



October 3, 2024

S. Elizabeth Pitman, MPH, JD Director, Division of Medical Services Department of Human Services

> Re: November 1, 2024 Dental Transition Acknowledgement of Billing Guidance to Providers

Dear Director Pitman,

The Office of Medicaid Inspector General (OMIG) acknowledges the following billing guidance set by the Division of Medical Services (DMS), effective November 1, 2024:

- (1) Dental providers may perform posterior composite dental procedures (D2390-D2394) and bill the amalgam reimbursement rate (D2140-D2161), per Section 219.100 of the provider manual.
- (2) Dental providers should bill D8999 for limited orthodontic treatment, allowed by Section 226.200 of the provider manual, until the specific codes for limited orthodontic treatment (D8010-D8040) can be reactivated in the billing system.
- (3) Dental providers should enter R69 (unspecified illness) when prompted to enter an ICD-10 diagnosis code in the prior authorization vendor's system. DMS does not require a diagnosis code, and the code entered at prior authorization will not be used in claims processing.

OMIG further confirms that DMS billing guidance – for applicable time periods – will govern OMIG fraud, waste, and abuse investigations and audits. *See, e.g.*, 42 U.S.C. § 1396a(a)(5); 42 C.F.R. § 431.10(e); Ark. Code Ann. §§ 20-77-107; -2506.

Sincerely,

Samartha Blassingene

Samantha Blassingame Chief Counsel, Department of Inspector General