

MassDHP EOB Reason Codes and Description List As of June 10, 2025

Pg. 1 of 3

| Code | Description |
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| 00 | APPROVED |
| 1 | PROCEDURE IS NOT A COVERED BENEFIT |
| 2 | LIMITED TO TWICE PER CALENDAR YEAR |
| 3 | LIMITED TO TWICE PER CALENDAR YEAR |
| 4 | LTD. TO ONCE IN ANY 36 MTH. PERIOD |
| 5 | LTD.TO ONCE IN ANY 12 MTH.PERIOD |
| 6 | BENEFIT IS LIMITED TO CHILDREN 10 YEARS OR YOUNGER] |
| 7 | BENEFIT IS LIMITED TO MEMBERS AGE 20 OR YOUNGER |
| 8 | DOES NOT MEET PLAN'S G.A. STANDARD |
| 9 | DENTURE ADJUSTMENTS ARE NOT SEPARATELY BILLABLE |
| 10 | DOES NOT MEET PROSTHESIS REPLACEMENT REQUIREMENTS |
| 11 | RESUBMIT WHEN PATIENT IS 16 OR OLDER |
| 12 | PA FOR TX ISSUED TO PREVIOUS DENTAL PROVIDER |
| 13 | COSMETIC SERVICES ARE NOT COVERED |
| 14 | PRE-TREATMENT PERIAPICAL X-RAY REQ'D FOR REVIEW |
| 15 | PERIODONTAL SPLINTING IS NOT A COVERED BENEFIT |
| 16 | LTD. TO ONCE EVERY 90 DAYS |
| 17 | IMPLANTS ARE NOT A COVERED BENEFIT |
| 18 | RESUBMIT WHEN PATIENT IS 18 OR OLDER |
| 19 | HYGIENE INSTRUCTION IS NOT A COVERED BENEFIT |
| 20 | DUPLICATE SUBMISSION |
| 21 | PERIO INVOLVEMENT INSUFFICIENT TO WARRANT TX |
| 22 | DUPLICATE CHARGES ARE NOT COVERED |
| 23 | SERVICES PRIOR TO COVERAGE |
| 24 | NOT ELIGIBLE AT THIS TIME |
| 25 | SERVICES EXCEED ANNUAL MAXIMUM |
| 26 | EXCEEDS THE ORTHODONTIC LIFETIME MAXIMUM |
| 27 | RESUBMIT WITH LABELED AND DATED XRAY(S) |
| 28 | PERIO INVOLVEMENT TOO EXTENSIVE FOR SRP ALONE |
| 29 | ONLY AMALGAM OR COMPOSITE IS APPROVED |
| 30 | DENIED, CONSIDER ALTERNATIVE TX |

If you still have questions after reviewing these reason codes, please call MassHealth Dental Customer Service at 844-643-3685 (844-MH-DENTL).

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| 31 | NOT AN ACCEPTED THERAPEUTIC PROCEDURE |
| 32 | INCOMPLETE SERVICES ARE NOT COVERED |
| 33 | NOT COVERED, TOOTH NEARING EXFOLIATION |
| 34 | DENIED PENDING RECEIPT OF FMX |
| 35 | DENIED PENDING RECEIPT OF BW FILM(S) |
| 36 | DENIED PENDING CHARTING OF PLANNED EXTRACTIONS |
| 37 | DENIED PENDING NARRATIVE OF TX RATIONALE |
| 38 | DENIED PENDING NARRATIVE OF NEED FOR REPLACEMENT CR |
| 39 | DENIED PENDING TX OF PRESENT PATHOLOGY |
| 40 | DENIED PENDING COMPLETION OF PHASE I TX |
| 41 | DENIED PENDING COMPLETION OF PHASE II TX |
| 42 | DENIED PENDING COMPLETION OF PHASE III TX |
| 43 | DENIED, XRAYS APPEAR TO BELONG TO ANOTHER PATIENT |
| 44 | MISSING REQUIRED X-RAY, NARRATIVE, CHART, PHOTO |
| 46 | MISSING REQUIRED DATE OF SERVICE |
| 47 | SERVICE(S) DO NOT REQUIRE PRIOR AUTHORIZATION |
| 48 | INCORRECT RADIOGRAPH |
| 49 | ASYMPTOMATIC, NOT MEDICALLY NECESSARY |
| 50 | XRAYS MUST BE MOUNTED FOR REVIEW, RESUBMIT |
| 51 | POOR PROGNOSIS, FULL DENTURE RECOMMENDED |
| 52 | REVIEW INDICATES RETREATMENT IS REQUIRED |
| 53 | RESUBMIT SUBSEQUENT TO THE EXO OF ADJACENT 3RD MOLAR |
| 54 | DENIED, PENDING CARE COORDINATION/CASE MGMT |
| 55 | PENDED, UNDER FURTHER REVIEW |
| 56 | CANNOT PROCESS CLAIM AFTER TIMELY FILING LIMIT |
| 57 | REQUIRES FINAL TREATMENT FILM |
| 58 | DENIED UNFAVORABLE PROGNOSIS |
| 59 | POOR PROGNOSIS, RESTORE W/IN PARTIAL DENTURE |
| 60 | THE SUBMITTED X-RAYS ARE NOT OF DIAGNOSTIC QUALITY |
| 61 | DENIED, ORIGINAL DETERMINATION IS REAFFIRMED |
| 62 | CURRENT PERIAPICAL FILM REQUIRED FOR REVIEW |
| 63 | ALVEOLOPLASTY NOT COVERED POST SURGICAL EXTRACTION |
| 64 | DENIED, NOT THOUGHT TO BENEFIT THE PATIENT |
| 65 | NOT SEPARATELY BILLABLE |
| 66 | NOT SUPPORTED BY DOCUMENTATION |
| 67 | PA VOIDED AT REQUEST OF DENTAL OFFICE |
| 68 | INAPPROPRIATE SUBMISSION FOR SAME DAY SERVICES |

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| 69 | OPPOSING APPLIANCE RESTORES FUNCTION |
| 70 | DENIED: SUMBIT ADD'L DOCUMENTATION OR BILL D7140 |
| 71 | PENDED FOR ADD'L INFO, PLEASE CALL 844.643.3685 |
| 72 | INAPPROPRIATE TREATMENT |
| 73 | PROCEDURE IS COVERED AS PART OF DEFINITIVE THERAPY |
| 74 | MORE CURRENT XRAYS ARE REQUIRED FOR REVIEW |
| 75 | ADJUSTED SERVICE |
| 76 | PRECLUDED BY PRIOR TREATMENT |
| 77 | LIMITED TO THE ALLOWNCE FOR A COMPLETE XRAY SERIES |
| 78 | TOOTH VITALITY STATUS REQUESTED |
| 79 | FAILS SERVICES POLICY STANDARD |
| 80 | A CROWN SOLELY TO ENHANCE RETENTION IS NOT COVERED |
| 81 | REQUIRES THE TOOTH NUMBER(S) OR SURFACE(S) |
| 82 | DENIED, PENDING ACTUAL DATE OF COMPLETION |
| 83 | DENIED, SAME PROVIDER REPEATED PROCEDURE |
| 84 | MISREPRESENTED SERVICE |
| 85 | DOCUMENTATION CONFLICTS WITH CHARTING OF DENTITION |
| 86 | RESUBMIT W/COMPLETED TREATMENT PLAN FORM |
| 87 | REPLACEMENT FILLING APPROVED |
| 88 | PENDED, REQUIRES DESCRIPTION OF ACTUAL SERVICE(S) |
| 89 | DENIED, PENDING RECEIPT OF BIOPSY REPORT |
| 90 | MISSING CHARTING OR CHARTING INACCURATE |
| 91 | CONSIDERED UNNECESSARY FOR CROWN RETENTION |
| 92 | TOOTH/TEETH CONFLICT WITH DOCUMENTATION |
| 93 | DENIED, DOES NOT ACHIEVE HLD/MED.NEC. REQUIREMENT |
| 94 | DENIED, UNERUPTED PRE-MOLARS OR MOLARS |
| 95 | DENIED BY DQ |
| 96 | COVERED UNDER MEDICAL PLAN IF ELIGIBLE |
| 97 | DENIED, NO RECORD OF APPROVED ORTHO TX |
| 98 | RESUBMIT CRN W/IN 3-6 MNTHS, APICAL HEALING REQ'D |
| 99 | PAYMENT REISSUED |

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