NORTH Dakota | Health & Human Services
Be Legendary.

ND Medicaid
DME Purchase Fee Schedule
as of 7/1/2023

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

Code	Medicaid Fee
A4206	$0.52
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

ND Medicaid
DME Purchase Fee Schedule
as of 7/1/2023

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

Code	Medicaid Fee
A4259	$19.96
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

ND Medicaid
DME Purchase Fee Schedule
as of 7/1/2023

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

Code	Medicaid Fee
A4355	$13.58
A4356	$72.17
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

ND Medicaid
DME Purchase Fee Schedule
as of 7/1/2023

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

Code	Medicaid Fee
A4393	$14.37
A4394	$4.08
A4395	$0.05
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

ND Medicaid
DME Purchase Fee Schedule
as of 7/1/2023

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

Code	Medicaid Fee
A4430	$13.98
A4431	$10.21
A4432	$5.91
A4433	$5.31
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

ND Medicaid
DME Purchase Fee Schedule
as of 7/1/2023

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

Code	Medicaid Fee
A4619	$1.99
A4620	$7.15
A4623	$10.75
A4624	$3.88
A4625	$10.02
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

ND Medicaid
DME Purchase Fee Schedule
as of 7/1/2023

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

Code	Medicaid Fee
A5082	$19.52
A5093	$3.18
A5102	$36.78
A5105	$66.45
A5112	$56.16
A5113	$6.97
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

ND Medicaid
DME Purchase Fee Schedule
as of 7/1/2023

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

Code	Medicaid Fee
A6203	$5.51
A6204	$10.24
A6207	$12.04
A6209	$12.26
A6210	$31.68
A6211	$48.20
A6212	$15.92
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

ND Medicaid
DME Purchase Fee Schedule
as of 7/1/2023

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

Code	Medicaid Fee
A6248	$26.63
A6251	$3.29
A6252	$5.33
A6253	$10.42
A6254	$2.02
A6255	$4.94
A6257	$2.53
A6258	$7.07
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

ND Medicaid
DME Purchase Fee Schedule
as of 7/1/2023

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

Code	Medicaid Fee
A7000	$14.91
A7001	$52.82
A7002	$6.12
A7003	$4.28
A7005	$49.20
A7006	$15.24
A7007	$4.11
A7008	$17.55
A7010	$37.68
A7012	$6.80
A7013	$0.97
A7014	$7.17
A7015	$3.01
A7016	$11.60
A7017	$136.18
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

ND Medicaid
DME Purchase Fee Schedule
as of 7/1/2023

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

Code	Medicaid Fee
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
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

ND Medicaid
DME Purchase Fee Schedule
as of 7/1/2023

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

Code	Medicaid Fee
B4160	$1.58
B4161	$3.13
B4164	$27.95
B4168	$39.59
B4176	$76.67
B4178	$92.03
B4180	$38.98
B4185	$15.97
B4189	$284.27
B4193	$367.35
B4197	$447.18
B4199	$511.01
B4216	$12.36
B4220	$12.81
B4222	$15.82
B4224	$40.02
B5100	$7.42
B9002	$2,015.21
B9004	$3,513.02
B9006	$3,513.02
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

ND Medicaid
DME Purchase Fee Schedule
as of 7/1/2023

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

Code	Medicaid Fee
E0141	$74.02
E0143	$75.44
E0144	$327.80
E0147	$522.81
E0148	$109.63
E0149	$170.50
E0153	$101.33
E0154	$111.83
E0155	$48.20
E0156	$35.59
E0157	$125.67
E0158	$45.89
E0159	$28.22
E0160	$36.42
E0161	$28.95
E0162	$193.77
E0163	$80.21
E0165	$170.70
E0167	$12.49
E0168	$146.64
E0175	$104.49
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	$15.58
E0196	$381.20
E0197	$266.40

ND Medicaid
DME Purchase Fee Schedule
as of 7/1/2023

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

Code	Medicaid Fee
E0198	$294.70
E0199	$36.64
E0203	$336.05
E0240	$85.91
E0245	$65.70
E0249	$183.44
E0250	$764.90
E0251	$703.60
E0255	$859.40
E0256	$751.20
E0260	$930.70
E0261	$920.60
E0265	$1,839.40
E0266	$1,611.00
E0271	$340.94
E0272	$211.47
E0275	$24.44
E0276	$20.48
E0280	$59.00
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	$281.92
E0325	$14.40
E0326	$13.53
E0430	$491.78
E0435	$615.30

ND Medicaid
DME Purchase Fee Schedule
as of 7/1/2023

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

Code	Medicaid Fee
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	$1,672.20
E0471	$3,893.90
E0480	$662.87
E0482	$5,149.00
E0483	$14,138.40
E0484	$70.49
E0550	$984.43
E0555	$8.24
E0560	$273.87
E0561	$170.85
E0562	$473.73
E0565	$798.41
E0570	$104.10
E0600	$548.20
E0601	$664.70
E0602	$44.84
E0603	$136.09
E0607	$88.86
E0610	$412.01
E0615	$685.41
E0618	$3,281.48
E0619	$3,193.67
E0621	$130.30

ND Medicaid
DME Purchase Fee Schedule
as of 7/1/2023

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

Code	Medicaid Fee
E0627	$348.05
E0629	$341.18
E0630	$853.00
E0637	$3,172.92
E0638	$3,172.92
E0639	$1,483.50
E0720	$171.35
E0730	$171.91
E0731	$540.90
E0747	$5,207.87
E0748	$5,174.14
E0760	$4,299.61
E0765	$134.35
E0776	$168.86
E0780	$13.79
E0781	$2,930.40
E0784	$5,242.30
E0840	$97.44
E0849	$565.91
E0850	$153.01
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	$26.82
E0944	$62.29

ND Medicaid
DME Purchase Fee Schedule
as of 7/1/2023

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

Code	Medicaid Fee
E0945	$60.24
E0947	$806.51
E0948	$780.07
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
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

ND Medicaid
DME Purchase Fee Schedule
as of 7/1/2023

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

Code	Medicaid Fee
E1020	$388.69
E1028	$329.79
E1029	$590.11
E1060	$2,067.39
E1070	$1,872.10
E1083	$1,457.00
E1084	$1,172.50
E1087	$2,039.44
E1092	$2,057.50
E1093	$1,405.80
E1100	$1,722.78
E1110	$1,626.82
E1150	$1,084.80
E1160	$831.30
E1161	$3,146.50
E1224	$1,652.47
E1226	$1,236.70
E1227	$376.65
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	$1,866.09
E1280	$2,240.67
E1295	$2,434.16
E1296	$673.70
E1297	$163.95
E1298	$675.33

ND Medicaid
DME Purchase Fee Schedule
as of 7/1/2023

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

Code	Medicaid Fee
E1372	$233.87
E1390	$1,253.96
E1700	$558.87
E1701	$16.92
E1702	$35.13
E1812	$121.35
E1820	$102.55
E1821	$139.95
E2000	$620.60
E2201	$595.77
E2202	$485.77
E2203	$764.94
E2205	$32.90
E2206	$63.88
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

ND Medicaid
DME Purchase Fee Schedule
as of 7/1/2023

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

Code	Medicaid Fee
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
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

ND Medicaid
DME Purchase Fee Schedule
as of 7/1/2023

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

Code	Medicaid Fee
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	$520.04
E2502	$1,590.24
E2504	$2,518.88
E2506	$3,075.93
E2508	$4,756.42
E2510	$9,000.90
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

ND Medicaid
DME Purchase Fee Schedule
as of 7/1/2023

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

Code	Medicaid Fee
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
K0001	$353.10
K0002	$580.10
K0003	$582.60
K0004	$810.10
K0005	$2,417.49
K0006	$915.30
K0007	$1,207.00
K0011	$6,342.40
K0012	$3,890.70
K0015	$285.32
K0017	$80.24
K0018	$44.84
K0019	$27.53
K0020	$81.14
K0037	$65.37

ND Medicaid
DME Purchase Fee Schedule
as of 7/1/2023

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

Code	Medicaid Fee
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
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

ND Medicaid
DME Purchase Fee Schedule
as of 7/1/2023

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

Code	Medicaid Fee
K0730	$2,292.60
K0733	$44.71
K0739	$15.46
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	$5,870.81
K0831	$5,870.81
K0835	$3,224.73
K0836	$3,344.53
K0837	$4,032.53
K0838	$3,585.67
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

ND Medicaid
DME Purchase Fee Schedule
as of 7/1/2023

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

Code	Medicaid Fee
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	$32.82
L0130	$199.98
L0140	$89.28
L0150	$136.99
L0160	$198.54
L0170	$881.07
L0172	$174.55
L0174	$395.45
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

ND Medicaid
DME Purchase Fee Schedule
as of 7/1/2023

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

Code	Medicaid Fee
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
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

ND Medicaid
DME Purchase Fee Schedule
as of 7/1/2023

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

Code	Medicaid Fee
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
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

ND Medicaid
DME Purchase Fee Schedule
as of 7/1/2023

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

Code	Medicaid Fee
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
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

ND Medicaid
DME Purchase Fee Schedule
as of 7/1/2023

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

Code	Medicaid Fee
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
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

ND Medicaid
DME Purchase Fee Schedule
as of 7/1/2023

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

Code	Medicaid Fee
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
L2240	$103.36
L2250	$451.18
L2260	$262.53
L2265	$139.36
L2270	$72.14
L2275	$177.03

ND Medicaid
DME Purchase Fee Schedule
as of 7/1/2023

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

Code	Medicaid Fee
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
L2530	$347.85
L2540	$592.31
L2550	$388.86
L2570	$587.39
L2580	$643.15

ND Medicaid
DME Purchase Fee Schedule
as of 7/1/2023

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

Code	Medicaid Fee
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
L3002	$204.89
L3003	$229.69
L3010	$213.12
L3020	$227.87

ND Medicaid
DME Purchase Fee Schedule
as of 7/1/2023

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

Code	Medicaid Fee
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
L3253	$200.16
L3260	$21.29
L3300	$47.91

ND Medicaid
DME Purchase Fee Schedule
as of 7/1/2023

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

Code	Medicaid Fee
L3310	$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
L3760	$590.84
L3761	$595.29

ND Medicaid
DME Purchase Fee Schedule
as of 7/1/2023

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

Code	Medicaid Fee
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
L4360	$340.96

ND Medicaid
DME Purchase Fee Schedule
as of 7/1/2023

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

Code	Medicaid Fee
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 7/1/2023

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

Code	Medicaid Fee
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

ND Medicaid
DME Purchase Fee Schedule
as of 7/1/2023

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

Code	Medicaid Fee
L5636	$299.09
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

ND Medicaid
DME Purchase Fee Schedule
as of 7/1/2023

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

Code	Medicaid Fee
L5681	$1,762.17
L5682	$821.24
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

ND Medicaid
DME Purchase Fee Schedule
as of 7/1/2023

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

Code	Medicaid Fee
L5780	$1,511.12
L5781	$5,208.84
L5782	$5,642.55
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

ND Medicaid
DME Purchase Fee Schedule
as of 7/1/2023

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

Code	Medicaid Fee
L5975	$620.24
L5976	$770.43
L5978	$383.94
L5979	$3,609.66
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

ND Medicaid
DME Purchase Fee Schedule
as of 7/1/2023

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

Code	Medicaid Fee
L6386	$528.31
L6388	$664.53
L6400	$4,070.72
L6450	$5,407.91
L6500	$5,273.41
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

ND Medicaid
DME Purchase Fee Schedule
as of 7/1/2023

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

Code	Medicaid Fee
L6650	$444.65
L6655	$98.46
L6660	$123.07
L6665	$59.05
L6670	$62.34
L6672	$265.81
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

ND Medicaid
DME Purchase Fee Schedule
as of 7/1/2023

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

Code	Medicaid Fee
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
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

ND Medicaid
DME Purchase Fee Schedule
as of 7/1/2023

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

Code	Medicaid Fee
L7367	$520.14
L7368	$674.35
L7400	$311.38
L7403	$375.28
L7520	$24.61
L7900	$716.32
L8000	$49.18
L8001	$167.38
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

ND Medicaid
DME Purchase Fee Schedule
as of 7/1/2023

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

Code	Medicaid Fee
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
L8614	$26,851.89
L8615	$479.05
L8616	$142.11
L8617	$124.55
L8618	$35.13
L8619	$12,051.01
L8621	$0.80
L8624	$217.17
L8627	$7,723.23
L8628	$1,464.11
L8630	$556.85
L8658	$511.66
L8693	$1,649.65
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

ND Medicaid
DME Purchase Fee Schedule
as of 7/1/2023

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

Code	Medicaid Fee
V2628	$507.52
V5008	$9.90
V5020	$33.65
V5030	$589.50
V5040	$589.50
V5050	$589.50
V5060	$589.50
V5090	$589.50
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