

## **Table of Contents**

**State/Territory Name: North Dakota**

**State Plan Amendment (SPA) #: 23-0003**

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS Form 179
- 3) Approved SPA Pages

**DEPARTMENT OF HEALTH & HUMAN SERVICES**

Centers for Medicare & Medicaid Services  
601 E. 12th St., Room 355  
Kansas City, Missouri 64106



Medicaid and CHIP Operations Group

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April 19, 2023

Krista Fremming, Director  
Medical Services Division  
ND Department of Human Services  
600 East Boulevard Avenue Dept. 325  
Bismarck, ND 58505-0250

Re: North Dakota State Plan Amendment (SPA) 23-0003

Dear Ms. Fremming:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) ND-23-0003. This amendment proposes to amend the State Plan to update dental limits for examinations and prophylaxis over twenty-one.

We conducted our review of your submittal according to statutory requirements in 42 CFR 440.100. This letter is to inform you that North Dakota Medicaid SPA 23-0003 was approved on April 19, 2023, with an effective date of October 1, 2022.

If you have any questions, please contact Tyson Christensen at (816) 426-6440 or via email at [tyson.christensen@cms.hhs.gov](mailto:tyson.christensen@cms.hhs.gov).

Sincerely,

James G. Scott, Director  
Division of Program Operations

Enclosures

cc: LeeAnn Thiel

**TRANSMITTAL AND NOTICE OF APPROVAL OF  
STATE PLAN MATERIAL  
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES**

1. TRANSMITTAL NUMBER

2 3 — 0 0 0 3

2. STATE

ND3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL  
SECURITY ACT

XIX



XXI

TO: CENTER DIRECTOR  
CENTERS FOR MEDICAID & CHIP SERVICES  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

January 1, 2023

5. FEDERAL STATUTE/REGULATION CITATION

42 CFR 440.100

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)

a. FFY 2023\$ 0b. FFY 2024\$ 0

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Attachment to Page 4 of of Attachment 3.1-A  
Attachment to Page 4 of of Attachment 3.1-B8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION  
OR ATTACHMENT (If Applicable)Attachment to Page 4 of of Attachment 3.1-A (TN 17-0024)  
Attachment to Page 4 of of Attachment 3.1-B (TN 17-0024)

9. SUBJECT OF AMENDMENT

Amends the State Plan to update dental limits for examinations and prophylaxis for individuals over twenty-one.

10. GOVERNOR'S REVIEW (Check One)



GOVERNOR'S OFFICE REPORTED NO COMMENT



COMMENTS OF GOVERNOR'S OFFICE ENCLOSED



NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL



OTHER, AS SPECIFIED:

Krista Fremming, Interim Director  
Medical Services Division

11. SIGNATURE OF STATE AGENCY OFFICIAL

12. TYPED NAME  
Krista Fremming13. TITLE  
Interim Medical Services Director14. DATE SUBMITTED  
January 27, 2023

15. RETURN TO

Krista Fremming, Interim Director  
Medical Services Division  
ND Department of Health and Human Services  
600 East Boulevard Avenue Dept 325  
Bismarck ND 58505-0250**FOR CMS USE ONLY**16. DATE RECEIVED  
January 27, 202317. DATE APPROVED  
April 19, 2023**PLAN APPROVED - ONE COPY ATTACHED**18. EFFECTIVE DATE OF APPROVED MATERIAL  
January 1, 2023

19. SIG

20. TYPED NAME OF APPROVING OFFICIAL  
James G. Scott21. TITLE OF APPROVING OFFICIAL  
Director, Division of Program Operations

22. REMARKS

LIMITATIONS ON AMOUNT, DURATION AND SCOPE

10. Dental Services. The Department maintains a Medicaid Dental Manual that details all covered and non-covered codes. Emergency services that ameliorate pain or infections are covered without limitations. Services identified under 1905(r)(3) of the Social Security Act may be covered based on medical necessity. Prior authorization is required for these services.

OTHER LIMITATIONS

1. Effective September 1, 2003, payment for single crowns on posterior teeth for individuals 21 years of age and older is limited to stainless steel crowns. Other crowns may be allowed in the anterior portion of the mouth for adults if the crown is necessary because of previously approved root canal therapy or for other compelling reasons approved by the Department dental consultant. Payment for single crowns on posterior teeth for individuals under 21 years of age is limited to stainless steel crowns unless a dental condition exists that makes stainless steel crowns impracticable. Any exceptions must be approved through a prior authorization process approved by the department dental consultant.
2. Payment for missing single teeth in the posterior portion of the mouth is not a covered service.
3. Payment for removal of third molars for non-symptomatic reasons is not a covered service.
4. Payment of sterile trays is not a covered service.
5. Orthodontic services except for those children covered through the Early Periodic, Screening, Diagnosis and Treatment Program that meet medical necessity requirements are not a covered service unless the services are provided in conjunction with, or in lieu of, oral maxillofacial surgical services and the orthodontic service is likely to correct or mitigate a congenital or acquired deformity associated with a significant functional impairment on drinking, eating, swallowing or speaking.
6. Replacement of lost or broken orthodontic appliances and splints is limited to one replacement. This limit can be exceeded based on medical necessity.
7. Individuals 21 years of age and older are limited to no more than two non-emergency dental examinations per year. Prior authorization from the dental consultant is necessary to exceed this limit.
8. Individuals 21 years of age and older are limited to two prophylaxis per year. Prior authorization from the dental consultant is necessary to exceed this limit.
9. Individuals under 21 years of age are limited to two prophylaxes per year. Prior authorization from the dental consultant is necessary to exceed this limit.

TN No. 23-0003

Supersedes

Approval Date 4-19-2023Effective Date. 01-01-2023TN No. 17-0024

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