

ND Medicaid
DME Purchase Fee Schedule
as of 1/1/2025

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

Code	Medicaid Fee
A4206	\$0.54
A4207	\$0.43
A4208	\$0.54
A4209	\$0.71
A4212	\$13.01
A4213	\$0.71
A4215	\$0.39
A4216	\$0.72
A4217	\$3.75
A4220	\$69.25
A4221	\$37.16
A4222	\$75.99
A4224	\$37.16
A4225	\$4.10
A4230	\$10.15
A4231	\$6.75
A4232	\$3.41
A4233	\$1.28
A4234	\$5.95
A4235	\$3.84
A4236	\$2.76
A4239	\$267.92
A4244	\$4.03
A4245	\$5.81
A4246	\$15.21
A4247	\$12.02
A4253	\$12.64
A4256	\$18.26
A4258	\$29.55

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Code	Medicaid Fee
A4259	\$20.56
A4261	\$49.01
A4266	\$35.73
A4267	\$0.44
A4268	\$4.23
A4269	\$16.34
A4310	\$13.03
A4311	\$25.35
A4312	\$29.34
A4313	\$28.74
A4314	\$42.22
A4315	\$40.19
A4316	\$42.77
A4320	\$8.81
A4322	\$5.07
A4326	\$15.88
A4327	\$72.58
A4328	\$16.88
A4330	\$11.59
A4331	\$5.28
A4332	\$0.11
A4333	\$3.58
A4334	\$8.04
A4338	\$20.54
A4340	\$48.99
A4344	\$25.52
A4346	\$32.29
A4349	\$3.00
A4351	\$2.89
A4352	\$9.22
A4353	\$11.37
A4354	\$18.59
A4355	\$13.99

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Code	Medicaid Fee
A4356	\$74.34
A4357	\$14.04
A4358	\$10.67
A4361	\$28.21
A4362	\$5.87
A4363	\$3.59
A4364	\$4.83
A4366	\$2.16
A4367	\$11.98
A4368	\$0.43
A4369	\$3.59
A4371	\$5.95
A4372	\$6.81
A4373	\$10.22
A4375	\$28.49
A4376	\$77.39
A4377	\$7.27
A4378	\$50.00
A4379	\$24.42
A4380	\$60.73
A4381	\$7.52
A4382	\$40.06
A4383	\$45.89
A4384	\$15.63
A4385	\$8.49
A4387	\$6.51
A4388	\$7.08
A4389	\$10.12
A4390	\$15.63
A4391	\$11.52
A4392	\$12.08
A4393	\$14.80
A4394	\$4.20

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Code	Medicaid Fee
A4395	\$0.05
A4396	\$65.82
A4398	\$21.88
A4399	\$19.81
A4400	\$79.12
A4402	\$2.74
A4404	\$2.62
A4405	\$5.50
A4406	\$7.53
A4407	\$14.58
A4408	\$13.28
A4409	\$10.52
A4410	\$11.64
A4411	\$6.57
A4412	\$3.72
A4413	\$9.29
A4414	\$7.30
A4415	\$8.51
A4416	\$4.66
A4417	\$6.28
A4418	\$3.07
A4419	\$2.96
A4422	\$0.20
A4423	\$3.15
A4424	\$8.03
A4425	\$6.07
A4426	\$4.59
A4427	\$4.70
A4428	\$11.01
A4429	\$13.95
A4430	\$14.40
A4431	\$10.52
A4432	\$6.09

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Code	Medicaid Fee
A4433	\$5.47
A4434	\$6.18
A4436	\$29.57
A4437	\$29.57
A4450	\$0.15
A4452	\$0.63
A4455	\$2.62
A4456	\$0.31
A4481	\$0.65
A4520	\$0.95
A4554	\$0.71
A4556	\$17.04
A4557	\$31.66
A4558	\$6.63
A4561	\$31.40
A4562	\$78.14
A4565	\$10.97
A4570	\$11.81
A4595	\$46.87
A4604	\$91.90
A4605	\$25.51
A4606	\$49.35
A4608	\$98.28
A4611	\$317.42
A4612	\$107.51
A4613	\$189.64
A4614	\$41.39
A4615	\$2.79
A4616	\$0.37
A4617	\$6.06
A4618	\$10.99
A4619	\$2.05
A4620	\$7.36

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Code	Medicaid Fee
A4623	\$11.07
A4624	\$4.00
A4625	\$10.32
A4626	\$4.97
A4627	\$43.25
A4628	\$6.20
A4629	\$7.81
A4630	\$8.60
A4634	\$40.67
A4635	\$6.73
A4636	\$5.86
A4637	\$3.21
A4640	\$93.85
A4660	\$51.36
A4663	\$37.18
A4670	\$51.30
A5051	\$3.48
A5052	\$2.52
A5053	\$2.74
A5054	\$3.06
A5055	\$2.59
A5056	\$4.89
A5057	\$10.08
A5061	\$5.95
A5062	\$3.55
A5063	\$4.55
A5071	\$10.17
A5072	\$5.77
A5073	\$5.30
A5081	\$5.04
A5082	\$20.11
A5093	\$3.28
A5102	\$37.88

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Code	Medicaid Fee
A5105	\$68.44
A5112	\$57.84
A5113	\$7.18
A5114	\$15.14
A5120	\$0.39
A5121	\$12.40
A5122	\$21.73
A5126	\$2.11
A5131	\$23.50
A5200	\$18.62
A5500	\$100.22
A5501	\$292.77
A5503	\$43.41
A5504	\$43.41
A5505	\$44.62
A5506	\$44.62
A5507	\$44.62
A5512	\$29.61
A5513	\$59.20
A6010	\$52.30
A6011	\$3.85
A6021	\$35.48
A6022	\$35.49
A6023	\$321.60
A6024	\$10.42
A6154	\$24.28
A6196	\$12.41
A6197	\$27.78
A6199	\$8.95
A6203	\$5.68
A6204	\$10.55
A6207	\$12.40
A6209	\$12.63

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Code	Medicaid Fee
A6210	\$32.63
A6211	\$49.65
A6212	\$16.40
A6213	\$8.97
A6214	\$17.38
A6216	\$0.06
A6219	\$1.63
A6220	\$4.37
A6222	\$3.59
A6223	\$4.08
A6224	\$6.10
A6229	\$6.10
A6231	\$7.91
A6232	\$11.63
A6233	\$32.46
A6234	\$11.06
A6235	\$28.43
A6236	\$46.05
A6237	\$13.37
A6238	\$38.52
A6240	\$20.64
A6241	\$4.35
A6242	\$10.25
A6243	\$20.83
A6244	\$66.37
A6245	\$12.31
A6246	\$16.78
A6247	\$40.18
A6248	\$27.43
A6251	\$3.39
A6252	\$5.49
A6253	\$10.73
A6254	\$2.08

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Code	Medicaid Fee
A6255	\$5.09
A6257	\$2.61
A6258	\$7.28
A6259	\$17.09
A6266	\$3.25
A6402	\$0.25
A6403	\$0.73
A6404	\$1.30
A6407	\$3.17
A6410	\$0.68
A6411	\$0.35
A6441	\$1.17
A6442	\$0.32
A6443	\$0.50
A6444	\$0.94
A6445	\$0.55
A6446	\$0.71
A6447	\$1.16
A6448	\$1.96
A6449	\$2.99
A6450	\$3.28
A6452	\$10.00
A6453	\$1.03
A6454	\$1.30
A6456	\$2.11
A6457	\$1.21
A6550	\$46.49
A7000	\$15.36
A7001	\$54.40
A7002	\$6.30
A7003	\$4.41
A7005	\$50.68
A7006	\$15.70

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Code	Medicaid Fee
A7007	\$3.64
A7008	\$18.08
A7010	\$38.81
A7012	\$7.00
A7013	\$1.00
A7014	\$7.39
A7015	\$3.10
A7016	\$11.95
A7017	\$129.60
A7018	\$0.71
A7027	\$292.56
A7028	\$55.36
A7029	\$39.55
A7030	\$310.26
A7031	\$114.77
A7032	\$66.69
A7033	\$48.12
A7034	\$193.50
A7035	\$65.37
A7036	\$29.94
A7037	\$67.48
A7038	\$8.45
A7039	\$25.19
A7046	\$32.09
A7501	\$177.96
A7502	\$84.36
A7503	\$19.16
A7504	\$1.16
A7505	\$7.89
A7506	\$0.55
A7507	\$4.20
A7508	\$4.84
A7509	\$2.40

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Code	Medicaid Fee
A7520	\$80.19
A7521	\$79.49
A7522	\$76.26
A7525	\$3.51
A7526	\$5.72
A7527	\$4.56
A8000	\$246.73
A8001	\$246.73
B4034	\$10.15
B4035	\$22.20
B4036	\$15.21
B4081	\$37.61
B4082	\$26.29
B4083	\$3.85
B4087	\$48.05
B4088	\$48.05
B4100	\$2.34
B4149	\$2.10
B4150	\$1.15
B4152	\$0.93
B4153	\$3.17
B4154	\$2.01
B4155	\$1.58
B4158	\$1.63
B4159	\$1.63
B4160	\$1.63
B4161	\$3.22
B4164	\$28.79
B4168	\$40.78
B4172	\$59.87
B4176	\$78.97
B4178	\$94.79
B4180	\$40.15

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Code	Medicaid Fee
B4185	\$16.45
B4187	\$16.45
B4189	\$292.80
B4193	\$378.37
B4197	\$460.60
B4199	\$526.34
B4216	\$12.73
B4220	\$13.19
B4222	\$16.29
B4224	\$41.22
B5000	\$15.39
B5100	\$7.64
B5200	\$8.00
B9002	\$2,075.67
B9004	\$3,618.41
B9006	\$3,618.41
E0100	\$25.03
E0105	\$64.66
E0110	\$108.41
E0111	\$68.90
E0112	\$50.46
E0113	\$29.54
E0114	\$65.94
E0116	\$38.77
E0117	\$269.10
E0130	\$55.34
E0135	\$55.34
E0140	\$355.00
E0141	\$57.98
E0143	\$57.98
E0144	\$334.60
E0147	\$506.54
E0148	\$103.57

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Code	Medicaid Fee
E0149	\$150.70
E0153	\$104.37
E0154	\$115.18
E0155	\$49.65
E0156	\$36.66
E0157	\$129.44
E0158	\$47.27
E0159	\$29.07
E0160	\$35.97
E0161	\$30.46
E0162	\$203.58
E0163	\$66.28
E0165	\$154.00
E0167	\$12.88
E0168	\$136.45
E0175	\$107.62
E0181	\$189.60
E0182	\$265.00
E0184	\$199.96
E0185	\$214.39
E0186	\$222.90
E0187	\$257.40
E0188	\$31.39
E0189	\$61.29
E0191	\$16.05
E0196	\$386.50
E0197	\$233.00
E0198	\$309.70
E0199	\$36.75
E0203	\$346.13
E0240	\$88.49
E0245	\$67.67
E0249	\$188.94

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Code	Medicaid Fee
E0250	\$743.50
E0251	\$718.70
E0255	\$747.20
E0256	\$724.70
E0260	\$747.20
E0261	\$747.20
E0265	\$1,791.70
E0266	\$1,559.00
E0271	\$351.17
E0272	\$217.81
E0275	\$25.17
E0276	\$21.09
E0280	\$60.77
E0290	\$698.50
E0291	\$533.10
E0292	\$743.50
E0293	\$683.70
E0294	\$747.20
E0295	\$747.20
E0303	\$2,018.30
E0305	\$134.00
E0310	\$290.38
E0325	\$14.83
E0326	\$13.94
E0430	\$506.53
E0435	\$633.76
E0440	\$3,886.94
E0441	\$57.94
E0442	\$57.94
E0443	\$53.44
E0444	\$53.44
E0445	\$904.62
E0457	\$1,010.71

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Code	Medicaid Fee
E0465	\$15,527.78
E0466	\$15,527.78
E0470	\$1,321.10
E0471	\$3,286.60
E0480	\$682.76
E0482	\$5,409.70
E0483	\$14,854.10
E0484	\$72.60
E0550	\$1,013.96
E0555	\$8.49
E0560	\$282.09
E0561	\$175.98
E0562	\$487.94
E0565	\$822.36
E0570	\$71.60
E0600	\$576.00
E0601	\$493.70
E0602	\$46.19
E0603	\$140.17
E0607	\$93.36
E0610	\$424.37
E0615	\$705.97
E0618	\$3,379.92
E0619	\$3,289.48
E0621	\$134.21
E0627	\$333.69
E0629	\$327.08
E0630	\$727.50
E0637	\$3,268.11
E0638	\$3,268.11
E0639	\$1,558.60
E0700	\$6.80
E0720	\$69.51

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Code	Medicaid Fee
E0730	\$68.91
E0731	\$557.13
E0747	\$5,471.51
E0748	\$5,436.08
E0760	\$4,517.27
E0765	\$138.38
E0776	\$173.93
E0780	\$14.49
E0781	\$3,012.00
E0784	\$5,430.80
E0840	\$102.37
E0849	\$582.89
E0850	\$157.60
E0855	\$690.60
E0860	\$53.84
E0870	\$138.14
E0880	\$175.40
E0890	\$168.22
E0900	\$179.04
E0910	\$137.60
E0911	\$513.30
E0912	\$1,014.50
E0940	\$261.40
E0942	\$27.62
E0944	\$64.16
E0945	\$62.05
E0947	\$847.34
E0948	\$819.56
E0950	\$175.59
E0951	\$32.08
E0952	\$30.97
E0953	\$162.15
E0954	\$60.08

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Code	Medicaid Fee
E0955	\$174.40
E0956	\$162.15
E0957	\$226.87
E0958	\$529.70
E0959	\$68.54
E0960	\$149.64
E0961	\$48.94
E0966	\$106.46
E0967	\$106.23
E0969	\$239.08
E0971	\$89.48
E0973	\$177.40
E0974	\$109.64
E0978	\$70.24
E0980	\$51.75
E0981	\$84.42
E0982	\$78.80
E0990	\$192.45
E0992	\$156.51
E0994	\$25.32
E0995	\$49.99
E1002	\$6,764.83
E1014	\$600.54
E1015	\$168.87
E1016	\$215.98
E1020	\$400.35
E1028	\$339.68
E1029	\$607.81
E1060	\$2,129.41
E1070	\$1,928.26
E1083	\$1,500.71
E1084	\$1,231.90
E1087	\$2,100.62

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Code	Medicaid Fee
E1092	\$2,119.23
E1093	\$1,477.00
E1100	\$1,774.46
E1110	\$1,675.62
E1150	\$1,139.70
E1160	\$873.40
E1161	\$3,305.80
E1224	\$1,702.04
E1226	\$1,273.80
E1227	\$387.95
E1232	\$2,988.00
E1233	\$3,095.70
E1234	\$2,695.20
E1235	\$2,595.30
E1236	\$2,289.70
E1237	\$2,309.50
E1238	\$2,289.70
E1240	\$1,223.60
E1270	\$1,922.07
E1280	\$2,307.89
E1295	\$2,507.18
E1296	\$693.91
E1297	\$168.87
E1298	\$695.59
E1372	\$240.89
E1390	\$1,291.58
E1700	\$575.64
E1701	\$17.43
E1702	\$36.18
E1812	\$124.99
E1820	\$107.75
E1821	\$147.04
E2000	\$652.00

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Code	Medicaid Fee
E2201	\$613.64
E2202	\$500.34
E2203	\$787.89
E2205	\$33.89
E2206	\$65.80
E2208	\$101.97
E2209	\$172.69
E2210	\$10.70
E2211	\$66.61
E2212	\$6.60
E2213	\$49.35
E2214	\$47.31
E2215	\$14.03
E2219	\$59.20
E2220	\$42.77
E2221	\$41.13
E2222	\$22.22
E2226	\$57.58
E2231	\$243.02
E2310	\$1,924.72
E2312	\$2,731.20
E2313	\$468.11
E2321	\$2,613.64
E2322	\$2,319.64
E2323	\$112.25
E2324	\$72.06
E2325	\$1,188.54
E2327	\$4,119.50
E2330	\$5,628.42
E2340	\$589.42
E2341	\$809.67
E2342	\$756.36
E2359	\$182.57

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Code	Medicaid Fee
E2360	\$170.52
E2361	\$225.59
E2362	\$167.13
E2363	\$300.79
E2365	\$181.42
E2366	\$411.12
E2367	\$689.28
E2368	\$799.34
E2369	\$508.33
E2370	\$1,320.44
E2373	\$1,913.97
E2374	\$257.76
E2375	\$1,303.43
E2376	\$2,042.78
E2377	\$740.13
E2378	\$626.53
E2381	\$106.89
E2382	\$29.61
E2383	\$213.83
E2384	\$113.49
E2385	\$70.74
E2386	\$210.51
E2387	\$95.41
E2388	\$76.64
E2389	\$41.63
E2390	\$65.11
E2391	\$31.25
E2392	\$82.25
E2394	\$116.76
E2395	\$83.06
E2396	\$93.75
E2397	\$644.98
E2398	\$1,012.04

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Code	Medicaid Fee
E2103	\$295.36
E2500	\$546.37
E2502	\$1,670.75
E2504	\$2,594.45
E2506	\$3,231.64
E2508	\$4,997.21
E2510	\$9,456.56
E2512	\$1,430.78
E2601	\$149.39
E2602	\$172.69
E2603	\$376.58
E2604	\$271.37
E2605	\$328.93
E2607	\$499.06
E2608	\$503.27
E2611	\$513.71
E2612	\$618.35
E2613	\$646.44
E2614	\$491.53
E2615	\$743.95
E2616	\$586.94
E2619	\$84.42
E2620	\$945.33
E2621	\$522.79
E2622	\$483.56
E2623	\$608.57
E2624	\$481.95
E2625	\$611.83
E2626	\$553.50
E2627	\$883.26
E2628	\$665.39
E2629	\$842.03
E2630	\$588.82

**ND Medicaid
DME Purchase Fee Schedule
as of 1/1/2025**

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

Code	Medicaid Fee
E2631	\$206.92
E2632	\$132.15
E2633	\$199.29
E8000	\$1,307.56
E8001	\$2,164.33
E8002	\$2,002.58
K0001	\$281.10
K0002	\$455.70
K0003	\$437.20
K0004	\$517.40
K0005	\$2,539.87
K0006	\$704.80
K0007	\$993.90
K0011	\$6,663.50
K0012	\$4,087.70
K0015	\$293.88
K0017	\$82.65
K0018	\$46.19
K0019	\$28.36
K0020	\$83.57
K0037	\$67.33
K0038	\$42.19
K0039	\$99.62
K0040	\$130.84
K0041	\$90.32
K0042	\$54.03
K0043	\$33.79
K0044	\$28.71
K0045	\$86.10
K0046	\$34.61
K0047	\$135.06
K0050	\$56.56
K0051	\$81.89

**ND Medicaid
DME Purchase Fee Schedule
as of 1/1/2025**

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

Code	Medicaid Fee
K0052	\$149.53
K0053	\$175.59
K0056	\$166.27
K0065	\$69.24
K0069	\$178.98
K0070	\$310.66
K0071	\$153.63
K0072	\$93.41
K0073	\$58.25
K0077	\$94.54
K0098	\$42.70
K0105	\$157.86
K0195	\$264.18
K0455	\$4,867.13
K0552	\$4.10
K0601	\$1.80
K0602	\$10.42
K0603	\$0.94
K0604	\$10.01
K0605	\$24.01
K0733	\$46.05
K0739	\$15.92
K0813	\$2,168.00
K0814	\$2,290.60
K0815	\$2,596.53
K0816	\$2,296.27
K0820	\$2,297.60
K0821	\$2,296.27
K0822	\$2,513.93
K0823	\$2,296.27
K0824	\$3,658.53
K0825	\$3,310.53
K0826	6,193.13

**ND Medicaid
DME Purchase Fee Schedule
as of 1/1/2025**

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

Code	Medicaid Fee
K0827	\$5,425.33
K0828	\$7,481.40
K0829	\$7,268.60
K0830	\$6,046.93
K0831	\$6,046.93
K0835	\$2,916.93
K0836	\$3,025.40
K0837	\$3,741.27
K0838	\$3,316.00
K0839	\$4,969.67
K0840	\$7,630.07
K0841	\$3,287.07
K0842	\$3,282.33
K0843	\$3,896.53
K0848	\$6,363.80
K0849	\$6,118.33
K0850	\$7,381.60
K0851	\$7,097.53
K0852	\$8,529.00
K0853	\$8,761.53
K0854	\$11,607.13
K0855	\$10,964.60
K0856	\$6,830.67
K0857	\$6,967.67
K0858	\$8,474.93
K0859	\$8,082.53
K0860	\$12,107.60
K0861	\$6,841.67
K0862	\$8,474.93
K0863	\$12,107.60
K0864	\$14,408.00
L0120	\$33.80
L0130	\$205.98

**ND Medicaid
DME Purchase Fee Schedule
as of 1/1/2025**

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

Code	Medicaid Fee
L0140	\$91.96
L0150	\$141.10
L0160	\$204.50
L0170	\$907.50
L0172	\$179.79
L0174	\$407.31
L0180	\$539.95
L0190	\$622.77
L0200	\$709.80
L0220	\$165.61
L0450	\$143.49
L0454	\$474.04
L0455	\$288.50
L0456	\$1,367.19
L0457	\$827.34
L0458	\$1,225.25
L0460	\$1,380.72
L0462	\$1,717.02
L0464	\$2,043.20
L0466	\$495.11
L0468	\$619.65
L0469	\$438.35
L0470	\$839.10
L0472	\$527.25
L0480	\$2,213.39
L0482	\$2,255.58
L0484	\$2,286.54
L0486	\$2,751.27
L0488	\$1,367.19
L0490	\$385.30
L0491	\$941.44
L0621	\$138.15
L0625	\$63.26

**ND Medicaid
DME Purchase Fee Schedule
as of 1/1/2025**

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

Code	Medicaid Fee
L0626	\$103.63
L0627	\$381.57
L0628	\$106.89
L0630	\$149.30
L0631	\$918.15
L0633	\$384.61
L0636	\$1,516.72
L0637	\$954.49
L0638	\$1,324.00
L0640	\$1,348.67
L0642	\$342.01
L0648	\$854.15
L0649	\$238.59
L0650	\$988.30
L0700	\$2,600.87
L0710	\$2,820.57
L0810	\$3,427.28
L0820	\$2,964.23
L0830	\$4,055.94
L0970	\$163.95
L0972	\$136.89
L0974	\$231.53
L0976	\$229.85
L0978	\$249.29
L0980	\$22.20
L0982	\$20.65
L0984	\$85.28
L1000	\$2,349.08
L1005	\$4,309.46
L1006	\$1,418.67
L1010	\$98.85
L1020	\$120.00
L1025	\$163.11

**ND Medicaid
DME Purchase Fee Schedule
as of 1/1/2025**

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

Code	Medicaid Fee
L1030	\$92.96
L1040	\$102.26
L1050	\$108.15
L1060	\$123.34
L1070	\$117.47
L1080	\$78.30
L1085	\$201.11
L1090	\$125.93
L1100	\$218.84
L1110	\$324.87
L1120	\$54.64
L1200	\$2,411.61
L1210	\$375.16
L1220	\$301.67
L1230	\$879.35
L1240	\$101.34
L1250	\$93.73
L1260	\$97.95
L1270	\$101.41
L1280	\$108.15
L1290	\$106.38
L1300	\$2,172.89
L1310	\$2,344.01
L1600	\$165.61
L1610	\$56.61
L1620	\$177.46
L1630	\$211.28
L1640	\$681.88
L1650	\$331.27
L1652	\$486.70
L1653	\$479.96
L1660	\$216.12
L1680	\$1,549.70

**ND Medicaid
DME Purchase Fee Schedule
as of 1/1/2025**

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

Code	Medicaid Fee
L1685	\$1,512.53
L1686	\$1,284.42
L1690	\$2,619.47
L1700	\$1,941.78
L1710	\$2,450.45
L1720	\$1,492.25
L1730	\$1,441.56
L1755	\$2,012.77
L1810	\$128.33
L1812	\$138.68
L1820	\$174.34
L1821	\$179.07
L1830	\$116.50
L1831	\$393.80
L1832	\$771.58
L1833	\$808.30
L1834	\$1,014.83
L1836	\$180.85
L1840	\$1,061.27
L1843	\$1,225.25
L1844	\$2,174.57
L1845	\$1,044.42
L1846	\$1,345.23
L1847	\$782.47
L1850	\$393.76
L1851	\$247.94
L1860	\$1,529.45
L1900	\$373.50
L1902	\$101.34
L1904	\$642.17
L1906	\$185.75
L1907	\$751.63
L1910	\$346.46

**ND Medicaid
DME Purchase Fee Schedule
as of 1/1/2025**

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

Code	Medicaid Fee
L1920	\$490.07
L1930	\$329.25
L1932	\$1,194.08
L1940	\$628.08
L1945	\$1,177.64
L1950	\$1,024.15
L1951	\$1,140.75
L1960	\$765.38
L1970	\$948.86
L1971	\$646.24
L1980	\$501.94
L1990	\$551.00
L2000	\$1,336.75
L2005	\$4,751.27
L2010	\$1,375.65
L2020	\$1,483.81
L2030	\$1,287.77
L2034	\$2,467.10
L2035	\$236.58
L2036	\$2,378.86
L2037	\$2,117.55
L2038	\$1,818.40
L2040	\$268.46
L2050	\$670.27
L2060	\$752.06
L2070	\$171.10
L2080	\$483.56
L2090	\$618.53
L2106	\$863.58
L2108	\$1,546.35
L2112	\$593.18
L2114	\$743.59
L2116	\$904.16

**ND Medicaid
DME Purchase Fee Schedule
as of 1/1/2025**

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

Code	Medicaid Fee
L2126	\$1,710.25
L2128	\$2,180.09
L2132	\$1,326.63
L2134	\$1,230.28
L2136	\$1,689.98
L2180	\$192.64
L2182	\$124.21
L2184	\$160.56
L2186	\$216.32
L2188	\$380.27
L2190	\$114.91
L2192	\$452.90
L2200	\$75.99
L2210	\$92.90
L2220	\$111.83
L2230	\$106.46
L2232	\$265.42
L2240	\$106.46
L2250	\$464.72
L2260	\$270.41
L2265	\$143.54
L2270	\$74.30
L2275	\$182.34
L2280	\$559.20
L2300	\$341.36
L2310	\$160.56
L2320	\$297.17
L2330	\$493.42
L2335	\$302.49
L2340	\$552.62
L2350	\$1,227.77
L2360	\$71.77
L2370	\$326.14

**ND Medicaid
DME Purchase Fee Schedule
as of 1/1/2025**

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

Code	Medicaid Fee
L2375	\$143.54
L2380	\$194.37
L2385	\$189.13
L2387	\$180.95
L2390	\$184.21
L2395	\$218.00
L2397	\$162.25
L2405	\$118.20
L2415	\$165.61
L2425	\$195.83
L2430	\$196.04
L2492	\$152.09
L2500	\$400.53
L2510	\$922.73
L2520	\$625.28
L2525	\$1,742.34
L2526	\$1,013.96
L2530	\$358.29
L2540	\$610.08
L2550	\$400.53
L2570	\$605.01
L2580	\$662.44
L2600	\$282.23
L2610	\$322.79
L2620	\$339.67
L2622	\$388.68
L2624	\$409.53
L2627	\$2,906.74
L2628	\$2,413.28
L2630	\$322.51
L2640	\$425.48
L2650	\$152.09
L2660	\$270.41

**ND Medicaid
DME Purchase Fee Schedule
as of 1/1/2025**

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

Code	Medicaid Fee
L2670	\$246.75
L2680	\$233.21
L2750	\$106.46
L2755	\$178.99
L2760	\$77.32
L2768	\$177.46
L2780	\$84.49
L2785	\$38.86
L2795	\$106.38
L2800	\$143.54
L2810	\$108.15
L2820	\$118.20
L2830	\$114.81
L2840	\$54.05
L2850	\$92.96
L3000	\$329.25
L3001	\$177.30
L3002	\$211.04
L3003	\$236.58
L3010	\$219.51
L3020	\$234.71
L3030	\$110.62
L3040	\$64.17
L3050	\$64.21
L3060	\$84.43
L3070	\$40.58
L3080	\$43.72
L3090	\$55.97
L3100	\$57.58
L3140	\$121.56
L3150	\$104.11
L3170	\$59.56
L3201	\$62.51

**ND Medicaid
DME Purchase Fee Schedule
as of 1/1/2025**

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

Code	Medicaid Fee
L3202	\$67.54
L3203	\$67.54
L3208	\$68.44
L3209	\$64.21
L3211	\$42.27
L3212	\$84.49
L3213	\$84.49
L3214	\$84.49
L3215	\$152.98
L3216	\$171.64
L3219	\$182.53
L3221	\$202.62
L3224	\$77.28
L3225	\$98.67
L3230	\$344.43
L3251	\$272.10
L3252	\$351.19
L3253	\$206.16
L3260	\$21.93
L3300	\$49.35
L3310	\$77.69
L3320	\$144.50
L3332	\$62.51
L3334	\$49.35
L3340	\$71.00
L3350	\$28.74
L3360	\$42.27
L3370	\$50.68
L3380	\$50.68
L3390	\$57.58
L3400	\$44.40
L3410	\$67.60
L3420	\$67.55

**ND Medicaid
DME Purchase Fee Schedule
as of 1/1/2025**

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

Code	Medicaid Fee
L3480	\$47.29
L3510	\$38.88
L3530	\$30.11
L3540	\$46.72
L3550	\$11.82
L3580	\$66.44
L3640	\$42.83
L3650	\$81.04
L3660	\$156.25
L3670	\$140.26
L3674	\$989.04
L3675	\$217.83
L3702	\$323.97
L3710	\$153.78
L3720	\$773.30
L3730	\$1,122.14
L3740	\$1,330.02
L3760	\$608.57
L3761	\$613.15
L3762	\$131.83
L3763	\$777.19
L3764	\$884.74
L3766	\$1,607.29
L3806	\$570.00
L3807	\$312.63
L3808	\$453.88
L3809	\$312.63
L3906	\$508.21
L3908	\$74.30
L3912	\$107.01
L3913	\$239.78
L3915	\$695.75
L3916	\$695.75

**ND Medicaid
DME Purchase Fee Schedule
as of 1/1/2025**

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

Code	Medicaid Fee
L3917	\$119.92
L3918	\$119.92
L3921	\$360.71
L3923	\$93.65
L3923	\$93.65
L3924	\$93.65
L3925	\$61.60
L3927	\$41.22
L3929	\$97.55
L3930	\$97.55
L3931	\$240.95
L3933	\$239.64
L3961	\$1,407.53
L3962	\$892.30
L3980	\$383.62
L3995	\$39.72
L4002	\$12.35
L4055	\$339.67
L4090	\$113.24
L4110	\$108.15
L4205	\$16.45
L4210	\$21.30
L4350	\$113.61
L4360	\$351.19
L4361	\$351.19
L4370	\$253.52
L4386	\$217.83
L4387	\$212.16
L4392	\$30.40
L4394	\$21.93
L4396	\$218.00
L4398	\$104.10
L4631	\$1,265.41

**ND Medicaid
DME Purchase Fee Schedule
as of 1/1/2025**

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

Code	Medicaid Fee
L5000	\$683.79
L5010	\$1,809.96
L5020	\$3,172.40
L5050	\$3,282.89
L5060	\$4,573.08
L5100	\$3,148.44
L5105	\$5,164.57
L5150	\$5,271.04
L5160	\$5,805.09
L5200	\$4,472.36
L5210	\$3,543.87
L5220	\$4,079.00
L5230	\$6,873.13
L5250	\$7,447.74
L5280	\$7,714.76
L5301	\$3,134.43
L5312	\$4,941.49
L5321	\$4,448.72
L5331	\$7,587.97
L5341	\$8,220.04
L5400	\$1,663.31
L5410	\$566.15
L5420	\$2,315.30
L5430	\$681.06
L5450	\$548.73
L5460	\$777.39
L5500	\$2,028.00
L5505	\$2,668.49
L5510	\$2,283.15
L5520	\$1,948.54
L5530	\$2,495.05
L5535	\$2,296.68
L5540	\$2,750.28

**ND Medicaid
DME Purchase Fee Schedule
as of 1/1/2025**

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

Code	Medicaid Fee
L5560	\$3,217.70
L5570	\$3,407.00
L5580	\$3,912.30
L5585	\$3,772.06
L5590	\$4,160.75
L5595	\$5,456.95
L5600	\$6,024.76
L5611	\$2,703.96
L5613	\$4,055.94
L5614	\$2,325.41
L5616	\$2,416.70
L5617	\$767.26
L5618	\$370.06
L5620	\$374.84
L5622	\$490.07
L5624	\$493.00
L5626	\$645.56
L5628	\$654.06
L5629	\$428.86
L5630	\$664.16
L5631	\$594.31
L5632	\$358.54
L5634	\$549.25
L5636	\$308.06
L5637	\$390.04
L5638	\$878.80
L5640	\$1,039.34
L5642	\$929.50
L5643	\$2,812.15
L5645	\$1,266.28
L5646	\$844.99
L5647	\$1,314.83
L5648	\$1,157.64

**ND Medicaid
DME Purchase Fee Schedule
as of 1/1/2025**

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

Code	Medicaid Fee
L5649	\$3,038.99
L5650	\$650.00
L5651	\$1,857.16
L5652	\$786.76
L5653	\$1,051.15
L5654	\$439.13
L5655	\$370.06
L5656	\$517.14
L5658	\$563.91
L5661	\$824.69
L5665	\$692.87
L5666	\$94.66
L5668	\$133.24
L5670	\$476.95
L5671	\$896.51
L5672	\$523.04
L5673	\$1,024.83
L5676	\$489.62
L5677	\$667.55
L5678	\$65.83
L5679	\$854.30
L5680	\$503.60
L5681	\$1,815.04
L5682	\$845.88
L5683	\$1,815.04
L5684	\$65.83
L5685	\$171.04
L5686	\$81.10
L5688	\$81.04
L5690	\$131.83
L5692	\$185.93
L5694	\$273.78
L5695	\$268.70

**ND Medicaid
DME Purchase Fee Schedule
as of 1/1/2025**

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

Code	Medicaid Fee
L5696	\$250.10
L5697	\$118.34
L5698	\$140.14
L5699	\$251.79
L5700	\$3,840.95
L5701	\$4,995.03
L5702	\$7,074.24
L5704	\$800.26
L5705	\$1,360.81
L5706	\$1,343.52
L5707	\$1,853.89
L5710	\$574.60
L5711	\$706.40
L5712	\$583.05
L5714	\$687.82
L5716	\$1,316.47
L5718	\$1,646.04
L5722	\$1,360.44
L5724	\$2,137.80
L5726	\$2,364.28
L5728	\$3,881.88
L5780	\$1,556.45
L5781	\$5,365.11
L5782	\$5,811.83
L5785	\$684.21
L5790	\$973.45
L5795	\$1,455.07
L5810	\$731.76
L5811	\$1,280.99
L5812	\$940.40
L5814	\$5,117.24
L5816	\$1,149.19
L5818	\$1,427.62

**ND Medicaid
DME Purchase Fee Schedule
as of 1/1/2025**

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

Code	Medicaid Fee
L5822	\$2,551.88
L5824	\$2,746.21
L5826	\$4,302.65
L5828	\$4,187.49
L5830	\$2,570.46
L5840	\$5,276.02
L5845	\$2,466.66
L5850	\$229.62
L5855	\$554.34
L5910	\$590.93
L5920	\$675.33
L5925	\$606.71
L5930	\$4,499.99
L5940	\$904.95
L5950	\$1,094.05
L5960	\$1,306.35
L5968	\$5,007.40
L5970	\$307.57
L5972	\$557.67
L5974	\$319.40
L5975	\$638.85
L5976	\$793.54
L5978	\$395.46
L5979	\$3,717.95
L5980	\$5,263.14
L5981	\$4,389.65
L5982	\$1,044.42
L5984	\$794.43
L5985	\$386.99
L5986	\$1,144.10
L5990	\$2,432.57
L6000	\$1,799.83
L6010	\$2,132.75

**ND Medicaid
DME Purchase Fee Schedule
as of 1/1/2025**

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

Code	Medicaid Fee
L6020	\$1,897.85
L6050	\$2,769.87
L6055	\$3,834.54
L6100	\$2,741.14
L6110	\$2,829.03
L6120	\$3,552.34
L6130	\$3,832.88
L6200	\$4,131.98
L6205	\$5,056.38
L6250	\$3,679.10
L6300	\$5,394.39
L6310	\$4,111.72
L6320	\$2,469.06
L6350	\$6,198.83
L6360	\$4,316.18
L6370	\$2,751.27
L6380	\$1,576.75
L6382	\$2,144.59
L6384	\$2,974.37
L6386	\$544.16
L6388	\$684.47
L6400	\$4,192.84
L6450	\$5,570.15
L6500	\$5,431.61
L6550	\$6,852.84
L6570	\$5,745.92
L6580	\$2,548.48
L6582	\$2,485.96
L6584	\$2,773.28
L6586	\$2,884.82
L6588	\$3,829.46
L6590	\$3,841.32
L6600	\$253.52

**ND Medicaid
DME Purchase Fee Schedule
as of 1/1/2025**

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

Code	Medicaid Fee
L6605	\$250.10
L6610	\$228.16
L6611	\$575.64
L6615	\$263.65
L6616	\$87.90
L6620	\$459.66
L6623	\$868.64
L6625	\$719.94
L6628	\$865.28
L6629	\$248.44
L6630	\$290.68
L6632	\$117.44
L6635	\$280.55
L6637	\$496.85
L6640	\$397.16
L6641	\$218.00
L6642	\$294.07
L6645	\$432.63
L6650	\$457.99
L6655	\$101.41
L6660	\$126.76
L6665	\$60.82
L6670	\$64.21
L6672	\$273.78
L6675	\$162.25
L6676	\$190.94
L6680	\$332.93
L6682	\$361.67
L6684	\$515.46
L6686	\$799.36
L6687	\$1,041.03
L6688	\$716.58
L6689	\$1,216.78

**ND Medicaid
DME Purchase Fee Schedule
as of 1/1/2025**

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

Code	Medicaid Fee
L6690	\$931.17
L6691	\$466.46
L6692	\$948.07
L6693	\$3,912.30
L6694	\$781.23
L6698	\$683.37
L6703	\$447.36
L6704	\$805.91
L6706	\$480.25
L6707	\$1,769.74
L6708	\$1,151.34
L6709	\$1,667.77
L6711	\$696.60
L6712	\$1,282.51
L6713	\$1,618.62
L6714	\$1,370.97
L6805	\$481.65
L6810	\$287.29
L6881	\$5,632.71
L6882	\$4,272.24
L6890	\$245.06
L6895	\$772.31
L6900	\$2,046.56
L6905	\$1,989.11
L6910	\$1,938.39
L6915	\$848.37
L6920	\$10,993.28
L6925	\$11,856.88
L6930	\$11,551.00
L6935	\$12,401.05
L6940	\$15,853.66
L6945	\$18,444.43
L6950	\$18,020.21

**ND Medicaid
DME Purchase Fee Schedule
as of 1/1/2025**

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

Code	Medicaid Fee
L6955	\$21,582.68
L6960	\$21,766.89
L6965	\$23,583.60
L6970	\$23,874.29
L7040	\$3,819.35
L7045	\$2,190.21
L7170	\$8,336.66
L7180	\$48,389.08
L7185	\$8,649.30
L7186	\$15,677.90
L7190	\$10,944.29
L7191	\$16,063.22
L7360	\$307.57
L7362	\$451.24
L7364	\$539.09
L7366	\$726.71
L7367	\$535.74
L7368	\$694.58
L7400	\$320.72
L7403	\$386.54
L7520	\$25.35
L7900	\$737.81
L8000	\$50.66
L8001	\$172.40
L8002	\$226.46
L8015	\$81.10
L8020	\$270.41
L8030	\$481.19
L8040	\$3,182.23
L8041	\$3,836.28
L8042	\$4,094.82
L8043	\$4,828.25
L8044	\$5,345.39

**ND Medicaid
DME Purchase Fee Schedule
as of 1/1/2025**

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

Code	Medicaid Fee
L8045	\$3,346.16
L8046	\$3,447.54
L8047	\$1,766.01
L8300	\$130.11
L8400	\$19.72
L8410	\$29.67
L8415	\$32.08
L8417	\$103.63
L8420	\$26.34
L8430	\$33.24
L8435	\$27.06
L8440	\$55.76
L8460	\$89.54
L8465	\$65.88
L8470	\$11.75
L8480	\$16.62
L8485	\$18.04
L8500	\$893.98
L8501	\$162.08
L8507	\$57.47
L8509	\$150.40
L8510	\$348.16
L8610	\$1,056.24
L8615	\$493.42
L8616	\$146.37
L8617	\$128.29
L8618	\$36.18
L8619	\$12,412.54
L8621	\$0.82
L8622	\$0.42
L8623	\$223.69
L8624	\$223.69
L8625	\$262.02

**ND Medicaid
DME Purchase Fee Schedule
as of 1/1/2025**

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

Code	Medicaid Fee
L8627	\$7,954.93
L8628	\$1,508.03
L8629	\$215.91
L8691	\$1,929.79
L8692	\$2,689.26
L8693	\$1,699.14
L8694	\$1,058.27
S1040	\$2,209.38
S8120	\$17.01
S8186	\$4.53
S8210	\$5.67
S8490	\$45.37
V2623	\$1,256.48
V2624	\$102.45
V2625	\$611.70
V2626	\$264.43
V2627	\$2,158.55
V2628	\$522.75
V5030	\$607.19
V5040	\$607.19
V5050	\$607.19
V5060	\$607.19
V5090	\$607.19
V5110	\$1,214.32
V5130	\$1,214.32
V5140	\$1,214.32
V5160	\$1,214.32
V5190	\$607.19
V5200	\$607.19
V5211	\$1,214.32
V5212	\$1,214.32
V5213	\$1,214.32
V5214	\$1,214.32

**ND Medicaid
DME Purchase Fee Schedule
as of 1/1/2025**

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

Code	Medicaid Fee
V5215	\$1,214.32
V5221	\$1,214.32
V5230	\$1,214.32
V5240	\$607.19
V5241	\$607.19
V5246	\$607.19
V5247	\$607.19
V5253	\$1,214.32
V5254	\$607.19
V5255	\$607.19
V5256	\$607.19
V5257	\$607.19
V5259	\$1,214.32
V5260	\$1,214.32
V5261	\$1,214.32
V5264	\$75.98
V5265	\$75.98
V5266	\$2.54
V5298	\$607.19