

Facility Calls

PURPOSE

Dental facility calls are when a dentist visits a patient in a setting other than a dental office. This can be at the member's home, extended care facility, hospital, or ambulatory surgery center.

APPLICABILITY

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.

House/extended care facility call 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](#); and
- Dental Hygienist [North Dakota Administrative Code 20-04-01](#)

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 policy](#) for additional information regarding eligibility including information regarding limited coverage categories.

COVERED SERVICES AND LIMITS

GENERAL PROVIDER POLICIES

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

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.

House or extended care facility calls must be billed with code D9410. This service covers visits to nursing homes, long-term care facilities, hospice sites, institutions and all other types of extended care facilities. This service is not allowed when performed in the dental office or outpatient hospital.

D9410 and D9420 are limited to once per member, per day. Additionally, D9410 and D9420 may not be billed on the same date of service.

Hospital or Ambulatory Surgical Center (ASC) calls must be billed with code D9420. This service covers visits to members in hospital and ASC settings. This service is not allowed when performed in the dental office setting.

These services must be billed in addition to a ND Medicaid reimbursable service with the appropriate place of service code. Please see the CMS Place of Service Code Set policy for more information.

SERVICE AUTHORIZATION REQUIREMENTS

Service authorization for D9410 is required for members through the age of 5 years old. There is no service authorization requirement for D9420.

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.

House/extended care facility calls (D9410) are non-covered when performed in the dental office. This service is not allowed when billed in conjunction with the following:

- Denture preparatory services;
- Denture impressions;
- Denture adjustments;
- Denture cleanings; or

- Any other denture or partial denture related services that fall under codes D5000-D5999 as these are considered inclusive to the cost of the denture or partial denture service.

ND Medicaid may require documentation when D9410 is billed in conjunction with one of the following codes and no other covered procedure:

- D0120;
- D0140;
- D0145;
- D0150;
- D0160;
- D0170;
- D0171; and
- D0180.

D9410 and D9420 may not be billed as a standalone service.

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](#).

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.

CLAIM FORM

House/extended care facility call services 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.

CLAIM REQUIREMENTS

This service must be billed with the appropriate place of service code. ND Medicaid follows the standard Place of Service Code Set currently maintained by CMS as the code set used for describing the site of service.

DEFINITIONS

Place of Service – code specifies the location where services are rendered.

REFERENCES

- North Dakota Administrative Code
- North Dakota Century Code
- Code of Federal Regulations

RELATED POLICIES

Place of Service Code Set | CMS

CONTACT

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POLICY UPDATES

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Section	Updates
Service Authorization Requirements	Removed language regarding Head Start Physicals.
	Format changes and clarifications added throughout.