

ND Medicaid
DME Purchase Fee Schedule
as of 1/1/2024

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

Code	Medicaid Fee
A4206	\$0.52
A4207	\$0.42
A4208	\$0.52
A4209	\$0.69
A4212	\$12.63
A4213	\$0.69
A4215	\$0.38
A4216	\$0.70
A4217	\$3.64
A4220	\$67.23
A4221	\$36.08
A4222	\$73.78
A4224	\$36.08
A4225	\$3.98
A4230	\$9.85
A4231	\$6.55
A4232	\$3.31
A4233	\$1.24
A4234	\$5.78
A4235	\$3.73
A4236	\$2.68
A4244	\$3.91
A4245	\$5.64
A4246	\$14.77
A4247	\$11.67
A4253	\$12.27
A4256	\$17.73
A4258	\$28.69
A4259	\$19.96

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Code	Medicaid Fee
A4261	\$47.58
A4266	\$34.69
A4267	\$0.43
A4268	\$4.11
A4269	\$15.86
A4310	\$12.65
A4311	\$24.61
A4312	\$28.49
A4313	\$27.90
A4314	\$40.99
A4315	\$39.02
A4316	\$41.52
A4320	\$8.55
A4322	\$4.92
A4326	\$15.42
A4327	\$70.47
A4328	\$16.39
A4330	\$11.25
A4331	\$5.13
A4332	\$0.11
A4333	\$3.48
A4334	\$7.81
A4338	\$19.94
A4340	\$47.56
A4344	\$24.78
A4346	\$31.35
A4349	\$2.91
A4351	\$2.81
A4352	\$8.95
A4353	\$11.04
A4354	\$18.05
A4355	\$13.58
A4356	\$72.17

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Code	Medicaid Fee
A4357	\$13.63
A4358	\$10.36
A4361	\$27.39
A4362	\$5.70
A4363	\$3.49
A4364	\$4.69
A4366	\$2.10
A4367	\$11.63
A4368	\$0.42
A4369	\$3.49
A4371	\$5.78
A4372	\$6.61
A4373	\$9.92
A4375	\$27.66
A4376	\$75.14
A4377	\$7.06
A4378	\$48.54
A4379	\$23.71
A4380	\$58.96
A4381	\$7.30
A4382	\$38.89
A4383	\$44.55
A4384	\$15.17
A4385	\$8.24
A4387	\$6.32
A4388	\$6.87
A4389	\$9.83
A4390	\$15.17
A4391	\$11.18
A4392	\$11.73
A4393	\$14.37
A4394	\$4.08
A4395	\$0.05

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Code	Medicaid Fee
A4396	\$63.90
A4398	\$21.24
A4399	\$19.23
A4400	\$76.82
A4402	\$2.66
A4404	\$2.54
A4405	\$5.34
A4406	\$7.31
A4407	\$14.16
A4408	\$12.89
A4409	\$10.21
A4410	\$11.30
A4411	\$6.38
A4412	\$3.61
A4413	\$9.02
A4414	\$7.09
A4415	\$8.26
A4416	\$4.52
A4417	\$6.10
A4418	\$2.98
A4419	\$2.87
A4422	\$0.19
A4423	\$3.06
A4424	\$7.80
A4425	\$5.89
A4426	\$4.46
A4427	\$4.56
A4428	\$10.69
A4429	\$13.54
A4430	\$13.98
A4431	\$10.21
A4432	\$5.91
A4433	\$5.31

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Code	Medicaid Fee
A4434	\$6.00
A4450	\$0.15
A4452	\$0.61
A4455	\$2.54
A4456	\$0.30
A4481	\$0.63
A4520	\$0.92
A4554	\$0.69
A4556	\$16.54
A4557	\$30.74
A4558	\$6.44
A4561	\$30.49
A4562	\$75.86
A4565	\$10.65
A4570	\$11.47
A4595	\$45.50
A4604	\$89.22
A4605	\$24.77
A4606	\$47.91
A4608	\$95.42
A4611	\$308.17
A4612	\$104.38
A4613	\$184.12
A4614	\$40.18
A4615	\$2.71
A4616	\$0.36
A4617	\$5.88
A4618	\$10.67
A4619	\$1.99
A4620	\$7.15
A4623	\$10.75
A4624	\$3.88
A4625	\$10.02

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Code	Medicaid Fee
A4626	\$4.83
A4627	\$41.99
A4628	\$6.02
A4629	\$7.58
A4630	\$8.35
A4634	\$39.49
A4635	\$6.53
A4636	\$5.69
A4637	\$3.12
A4640	\$91.12
A4660	\$49.86
A4663	\$36.10
A4670	\$49.81
A5051	\$3.38
A5052	\$2.45
A5053	\$2.66
A5054	\$2.97
A5055	\$2.51
A5056	\$4.75
A5057	\$9.79
A5061	\$5.78
A5062	\$3.45
A5063	\$4.42
A5071	\$9.87
A5072	\$5.60
A5073	\$5.15
A5081	\$4.89
A5082	\$19.52
A5093	\$3.18
A5102	\$36.78
A5105	\$66.45
A5112	\$56.16
A5113	\$6.97

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Code	Medicaid Fee
A5114	\$14.70
A5120	\$0.38
A5121	\$12.04
A5122	\$21.10
A5126	\$2.05
A5131	\$22.82
A5200	\$18.08
A5500	\$97.30
A5501	\$284.24
A5503	\$42.15
A5504	\$42.15
A5505	\$43.32
A5506	\$43.32
A5507	\$43.32
A5512	\$28.75
A5513	\$57.48
A6010	\$50.78
A6011	\$3.74
A6021	\$34.45
A6022	\$34.46
A6023	\$312.23
A6024	\$10.12
A6154	\$23.57
A6196	\$12.05
A6197	\$26.97
A6199	\$8.69
A6203	\$5.51
A6204	\$10.24
A6207	\$12.04
A6209	\$12.26
A6210	\$31.68
A6211	\$48.20
A6212	\$15.92

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Code	Medicaid Fee
A6213	\$8.71
A6214	\$16.87
A6216	\$0.06
A6219	\$1.58
A6220	\$4.24
A6222	\$3.49
A6223	\$3.96
A6224	\$5.92
A6229	\$5.92
A6231	\$7.68
A6232	\$11.29
A6233	\$31.51
A6234	\$10.74
A6235	\$27.60
A6236	\$44.71
A6237	\$12.98
A6238	\$37.40
A6240	\$20.04
A6241	\$4.22
A6242	\$9.95
A6243	\$20.22
A6244	\$64.44
A6245	\$11.95
A6246	\$16.29
A6247	\$39.01
A6248	\$26.63
A6251	\$3.29
A6252	\$5.33
A6253	\$10.42
A6254	\$2.02
A6255	\$4.94
A6257	\$2.53
A6258	\$7.07

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Code	Medicaid Fee
A6259	\$16.59
A6266	\$3.16
A6402	\$0.24
A6403	\$0.71
A6404	\$1.26
A6407	\$3.08
A6410	\$0.66
A6411	\$0.34
A6441	\$1.14
A6442	\$0.31
A6443	\$0.49
A6444	\$0.91
A6445	\$0.53
A6446	\$0.69
A6447	\$1.13
A6448	\$1.90
A6449	\$2.90
A6450	\$3.18
A6452	\$9.71
A6453	\$1.00
A6454	\$1.26
A6456	\$2.05
A6457	\$1.17
A6550	\$45.14
A7000	\$14.91
A7001	\$52.82
A7002	\$6.12
A7003	\$4.28
A7005	\$49.20
A7006	\$15.24
A7007	\$3.53
A7008	\$17.55
A7010	\$37.68

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Code	Medicaid Fee
A7012	\$6.80
A7013	\$0.97
A7014	\$7.17
A7015	\$3.01
A7016	\$11.60
A7017	\$125.83
A7018	\$0.69
A7027	\$284.04
A7028	\$53.75
A7029	\$38.40
A7030	\$301.22
A7031	\$111.43
A7032	\$64.75
A7033	\$46.72
A7034	\$187.86
A7035	\$63.47
A7036	\$29.07
A7037	\$65.51
A7038	\$8.20
A7039	\$24.46
A7046	\$31.16
A7501	\$172.78
A7502	\$81.90
A7503	\$18.60
A7504	\$1.13
A7505	\$7.66
A7506	\$0.53
A7507	\$4.08
A7508	\$4.70
A7509	\$2.33
A7520	\$77.85
A7521	\$77.17
A7522	\$74.04

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Code	Medicaid Fee
A7525	\$3.41
A7526	\$5.55
A7527	\$4.43
A8000	\$239.54
A8001	\$239.54
B4034	\$9.85
B4035	\$21.55
B4036	\$14.77
B4081	\$36.51
B4082	\$25.52
B4083	\$3.74
B4087	\$46.65
B4088	\$46.65
B4100	\$2.27
B4149	\$2.04
B4150	\$1.12
B4152	\$0.90
B4153	\$3.08
B4154	\$1.95
B4155	\$1.53
B4158	\$1.58
B4159	\$1.58
B4160	\$1.58
B4161	\$3.13
B4164	\$27.95
B4168	\$39.59
B4172	\$58.13
B4176	\$76.67
B4178	\$92.03
B4180	\$38.98
B4185	\$15.97
B4187	\$15.97
B4189	\$284.27

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Code	Medicaid Fee
B4193	\$367.35
B4197	\$447.18
B4199	\$511.01
B4216	\$12.36
B4220	\$12.81
B4222	\$15.82
B4224	\$40.02
B5000	\$14.94
B5100	\$7.42
B5200	\$7.77
B9002	\$2,015.21
B9004	\$3,513.02
B9006	\$3,513.02
E0100	\$24.45
E0105	\$63.14
E0110	\$105.87
E0111	\$67.29
E0112	\$49.28
E0113	\$28.85
E0114	\$64.39
E0116	\$37.86
E0117	\$262.80
E0130	\$53.73
E0135	\$53.73
E0140	\$344.70
E0141	\$56.29
E0143	\$56.29
E0144	\$324.80
E0147	\$491.79
E0148	\$100.55
E0149	\$146.30
E0153	\$101.33
E0154	\$111.83

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Code	Medicaid Fee
E0155	\$48.20
E0156	\$35.59
E0157	\$125.67
E0158	\$45.89
E0159	\$28.22
E0160	\$34.92
E0161	\$29.58
E0162	\$198.81
E0163	\$64.35
E0165	\$149.50
E0167	\$12.50
E0168	\$132.47
E0175	\$104.49
E0181	\$184.10
E0182	\$257.30
E0184	\$194.13
E0185	\$208.14
E0186	\$216.40
E0187	\$249.90
E0188	\$30.66
E0189	\$59.50
E0191	\$15.58
E0196	\$375.20
E0197	\$226.20
E0198	\$302.40
E0199	\$35.68
E0203	\$336.05
E0240	\$85.91
E0245	\$65.70
E0249	\$183.44
E0250	\$721.80
E0251	\$697.70
E0255	\$725.40

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Code	Medicaid Fee
E0256	\$703.60
E0260	\$725.40
E0261	\$725.40
E0265	\$1,739.50
E0266	\$1,513.60
E0271	\$340.94
E0272	\$211.47
E0275	\$24.44
E0276	\$20.48
E0280	\$59.00
E0290	\$678.10
E0291	\$517.60
E0292	\$721.80
E0293	\$663.80
E0294	\$725.40
E0295	\$725.40
E0303	\$1,959.50
E0305	\$130.10
E0310	\$281.92
E0325	\$14.40
E0326	\$13.53
E0430	\$491.78
E0435	\$615.30
E0440	\$3,773.73
E0441	\$56.25
E0442	\$56.25
E0443	\$51.88
E0444	\$51.88
E0445	\$878.27
E0457	\$981.27
E0465	\$15,075.51
E0466	\$15,075.51
E0470	\$1,282.60

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Code	Medicaid Fee
E0471	\$3,190.90
E0480	\$662.87
E0482	\$5,282.90
E0483	\$14,506.00
E0484	\$70.49
E0550	\$984.43
E0555	\$8.24
E0560	\$273.87
E0561	\$170.85
E0562	\$473.73
E0565	\$798.41
E0570	\$69.50
E0600	\$562.50
E0601	\$479.30
E0602	\$44.84
E0603	\$136.09
E0607	\$91.17
E0610	\$412.01
E0615	\$685.41
E0618	\$3,281.48
E0619	\$3,193.67
E0621	\$130.30
E0627	\$323.97
E0629	\$317.56
E0630	\$706.30
E0637	\$3,172.92
E0638	\$3,172.92
E0639	\$1,522.10
E0720	\$67.49
E0730	\$66.90
E0731	\$540.90
E0747	\$5,207.87
E0748	\$5,174.14

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Code	Medicaid Fee
E0760	\$4,299.61
E0765	\$134.35
E0776	\$168.86
E0780	\$14.15
E0781	\$2,924.20
E0784	\$5,272.70
E0840	\$99.97
E0849	\$565.91
E0850	\$153.01
E0855	\$674.40
E0860	\$52.58
E0870	\$134.90
E0880	\$171.29
E0890	\$164.28
E0900	\$174.84
E0910	\$133.60
E0911	\$498.40
E0912	\$985.00
E0940	\$253.80
E0942	\$26.82
E0944	\$62.29
E0945	\$60.24
E0947	\$827.48
E0948	\$800.35
E0950	\$170.48
E0951	\$31.15
E0952	\$30.07
E0954	\$58.33
E0955	\$322.85
E0956	\$157.43
E0957	\$220.26
E0958	\$663.55
E0959	\$66.54

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Code	Medicaid Fee
E0960	\$145.28
E0961	\$47.51
E0966	\$103.36
E0967	\$103.14
E0969	\$232.12
E0971	\$86.87
E0973	\$172.23
E0974	\$106.45
E0978	\$68.19
E0980	\$50.24
E0981	\$81.96
E0982	\$76.50
E0990	\$186.84
E0992	\$151.95
E0994	\$24.58
E0995	\$48.53
E1002	\$6,567.80
E1014	\$583.05
E1015	\$163.95
E1016	\$209.69
E1020	\$388.69
E1028	\$329.79
E1029	\$590.11
E1060	\$2,067.39
E1070	\$1,872.10
E1083	\$1,457.00
E1084	\$1,203.00
E1087	\$2,039.44
E1092	\$2,057.50
E1093	\$1,442.40
E1100	\$1,722.78
E1110	\$1,626.82
E1150	\$1,113.00

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Code	Medicaid Fee
E1160	\$852.90
E1161	\$3,228.30
E1224	\$1,652.47
E1226	\$1,236.70
E1227	\$376.65
E1232	\$2,918.00
E1233	\$3,023.10
E1234	\$2,632.00
E1235	\$2,534.50
E1236	\$2,236.00
E1237	\$2,255.40
E1238	\$2,236.00
E1240	\$1,194.90
E1270	\$1,866.09
E1280	\$2,240.67
E1295	\$2,434.16
E1296	\$673.70
E1297	\$163.95
E1298	\$675.33
E1372	\$233.87
E1390	\$1,253.96
E1700	\$558.87
E1701	\$16.92
E1702	\$35.13
E1812	\$121.35
E1820	\$105.22
E1821	\$143.59
E2000	\$636.70
E2201	\$595.77
E2202	\$485.77
E2203	\$764.94
E2205	\$32.90
E2206	\$63.88

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Code	Medicaid Fee
E2208	\$99.00
E2209	\$167.66
E2210	\$10.39
E2211	\$64.67
E2212	\$6.41
E2213	\$47.91
E2214	\$45.93
E2215	\$13.62
E2219	\$57.48
E2220	\$41.52
E2221	\$39.93
E2222	\$21.57
E2226	\$55.90
E2231	\$235.94
E2310	\$1,868.66
E2312	\$2,651.65
E2313	\$454.48
E2321	\$2,537.51
E2322	\$2,252.08
E2323	\$108.98
E2324	\$69.96
E2325	\$1,153.92
E2327	\$3,999.51
E2330	\$5,464.49
E2340	\$572.25
E2341	\$786.09
E2342	\$734.33
E2359	\$177.25
E2360	\$165.55
E2361	\$219.02
E2362	\$162.26
E2363	\$292.03
E2365	\$176.14

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Code	Medicaid Fee
E2366	\$399.15
E2367	\$669.20
E2368	\$776.06
E2369	\$493.52
E2370	\$1,281.98
E2373	\$1,858.22
E2374	\$250.25
E2375	\$1,265.47
E2376	\$1,983.28
E2377	\$718.57
E2378	\$608.28
E2381	\$103.78
E2382	\$28.75
E2383	\$207.60
E2384	\$110.18
E2385	\$68.68
E2386	\$204.38
E2387	\$92.63
E2388	\$74.41
E2389	\$40.42
E2390	\$63.21
E2391	\$30.34
E2392	\$79.85
E2394	\$113.36
E2395	\$80.64
E2396	\$91.02
E2397	\$626.19
E2398	\$982.56
E2500	\$533.56
E2502	\$1,631.59
E2504	\$2,518.88
E2506	\$3,155.90
E2508	\$4,880.09

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E2510	\$9,234.92
E2512	\$1,389.11
E2601	\$145.04
E2602	\$167.66
E2603	\$365.61
E2604	\$263.47
E2605	\$319.35
E2607	\$484.52
E2608	\$488.61
E2611	\$498.75
E2612	\$600.34
E2613	\$627.61
E2614	\$477.21
E2615	\$722.28
E2616	\$569.84
E2619	\$81.96
E2620	\$917.80
E2621	\$507.56
E2622	\$469.48
E2623	\$590.84
E2624	\$467.91
E2625	\$594.01
E2626	\$537.38
E2627	\$857.53
E2628	\$646.01
E2629	\$817.50
E2630	\$571.67
E2631	\$200.89
E2632	\$128.30
E2633	\$193.49
E8000	\$1,269.48
E8001	\$2,101.29
E8002	\$1,944.25

**ND Medicaid
DME Purchase Fee Schedule
as of 1/1/2024**

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

Code	Medicaid Fee
K0001	\$272.90
K0002	\$442.40
K0003	\$424.40
K0004	\$502.30
K0005	\$2,480.34
K0006	\$684.30
K0007	\$965.00
K0011	\$6,507.30
K0012	\$3,991.90
K0015	\$285.32
K0017	\$80.24
K0018	\$44.84
K0019	\$27.53
K0020	\$81.14
K0037	\$65.37
K0038	\$40.96
K0039	\$96.72
K0040	\$127.03
K0041	\$87.69
K0042	\$52.46
K0043	\$32.81
K0044	\$27.87
K0045	\$83.59
K0046	\$33.60
K0047	\$131.13
K0050	\$54.91
K0051	\$79.50
K0052	\$145.17
K0053	\$170.48
K0056	\$161.43
K0065	\$67.22
K0069	\$173.77
K0070	\$301.61

**ND Medicaid
DME Purchase Fee Schedule
as of 1/1/2024**

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

Code	Medicaid Fee
K0071	\$149.16
K0072	\$90.69
K0073	\$56.55
K0077	\$91.79
K0098	\$41.46
K0105	\$153.26
K0195	\$256.49
K0455	\$4,725.37
K0552	\$3.98
K0601	\$1.75
K0602	\$10.12
K0603	\$0.91
K0604	\$9.72
K0605	\$23.31
K0733	\$44.71
K0739	\$15.46
K0813	\$2,104.87
K0814	\$2,223.87
K0815	\$2,520.93
K0816	\$2,229.40
K0820	\$2,230.67
K0821	\$2,229.40
K0822	\$2,440.73
K0823	\$2,229.40
K0824	\$3,551.93
K0825	\$3,214.07
K0826	\$6,012.73
K0827	\$5,267.27
K0828	\$7,263.47
K0829	\$7,056.87
K0830	\$5,870.81
K0831	\$5,870.81
K0835	\$2,831.93

**ND Medicaid
DME Purchase Fee Schedule
as of 1/1/2024**

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

Code	Medicaid Fee
K0836	\$2,937.33
K0837	\$3,632.33
K0838	\$3,219.47
K0839	\$4,824.93
K0840	\$7,407.80
K0841	\$3,191.33
K0842	\$3,186.73
K0843	\$3,783.07
K0848	\$6,214.67
K0849	\$5,974.93
K0850	\$7,208.60
K0851	\$6,931.20
K0852	\$8,329.13
K0853	\$8,556.20
K0854	\$11,335.07
K0855	\$10,707.60
K0856	\$6,670.60
K0857	\$6,804.33
K0858	\$8,276.33
K0859	\$7,893.07
K0860	\$11,823.80
K0861	\$6,681.33
K0862	\$8,276.33
K0863	\$11,823.80
K0864	\$14,070.33
L0120	\$32.82
L0130	\$199.98
L0140	\$89.28
L0150	\$136.99
L0160	\$198.54
L0170	\$881.07
L0172	\$174.55
L0174	\$395.45

**ND Medicaid
DME Purchase Fee Schedule
as of 1/1/2024**

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

Code	Medicaid Fee
L0180	\$524.22
L0190	\$604.63
L0200	\$689.13
L0220	\$160.79
L0450	\$139.31
L0454	\$460.23
L0456	\$1,327.37
L0458	\$1,189.56
L0460	\$1,340.50
L0462	\$1,667.01
L0464	\$1,983.69
L0466	\$480.69
L0468	\$601.60
L0470	\$814.66
L0472	\$511.89
L0480	\$2,148.92
L0482	\$2,189.88
L0484	\$2,219.94
L0486	\$2,671.14
L0488	\$1,327.37
L0490	\$374.08
L0491	\$914.02
L0621	\$134.13
L0625	\$61.42
L0626	\$100.61
L0627	\$370.46
L0628	\$103.78
L0630	\$144.95
L0631	\$891.41
L0633	\$373.41
L0636	\$1,472.54
L0637	\$926.69
L0638	\$1,285.44

**ND Medicaid
DME Purchase Fee Schedule
as of 1/1/2024**

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

Code	Medicaid Fee
L0640	\$1,309.39
L0700	\$2,525.12
L0710	\$2,738.42
L0810	\$3,327.46
L0820	\$2,877.89
L0830	\$3,937.81
L0970	\$159.17
L0972	\$132.90
L0974	\$224.79
L0976	\$223.16
L0978	\$242.03
L0980	\$21.55
L0982	\$20.05
L0984	\$82.80
L1000	\$2,280.66
L1005	\$4,183.94
L1010	\$95.97
L1020	\$116.50
L1025	\$158.36
L1030	\$90.25
L1040	\$99.28
L1050	\$105.00
L1060	\$119.75
L1070	\$114.05
L1080	\$76.02
L1085	\$195.25
L1090	\$122.26
L1100	\$212.47
L1110	\$315.41
L1120	\$53.05
L1200	\$2,341.37
L1210	\$364.23
L1220	\$292.88

**ND Medicaid
DME Purchase Fee Schedule
as of 1/1/2024**

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

Code	Medicaid Fee
L1230	\$853.74
L1240	\$98.39
L1250	\$91.00
L1260	\$95.10
L1270	\$98.46
L1280	\$105.00
L1290	\$103.28
L1300	\$2,109.60
L1310	\$2,275.74
L1600	\$160.79
L1610	\$54.96
L1620	\$172.29
L1630	\$205.13
L1640	\$662.02
L1650	\$321.62
L1652	\$472.52
L1660	\$209.83
L1680	\$1,504.56
L1685	\$1,468.48
L1686	\$1,247.01
L1690	\$2,543.17
L1700	\$1,885.22
L1710	\$2,379.08
L1720	\$1,448.79
L1730	\$1,399.57
L1755	\$1,954.15
L1810	\$124.59
L1812	\$134.64
L1820	\$169.26
L1830	\$113.11
L1831	\$382.33
L1832	\$749.11
L1833	\$784.76

**ND Medicaid
DME Purchase Fee Schedule
as of 1/1/2024**

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

Code	Medicaid Fee
L1834	\$985.27
L1836	\$175.58
L1840	\$1,030.36
L1843	\$1,189.56
L1844	\$2,111.23
L1845	\$1,014.00
L1846	\$1,306.05
L1847	\$759.68
L1850	\$382.29
L1860	\$1,484.90
L1900	\$362.62
L1902	\$98.39
L1904	\$623.47
L1906	\$180.34
L1907	\$729.74
L1910	\$336.37
L1920	\$475.80
L1930	\$319.66
L1932	\$1,159.30
L1940	\$609.79
L1945	\$1,143.34
L1950	\$994.32
L1951	\$1,107.52
L1960	\$743.09
L1970	\$921.22
L1971	\$627.42
L1980	\$487.32
L1990	\$534.95
L2000	\$1,297.82
L2005	\$4,612.88
L2010	\$1,335.58
L2020	\$1,440.59
L2030	\$1,250.26

**ND Medicaid
DME Purchase Fee Schedule
as of 1/1/2024**

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

Code	Medicaid Fee
L2034	\$2,395.24
L2035	\$229.69
L2036	\$2,309.57
L2037	\$2,055.87
L2038	\$1,765.44
L2040	\$260.64
L2050	\$650.75
L2060	\$730.16
L2070	\$166.12
L2080	\$469.48
L2090	\$600.51
L2106	\$838.43
L2108	\$1,501.31
L2112	\$575.90
L2114	\$721.93
L2116	\$877.83
L2126	\$1,660.44
L2128	\$2,116.59
L2132	\$1,287.99
L2134	\$1,194.45
L2136	\$1,640.76
L2180	\$187.03
L2182	\$120.59
L2184	\$155.88
L2186	\$210.02
L2188	\$369.19
L2190	\$111.56
L2192	\$439.71
L2200	\$73.78
L2210	\$90.19
L2220	\$108.57
L2230	\$103.36
L2232	\$257.69

**ND Medicaid
DME Purchase Fee Schedule
as of 1/1/2024**

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

Code	Medicaid Fee
L2240	\$103.36
L2250	\$451.18
L2260	\$262.53
L2265	\$139.36
L2270	\$72.14
L2275	\$177.03
L2280	\$542.91
L2300	\$331.42
L2310	\$155.88
L2320	\$288.51
L2330	\$479.05
L2335	\$293.68
L2340	\$536.52
L2350	\$1,192.01
L2360	\$69.68
L2370	\$316.64
L2375	\$139.36
L2380	\$188.71
L2385	\$183.62
L2387	\$175.68
L2390	\$178.84
L2395	\$211.65
L2397	\$157.52
L2405	\$114.76
L2415	\$160.79
L2425	\$190.13
L2430	\$190.33
L2492	\$147.66
L2500	\$388.86
L2510	\$895.85
L2520	\$607.07
L2525	\$1,691.59
L2526	\$984.43

**ND Medicaid
DME Purchase Fee Schedule
as of 1/1/2024**

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

Code	Medicaid Fee
L2530	\$347.85
L2540	\$592.31
L2550	\$388.86
L2570	\$587.39
L2580	\$643.15
L2600	\$274.01
L2610	\$313.39
L2620	\$329.78
L2622	\$377.36
L2624	\$397.60
L2627	\$2,822.08
L2628	\$2,342.99
L2630	\$313.12
L2640	\$413.09
L2650	\$147.66
L2660	\$262.53
L2670	\$239.56
L2680	\$226.42
L2750	\$103.36
L2755	\$173.78
L2760	\$75.07
L2768	\$172.29
L2780	\$82.03
L2785	\$37.73
L2795	\$103.28
L2800	\$139.36
L2810	\$105.00
L2820	\$114.76
L2830	\$111.47
L2840	\$52.48
L2850	\$90.25
L3000	\$319.66
L3001	\$172.14

**ND Medicaid
DME Purchase Fee Schedule
as of 1/1/2024**

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

Code	Medicaid Fee
L3002	\$204.89
L3003	\$229.69
L3010	\$213.12
L3020	\$227.87
L3030	\$107.40
L3040	\$62.30
L3050	\$62.34
L3060	\$81.97
L3070	\$39.40
L3080	\$42.45
L3090	\$54.34
L3100	\$55.90
L3140	\$118.02
L3150	\$101.08
L3170	\$57.83
L3201	\$60.69
L3202	\$65.57
L3203	\$65.57
L3208	\$66.45
L3209	\$62.34
L3211	\$41.04
L3212	\$82.03
L3213	\$82.03
L3214	\$82.03
L3215	\$148.52
L3216	\$166.64
L3219	\$177.21
L3221	\$196.72
L3224	\$75.03
L3225	\$95.80
L3230	\$334.40
L3251	\$264.17
L3252	\$340.96

**ND Medicaid
DME Purchase Fee Schedule
as of 1/1/2024**

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

Code	Medicaid Fee
L3253	\$200.16
L3260	\$21.29
L3300	\$47.91
L3310	\$75.43
L3320	\$140.29
L3332	\$60.69
L3334	\$47.91
L3340	\$68.93
L3350	\$27.90
L3360	\$41.04
L3370	\$49.20
L3380	\$49.20
L3390	\$55.90
L3400	\$43.11
L3410	\$65.63
L3420	\$65.58
L3480	\$45.91
L3510	\$37.75
L3530	\$29.23
L3540	\$45.36
L3550	\$11.48
L3580	\$64.50
L3640	\$41.58
L3650	\$78.68
L3660	\$151.70
L3670	\$136.17
L3674	\$960.23
L3675	\$211.49
L3702	\$314.53
L3710	\$149.30
L3720	\$750.78
L3730	\$1,089.46
L3740	\$1,291.28

**ND Medicaid
DME Purchase Fee Schedule
as of 1/1/2024**

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

Code	Medicaid Fee
L3760	\$590.84
L3761	\$595.29
L3762	\$127.99
L3763	\$754.55
L3764	\$858.97
L3766	\$1,560.48
L3806	\$553.40
L3807	\$303.52
L3808	\$440.66
L3906	\$493.41
L3908	\$72.14
L3912	\$103.89
L3913	\$232.80
L3915	\$675.49
L3917	\$116.43
L3921	\$350.20
L3923	\$45.91
L3925	\$59.81
L3927	\$40.02
L3929	\$94.71
L3931	\$233.93
L3933	\$232.66
L3961	\$1,366.53
L3962	\$866.31
L3980	\$372.45
L3995	\$38.56
L4002	\$11.99
L4055	\$329.78
L4090	\$109.94
L4110	\$105.00
L4205	\$15.97
L4210	\$20.68
L4350	\$110.30

**ND Medicaid
DME Purchase Fee Schedule
as of 1/1/2024**

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

Code	Medicaid Fee
L4360	\$340.96
L4370	\$246.14
L4386	\$211.49
L4387	\$205.98
L4392	\$29.51
L4394	\$21.29
L4396	\$211.65
L4398	\$101.07
L4631	\$1,228.55
L5000	\$663.87
L5010	\$1,757.24
L5020	\$3,080.00
L5050	\$3,187.27
L5060	\$4,439.88
L5100	\$3,056.74
L5105	\$5,014.15
L5150	\$5,117.51
L5160	\$5,636.01
L5200	\$4,342.10
L5210	\$3,440.65
L5220	\$3,960.19
L5230	\$6,672.94
L5250	\$7,230.82
L5280	\$7,490.06
L5301	\$3,043.14
L5312	\$4,797.56
L5321	\$4,319.15
L5331	\$7,366.96
L5341	\$7,980.62
L5400	\$1,614.86
L5410	\$549.66
L5420	\$2,247.86
L5430	\$661.22

**ND Medicaid
DME Purchase Fee Schedule
as of 1/1/2024**

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

Code	Medicaid Fee
L5450	\$532.75
L5460	\$754.75
L5500	\$1,968.93
L5505	\$2,590.77
L5510	\$2,216.65
L5520	\$1,891.79
L5530	\$2,422.38
L5535	\$2,229.79
L5540	\$2,670.17
L5560	\$3,123.98
L5570	\$3,307.77
L5580	\$3,798.35
L5585	\$3,662.19
L5590	\$4,039.56
L5595	\$5,298.01
L5600	\$5,849.28
L5611	\$2,625.20
L5613	\$3,937.81
L5614	\$2,257.68
L5616	\$2,346.31
L5617	\$744.91
L5618	\$359.28
L5620	\$363.92
L5622	\$475.80
L5624	\$478.64
L5626	\$626.76
L5628	\$635.01
L5629	\$416.37
L5630	\$644.82
L5631	\$577.00
L5632	\$348.10
L5634	\$533.25
L5636	\$299.09

**ND Medicaid
DME Purchase Fee Schedule
as of 1/1/2024**

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

Code	Medicaid Fee
L5637	\$378.68
L5638	\$853.20
L5640	\$1,009.07
L5642	\$902.43
L5643	\$2,730.24
L5645	\$1,229.40
L5646	\$820.38
L5647	\$1,276.53
L5648	\$1,123.92
L5649	\$2,950.48
L5650	\$631.07
L5651	\$1,803.07
L5652	\$763.84
L5653	\$1,020.53
L5654	\$426.34
L5655	\$359.28
L5656	\$502.08
L5658	\$547.49
L5661	\$800.67
L5665	\$672.69
L5666	\$91.90
L5668	\$129.36
L5670	\$463.06
L5671	\$870.40
L5672	\$507.81
L5673	\$994.98
L5676	\$475.36
L5677	\$648.11
L5678	\$63.91
L5679	\$829.42
L5680	\$488.93
L5681	\$1,762.17
L5682	\$821.24

**ND Medicaid
DME Purchase Fee Schedule
as of 1/1/2024**

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

Code	Medicaid Fee
L5683	\$1,762.17
L5684	\$63.91
L5685	\$166.06
L5686	\$78.74
L5688	\$78.68
L5690	\$127.99
L5692	\$180.51
L5694	\$265.81
L5695	\$260.87
L5696	\$242.82
L5697	\$114.89
L5698	\$136.06
L5699	\$244.46
L5700	\$3,729.08
L5701	\$4,849.54
L5702	\$6,868.19
L5704	\$776.95
L5705	\$1,321.17
L5706	\$1,304.39
L5707	\$1,799.89
L5710	\$557.86
L5711	\$685.83
L5712	\$566.07
L5714	\$667.79
L5716	\$1,278.13
L5718	\$1,598.10
L5722	\$1,320.82
L5724	\$2,075.53
L5726	\$2,295.42
L5728	\$3,768.82
L5780	\$1,511.12
L5781	\$5,208.84
L5782	\$5,642.55

**ND Medicaid
DME Purchase Fee Schedule
as of 1/1/2024**

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

Code	Medicaid Fee
L5785	\$664.28
L5790	\$945.10
L5795	\$1,412.69
L5810	\$710.45
L5811	\$1,243.68
L5812	\$913.01
L5814	\$4,968.19
L5816	\$1,115.72
L5818	\$1,386.04
L5822	\$2,477.55
L5824	\$2,666.22
L5826	\$4,177.33
L5828	\$4,065.52
L5830	\$2,495.59
L5840	\$5,122.35
L5845	\$2,394.82
L5850	\$222.93
L5855	\$538.19
L5910	\$573.72
L5920	\$655.66
L5925	\$589.04
L5930	\$4,368.92
L5940	\$878.59
L5950	\$1,062.18
L5960	\$1,268.30
L5968	\$4,861.55
L5970	\$298.61
L5972	\$541.43
L5974	\$310.10
L5975	\$620.24
L5976	\$770.43
L5978	\$383.94
L5979	\$3,609.66

**ND Medicaid
DME Purchase Fee Schedule
as of 1/1/2024**

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

Code	Medicaid Fee
L5980	\$5,109.84
L5981	\$4,261.80
L5982	\$1,014.00
L5984	\$771.29
L5985	\$375.72
L5986	\$1,110.78
L5990	\$2,361.72
L6000	\$1,747.41
L6010	\$2,070.63
L6020	\$1,842.57
L6050	\$2,689.19
L6055	\$3,722.85
L6100	\$2,661.30
L6110	\$2,746.63
L6120	\$3,448.87
L6130	\$3,721.24
L6200	\$4,011.63
L6205	\$4,909.11
L6250	\$3,571.94
L6300	\$5,237.27
L6310	\$3,991.96
L6320	\$2,397.15
L6350	\$6,018.28
L6360	\$4,190.47
L6370	\$2,671.14
L6380	\$1,530.83
L6382	\$2,082.13
L6384	\$2,887.74
L6386	\$528.31
L6388	\$664.53
L6400	\$4,070.72
L6450	\$5,407.91
L6500	\$5,273.41

**ND Medicaid
DME Purchase Fee Schedule
as of 1/1/2024**

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

Code	Medicaid Fee
L6550	\$6,653.24
L6570	\$5,578.56
L6580	\$2,474.25
L6582	\$2,413.55
L6584	\$2,692.50
L6586	\$2,800.80
L6588	\$3,717.92
L6590	\$3,729.44
L6600	\$246.14
L6605	\$242.82
L6610	\$221.51
L6611	\$558.87
L6615	\$255.97
L6616	\$85.34
L6620	\$446.27
L6623	\$843.34
L6625	\$698.97
L6628	\$840.08
L6629	\$241.20
L6630	\$282.21
L6632	\$114.02
L6635	\$272.38
L6637	\$482.38
L6640	\$385.59
L6641	\$211.65
L6642	\$285.50
L6645	\$420.03
L6650	\$444.65
L6655	\$98.46
L6660	\$123.07
L6665	\$59.05
L6670	\$62.34
L6672	\$265.81

**ND Medicaid
DME Purchase Fee Schedule
as of 1/1/2024**

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

Code	Medicaid Fee
L6675	\$157.52
L6676	\$185.38
L6680	\$323.23
L6682	\$351.14
L6684	\$500.45
L6686	\$776.08
L6687	\$1,010.71
L6688	\$695.71
L6689	\$1,181.34
L6690	\$904.05
L6691	\$452.87
L6692	\$920.46
L6693	\$3,798.35
L6694	\$758.48
L6698	\$663.47
L6703	\$434.33
L6704	\$782.44
L6706	\$466.26
L6707	\$1,718.19
L6708	\$1,117.81
L6709	\$1,619.19
L6711	\$676.31
L6712	\$1,245.16
L6713	\$1,571.48
L6714	\$1,331.04
L6805	\$467.62
L6810	\$278.92
L6881	\$5,468.65
L6882	\$4,147.81
L6890	\$237.92
L6895	\$749.82
L6900	\$1,986.95
L6905	\$1,931.17

**ND Medicaid
DME Purchase Fee Schedule
as of 1/1/2024**

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

Code	Medicaid Fee
L6910	\$1,881.93
L6915	\$823.66
L6920	\$10,673.09
L6925	\$11,511.53
L6930	\$11,214.56
L6935	\$12,039.85
L6940	\$15,391.90
L6945	\$17,907.21
L6950	\$17,495.35
L6955	\$20,954.06
L6960	\$21,132.90
L6965	\$22,896.70
L6970	\$23,178.92
L7040	\$3,708.11
L7045	\$2,126.42
L7170	\$8,093.84
L7180	\$46,979.69
L7185	\$8,397.38
L7186	\$15,221.26
L7190	\$10,625.52
L7191	\$15,595.36
L7360	\$298.61
L7362	\$438.10
L7364	\$523.39
L7366	\$705.54
L7367	\$520.14
L7368	\$674.35
L7400	\$311.38
L7403	\$375.28
L7520	\$24.61
L7900	\$716.32
L8000	\$49.18
L8001	\$167.38

**ND Medicaid
DME Purchase Fee Schedule
as of 1/1/2024**

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

Code	Medicaid Fee
L8002	\$219.86
L8015	\$78.74
L8020	\$262.53
L8030	\$467.17
L8040	\$3,089.54
L8041	\$3,724.54
L8042	\$3,975.55
L8043	\$4,687.62
L8044	\$5,189.70
L8045	\$3,248.70
L8046	\$3,347.13
L8047	\$1,714.57
L8300	\$126.32
L8400	\$19.15
L8410	\$28.81
L8415	\$31.15
L8417	\$100.61
L8420	\$25.57
L8430	\$32.27
L8435	\$26.27
L8440	\$54.14
L8460	\$86.93
L8465	\$63.96
L8470	\$11.41
L8480	\$16.14
L8485	\$17.51
L8500	\$867.94
L8501	\$157.36
L8507	\$55.80
L8509	\$146.02
L8510	\$338.02
L8610	\$1,025.48
L8615	\$479.05

**ND Medicaid
DME Purchase Fee Schedule
as of 1/1/2024**

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

Code	Medicaid Fee
L8616	\$142.11
L8617	\$124.55
L8618	\$35.13
L8619	\$12,051.01
L8621	\$0.80
L8622	\$0.41
L8623	\$217.17
L8624	\$217.17
L8625	\$254.39
L8627	\$7,723.23
L8628	\$1,464.11
L8629	\$209.62
L8691	\$1,873.58
L8692	\$2,610.93
L8693	\$1,649.65
L8694	\$1,027.45
S1040	\$2,145.03
S8120	\$16.51
S8186	\$4.40
S8210	\$5.50
S8452	\$15.42
S8490	\$44.05
V2623	\$1,219.88
V2624	\$99.47
V2625	\$593.88
V2626	\$256.73
V2627	\$2,095.68
V2628	\$507.52
V5030	\$589.50
V5040	\$589.50
V5050	\$589.50
V5060	\$589.50
V5090	\$589.50

**ND Medicaid
DME Purchase Fee Schedule
as of 1/1/2024**

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

Code	Medicaid Fee
V5110	\$1,178.95
V5130	\$1,178.95
V5140	\$1,178.95
V5160	\$1,178.95
V5241	\$589.50
V5246	\$589.50
V5247	\$589.50
V5253	\$1,178.95
V5254	\$589.50
V5255	\$589.50
V5256	\$589.50
V5257	\$589.50
V5259	\$1,178.95
V5260	\$1,178.95
V5261	\$1,178.95
V5264	\$73.77
V5265	\$73.77
V5266	\$2.47
V5298	\$589.50