SECTION 11
OSTOMY SUPPLIES

Procedure Code	Reimbursement Guidelines/Limits	Medicaid Maximum Allowed Amount
A4331	Purchase	$ 3.18
A4357	Purchase/2 per month	$ 9.70
A4361	Purchase/3 per 6 months	$ 15.61
A4362	Purchase/20 per month	$ 3.46
A4364	Purchase/4 per month	MP
A4366	Purchase/Invoice of Cost	MP
A4367	Purchase/1 per month	$ 7.35
A4368	Purchase	$ .26
A4369	Purchase/2 per month	$ 2.06
A4371	Purchase/10 per 6 months	$ 3.60
A4372	Purchase	$ 4.18
A4373	Purchase	$ 6.28
A4375	Purchase	$ 17.18
A4376	Purchase	$ 47.58
A4377	Purchase/10 per month	$ 4.29
A4378	Purchase	$ 30.75
A4379	Purchase	$ 15.02
A4380	Purchase	$ 37.33
A4381	Purchase/10 per month	$ 4.61
A4382	Purchase	$ 24.62
A4383	Purchase	$ 28.19
A4384	Purchase	$ 9.62
A4385	Purchase	$ 5.10
A4387	Purchase	$ 3.97
A4388	Purchase	$ 4.36
A4389	Purchase	$ 6.22
A4390	Purchase	$ 9.61
A4391	Purchase	$ 6.99
A4392	Purchase	$ 6.57
A4393	Purchase	$ 9.07
A4396	Purchase	$ 40.48
A4397	Purchase/4 per month	$ 4.79
A4398	Purchase/2 per 6 months	$ 13.81
A4399	Purchase/2 per 6 months	$ 10.42
A4400	Purchase	$ 45.32
A4402	Purchase/4 per month	$ 1.53
A4404	Purchase/10 per month	$ 1.69
A4405	Purchase/4 per month	$ 3.40

Procedure Code	Reimbursement Guidelines/Limits	Medicaid Maximum Allowed Amount
A4406	Purchase/4 per month	$ 5.74
A4407	Purchase	$ 8.76
A4408	Purchase	$ 9.87
A4409	Purchase	$ 6.22
A4410	Purchase	$ 9.04
A4413	Purchase	$ 5.50
A4414	Purchase/20 per month	$ 4.93
A4415	Purchase/20 per month	$ 6.00
A4416	Purchase	$ 2.75
A4417	Purchase	$ 3.72
A4418	Purchase	$ 1.81
A4419	Purchase	$ 1.74
A4420	Purchase/Invoice of Cost	MP
A4421	Purchase/Invoice of Cost	MP
A4422	Purchase	$ .01
A4423	Purchase/Invoice of Cost	MP
A4424	Purchase	$ 4.75
A4425	Purchase	$ 3.58
A4426	Purchase	$ 2.36
A4427	Purchase/Invoice of Cost	MP
A4428	Purchase	$ 6.51
A4429	Purchase	$ 7.52
A4430	Purchase	$ 8.52
A4431	Purchase	$ 5.08
A4432	Purchase	$ 3.59
A4433	Purchase	$ 3.34
A4434	Purchase	$ 3.76
A4450	Purchase/40 per month	$ .09
A4452	Purchase/40 per month	$ .36
A5051	Purchase/60 per month	$ 2.29
A5052	Purchase/60 per month	$ 1.65
A5053	Purchase/60 per month	$ 1.74
A5054	Purchase/60 per month	$ 1.67
A5055	Purchase/31 per month	$ 1.44
A5061	Purchase	$ 2.63
A5062	Purchase/20 per month	$ 2.20
A5063	Purchase/20 per month	$ 2.21
A5071	Purchase/20 per month	$ 4.30
A5072	Purchase/20 per month	$ 3.52
A5073	Purchase/20 per month	$ 3.15
A5081	Purchase/31 per month	$ 3.30
A5082	Purchase/1 per month	$ 10.87
A5093	Purchase/10 per month	$ 1.95

Procedure Code	Reimbursement Guidelines/Limits	Medicaid Maximum Allowed Amount
A5102	Purcahse/2 per 6 months	$ 22.58
A5112	Purchase/Invoice of Cost	MP
A5113	Purchase/Invoice of Cost	MP
A5114	Purchase/Invoice of Cost	MP
A5119	Purchase/3 per 6 months	$ 10.85
A5121	Purchase/20 per month	$ 7.46
A5122	Purchase/20 per month	$ 12.85
A5126	Purchase/20 per month	$ 1.32
A6216	Purchase/60 per month	$ .05

MP = Manually Priced