SECTION 8
HEALTHY CHILDREN AND YOUTH
ALL CODES IN THIS SECTION ARE RESTRICTED TO PATIENTS UNDER THE AGE OF 21

Procedure Code	Reimbursement Guidelines/Limits	Medicaid Maximum Allowed Amount
I. Diapers		
A4521 EP	PA/Purchase/186 per mo	$ .50 ea
A4522 EP	PA/Purchase/186 per mo	$ .50 ea
A4523 EP	PA/Purchase/186 per mo	$ .50 ea
A4524 EP	PA/Purchase/186 per mo	$ .50 ea
A4525 EP	PA/Purchase/186 per mo	$ .50 ea
A4526 EP	PA/Purchase/186 per mo	$ .50 ea
A4527 EP	PA/Purchase/186 per mo	$ .50 ea
A4528 EP	PA/Purchase/186 per mo	$ .50 ea
A4529 EP	PA/Purchase/186 per mo	$ .50 ea
A4530 EP	PA/Purchase/186 per mo	$ .50 ea
A4531 EP	PA/Purchase/186 per mo	$ .50 ea
A4532 EP	PA/Purchase/186 per mo	$ .50 ea
A4533 EP	PA/Purchase/186 per mo	$ .50 ea
A4534 EP	PA/Purchase/186 per mo	$ .50 ea
II. Enteral/IV/Food Supplements		
B4034 EP BA	Purchase/1 per day	$ 5.66 ea
B4035 EP BA	Purchase/1 per day	$ 10.79 ea
B4036 EP BA	Purchase/1 per day	$ 7.39 ea
B4081 EP BA	Purchase/1 per mo	$ 20.00 ea
B4082 EP BA	Purchase/1 per mo	$ 14.89 ea
B4083 EP BA	Purchase/1 per mo	$ 2.27 ea
B4086 EP BA	Purchase/1 every 3 months	$ 33.02 ea
B4100 EP BO	Purchase/MN/I of C	MP
B4150 EP BA	Purchase/MN	$ .62
B4150 EP BO	Purchase/MN	$ 62
B4151 EP BA	Purchase/MN	$ 1.45
B4151 EP BO	Purchase/MN	$ 1.45
B4152 EP BA	Purchase/MN	$ .52
B4152 EP BO	Purchase/MN	$ .52
B4153 EP BA	Purchase/MN	$ 1.76
B4153 EP BO	Purchase/MN	$ 1.76
B4154 EP BA	Purchase/MN	MP
B4154 EP BO	Purchase/MN	MP

Procedure Code	Reimbursement Guidelines/Limits	Medicaid Maximum Allowed Amount
B4155 EP BA	Purchase/MN	$ .88
B4155 EP BO	Purchase/MN	$ .88
B4156 EP BA	Purchase/MN	$ 1.25
B4156 EP BO	Purchase/MN	$ 1.25
B9000 EP BA	Purchase	$ 3.47 per day
B9002 EP BA	Purchase	$ 3.47 per day
B9998 EP BA	Purchase/MN/I of C	MP
B9998 EP BO	Purchase/MN/I of C	MP
E0776 EP	Purchase/IV	$ 94.33
E0776 EP BA	Purchase/Enteral	$ 94.33
E0776 EP	Rental/IV	$ 15.85
E0776 EP BA	Rental/Enteral	$ 15.85
E0781 EP	Purchase	$ 8.82 per day
A5200 EP BA	Purchase	$ 11.30
K0552 EP	Purchase	$ 2.71 ea
S9434 EP BA	Purchase/MN/I of C	MP
S9434 EP BO	Purchase/MN/I of C	MP
S9435 EP BA	Purchase/MN/I of C	MP
S9435 EP BO	Purchase/MN/I of C	MP

III. Medical/Surgical Supplies

A4206 EP	Purchase/MN/I of C	MP
A4207 EP	Purchase/MN/I of C	MP
A4208 EP	Purchase/MN/I of C	MP
A4209 EP	Purchase/MN/I of C	MP
A4211 EP	Purchase/PA/I of C	MP
A4212 EP	Purchase/MN/I of C	MP
A4213 EP	Purchase/MN/I of C	MP
A4215 EP	Purchase/MN/I of C	MP
A4216 EP	Purchase/MN/I of C	MP
A4217 EP	Purchase/MN/I of C	MP
A4221 EP	Purchase	$ 22.26
A4222 EP	Purchase	$ 44.17
A4244 EP	Purchase	$ 2.84
A4245 EP	Purchase	$ 1.00
A4246 EP	Purchase/MN	$ 3.31
A4247 EP	Purchase/I of C	MP
A4248 EP	Purchase/MN/I of C	MP

IV. Incontinence Appliances & Care Supplies

A4310 EP	Purchase/MN/1 per mo	$ 7.72
A4311 EP	Purchase/MN/1 per mo	$ 12.61

Procedure Code	Reimbursement Guidelines/Limits	Medicaid Maximum Allowed Amount
A4312 EP	Purchase/MN/1 per mo	$ 18.04
A4313 EP	Purchase/MN1 per mo	$ 18.52
A4314 EP	Purchase/MN/1 per mo	$ 25.29
A4315 EP	Purchase/MN/1 per mo	$ 26.39
A4316 EP	Purchase/MN1 per mo	$ 28.40
A4320 EP	Purchase/MN	$ 5.00
A4322 EP	Purchase/MN	$ 3.04
A4324 EP	Purchase/MN/35 per mo	$ 2.17
A4325 EP	Purchase/MN/35 per mo	$ 1.80
A4326 EP	Purchase/MN	$ 9.17
A4327 EP	Purchase/MN/1 per 7 days	$ 44.49
A4328 EP	Purchase/MN/1 per day	$ 10.45
A4330 EP	Purchase/MN	$ 7.15
A4331 EP	Purchase/MN	$ 3.18
A4332 EP	Purchase/MN	$ .12
A5102 EP	Purchase/MN/1 every 3 mos	$ 22.58
A5105 EP	Purchase/MN	$ 38.73
A5119 EP	Purchase/MN	$ 10.85
A5121 EP	Purchase/MN	$ 7.46
A5122 EP	Purchase/MN/1 per mo	$ 12.85
A5126 EP	Purchase/MN	$ 1.32

V. Urinary Catheters/Supplies

A4333 EP	Purchase/MN/3 per 7 days	$ 2.20
A4334 EP	Purchase/MN/1 per mo	$ 4.93
A4553 EP	Purchase/MN/I of C	MP
A4338 EP	Purchase/MN/1 per mo	$ 12.26
A4340 EP	Purchase/MN/1 per mo	$ 29.08
A4344 EP	Purchase/MN/1 per mo	$ 14.50
A4346 EP	Purchase/MN/1 per mo	$ 16.65
A4347 EP	Purchase/MN	$ 19.29
A4348 EP	Purchase/MN	$ 27.83
A4351 EP	Purchase/MN	$ 1.81
A4352 EP	Purchase/MN	$ 6.42
A4353 EP	Purchase/MN	$ 7.00
A4354 EP	Purchase/MN/1 per mo	$ 11.80
A4355 EP	Purchase/MN	$ 8.82
A4356 EP	Purchase/MN/1 per 3 mos	$ 45.63
A4357 EP	Purchase/MN/1 per 2 mos	$ 9.70
A4358 EP	Purchase/MN/1 per 2 mos	$ 5.71
A4359 EP	Purchase/MN	$ 30.63

Procedure Code	Reimbursement Guidelines/Limits	Medicaid Maximum Allowed Amount
VI. Respiratory Supplies		
A4609 EP	Purchase/MN	$ 14.30
A4610 EP	Purchase/MN	$ 22.34
A4614 EP	Purchase/MN	$ 19.00
A4623 EP	Purchase/MN/2 per mo	$ 5.92
A4624 EP	Purchase/MN	$ 2.63
A4625 EP	Purchase/MN/1per day	$ 5.89
A4626 EP	Purchase/MN	$ 2.71
A4627 EP	Purchase/MN/I of C	MP
A4628 EP	Purchase/MN	$ 3.65
A4629 EP	Purchase/MN/1 per day	$ 4.61
VII. Wound Dressings/Burn Garments		
A6000 EP	Purchase/PA/I of C	MP
A6010 EP	Purchase/MN	$ 30.96
A6011 EP	Purchase/MN	$ 2.28
A6021 EP	Purchase/MN	$ 21.02
A6022 EP	Purchase/MN	$ 21.02
A6023 EP	Purchase/MN	$190.30
A6024 EP	Purchase/MN	$ 6.19
A6025 EP	Purchase/MN/I of C	MP
A6154 EP	Purchase/MN	$ 14.36
A6196 EP	Purchase/MN	$ 7.35
A6197 EP	Purchase/MN	$ 16.44
A6198 EP	Purchase/MN/I of C	MP
A6199 EP	Purchase/MN	$ 5.29
A6200 EP	Purchase/MN	$ 9.50
A6201 EP	Purchase/MN	$ 20.80
A6202 EP	Purchase/MN	$ 34.88
A6203 EP	Purchase/MN	$ 3.35
A6204 EP	Purchase/MN	$ 6.23
A6205 EP	Purchase/MN/I of C	MP
A6206 EP	Purchase/MN/I of C	MP
A6207 EP	Purchase/MN	$ 7.34
A6208 EP	Purchase/MN/I of C	MP
A6209 EP	Purchase/MN	$ 7.48
A6210 EP	Purchase/MN	$ 19.92
A6211 EP	Purchase/MN	$ 29.37
A6212 EP	Purchase/MN	$ 9.70
A6213 EP	Purchase/MN/I of C	MP
A6214 EP	Purchase/MN	$ 10.29
A6215 EP	Purchase/MN/I of C	MP
A6216 EP	Purchase	$ .64

Procedure Code	Reimbursement Guidelines/Limits	Medicaid Maximum Allowed Amount
A6217 EP	Purchase/MN/I of C	MP
A6218 EP	Purchase/MN/I of C	MP
A6219 EP	Purchase/MN	$ .95
A6220 EP	Purchase/MN	$ 2.58
A6221 EP	Purchase/MN/I of C	MP
A6222 EP	Purchase/MN	$ 2.13
A6223 EP	Purchase/MN	$ 2.42
A6224 EP	Purchase/MN	$ 3.61
A6228 EP	Purchase/MN/I of C	MP
A6229 EP	Purchase/MN	$ 3.61
A6230 EP	Purchase/MN/I of C	MP
A6231 EP	Purchase/MN	$ 4.68
A6232 EP	Purchase/MN	$ 6.88
A6233 EP	Purchase/MN	$ 19.19
A6234 EP	Purchase/MN	$ 6.54
A6235 EP	Purchase/MN	$ 16.82
A6236 EP	Purchase/MN	$ 27.25
A6237 EP	Purchase/MN	$ 7.91
A6238 EP	Purchase/MN	$ 22.79
A6239 EP	Purchase/MN/I of C	MP
A6240 EP	Purchase/MN	$ 12.24
A6241 EP	Purchase/MN	$ 2.57
A6242 EP	Purchase/MN	$ 6.07
A6243 EP	Purchase/MN	$ 12.31
A6244 EP	Purchase/MN	$ 39.28
A6245 EP	Purchase/MN	$ 7.27
A6246 EP	Purchase/MN	$ 9.92
A6247 EP	Purchase/MN	$ 23.78
A6248 EP	Purchase/MN	$ 16.24
A6251 EP	Purchase/MN	$ 1.99
A6252 EP	Purchase/MN	$ 3.25
A6253 EP	Purchase/MN	$ 6.34
A6254 EP	Purchase/MN	$ 1.21
A6255 EP	Purchase/MN	$ 3.03
A6256 EP	Purchase/MN/I of C	MP
A6257 EP	Purchase/MN	$ 1.53
A6258 EP	Purchase/MN	$ 4.30
A6259 EP	Purchase/MN	$ 10.94
A6260 EP	Purchase/MN/I of C	MP
A6261 EP	Purchase/MN/I of C	MP
A6262 EP	Purchase/MN/I of C	MP
A6266 EP	Purchase/MN	$ 1.92
A6402 EP	Purchase/MN	$ .12

Procedure Code	Reimbursement Guidelines/Limits	Medicaid Maximum Allowed Amount
A6403 EP	Purchase/MN	$ .43
A6404 EP	Purchase/MN/I of C	MP
A6407 EP	Purchase/MN	$ 1.88
A6441 EP	Purchase/MN	$ 2.09
A6422 EP	Purchase/MN	$ .67
A6423 EP	Purchase/MN	$ 1.17
A6444 EP	Purchase/MN	$ 2.05
A6445 EP	Purchase/MN	$ 1.40
A6446 EP	Purchase/MN	$ 1.88
A6447 EP	Purchase/MN	$ 3.04
A6448 EP	Purchase/MN	$ 5.82
A6449 EP	Purchase/MN	$ 8.76
A6450 EP	Purchase/MN/I of C	MP
A6451 EP	Purchase/MN/I of C	MP
A6452 EP	Purchase/MN	$ 19.08
A6453 EP	Purchase/MN	$ 2.93
A6454 EP	Purchase/MN/I of C	MP
A6455 EP	Purchase/MN	$ 7.13
A6456 EP	Purchase/MN	$ 12.69
A6501 EP	Purchase/MN/I of C	MP
A6502 EP	Purchase/MN/I of C	MP
A6503 EP	Purchase/MN/I of C	MP
A6504 EP	Purchase/MN/I of C	MP
A6505 EP	Purchase/MN/I of C	MP
A6506 EP	Purchase/MN/I of C	MP
A6507 EP	Purchase/MN/I of C	MP
A6508 EP	Purchase/MN/I of C	MP
A6509 EP	Purchase/MN/I of C	MP
A6510 EP	Purchase/MN/I of C	MP
A6511 EP	Purchase/MN/I of C	MP
A6512 EP	Purchase/MN/I of C	MP
A6550 EP	Purchase/MN	$ 28.00
A6551 EP	Purchase/MN	$ 25.05

VIII. Miscellaneous Supplies & Equipment

A4402 EP	Purchase/MN/8 per mo	$ 1.53
A4450 EP	Purchase/10 per mo	$ .09
A4452 EP	Purchase/10 per mo	$ .36
A4462 EP	Purchase/MN	$ 3.29
A4465 EP	Purchase/MN/I of C	MP
A4480 EP	Purchase/MN/I of C	MP
A4481 EP	Purchase/MN	$ .38
A4550 EP	Purchase/MN/I of C	MP

Procedure Code	Reimbursement Guidelines/Limits	Medicaid Maximum Allowed Amount
A4554 EP	Purchase/PA/I of C	MP
A4649 EP	Purchase/PA/I of C	MP
A4656 EP	Purchase/MN/I of C	MP
A4657 EP	Purchase/MN/I of C	MP
A4660 EP	Purchase/MN	$ 19.32
A4663 EP	Purchase/MN/I of C	MP
A4670 EP	Purchase/MN	$ 48.02
A4927 EP	Purchase/MN/I of C	MP
A4930 EP	Purchase/MN/I of C	MP
A7501 EP	Purchase/MN	$105.03
A7502 EP	Purchase/MN	$ 49.91
A7503 EP	Purchase/MN	$ 11.33
A7504 EP	Purchase/MN	$ .67
A7505 EP	Purchase/MN	$ 4.68
A7506 EP	Purchase/MN	$ .33
A7507 EP	Purchase/MN	$ 2.49
A7508 EP	Purchase/MN	$ 2.87
A7509 EP	Purchase/MN	$ 1.41
A7520 EP	Purchase/MN/I of C	MP
A7522 EP	Purchase/MN/I of C	MP
A7523 EP	Purchase/MN/I of C	MP
A7524 EP	Purchase/MN/I of C	MP
A7525 EP	Purchase/MN	$ 2.11
A7526 EP	Purchase/MN/I of C	MP
A9270 EP	Purchase/MN/I of C	MP
	Rental/MN/I of C	MP
	Repair/MN/I of C	MP
A9900 EP	Purchase/PA/I of C	MP
A9999 EP	Purchase/PA/I of C	MP
	Rental/PA/I of C	MP
	Repair/MN/I of C	MP
E0202 EP	Rental/Six Day Maximum	$ 62.30
E0231 EP	Purchase/PA/I of C	MP
	Rental/PA/I of C	MP
E0232 EP	Purchase/PA/I of C	MP
	Rental/PA/I of C	MP
E0240 EP	Purchase/PA/I of C	MP
	Rental/PA/I of C	MP
	Repair/MN/I of C	MP
E0300 EP	Purchase/PA/I of C	MP
	Rental/PA/I of C	MP
	Repair/MN/I of C	MP
E0316 EP	Purchase/PA/I of C	MP

Procedure Code	Reimbursement Guidelines/Limits	Medicaid Maximum Allowed Amount
	Rental/PA/I of C	MP
E0350 EP	Purchase/PA/I of C	MP
	Rental/PA/I of C	MP
E0602 EP	Rental/MN/I of C	MP
E0603 EP	Rental/PA/I of C	MP
E0617 EP	Purchase/PA/I of C	MP
E0638 EP	Purchase/PA/I of C	MP
	Repair/MN/I of C	MP
E0701 EP	Purchase/MN	$ 155.35
E0720 EP	Purchase/PA	$ 367.58
E0730 EP	Purchase/PA	$ 362.79
E0731 EP	Purchase/PA	$ 303.19
E0744 EP	Purchase/PA/I of C	MP
E0745 EP	Purchase/PA/I of C	MP
E0747 EP	Purchase/PA	$3527.21
E0748 EP	Purchase/PA	$3504.35
E0760 EP	Purchase/PA	$2912.05
E0870 EP	Purchase/PA/I of C	MP
	Rental/PA/I of C	MP
E1037 EP	Purchase/PA/I of C	MP
	Rental/PA/I of C	MP
	Repair/MN/I of C	MP
E1038 EP	Purchase/PA/I of C	MP
	Rental/PA/I of C	MP
	Repair/MN/I of C	MP
E1372 EP	Purchase/PA/I of C	MP
	Rental/PA/I of C	MP
E1399 EP	Purchase/PA/I of C	MP
	Rental/PA/I of C	MP
	Repair/PA/I of C	MP
E2000 EP	Purchase/PA/I of C	MP
	Rental/PA/I of C	MP
E2402 EP	Purchase/PA/I of C	MP
	Rental/PA/I of C	MP
	Repair/PA/I of C	MP
K0606 EP	Purchase/PA/I of C	MP
	Rental/PA/I of C	MP
K0607 EP	Purchase/MN/I of C	MP
K0608 EP	Purchase/PA/I of C	MP
K0609 EP	Purchase/PA/I of C	MP
K0620 EP	Purchase/PA/I of C	MP
L0112 EP	Purchase/MN	$ 26.34
S1002 EP	Purchase/PA/I of C	MP

Procedure Code	Reimbursement Guidelines/Limits	Medicaid Maximum Allowed Amount
S1015 EP	Purchase/MN	MP
S1040 EP	Purchase/PA/I of C	MP
S8095 EP	Purchase/PA/I of C	MP
S8189 EP	Purchase/MN/I of C	MP
S8190 EP	Purchase/PA/I of C	MP
S8265 EP	Purchase/PA/I of C	MP
S9001 EP	Rental/MN	MP
T1999 EP	Purchase/PA/I of C	MP
T5001 EP	Purchase/PA/I of C	MP
T5999 EP	Purchase/PA/I of C	MP
V5266 EP	Purchase/MN	MP

ALL CODES IN THIS SECTION ARE RESTRICTED TO PATIENTS UNDER THE AGE OF 21!

MP = Manually Priced
MN = Certificate of Medical Necessity
PA = Prior Authorization
I of C = Invoice of Cost