

ND Medicaid
DME Rental Fee Schedule
as of 7/1/2024

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

Code	Medicaid Fee
B9002	\$177.28
B9004	\$301.53
B9006	\$301.53
E0110	\$10.10
E0114	\$6.44
E0116	\$3.43
E0135	\$5.37
E0141	\$5.63
E0143	\$5.63
E0144	\$32.48
E0147	\$49.18
E0148	\$10.06
E0149	\$14.63
E0153	\$8.72
E0154	\$9.42
E0155	\$4.02
E0156	\$2.97
E0160	\$3.49
E0162	\$20.87
E0163	\$6.44
E0165	\$14.95
E0181	\$18.41
E0182	\$25.73
E0184	\$19.41
E0196	\$37.52
E0197	\$22.62
E0198	\$30.24
E0202	\$72.63
E0203	\$28.79

**ND Medicaid
DME Rental Fee Schedule
as of 7/1/2024**

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

Code	Medicaid Fee
E0240	\$7.39
E0245	\$5.63
E0250	\$72.18
E0251	\$69.77
E0255	\$72.54
E0256	\$70.36
E0260	\$72.54
E0261	\$72.54
E0265	\$173.95
E0266	\$151.36
E0271	\$28.51
E0277	\$243.56
E0290	\$67.81
E0291	\$51.76
E0292	\$72.18
E0293	\$66.38
E0294	\$72.54
E0295	\$72.54
E0303	\$195.95
E0305	\$13.01
E0310	\$24.27
E0373	\$243.56
E0424	\$82.97
E0431	\$19.03
E0433	\$41.61
E0434	\$41.61
E0435	\$52.80
E0439	\$84.13
E0445	\$90.45
E0457	\$103.72
E0465	\$1,302.40
E0466	\$1,302.40
E0470	\$128.26

**ND Medicaid
DME Rental Fee Schedule
as of 7/1/2024**

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

Code	Medicaid Fee
E0471	\$319.09
E0480	\$57.47
E0482	\$528.29
E0483	\$1,450.60
E0550	\$84.49
E0560	\$23.42
E0561	\$15.10
E0562	\$40.52
E0565	\$70.35
E0570	\$6.95
E0600	\$56.25
E0601	\$47.93
E0604	\$117.66
E0615	\$58.80
E0618	\$280.55
E0619	\$280.29
E0621	\$44.72
E0630	\$70.63
E0720	\$48.62
E0730	\$50.68
E0747	\$517.50
E0760	\$429.96
E0776	\$14.49
E0781	\$292.42
E0784	\$527.27
E0791	\$347.39
E0849	\$50.10
E0850	\$13.14
E0855	\$67.44
E0870	\$11.57
E0880	\$16.10
E0890	\$13.06
E0910	\$13.36

**ND Medicaid
DME Rental Fee Schedule
as of 7/1/2024**

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

Code	Medicaid Fee
E0911	\$41.75
E0912	\$98.50
E0920	\$62.98
E0930	\$54.06
E0935	\$31.04
E0940	\$25.38
E0950	\$14.24
E0951	\$2.67
E0952	\$2.58
E0954	\$6.04
E0955	\$27.70
E0956	\$13.50
E0957	\$19.41
E0958	\$56.91
E0961	\$4.05
E0971	\$7.48
E0973	\$14.77
E0978	\$5.75
E0981	\$6.86
E0982	\$6.37
E0983	\$386.54
E0984	\$209.14
E0986	\$533.29
E0990	\$16.05
E0992	\$13.00
E1002	\$563.74
E1020	\$33.38
E1028	\$28.21
E1029	\$50.58
E1060	\$212.95
E1070	\$160.56
E1083	\$125.05
E1084	\$120.30

**ND Medicaid
DME Rental Fee Schedule
as of 7/1/2024**

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

Code	Medicaid Fee
E1087	\$174.05
E1092	\$175.74
E1093	\$144.24
E1100	\$147.90
E1110	\$139.63
E1150	\$98.01
E1160	\$78.59
E1161	\$322.83
E1224	\$101.41
E1226	\$63.56
E1232	\$291.80
E1233	\$302.31
E1234	\$263.20
E1235	\$253.45
E1236	\$223.60
E1237	\$49.35
E1238	\$223.60
E1240	\$119.49
E1270	\$120.81
E1280	\$154.90
E1295	\$172.40
E1372	\$20.54
E1390	\$84.13
E1392	\$41.61
E1405	\$108.49
E1406	\$87.22
E1700	\$47.97
E2000	\$63.67
E2201	\$52.08
E2202	\$41.57
E2203	\$61.94
E2208	\$8.51
E2231	\$20.27

**ND Medicaid
DME Rental Fee Schedule
as of 7/1/2024**

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

Code	Medicaid Fee
E2310	\$160.41
E2312	\$227.61
E2313	\$39.01
E2321	\$217.81
E2322	\$193.30
E2325	\$99.04
E2327	\$343.17
E2330	\$469.04
E2342	\$62.97
E2359	\$15.21
E2362	\$13.65
E2365	\$15.11
E2366	\$34.28
E2367	\$59.10
E2373	\$159.50
E2374	\$21.49
E2376	\$170.23
E2377	\$61.69
E2378	\$62.65
E2397	\$51.59
E2398	\$101.21
E2402	\$783.89
E2500	\$53.36
E2502	\$163.18
E2506	\$315.58
E2508	\$488.01
E2510	\$923.49
E2601	\$12.16
E2602	\$14.39
E2604	\$22.64
E2607	\$40.51
E2608	\$41.95
E2620	\$80.75

**ND Medicaid
DME Rental Fee Schedule
as of 7/1/2024**

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

Code	Medicaid Fee
E2622	\$40.30
E2623	\$50.70
E2624	\$40.11
E2625	\$50.99
E2626	\$46.11
E2627	\$73.61
E2628	\$55.47
E2629	\$70.16
E2630	\$49.07
E2631	\$17.23
E2632	\$11.00
E2633	\$16.61
E8000	\$108.54
E8001	\$180.37
E8002	\$166.88
K0001	\$27.29
K0002	\$44.24
K0003	\$42.44
K0004	\$50.23
K0005	\$248.04
K0006	\$68.43
K0007	\$96.50
K0011	\$650.73
K0012	\$399.19
K0018	\$3.97
K0019	\$2.36
K0020	\$6.97
K0040	\$10.65
K0045	\$7.00
K0053	\$14.24
K0056	\$13.86
K0069	\$14.51
K0195	\$22.04

**ND Medicaid
DME Rental Fee Schedule
as of 7/1/2024**

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

Code	Medicaid Fee
K0455	\$325.38
K0606	\$3,159.17
K0730	\$184.89
K0738	\$41.61
K0813	\$243.42
K0814	\$307.57
K0815	\$378.14
K0816	\$334.41
K0820	\$275.16
K0821	\$334.41
K0822	\$366.11
K0823	\$334.41
K0824	\$532.79
K0825	\$433.38
K0826	\$678.12
K0827	\$657.90
K0828	\$748.37
K0829	\$782.90
K0830	\$485.20
K0831	\$485.20
K0835	\$424.79
K0836	\$440.60
K0837	\$544.85
K0838	\$482.92
K0839	\$723.74
K0840	\$916.10
K0841	\$478.70
K0842	\$478.01
K0843	\$567.46
K0848	\$567.43
K0849	\$545.22
K0850	\$629.61
K0851	\$605.27

**ND Medicaid
DME Rental Fee Schedule
as of 7/1/2024**

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

Code	Medicaid Fee
K0852	\$764.83
K0853	\$785.52
K0854	\$999.35
K0855	\$934.68
K0856	\$609.78
K0857	\$568.66
K0858	\$759.45
K0859	\$710.75
K0860	\$1,067.42
K0861	\$610.71
K0862	\$759.45
K0863	\$1,067.30
K0864	\$952.31