

ND Medicaid
DME Purchase Fee Schedule
as of 1/1/2023

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	\$12.26
A4213	\$0.67
A4215	\$0.37
A4216	\$0.68
A4217	\$3.53
A4220	\$65.27
A4221	\$35.03
A4222	\$71.63
A4224	\$35.03
A4225	\$3.86
A4230	\$9.56
A4231	\$6.36
A4232	\$3.21
A4233	\$1.20
A4234	\$5.61
A4235	\$3.62
A4236	\$2.60
A4244	\$3.80
A4245	\$5.48
A4246	\$14.34
A4247	\$11.33
A4253	\$11.91
A4256	\$17.21
A4258	\$27.85
A4259	\$19.38

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Code	Medicaid Fee
A4261	\$46.19
A4266	\$33.68
A4267	\$0.42
A4268	\$3.99
A4269	\$15.40
A4310	\$12.28
A4311	\$23.89
A4312	\$27.66
A4313	\$27.09
A4314	\$39.80
A4315	\$37.88
A4316	\$40.31
A4320	\$8.30
A4322	\$4.78
A4326	\$14.97
A4327	\$68.42
A4328	\$15.91
A4330	\$10.92
A4331	\$4.98
A4332	\$0.11
A4333	\$3.38
A4334	\$7.58
A4338	\$19.36
A4340	\$46.17
A4344	\$24.06
A4346	\$30.44
A4349	\$2.83
A4351	\$2.73
A4352	\$8.69
A4353	\$10.72
A4354	\$17.52
A4355	\$13.18
A4356	\$70.07

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Code	Medicaid Fee
A4357	\$13.23
A4358	\$10.06
A4361	\$26.59
A4362	\$5.53
A4363	\$3.39
A4364	\$4.55
A4366	\$2.04
A4367	\$11.29
A4368	\$0.41
A4369	\$3.39
A4371	\$5.61
A4372	\$6.42
A4373	\$9.63
A4375	\$26.85
A4376	\$72.95
A4377	\$6.85
A4378	\$47.13
A4379	\$23.02
A4380	\$57.24
A4381	\$7.09
A4382	\$37.76
A4383	\$43.25
A4384	\$14.73
A4385	\$8.00
A4387	\$6.14
A4388	\$6.67
A4389	\$9.54
A4390	\$14.73
A4391	\$10.85
A4392	\$11.39
A4393	\$13.95
A4394	\$3.96
A4395	\$0.05

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Code	Medicaid Fee
A4396	\$62.04
A4398	\$20.62
A4399	\$18.67
A4400	\$74.58
A4402	\$2.58
A4404	\$2.47
A4405	\$5.18
A4406	\$7.10
A4407	\$13.75
A4408	\$12.51
A4409	\$9.91
A4410	\$10.97
A4411	\$6.19
A4412	\$3.50
A4413	\$8.76
A4414	\$6.88
A4415	\$8.02
A4416	\$4.39
A4417	\$5.92
A4418	\$2.89
A4419	\$2.79
A4422	\$0.18
A4423	\$2.97
A4424	\$7.57
A4425	\$5.72
A4426	\$4.33
A4427	\$4.43
A4428	\$10.38
A4429	\$13.15
A4430	\$13.57
A4431	\$9.91
A4432	\$5.74
A4433	\$5.16

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Code	Medicaid Fee
A4434	\$5.83
A4450	\$0.15
A4452	\$0.59
A4455	\$2.47
A4456	\$0.29
A4481	\$0.61
A4520	\$0.89
A4554	\$0.67
A4556	\$16.06
A4557	\$29.84
A4558	\$6.25
A4561	\$29.60
A4562	\$73.65
A4565	\$10.34
A4570	\$11.14
A4595	\$44.17
A4604	\$86.62
A4605	\$24.05
A4606	\$46.51
A4608	\$92.64
A4611	\$299.19
A4612	\$101.34
A4613	\$178.76
A4614	\$39.01
A4615	\$2.63
A4616	\$0.35
A4617	\$5.71
A4618	\$10.36
A4619	\$1.93
A4620	\$6.94
A4623	\$10.44
A4624	\$3.77
A4625	\$9.73

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Code	Medicaid Fee
A4626	\$4.69
A4627	\$40.77
A4628	\$5.84
A4629	\$7.36
A4630	\$8.11
A4634	\$38.34
A4635	\$6.34
A4636	\$5.52
A4637	\$3.03
A4640	\$88.47
A4660	\$48.41
A4663	\$35.05
A4670	\$48.36
A5051	\$3.28
A5052	\$2.38
A5053	\$2.58
A5054	\$2.88
A5055	\$2.44
A5056	\$4.61
A5057	\$9.50
A5061	\$5.61
A5062	\$3.35
A5063	\$4.29
A5071	\$9.58
A5072	\$5.44
A5073	\$5.00
A5081	\$4.75
A5082	\$18.95
A5093	\$3.09
A5102	\$35.71
A5105	\$64.51
A5112	\$54.52
A5113	\$6.77

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Code	Medicaid Fee
A5114	\$14.27
A5120	\$0.37
A5121	\$11.69
A5122	\$20.49
A5126	\$1.99
A5131	\$22.16
A5200	\$17.55
A5500	\$94.47
A5501	\$275.96
A5503	\$40.92
A5504	\$40.92
A5505	\$42.06
A5506	\$42.06
A5507	\$42.06
A5512	\$27.91
A5513	\$55.81
A6010	\$49.30
A6011	\$3.63
A6021	\$33.45
A6022	\$33.46
A6023	\$303.14
A6024	\$9.83
A6154	\$22.88
A6196	\$11.70
A6197	\$26.18
A6199	\$8.44
A6203	\$5.35
A6204	\$9.94
A6207	\$11.69
A6209	\$11.90
A6210	\$30.76
A6211	\$46.80
A6212	\$15.46

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Code	Medicaid Fee
A6213	\$8.46
A6214	\$16.38
A6216	\$0.06
A6219	\$1.53
A6220	\$4.12
A6222	\$3.39
A6223	\$3.84
A6224	\$5.75
A6229	\$5.75
A6231	\$7.46
A6232	\$10.96
A6233	\$30.59
A6234	\$10.43
A6235	\$26.80
A6236	\$43.41
A6237	\$12.60
A6238	\$36.31
A6240	\$19.46
A6241	\$4.10
A6242	\$9.66
A6243	\$19.63
A6244	\$62.56
A6245	\$11.60
A6246	\$15.82
A6247	\$37.87
A6248	\$25.85
A6251	\$3.19
A6252	\$5.17
A6253	\$10.12
A6254	\$1.96
A6255	\$4.80
A6257	\$2.46
A6258	\$6.86

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Code	Medicaid Fee
A6259	\$16.11
A6266	\$3.07
A6402	\$0.23
A6403	\$0.69
A6404	\$1.22
A6407	\$2.99
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	\$2.82
A6450	\$3.09
A6452	\$9.43
A6453	\$0.97
A6454	\$1.22
A6456	\$1.99
A6457	\$1.14
A6550	\$43.83
A7000	\$14.48
A7001	\$51.28
A7002	\$5.94
A7003	\$4.16
A7005	\$47.77
A7006	\$14.80
A7007	\$4.11
A7008	\$17.04
A7010	\$36.58

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Code	Medicaid Fee
A7012	\$6.60
A7013	\$0.94
A7014	\$6.96
A7015	\$2.92
A7016	\$11.26
A7017	\$136.18
A7018	\$0.67
A7027	\$275.77
A7028	\$52.18
A7029	\$37.28
A7030	\$292.45
A7031	\$108.18
A7032	\$62.86
A7033	\$45.36
A7034	\$182.39
A7035	\$61.62
A7036	\$28.22
A7037	\$63.60
A7038	\$7.96
A7039	\$23.75
A7046	\$30.25
A7501	\$167.75
A7502	\$79.51
A7503	\$18.06
A7504	\$1.10
A7505	\$7.44
A7506	\$0.51
A7507	\$3.96
A7508	\$4.56
A7509	\$2.26
A7520	\$75.58
A7521	\$74.92
A7522	\$71.88

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Code	Medicaid Fee
A7525	\$3.31
A7526	\$5.39
A7527	\$4.30
A8000	\$232.56
A8001	\$232.56
B4034	\$9.56
B4035	\$20.92
B4036	\$14.34
B4081	\$35.45
B4082	\$24.78
B4083	\$3.63
B4087	\$45.29
B4088	\$45.29
B4100	\$2.20
B4149	\$1.98
B4150	\$1.09
B4152	\$0.87
B4153	\$2.99
B4154	\$1.89
B4155	\$1.49
B4158	\$1.53
B4159	\$1.53
B4160	\$1.53
B4161	\$3.04
B4164	\$27.14
B4168	\$38.44
B4176	\$74.44
B4178	\$89.35
B4180	\$37.84
B4185	\$15.50
B4189	\$275.99
B4193	\$356.65
B4197	\$434.16

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Code	Medicaid Fee
B4199	\$496.13
B4216	\$12.00
B4220	\$12.44
B4222	\$15.36
B4224	\$38.85
B5100	\$7.20
B9002	\$1,956.51
B9004	\$3,410.70
B9006	\$3,410.70
E0100	\$23.83
E0105	\$61.54
E0110	\$103.19
E0111	\$65.58
E0112	\$48.03
E0113	\$28.12
E0114	\$62.76
E0116	\$36.90
E0117	\$256.10
E0130	\$59.25
E0135	\$63.15
E0140	\$354.40
E0141	\$74.02
E0143	\$75.44
E0144	\$327.80
E0147	\$522.81
E0148	\$109.63
E0149	\$170.50
E0153	\$98.38
E0154	\$108.57
E0155	\$46.80
E0156	\$34.55
E0157	\$122.01
E0158	\$44.55

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Code	Medicaid Fee
E0159	\$27.40
E0160	\$36.42
E0161	\$28.95
E0162	\$193.77
E0163	\$80.21
E0165	\$170.70
E0167	\$12.49
E0168	\$146.64
E0175	\$101.45
E0181	\$220.70
E0182	\$274.40
E0184	\$196.38
E0185	\$257.90
E0186	\$225.10
E0187	\$259.20
E0188	\$29.80
E0189	\$58.01
E0191	\$15.13
E0196	\$381.20
E0197	\$266.40
E0198	\$294.70
E0199	\$36.64
E0203	\$326.26
E0240	\$83.41
E0245	\$63.79
E0249	\$178.10
E0250	\$764.90
E0251	\$703.60
E0255	\$859.40
E0256	\$751.20
E0260	\$930.70
E0261	\$920.60
E0265	\$1,839.40

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Code	Medicaid Fee
E0266	\$1,611.00
E0271	\$331.01
E0272	\$205.31
E0275	\$23.73
E0276	\$19.88
E0280	\$57.28
E0290	\$707.90
E0291	\$532.50
E0292	\$766.40
E0293	\$688.30
E0294	\$902.60
E0295	\$893.10
E0303	\$2,212.70
E0305	\$138.20
E0310	\$273.71
E0325	\$13.98
E0326	\$13.14
E0430	\$477.46
E0435	\$597.38
E0440	\$3,663.82
E0441	\$54.61
E0442	\$54.61
E0443	\$50.37
E0444	\$50.37
E0445	\$852.69
E0457	\$952.69
E0465	\$14,636.42
E0466	\$14,636.42
E0470	\$1,672.20
E0471	\$3,893.90
E0480	\$643.56
E0482	\$5,149.00
E0483	\$14,138.40

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Code	Medicaid Fee
E0484	\$68.44
E0550	\$955.76
E0555	\$8.00
E0560	\$265.89
E0561	\$165.87
E0562	\$459.93
E0565	\$775.16
E0570	\$104.10
E0600	\$548.20
E0601	\$664.70
E0602	\$43.53
E0603	\$132.13
E0607	\$88.86
E0610	\$400.01
E0615	\$665.45
E0618	\$3,185.90
E0619	\$3,100.65
E0621	\$126.50
E0627	\$348.05
E0629	\$341.18
E0630	\$853.00
E0637	\$3,080.50
E0638	\$3,080.50
E0639	\$1,483.50
E0720	\$171.35
E0730	\$171.91
E0731	\$525.15
E0747	\$5,207.87
E0748	\$5,174.14
E0760	\$4,299.61
E0765	\$130.44
E0776	\$163.94
E0780	\$13.79

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Code	Medicaid Fee
E0781	\$2,930.40
E0784	\$5,242.30
E0840	\$97.44
E0849	\$549.43
E0850	\$148.55
E0855	\$657.30
E0860	\$51.25
E0870	\$131.49
E0880	\$166.95
E0890	\$160.12
E0900	\$170.41
E0910	\$146.90
E0911	\$505.70
E0912	\$1,045.30
E0940	\$276.20
E0942	\$26.04
E0944	\$60.48
E0945	\$58.49
E0947	\$806.51
E0948	\$780.07
E0950	\$165.51
E0951	\$30.24
E0952	\$29.19
E0954	\$56.63
E0955	\$313.45
E0956	\$152.84
E0957	\$213.84
E0958	\$644.22
E0959	\$64.60
E0960	\$141.05
E0961	\$46.13
E0966	\$100.35
E0967	\$100.14

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Code	Medicaid Fee
E0969	\$225.36
E0971	\$84.34
E0973	\$167.21
E0974	\$103.35
E0978	\$66.20
E0980	\$48.78
E0981	\$79.57
E0982	\$74.27
E0990	\$181.40
E0992	\$147.52
E0994	\$23.86
E0995	\$47.12
E1002	\$6,376.50
E1014	\$566.07
E1015	\$159.17
E1016	\$203.58
E1020	\$377.37
E1028	\$320.18
E1029	\$572.92
E1060	\$2,007.17
E1070	\$1,817.57
E1083	\$1,414.56
E1084	\$1,172.50
E1087	\$1,980.04
E1092	\$1,997.57
E1093	\$1,405.80
E1100	\$1,672.60
E1110	\$1,579.44
E1150	\$1,084.80
E1160	\$831.30
E1161	\$3,146.50
E1224	\$1,604.34
E1226	\$1,200.68

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Code	Medicaid Fee
E1227	\$365.68
E1232	\$2,844.10
E1233	\$2,946.50
E1234	\$2,565.30
E1235	\$2,470.30
E1236	\$2,179.30
E1237	\$2,198.20
E1238	\$2,179.30
E1240	\$1,164.70
E1270	\$1,811.74
E1280	\$2,175.41
E1295	\$2,363.26
E1296	\$654.08
E1297	\$159.17
E1298	\$655.66
E1372	\$227.06
E1390	\$1,217.44
E1700	\$542.59
E1701	\$16.43
E1702	\$34.11
E1812	\$117.82
E1820	\$102.55
E1821	\$139.95
E2000	\$620.60
E2201	\$578.42
E2202	\$471.62
E2203	\$742.66
E2205	\$31.94
E2206	\$62.02
E2208	\$96.12
E2209	\$162.78
E2210	\$10.09
E2211	\$62.79

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E2212	\$6.22
E2213	\$46.51
E2214	\$44.59
E2215	\$13.22
E2219	\$55.81
E2220	\$40.31
E2221	\$38.77
E2222	\$20.94
E2226	\$54.27
E2231	\$229.07
E2310	\$1,814.23
E2312	\$2,574.42
E2313	\$441.24
E2321	\$2,463.60
E2322	\$2,186.49
E2323	\$105.81
E2324	\$67.92
E2325	\$1,120.31
E2327	\$3,883.02
E2330	\$5,305.33
E2340	\$555.58
E2341	\$763.19
E2342	\$712.94
E2359	\$172.09
E2360	\$160.73
E2361	\$212.64
E2362	\$157.53
E2363	\$283.52
E2365	\$171.01
E2366	\$387.52
E2367	\$649.71
E2368	\$753.46
E2369	\$479.15

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Code	Medicaid Fee
E2370	\$1,244.64
E2373	\$1,804.10
E2374	\$242.96
E2375	\$1,228.61
E2376	\$1,925.51
E2377	\$697.64
E2378	\$590.56
E2381	\$100.76
E2382	\$27.91
E2383	\$201.55
E2384	\$106.97
E2385	\$66.68
E2386	\$198.43
E2387	\$89.93
E2388	\$72.24
E2389	\$39.24
E2390	\$61.37
E2391	\$29.46
E2392	\$77.52
E2394	\$110.06
E2395	\$78.29
E2396	\$88.37
E2397	\$607.95
E2398	\$953.94
E2500	\$520.04
E2502	\$1,590.24
E2504	\$2,445.51
E2506	\$3,075.93
E2508	\$4,756.42
E2510	\$9,000.90
E2512	\$1,348.65
E2601	\$140.82
E2602	\$162.78

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E2603	\$354.96
E2604	\$255.80
E2605	\$310.05
E2607	\$470.41
E2608	\$474.38
E2611	\$484.22
E2612	\$582.85
E2613	\$609.33
E2614	\$463.31
E2615	\$701.24
E2616	\$553.24
E2619	\$79.57
E2620	\$891.07
E2621	\$492.78
E2622	\$455.81
E2623	\$573.63
E2624	\$454.28
E2625	\$576.71
E2626	\$521.73
E2627	\$832.55
E2628	\$627.19
E2629	\$793.69
E2630	\$555.02
E2631	\$195.04
E2632	\$124.56
E2633	\$187.85
E8000	\$1,232.50
E8001	\$2,040.09
E8002	\$1,887.62
K0001	\$353.10
K0002	\$580.10
K0003	\$582.60
K0004	\$810.10

**ND Medicaid
DME Purchase Fee Schedule
as of 1/1/2023**

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

Code	Medicaid Fee
K0005	\$2,417.49
K0006	\$915.30
K0007	\$1,207.00
K0011	\$6,342.40
K0012	\$3,890.70
K0015	\$277.01
K0017	\$77.90
K0018	\$43.53
K0019	\$26.73
K0020	\$78.78
K0037	\$63.47
K0038	\$39.77
K0039	\$93.90
K0040	\$123.33
K0041	\$85.14
K0042	\$50.93
K0043	\$31.85
K0044	\$27.06
K0045	\$81.16
K0046	\$32.62
K0047	\$127.31
K0050	\$53.31
K0051	\$77.18
K0052	\$140.94
K0053	\$165.51
K0056	\$156.73
K0065	\$65.26
K0069	\$168.71
K0070	\$292.83
K0071	\$144.82
K0072	\$88.05
K0073	\$54.90
K0077	\$89.12

**ND Medicaid
DME Purchase Fee Schedule
as of 1/1/2023**

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

Code	Medicaid Fee
K0098	\$40.25
K0105	\$148.80
K0195	\$249.02
K0455	\$4,587.74
K0552	\$3.86
K0601	\$1.70
K0602	\$9.83
K0603	\$0.88
K0604	\$9.44
K0605	\$22.63
K0730	\$2,292.60
K0733	\$43.41
K0739	\$15.01
K0813	\$2,223.93
K0814	\$2,504.20
K0815	\$2,843.20
K0816	\$2,588.33
K0820	\$2,362.60
K0821	\$2,571.20
K0822	\$2,922.73
K0823	\$2,776.40
K0824	\$3,974.07
K0825	\$3,610.80
K0826	\$6,174.73
K0827	\$5,363.00
K0828	\$7,268.53
K0829	\$6,956.33
K0830	\$5,699.82
K0831	\$5,699.82
K0835	\$3,224.73
K0836	\$3,344.53
K0837	\$4,032.53
K0838	\$3,585.67

**ND Medicaid
DME Purchase Fee Schedule
as of 1/1/2023**

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

Code	Medicaid Fee
K0839	\$5,309.87
K0840	\$8,115.73
K0841	\$3,561.33
K0842	\$3,558.00
K0843	\$4,244.60
K0848	\$6,057.20
K0849	\$5,823.53
K0850	\$7,025.93
K0851	\$6,755.53
K0852	\$8,118.07
K0853	\$8,339.40
K0854	\$11,047.80
K0855	\$10,436.27
K0856	\$6,501.53
K0857	\$6,631.93
K0858	\$8,066.60
K0859	\$7,693.07
K0860	\$11,524.20
K0861	\$6,512.00
K0862	\$8,066.60
K0863	\$11,524.20
K0864	\$13,713.80
L0120	\$31.86
L0130	\$194.16
L0140	\$86.68
L0150	\$133.00
L0160	\$192.76
L0170	\$855.41
L0172	\$169.47
L0174	\$383.93
L0180	\$508.95
L0190	\$587.02
L0200	\$669.06

**ND Medicaid
DME Purchase Fee Schedule
as of 1/1/2023**

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

Code	Medicaid Fee
L0220	\$156.11
L0450	\$135.25
L0454	\$446.83
L0456	\$1,288.71
L0458	\$1,154.91
L0460	\$1,301.46
L0462	\$1,618.46
L0464	\$1,925.91
L0466	\$466.69
L0468	\$584.08
L0470	\$790.93
L0472	\$496.98
L0480	\$2,086.33
L0482	\$2,126.10
L0484	\$2,155.28
L0486	\$2,593.34
L0488	\$1,288.71
L0490	\$363.18
L0491	\$887.40
L0621	\$130.22
L0625	\$59.63
L0626	\$97.68
L0627	\$359.67
L0628	\$100.76
L0630	\$140.73
L0631	\$865.45
L0633	\$362.53
L0636	\$1,429.65
L0637	\$899.70
L0638	\$1,248.00
L0640	\$1,271.25
L0700	\$2,451.57
L0710	\$2,658.66

**ND Medicaid
DME Purchase Fee Schedule
as of 1/1/2023**

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

Code	Medicaid Fee
L0810	\$3,230.54
L0820	\$2,794.07
L0830	\$3,823.12
L0970	\$154.53
L0972	\$129.03
L0974	\$218.24
L0976	\$216.66
L0978	\$234.98
L0980	\$20.92
L0982	\$19.47
L0984	\$80.39
L1000	\$2,214.23
L1005	\$4,062.08
L1010	\$93.17
L1020	\$113.11
L1025	\$153.75
L1030	\$87.62
L1040	\$96.39
L1050	\$101.94
L1060	\$116.26
L1070	\$110.73
L1080	\$73.81
L1085	\$189.56
L1090	\$118.70
L1100	\$206.28
L1110	\$306.22
L1120	\$51.50
L1200	\$2,273.17
L1210	\$353.62
L1220	\$284.35
L1230	\$828.87
L1240	\$95.52
L1250	\$88.35

**ND Medicaid
DME Purchase Fee Schedule
as of 1/1/2023**

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

Code	Medicaid Fee
L1260	\$92.33
L1270	\$95.59
L1280	\$101.94
L1290	\$100.27
L1300	\$2,048.16
L1310	\$2,209.46
L1600	\$156.11
L1610	\$53.36
L1620	\$167.27
L1630	\$199.16
L1640	\$642.74
L1650	\$312.25
L1652	\$458.76
L1660	\$203.72
L1680	\$1,460.74
L1685	\$1,425.71
L1686	\$1,210.69
L1690	\$2,469.10
L1700	\$1,830.31
L1710	\$2,309.79
L1720	\$1,406.59
L1730	\$1,358.81
L1755	\$1,897.23
L1810	\$120.96
L1812	\$130.72
L1820	\$164.33
L1830	\$109.82
L1831	\$371.19
L1832	\$727.29
L1833	\$761.90
L1834	\$956.57
L1836	\$170.47
L1840	\$1,000.35

**ND Medicaid
DME Purchase Fee Schedule
as of 1/1/2023**

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

Code	Medicaid Fee
L1843	\$1,154.91
L1844	\$2,049.74
L1845	\$984.47
L1846	\$1,268.01
L1847	\$737.55
L1850	\$371.16
L1860	\$1,441.65
L1900	\$352.06
L1902	\$95.52
L1904	\$605.31
L1906	\$175.09
L1907	\$708.49
L1910	\$326.57
L1920	\$461.94
L1930	\$310.35
L1932	\$1,125.53
L1940	\$592.03
L1945	\$1,110.04
L1950	\$965.36
L1951	\$1,075.26
L1960	\$721.45
L1970	\$894.39
L1971	\$609.15
L1980	\$473.13
L1990	\$519.37
L2000	\$1,260.02
L2005	\$4,478.52
L2010	\$1,296.68
L2020	\$1,398.63
L2030	\$1,213.84
L2034	\$2,325.48
L2035	\$223.00
L2036	\$2,242.30

**ND Medicaid
DME Purchase Fee Schedule
as of 1/1/2023**

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

Code	Medicaid Fee
L2037	\$1,995.99
L2038	\$1,714.02
L2040	\$253.05
L2050	\$631.80
L2060	\$708.89
L2070	\$161.28
L2080	\$455.81
L2090	\$583.02
L2106	\$814.01
L2108	\$1,457.58
L2112	\$559.13
L2114	\$700.90
L2116	\$852.26
L2126	\$1,612.08
L2128	\$2,054.94
L2132	\$1,250.48
L2134	\$1,159.66
L2136	\$1,592.97
L2180	\$181.58
L2182	\$117.08
L2184	\$151.34
L2186	\$203.90
L2188	\$358.44
L2190	\$108.31
L2192	\$426.90
L2200	\$71.63
L2210	\$87.56
L2220	\$105.41
L2230	\$100.35
L2232	\$250.18
L2240	\$100.35
L2250	\$438.04
L2260	\$254.88

**ND Medicaid
DME Purchase Fee Schedule
as of 1/1/2023**

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

Code	Medicaid Fee
L2265	\$135.30
L2270	\$70.04
L2275	\$171.87
L2280	\$527.10
L2300	\$321.77
L2310	\$151.34
L2320	\$280.11
L2330	\$465.10
L2335	\$285.13
L2340	\$520.89
L2350	\$1,157.29
L2360	\$67.65
L2370	\$307.42
L2375	\$135.30
L2380	\$183.21
L2385	\$178.27
L2387	\$170.56
L2390	\$173.63
L2395	\$205.49
L2397	\$152.93
L2405	\$111.42
L2415	\$156.11
L2425	\$184.59
L2430	\$184.79
L2492	\$143.36
L2500	\$377.53
L2510	\$869.76
L2520	\$589.39
L2525	\$1,642.32
L2526	\$955.76
L2530	\$337.72
L2540	\$575.06
L2550	\$377.53

**ND Medicaid
DME Purchase Fee Schedule
as of 1/1/2023**

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

Code	Medicaid Fee
L2570	\$570.28
L2580	\$624.42
L2600	\$266.03
L2610	\$304.26
L2620	\$320.17
L2622	\$366.37
L2624	\$386.02
L2627	\$2,739.88
L2628	\$2,274.75
L2630	\$304.00
L2640	\$401.06
L2650	\$143.36
L2660	\$254.88
L2670	\$232.58
L2680	\$219.83
L2750	\$100.35
L2755	\$168.72
L2760	\$72.88
L2768	\$167.27
L2780	\$79.64
L2785	\$36.63
L2795	\$100.27
L2800	\$135.30
L2810	\$101.94
L2820	\$111.42
L2830	\$108.22
L2840	\$50.95
L2850	\$87.62
L3000	\$310.35
L3001	\$167.13
L3002	\$198.92
L3003	\$223.00
L3010	\$206.91

**ND Medicaid
DME Purchase Fee Schedule
as of 1/1/2023**

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

Code	Medicaid Fee
L3020	\$221.23
L3030	\$104.27
L3040	\$60.49
L3050	\$60.52
L3060	\$79.58
L3070	\$38.25
L3080	\$41.21
L3090	\$52.76
L3100	\$54.27
L3140	\$114.58
L3150	\$98.14
L3170	\$56.15
L3201	\$58.92
L3202	\$63.66
L3203	\$63.66
L3208	\$64.51
L3209	\$60.52
L3211	\$39.84
L3212	\$79.64
L3213	\$79.64
L3214	\$79.64
L3215	\$144.19
L3216	\$161.79
L3219	\$172.05
L3221	\$190.99
L3224	\$72.84
L3225	\$93.01
L3230	\$324.66
L3251	\$256.48
L3252	\$331.03
L3253	\$194.33
L3260	\$20.67
L3300	\$46.51

**ND Medicaid
DME Purchase Fee Schedule
as of 1/1/2023**

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

Code	Medicaid Fee
L3310	\$73.23
L3320	\$136.20
L3332	\$58.92
L3334	\$46.51
L3340	\$66.92
L3350	\$27.09
L3360	\$39.84
L3370	\$47.77
L3380	\$47.77
L3390	\$54.27
L3400	\$41.85
L3410	\$63.72
L3420	\$63.67
L3480	\$44.57
L3510	\$36.65
L3530	\$28.38
L3540	\$44.04
L3550	\$11.15
L3580	\$62.62
L3640	\$40.37
L3650	\$76.39
L3660	\$147.28
L3670	\$132.20
L3674	\$932.26
L3675	\$205.33
L3702	\$305.37
L3710	\$144.95
L3720	\$728.91
L3730	\$1,057.73
L3740	\$1,253.67
L3760	\$573.63
L3761	\$577.95
L3762	\$124.26

**ND Medicaid
DME Purchase Fee Schedule
as of 1/1/2023**

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

Code	Medicaid Fee
L3763	\$732.57
L3764	\$833.95
L3766	\$1,515.03
L3806	\$537.28
L3807	\$294.68
L3808	\$427.83
L3906	\$479.04
L3908	\$70.04
L3912	\$100.86
L3913	\$226.02
L3915	\$655.82
L3917	\$113.04
L3921	\$340.00
L3923	\$44.57
L3925	\$58.07
L3927	\$38.85
L3929	\$91.95
L3931	\$227.12
L3933	\$225.88
L3961	\$1,326.73
L3962	\$841.08
L3980	\$361.60
L3995	\$37.44
L4002	\$11.64
L4055	\$320.17
L4090	\$106.74
L4110	\$101.94
L4205	\$15.50
L4210	\$20.08
L4350	\$107.09
L4360	\$331.03
L4370	\$238.97
L4386	\$205.33

**ND Medicaid
DME Purchase Fee Schedule
as of 1/1/2023**

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

Code	Medicaid Fee
L4387	\$199.98
L4392	\$28.65
L4394	\$20.67
L4396	\$205.49
L4398	\$98.13
L4631	\$1,192.77
L5000	\$644.53
L5010	\$1,706.06
L5020	\$2,990.29
L5050	\$3,094.44
L5060	\$4,310.56
L5100	\$2,967.71
L5105	\$4,868.11
L5150	\$4,968.46
L5160	\$5,471.85
L5200	\$4,215.63
L5210	\$3,340.44
L5220	\$3,844.84
L5230	\$6,478.58
L5250	\$7,020.21
L5280	\$7,271.90
L5301	\$2,954.50
L5312	\$4,657.83
L5321	\$4,193.35
L5331	\$7,152.39
L5341	\$7,748.17
L5400	\$1,567.83
L5410	\$533.65
L5420	\$2,182.39
L5430	\$641.96
L5450	\$517.23
L5460	\$732.77
L5500	\$1,911.58

**ND Medicaid
DME Purchase Fee Schedule
as of 1/1/2023**

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

Code	Medicaid Fee
L5505	\$2,515.31
L5510	\$2,152.09
L5520	\$1,836.69
L5530	\$2,351.83
L5535	\$2,164.84
L5540	\$2,592.40
L5560	\$3,032.99
L5570	\$3,211.43
L5580	\$3,687.72
L5585	\$3,555.52
L5590	\$3,921.90
L5595	\$5,143.70
L5600	\$5,678.91
L5611	\$2,548.74
L5613	\$3,823.12
L5614	\$2,191.92
L5616	\$2,277.97
L5617	\$723.21
L5618	\$348.82
L5620	\$353.32
L5622	\$461.94
L5624	\$464.70
L5626	\$608.50
L5628	\$616.51
L5629	\$404.24
L5630	\$626.04
L5631	\$560.19
L5632	\$337.96
L5634	\$517.72
L5636	\$290.38
L5637	\$367.65
L5638	\$828.35
L5640	\$979.68

**ND Medicaid
DME Purchase Fee Schedule
as of 1/1/2023**

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

Code	Medicaid Fee
L5642	\$876.15
L5643	\$2,650.72
L5645	\$1,193.59
L5646	\$796.49
L5647	\$1,239.35
L5648	\$1,091.18
L5649	\$2,864.54
L5650	\$612.69
L5651	\$1,750.55
L5652	\$741.59
L5653	\$990.81
L5654	\$413.92
L5655	\$348.82
L5656	\$487.46
L5658	\$531.54
L5661	\$777.35
L5665	\$653.10
L5666	\$89.22
L5668	\$125.59
L5670	\$449.57
L5671	\$845.05
L5672	\$493.02
L5673	\$966.00
L5676	\$461.51
L5677	\$629.23
L5678	\$62.05
L5679	\$805.26
L5680	\$474.69
L5681	\$1,710.84
L5682	\$797.32
L5683	\$1,710.84
L5684	\$62.05
L5685	\$161.22

**ND Medicaid
DME Purchase Fee Schedule
as of 1/1/2023**

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

Code	Medicaid Fee
L5686	\$76.45
L5688	\$76.39
L5690	\$124.26
L5692	\$175.25
L5694	\$258.07
L5695	\$253.27
L5696	\$235.75
L5697	\$111.54
L5698	\$132.10
L5699	\$237.34
L5700	\$3,620.47
L5701	\$4,708.29
L5702	\$6,668.15
L5704	\$754.32
L5705	\$1,282.69
L5706	\$1,266.40
L5707	\$1,747.47
L5710	\$541.61
L5711	\$665.85
L5712	\$549.58
L5714	\$648.34
L5716	\$1,240.90
L5718	\$1,551.55
L5722	\$1,282.35
L5724	\$2,015.08
L5726	\$2,228.56
L5728	\$3,659.05
L5780	\$1,467.11
L5781	\$5,057.13
L5782	\$5,478.20
L5785	\$644.93
L5790	\$917.57
L5795	\$1,371.54

**ND Medicaid
DME Purchase Fee Schedule
as of 1/1/2023**

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

Code	Medicaid Fee
L5810	\$689.76
L5811	\$1,207.46
L5812	\$886.42
L5814	\$4,823.49
L5816	\$1,083.22
L5818	\$1,345.67
L5822	\$2,405.39
L5824	\$2,588.56
L5826	\$4,055.66
L5828	\$3,947.11
L5830	\$2,422.90
L5840	\$4,973.16
L5845	\$2,325.07
L5850	\$216.44
L5855	\$522.51
L5910	\$557.01
L5920	\$636.56
L5925	\$571.88
L5930	\$4,241.67
L5940	\$853.00
L5950	\$1,031.24
L5960	\$1,231.36
L5968	\$4,719.95
L5970	\$289.91
L5972	\$525.66
L5974	\$301.07
L5975	\$602.17
L5976	\$747.99
L5978	\$372.76
L5979	\$3,504.52
L5980	\$4,961.01
L5981	\$4,137.67
L5982	\$984.47

**ND Medicaid
DME Purchase Fee Schedule
as of 1/1/2023**

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

Code	Medicaid Fee
L5984	\$748.83
L5985	\$364.78
L5986	\$1,078.43
L5990	\$2,292.93
L6000	\$1,696.51
L6010	\$2,010.32
L6020	\$1,788.90
L6050	\$2,610.86
L6055	\$3,614.42
L6100	\$2,583.79
L6110	\$2,666.63
L6120	\$3,348.42
L6130	\$3,612.85
L6200	\$3,894.79
L6205	\$4,766.13
L6250	\$3,467.90
L6300	\$5,084.73
L6310	\$3,875.69
L6320	\$2,327.33
L6350	\$5,842.99
L6360	\$4,068.42
L6370	\$2,593.34
L6380	\$1,486.24
L6382	\$2,021.49
L6384	\$2,803.63
L6386	\$512.92
L6388	\$645.17
L6400	\$3,952.16
L6450	\$5,250.40
L6500	\$5,119.82
L6550	\$6,459.46
L6570	\$5,416.08
L6580	\$2,402.18

**ND Medicaid
DME Purchase Fee Schedule
as of 1/1/2023**

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

Code	Medicaid Fee
L6582	\$2,343.25
L6584	\$2,614.08
L6586	\$2,719.22
L6588	\$3,609.63
L6590	\$3,620.82
L6600	\$238.97
L6605	\$235.75
L6610	\$215.06
L6611	\$542.59
L6615	\$248.51
L6616	\$82.85
L6620	\$433.27
L6623	\$818.78
L6625	\$678.61
L6628	\$815.61
L6629	\$234.17
L6630	\$273.99
L6632	\$110.70
L6635	\$264.45
L6637	\$468.33
L6640	\$374.36
L6641	\$205.49
L6642	\$277.18
L6645	\$407.80
L6650	\$431.70
L6655	\$95.59
L6660	\$119.49
L6665	\$57.33
L6670	\$60.52
L6672	\$258.07
L6675	\$152.93
L6676	\$179.98
L6680	\$313.82

**ND Medicaid
DME Purchase Fee Schedule
as of 1/1/2023**

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

Code	Medicaid Fee
L6682	\$340.91
L6684	\$485.87
L6686	\$753.48
L6687	\$981.27
L6688	\$675.45
L6689	\$1,146.93
L6690	\$877.72
L6691	\$439.68
L6692	\$893.65
L6693	\$3,687.72
L6694	\$736.39
L6698	\$644.15
L6703	\$421.68
L6704	\$759.65
L6706	\$452.68
L6707	\$1,668.15
L6708	\$1,085.25
L6709	\$1,572.03
L6711	\$656.61
L6712	\$1,208.89
L6713	\$1,525.71
L6714	\$1,292.27
L6805	\$454.00
L6810	\$270.80
L6881	\$5,309.37
L6882	\$4,027.00
L6890	\$230.99
L6895	\$727.98
L6900	\$1,929.08
L6905	\$1,874.92
L6910	\$1,827.12
L6915	\$799.67
L6920	\$10,362.22

**ND Medicaid
DME Purchase Fee Schedule
as of 1/1/2023**

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

Code	Medicaid Fee
L6925	\$11,176.24
L6930	\$10,887.92
L6935	\$11,689.17
L6940	\$14,943.59
L6945	\$17,385.64
L6950	\$16,985.78
L6955	\$20,343.75
L6960	\$20,517.38
L6965	\$22,229.81
L6970	\$22,503.81
L7040	\$3,600.11
L7045	\$2,064.49
L7170	\$7,858.10
L7180	\$45,611.35
L7185	\$8,152.80
L7186	\$14,777.92
L7190	\$10,316.04
L7191	\$15,141.13
L7360	\$289.91
L7362	\$425.34
L7364	\$508.15
L7366	\$684.99
L7367	\$504.99
L7368	\$654.71
L7400	\$302.31
L7403	\$364.35
L7520	\$23.89
L7900	\$695.46
L8000	\$47.75
L8001	\$162.50
L8002	\$213.46
L8015	\$76.45
L8020	\$254.88

**ND Medicaid
DME Purchase Fee Schedule
as of 1/1/2023**

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

Code	Medicaid Fee
L8030	\$453.56
L8040	\$2,999.55
L8041	\$3,616.06
L8042	\$3,859.76
L8043	\$4,551.09
L8044	\$5,038.54
L8045	\$3,154.08
L8046	\$3,249.64
L8047	\$1,664.63
L8300	\$122.64
L8400	\$18.59
L8410	\$27.97
L8415	\$30.24
L8417	\$97.68
L8420	\$24.83
L8430	\$31.33
L8435	\$25.50
L8440	\$52.56
L8460	\$84.40
L8465	\$62.10
L8470	\$11.08
L8480	\$15.67
L8485	\$17.00
L8500	\$842.66
L8501	\$152.78
L8507	\$54.17
L8509	\$141.77
L8510	\$328.17
L8610	\$995.61
L8614	\$26,069.80
L8615	\$465.10
L8616	\$137.97
L8617	\$120.92

**ND Medicaid
DME Purchase Fee Schedule
as of 1/1/2023**

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

Code	Medicaid Fee
L8618	\$34.11
L8619	\$11,700.01
L8621	\$0.78
L8624	\$210.84
L8627	\$7,498.28
L8628	\$1,421.47
L8630	\$540.63
L8658	\$496.76
L8693	\$1,601.60
S1040	\$2,082.55
S8120	\$16.03
S8186	\$4.27
S8210	\$5.34
S8452	\$14.97
S8490	\$42.77
V2623	\$1,184.35
V2624	\$96.57
V2625	\$576.58
V2626	\$249.25
V2627	\$2,034.64
V2628	\$2,034.64
V5008	\$9.61
V5020	\$32.67
V5030	\$572.33
V5040	\$572.33
V5050	\$572.33
V5060	\$572.33
V5090	\$572.33
V5110	\$1,144.61
V5130	\$1,144.61
V5140	\$1,144.61
V5160	\$1,144.61
V5241	\$572.33

**ND Medicaid
DME Purchase Fee Schedule
as of 1/1/2023**

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

Code	Medicaid Fee
V5246	\$572.33
V5247	\$572.33
V5253	\$1,144.61
V5254	\$572.33
V5255	\$572.33
V5256	\$572.33
V5257	\$572.33
V5259	\$1,144.61
V5260	\$1,144.61
V5261	\$1,144.61
V5264	\$71.62
V5265	\$71.62
V5266	\$2.40
V5298	\$572.33