ATTACHMENT
HCPCS Codes for Disposable Medical Supplies

Effective for Dates of Service On and After April 1, 2004

Place of Service Codes			
11	Office	32	Nursing Facility
12	Home	99	Other
31	Skilled Nursing Facility		

Status	Procedure Code	Replacement Code(s)	Description	Place of Service Codes	Max Fee	Maximum Quantity Allowed per Month	In NH Rate	In HC Rate
Changed	**A4326**		Male external catheter specialty type with integral collection chamber, each		$9.36			
Changed	**A4362**		Skin barrier; solid, four by four or equivalent; each		$2.94			
Changed	**A4409**		Ostomy skin barrier, with flange (solid, flexible or accordion), extended wear, without built-in convexity, 4 x 4 inches or smaller, each		$6.22			
Enddated	**A4460**	A6448, A6449, A6450						
Added	**A4536**		Protective underwear, washable, any size, each	11, 12, 31, 32, 99	$9.45	2 per month	Yes	No
Added	**A4556**		Electrodes (e.g., Apnea monitor), per pair	11, 12, 31, 32, 99	$5.02	15 per month	Yes	No
Added	**A4606**		Oxygen probe for use with oximeter device, replacement	11, 12, 31, 32, 99	$20.19	4 per month	Yes	No
Changed	**A4608**		Transtracheal oxygen catheter, each		$85.44			
Enddated	**A6263**	A6442, A6443, A6444						
Enddated	**A6264**	A6442, A6443, A6444						
Added	**A6442**		Conforming bandage, non-elastic, knitted/woven, non-sterile, width less than three inches, per yard	11, 12, 31, 32, 99	$0.13	150 per month	Yes	No
Added	**A6443**		Conforming bandage, non-elastic, knitted/woven, non-sterile, width greater than or equal to three inches and less than five inches, per yard	11, 12, 31, 32, 99	$0.16	150 per month	Yes	No
Added	**A6444**		Conforming bandage, non-elastic, knitted/woven, non-sterile, width greater than or equal to five inches, per yard	11, 12, 31, 32, 99	$0.20	150 per month	Yes	No
Added	**A6448**		Light compression bandage, elastic, knitted/woven, width less than three inches, per yard	11, 12, 31, 32, 99	$0.48	20 per month	Yes	No

Status	Procedure Code	Replacement Code(s)	Description	Place of Service Codes	Max Fee	Maximum Quantity Allowed per Month	In NH Rate	In HC Rate
Added	**A6449**		Light compression bandage, elastic, knitted/woven, width greater than or equal to three inches and less than five inches, per yard	11, 12, 31, 32, 99	$0.60	20 per month	Yes	No
Added	**A6450**		Light compression bandage, elastic, knitted/woven, width greater than or equal to five inches, per yard	11, 12, 31, 32, 99	$0.71	20 per month	Yes	No
Added	**A7030**		Full face mask used with positive airway pressure device, each	11, 12, 31, 32, 99	$160.34	1 per 3 months	Yes	No
Added	**A7031**		Face mask interface, replacement for full face mask, each	11, 12, 31, 32, 99	$59.30	1 per 3 months	Yes	No
Changed	**A7034**		Nasal interface (mask or cannula type) used with positive airway pressure device, with or without head strap		$99.99			
Changed	**A7037**		Tubing used with positive airway pressure device		$32.81			
Enddated	**S8400**	A4536						