S8120	\$15.68
S8186	\$4.18
S8210	\$5.23
S8452	\$14.64
S8490	\$41.82
V2623	\$1,184.35
V2624	\$96.57
V2625	\$576.58
V2626	\$249.25
V2627	\$2,034.64
V2628	\$2,034.64
V5020	\$31.95
V5030	\$559.71
V5040	\$559.71
V5050	\$559.71
V5060	\$559.71
V5090	\$559.71
V5110	\$1,119.37
V5130	\$1,119.37
V5140	\$1,119.37
V5160	\$1,119.37
V5241	\$559.71