

DATED 1-1-2010

# Memo

To: MEDICAID ENROLLED DURABLE MEDICAL EQUIPMENT PROVIDERS  
From: NORTH DAKOTA MEDICAID  
MARY HELMERS, RN, PROGRAM ADMINISTRATOR  
QUALITY OF CARE/DISABILITY PROGRAMS/DME  
Date: 1/1/2010  
Re: ADDED/DELETED HCPC CODES

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**THE FOLLOWING HCPC CODES HAVE BEEN DELETED FROM THE PROVIDER PRICE FILE**

A4365	E0191	L0210	L1800	L1815	L1825
L1901	L2770	L3651	L3700	L3701	L3909
L3911					

**THE FOLLOWING HCPC CODES HAVE BEEN ADDED TO THE PROVIDER PRICE FILE**

A4252	A6200	A6201	A6202	E2399	E2616
L0491	L2005	L3530	L3766	L8612	L8613
L8614	L8619	S1040	S8120	S8186	S8210
S8490					