House/Extended Care Facility Call

CDT CODE: D9410

Includes visits to nursing homes, long-term care facilities, hospice sites, institutions, etc. Report in addition to reporting appropriate code numbers for actual services performed.

- This code must be billed in addition to a ND Medicaid reimbursable service.
- The service cannot be billed separately from the ND Medicaid reimbursable service.
- Split billing will not be allowed. If the reimbursable service is non-payable, then D9410 will also be non-payable.

House/Extended Care Facility Call

- Professional visit is allowed/reimbursed once per member, per day
- Service is allowed/reimbursed only when billed per CDT Guidance
- Service is allowed/reimbursed when billed in conjunction with at least one reimbursable ND Medicaid service
- No service authorization is needed for D9410 for recipients ages 6 and older
- Service Authorization is required for children ages 0-5 years old
- Service is not allowed/reimbursed for Head Start physicals
- Service in not allowed/reimbursed when performed in the dental office
- Service is not allowed/reimbursed when billed in conjunction with denture preparatory services, denture impressions, denture adjustments, denture cleanings, or any other denture or partial denture related service that fall under CDT codes D5000-D5999 as these are considered inclusive to the cost of the denture or partial denture service.
- ND Medicaid will 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.
- ND Medicaid will allow/reimburse D9410 when billed in conjunction with a reimbursable procedure and an evaluation. If the services billed are denied for limits met or exceeded, code D9410 is a non-payable service.
- If a service authorization has been obtained for services being billed with D9410, the service authorization number MUST be on the claim or this will result in a denial of the entire claim including code D9410