

Dental Case Management

PURPOSE

Dental Case Management is a program designed for members with mental, physical, and/or behavioral health care needs who are unable to schedule and/or coordinate complex treatment plans involving one or more medical or dental providers.

ELIGIBLE PROVIDERS

To receive payment from ND Medicaid, the eligible servicing and billing provider National Provider Identifiers (NPI) must be enrolled with ND Medicaid on the date of service. Servicing providers acting as a locum tenens provider must be enrolled with ND Medicaid and be listed on the claim form. Please refer to [provider enrollment](#) for additional details on enrollment eligibility and supporting documentation requirements.

Dental Case Management services can be provided by the following enrolled providers as allowed by the scope of their licensure:

- Dentists [North Dakota Administrative Code 20-02-01](#);
- Registered Dental Hygienist or Registered Dental Assistant under the direct or general supervision of a licensed dentist (claim must be submitted under the enrolled practitioner's NPI) [North Dakota Administrative Code 20-04-01](#); and
- Front office staff may perform dental case management to address appointment compliance barriers only. This service is billed using code D9991.

ELIGIBLE MEMBERS

Providers are responsible for verifying a member's eligibility before providing services. Eligibility can be verified using the [ND Medicaid MMIS Portal](#) or through the Automated Voice Response System by dialing 1.877.328.7098.

Refer to the [Member Eligibility manual](#) for additional information regarding eligibility including information regarding limited coverage categories.

COVERED SERVICES AND LIMITS

GENERAL PROVIDER POLICIES

The [General Provider Policies](#) detail basic coverage requirements for all services. Basic coverage requirements include:

- The provider must be enrolled with ND Medicaid;

- Services must be medically necessary;
- The member must be eligible on the date of service; and
- If applicable, the service has an approved service authorization.

The Procedure Code Look-up Tool can be used to identify if a procedure code is covered by ND Medicaid along with code specific details such as Ordering/Referring/Prescribing (ORP) provider requirements, Service Authorization requirements, and current rates.

Dental Case Management addresses appointment compliance barriers, care coordination, motivational interviewing, member education, and member's special healthcare needs.

Dental case management services are:

- Performed in addition to other dental services (i.e., fluoride varnish, prophylaxis, interpreter services). The intent of dental case management is to provide other dental services on the same day; and
- Billed in addition to an oral evaluation, however, does not take the place of the oral evaluation.

ND Medicaid allows a limit of two dental case management services per calendar year.

SERVICE AUTHORIZATION REQUIREMENTS

Requests to exceed the limit of two dental case management services per calendar year may be submitted via a service authorization request with documentation to support the previous dental case management services provided. The complexity of the patient treatment plan and health care needs will be taken into consideration for the timeframe of services.

NON-COVERED SERVICES

GENERAL NON-COVERED SERVICES

The Noncovered Services Policy contains a general list of services that are not covered by North Dakota Medicaid.

Non-covered Dental Case Management services include:

- Oral hygiene instructions which would otherwise be billed using code D1330;
- Missed appointments;

- Smoking Cessation/Tobacco Counseling which would otherwise be billed using code D1320;
- Nutritional Counseling which would otherwise be billed using code D1310; and
- Counseling for Substance Use Disorder which would otherwise be billed using code D1321.

ND Medicaid does not cover dental case management in conjunction with behavior management (D9920).

DOCUMENTATION REQUIREMENTS

GENERAL REQUIREMENTS

Providers must keep legible medical and financial records that fully justify and disclose the extent of services provided and billed to ND Medicaid. Records must be retained for at least 7 years after the last date the claim was paid or denied. Providers must follow the documentation requirements in the [Provider Requirements Policy](#).

The following must be documented within the medical/dental record to support the services billed:

- The name of the individual;
- The date of the dental case management service;
- The name of the individual providing the dental case management service;
- Documentation must have a valid signature and signature date; and
- Efforts made to assist the member with appointments and appointment planning, barriers to treatment and compliance issues, treatment planning, referrals, oral health decision making, and care coordination.

D9991 requires the name of the individual at the Human Service Zone that assisted in transportation efforts with the dental office and patient. A copy of the taxi voucher or authorization should be kept on file in the patient dental record.

D9992 requires the names and documentation across all providers involved in the coordinated care of the patient. This service must involve multiple providers.

D9994 must include documentation to support the medical necessity for the oral health outcomes and literacy specific to the patient centered approach. This code cannot be used for education and counseling alone.

REIMBURSEMENT METHODOLOGY AND CLAIM INSTRUCTIONS

TIMELY FILING

ND Medicaid must receive an original Medicaid primary claim within one hundred eighty (180) days from the date of service. The time limit may be waived or extended by ND Medicaid in certain circumstances. The [Timely Filing Policy](#) contains additional information.

THIRD-PARTY LIABILITY

Medicaid members may have one or more additional source of coverage for health services. ND Medicaid is generally the payer of last resort. Providers must pursue the availability of third-party payment sources. The [Third Party Liability Policy](#) contains additional information.

CLIENT SHARE (RECIPIENT LIABILITY)

Client share (recipient liability) is the monthly amount a member must pay toward the cost of medical services before the Medicaid program will pay for services received. The [Client Share Policy](#) contains additional information.

REIMBURSEMENT

A claim for services must be submitted at the provider's usual and customary charge. Payment for services is limited to the lesser of the provider's usual and customary charge or the ND Medicaid calculated reimbursement.

FQHC and Encounter Based Dental Clinics

Encounter-based dental clinics and FQHC's must bill Dental Case Management in addition to another qualifying service to receive reimbursement for the encounter.

CLAIM FORM

Service must be billed using the ADA Dental claim form or 837d. Detailed claim instructions are available on the ND Medicaid Provider Guidelines, Policies & Manual [webpage](#).

REFERENCES

- [North Dakota Administrative Code](#)
- [North Dakota Century Code](#)
- [Code of Federal Regulations](#)

RELATED POLICIES

Federally Qualified Healthcare Centers (FQHCs)

CONTACT

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POLICY UPDATES

January 2026

Section	Summary
	Format updates made throughout document, updated covered codes and descriptions as well as who can bill.