

Provider Updates

Virtual Office Hours

September 4, 2025



Virtual Office Hours

- The Virtual Office Hours are designed to provide:
 - An opportunity for providers and their teams to **ask questions, share feedback, and receive support** during this transition period
 - A forum where the Provider Relations team can **share updates, clarify information, and review what has been communicated** in the Monday email announcements
- Guidelines for participation
 - **Please approach these sessions with respect and understanding**
 - **Refrain from using negative or disrespectful language**

While we recognize and appreciate everyone's frustration, let's work together constructively to ensure communication remains helpful and collaborative.

Timely & Important Updates

- Eligibility Update
- Adjudication Remediation Plan Overview
- Interim Payment Advance Reminder
- Interim Payment Recoupment & Option to Pause
- Recent ORM Updates
 - Orthodontic Job Aid
- Portal Quadrant Detail Entries

Eligibility Update is Now LIVE

- Validated **eligibility data is now LIVE** in the provider portal and has been **synchronized with our claims system**. This update improves the accuracy and reliability of eligibility data.
- The upload took place over the Labor Day holiday weekend and is now in production
- **Next Steps:** Additional testing began earlier this week to ensure that the Adjudication Remediation Plan works smoothly and effectively

Our commitment to you:

Now that this fix is in place, we expect claims to process correctly moving forward.

We will then begin a remediation process to correct previously denied claims due to eligibility discrepancies, system coding issues, or gaps in treatment history.

BeneCare and MassHealth teams remain fully engaged **to give you the information and support you need — now and in the future.**



Proof of Eligibility Reminder

- The eligibility fix and following system-wide reprocessing is expected to remediate most incorrect denials.
 - *Please do not submit reconsideration or resubmit claims due to incorrect eligibility at this time.*
- After system-wide reprocessing, we will assist with any specific claim denials that still need to be corrected.
- Remember to check eligibility on the actual DOS and retain proof of eligibility
 - *The member Eligibility Report or Treatment History Report can be saved as proof that eligibility was verified on the date the report was run (i.e. replacing previously required screenshots)*

MassHealth Dental program policy is to honor eligibility status as it appears at the time of verification on the date of service.

If a claim is denied due to eligibility, you can submit a reconsideration request with proof of eligibility and we will honor the eligibility status as it appeared when eligibility was verified on the date of service.



Adjudication Remediation

- Once the eligibility refresh was successfully uploaded, BeneCare and MassHealth continued Next Steps discussions to outline the most efficient plan for reprocessing claims that had previously been denied based on eligibility.
- The **Adjudication Remediation Plan** includes revisiting and reprocessing the following:
 - **Reprocessing of claims that had been previously denied based on eligibility inaccuracies.**
 - Please be aware, you may see denials on claim lines that were previously approved as these will reprocess as duplicates since they were already approved and paid.
 - Bulk reprocessing for claims with CDT codes that had been misconfigured within the BeneCare system
 - Ingesting claims that had been incorrectly adjudicated **due to a combination of processing errors** (i.e., eligibility + treatment history)
 - The **remediation for dental code D8999** will also be pushed into production.
 - Void and resubmission of claims that were paid using incorrect reimbursement amounts.



Interim Payment Advance Reminder

- If your cash flow continues to be significantly impacted by claims processing issues, you have the option to request an interim payment advance using the [online form](#).
- MassHealth continues to make payment advances **upon request** until regular claims payments resume.
- MassHealth considers requests **based on the current information that we have regarding your office total payments since the transition** (including both claims payments and previous interim payment advances), your historical claims payment volume, next claims payment, and whether you received an advance in the previous week.
- As claims payment issues resolve for providers and payments are close to or more than historical claims payment volumes, fewer requests are being approved. However, specific providers who continue to have low to no claims payments remain eligible.

Interim payment advances will not be processed for offices with payments already estimated to be close to your historical average.



Interim Payment Advance Request



MassHealth
Dental Program

Interim Payment Advance Request

Due to the July 4th Holiday, requests must be received by Tuesday night (7/1) at 11:59PM. Requests received after this deadline will be processed for the following Tuesday 7/15.

MassHealth will continue to make interim payment advances upon request until regular claims payment advance if they have submitted claims for payment since March 15, 2025. The amount will be based on the provider's historical MassHealth payments from October 2024 through March 2025.

Payment advances will be made once a week on Tuesdays. Requests must be made by Wednesday afternoon specified.

Please complete this form to submit your request for a payment advance.

**Completion of this form one time does not establish a recurring request. If more than one request is submitted, a new request must be submitted each time.

Payment advance requests must be submitted through this form. Grated requests will not be processed.

For All MassHealth Dental questions and inquiries, please reach out to MassHealth Dental at 617-326-3263, or emailing ProviderRequests@massdhp.com.

The MassHealthDental@mass.gov email address will only be used for outbound messages and inquiries to BlueCross as indicated above.

When you submit this form, it will not automatically collect your details like name and email address.

* Required

1. Are you submitting a payment advance request for more than one location? *

☐ Yes, I am requesting for more than one location

☐ No, I only have one location for my request

Submit

Microsoft 365

This content is created by the owner of the form. The data you submit will be sent to the form owner. Microsoft is not responsible for the content of this form. Please review your privacy settings. Microsoft Forms (All) Personal surveys, quizzes, and polls. [Consider my data form](#)

The owner of this form has not provided a privacy statement as to how they will use your response data. Do not provide sensitive information.

- **Submit the form each week** that a payment advance is needed
- **Submit by Wednesday night at 11:59PM** to receive the payment advance the following Tuesday (4 business days later)
- *Forms received after the deadline will receive the advance the second following Tuesday (9 business days later)*
- **Requests must be received through the online form. Email requests will not be processed.**

<https://forms.office.com/g/mya0tHDdbp>



Interim Payment Recoupments

- Recoupments began again for 6/30 claims payments, was paused for the 7/7 claims payment, and begin again with the 7/14 claims payment. *No recoupments applied to the 7/7 claims payment.*
- On 7/14 and moving forward, **MassHealth will recoup 33% of claims payment for each outstanding advance** that a provider has received until the full advance amount has been recouped.
- Please note that previous recoupments in May were 100% of claims payment. **MassHealth has reduced the recoupment percentage from 100% to 33% for each outstanding advance payment.**
- For more details about the recoupment process, please review the **Recoupment Job Aid** available at the [Dental Provider Toolkit](https://massdhp.org/dental-providers/dental-provider-toolkit) at massdhp.org/dental-providers/dental-provider-toolkit



Option to Pause Recoupment

- MassHealth is offering the **option to temporarily pause the recoupment** of interim payment advances **for up to eight weeks (**You must OPT IN**)**

Pause period:

August 25, 2025 (Run 100848) - October 13, 2025 (Run 100855)

What it means:

- **Submit a pause request** → no interim payment advance recoupments during after request is processed through 10/13/2025 (Run 100855)
- **No action** → recoupments continue to apply to your claims payments until the outstanding advance amount has been fully recouped

How to request:

Complete [online form](#) by **12:00 PM (noon) Friday** → pause will be effective ~6 business days after the Friday deadline (i.e. the 2nd claims payment after the Friday deadline) and remain in effect through 10/13 (Run 100855)

Requests received after this deadline will be applied to the next claims payment cycle



forms.office.com/g/2S4m1EezG9

If a pause request has already been submitted, no further action is required. Approved pause requests will remain in effect through October 13, 2025 (Run 100855), and do not require weekly resubmission.

ORM Updates


- Effective August 14, 2025, an updated Office Reference Manual (ORM) is available at: massdhp.com/ORM
- Key Updates:
 - **Section 6.00 – Documentation Requirements & Exhibit A**
 - Suspension of prepayment claim review for crowns & core buildups until **10/1/25**
 - *Exception: Multiple crowns for members 21+ on the same DOS still require review*
 - **Section 17.00 – Orthodontic Treatment & Exhibit A**
 - Simplified **PA submission guidelines** for orthodontic requests
 - Simplified **claim submission guidelines** for periodic orthodontic visits
 - Exhibit A **Benefit Grid** updated
- For a complete summary of the ORM updates, please visit massdhp.org/dental-providers/provider-news-and-updates

8.14.25 ORM
Update Summary



Orthodontic Job Aid

- New reference tool to provide an overview of the PA request and claim requirements for orthodontic treatment



PROVIDER JOB AID – ORTHODONTICS

Orthodontic Treatment: Prior Auth & Claim Requirements

Comprehensive Orthodontic Treatment (D8080 / D8070 / D8090)
Age Requirement: Comprehensive orthodontic treatment must start before the 21st birthday with initial placement and insertion of fixed or removable orthodontic appliances

Documentation Required for Prior Authorization (PA) Request Submission:

- Panoramic Radiograph (PAN)
- Cephalometric Radiograph* (Ceph)
- Photos* (Intraoral, including lateral and occlusal views, and extraoral)
- HLD Index Form
- If applicable, Medical Necessity Narrative and Supporting Documentation

* - Either the Ceph or photos must include a measurement device such as a calibration ruler, wire of known length, embedded measurement device, Boley gauge, disposable ruler, or periodontal probe. If not clearly marked, please include a brief explanation to aid in establishing a scale.

Codes to include in PA Request Submission:

- D8080/D8070/D8090 (no date of service)
- D8660 (date of service required)

D8660 Pre-Orthodontic records charge is only paid if a comprehensive orthodontic PA request has been denied.

- D8660 is only payable with an associated D8080/D8070/D8090 PA request denial, with a frequency limitation of one per 6 months per provider or location.
- D8660 is not separately billable without a comprehensive or limited orthodontic PA request denial. If a pre-orthodontic visit does not result in a PA request submission (for example, because orthodontic treatment is not yet indicated due to the member's growth and development).



To find this resource and more, please visit:
massdhp.org/dental-providers/dental-provider-toolkit/

Additional Discussion Topics

- Portal and Customer Service Update
- VendorWeb
- Claims Processing and Payment Updates
- Prior Authorization Update
- Remittances
- Appendix:
 - Tools, Resources and Reminders
 - Contact Information
 - Q & A

Portal Update

Currently in testing, release timing TBD

The next expected portal update: **member eligibility search by name**

- The **successful eligibility data upload** is a pivotal first step in providing you with **reliable, accurate eligibility data**
 - Member eligibility should be much more **accurate and reliable**, for verifying member coverage, claims processing, and fixing past claim denials due to incorrect eligibility.
- BeneCare has enabled key updates that have restored claim status functionality and improved timely processing
- **The portal is responding much faster across all functions.**
- **The portal now shows the Paid status for claims.**
 - Please note that there is about a 1-week lag in the portal status being updated to "Paid" after the claims payment has been issued.



Portal Update cont.

- Even with the eligibility refresh, a portal error is still preventing some claims and/or PA requests from being submitted.
 - Even though the member is eligible, an error message “**Invalid Member ID or Date of Birth**” displays on the Claim/PA upload screen followed by the words “Please try again.”
 - This error is due to a misalignment between member eligibility and claims processing.

If you cannot submit a claim or PA request in the portal due to this error, please:

1. FAX to: 833-627-7347, or
2. Submit to EDI, or
3. Mail to: MassHealth Dental Program Claims c/o BeneCare Dental Plans P.O. Box 631 Worcester, MA 01613
4. Please **do NOT** email claims or PA requests directly to BeneCare.

If you are unable to FAX, submit to EDI, or mail, please request a secure email connection by emailing ProviderRequests@massdhp.com

- **Quadrant detail may not display properly** and is currently under investigation.
 - Quadrant detail entry will be reviewed on slides 17-18



Customer Service Update

- With additional team members who completed training, BeneCare is more fully staffed and saw significant improvement in average wait times for the week of August 25-28 at just under 6.5 minutes.
- Now that the eligibility fix is live, **we anticipate lower call volumes due to self-service eligibility verification in the provider portal which should reflect reliable and accurate member eligibility.**
- Providers can also continue to call MassHealth's customer service line at 800-841-2900 if member eligibility information is still needed.
 - **Note: MassHealth customer service can only answer questions about member eligibility, not claims, prior authorization requests, or other items. Please continue to call BeneCare's customer service center for this information.**



Portal: Quadrant Detail Entry

Quadrant details are required for claims or PA requests for quadrant-specific codes such as deep cleanings (D4341/D4342)

STEP 1: ADD PROCEDURE CODES (MAX=10)

Procedure Date	Procedure Code	Tooth Number	Tooth Surface
No procedure codes have been entered. Please add one below:			
Add Procedure:			
Procedure Code:	<input type="text" value="D4341"/> (required)		
Procedure Date:	<input type="text" value="mm/dd/yyyy"/>		
Oral Cavity Area:	<input type="text" value="UL"/>		
Tooth Number:	<input type="text" value="Choose-->"/>		
Tooth Surface:	<input type="checkbox"/> B <input type="checkbox"/> D <input type="checkbox"/> F <input type="checkbox"/> I <input type="checkbox"/> L <input type="checkbox"/> M <input type="checkbox"/> O		
Fee:	<input type="text" value="\$ 134"/>		
<input type="button" value="Add Procedure"/>			

- ✓ Enter the quadrant abbreviation (**UR, UL, LL, LR**) or code (**10, 20, 30, 40**) in the “Oral Cavity Area” field.
- ✓ Add a separate Procedure for each quadrant.
- ✗ Do not enter more than one quadrant in the “Oral Cavity Area” field.
- ✗ Do not spell out the quadrant as “Upper Right”, “Upper Left”, “Lower Left”, or “Lower Right”



Failure to enter required quadrant detail will delay processing.




Portal: Quadrant Detail Entry (cont.)

STEP 1: ADD PROCEDURE CODES (MAX=10)

Procedure Date	Procedure Code	Tooth Number	Tooth Surface	Edit	Remove
N/A	D4341	N/A	N/A	Edit	Remove

Add Procedure:

Procedure Code: (required)

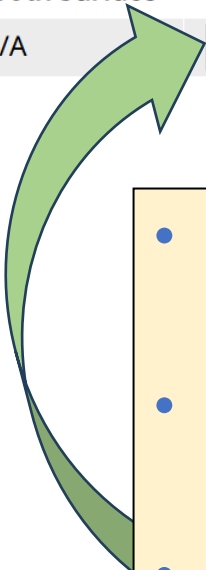
Procedure Date:  mm/dd/yyyy

Oral Cavity Area:

Tooth Number:

Tooth Surface: ☐ B ☐ D ☐ F ☐ I ☐ L ☐ M ☐ O

Fee: \$



- After clicking “Add Procedure”, the procedure will appear at the top.
- The quadrant detail will not appear even if correctly entered (UR, UL, LL, LR) or (10, 20, 30, 40).
- If you need to check what was entered before submitting, please click on the “Edit” button to review the procedure entry details.



VendorWeb Currently Down



September 3, 2025 at 11am:

We are aware of an issue preventing vendors from viewing payments that processed on certain dates in July, August, and September, as well as new vendors from seeing their payment history and schedule. We are addressing the issue and apologize for the inconvenience.

- **Payments are processing as usual** but the payment files after July 30 are temporarily available.
- For payment information, please contact 844-MH-DENTL (844) 643-3685

Note: VendorWeb is the State's portal for providers to view scheduled payments and payment history



Claims Processing and Payment

- This week's 9/2 (Run 100849) and next week's 9/8 (Run 100850) payments:
 - Includes a week of recently submitted claims.
 - No system-wide claims reprocessing for all providers
 - Recoupments continue to apply, except for providers who requested a pause
 - Vyne Submissions are being investigated and direct outreach to potentially impacted providers was made at the beginning of this month.

****Please do not resubmit incorrectly processed claims until the system issues are fixed, as they will continue to pay incorrectly.****

****No resubmissions are needed at this time. We will notify you if needed in the future.****



Known Claims Processing Issues

- As a result of prior eligibility challenges, **we still cannot process HSN and COB / TPL claims.**
 - These claims are part of the retrospective reprocessing plan and will be addressed with Adjudication Remediation.
- Codes that are currently under investigation: D0140, D0190 (*PHDH only*), D1351, D9450 (*rural and CHC only*), D8670
 - Root cause issues have been **successfully tested for D8999 and have been pushed into production**
 - For claim questions and inquiries, please reach out to ProviderRequests@massdhp.com
- Additional information on the Adjudication Remediation Plan will be shared in coming weeks.

****No resubmissions are needed at this time. We will notify you if needed in the future.****

Claims Outreach ****New Form****

- If you are receiving low or no claims payment and we are not already working with you to make sure that your claims are received and processed
- Please reach out to us directly or [fill out this form](#) so that we can assist you.



bit.ly/LowNoPayHelp



MassHealth
Dental Program

**Help Needed with Very Low
or No Claims Payment**

As we have fixed major claims issues, more providers have begun to receive closer to normal weekly payments. Individual outreach and problem-solving is needed to assist providers who continue to receive low or no claims payment.

If you haven't yet received any claims payment or if your payment remains very low AND if you haven't yet received



Prior Authorization Update

- Service authorization decisions are available on the portal under “Claims Status” and continue to be mailed out.
- **Please Note important distinctions between determination letters:**
 - **PA letters will not show service dates** next to service line detail.
 - **Claim, or EOB letters will show service dates** in the first column of each claim line in detail on the back of the letter. Claims letters are followed by remit letters which are currently being sent by Masshealth
- We are processing recently submitted PA requests with normal turnaround times and we have completed processing the backlog with the exception of:
 - **HSN**

For PAs received on or after 6/23/2025, you can expect **normal turnaround times:**

- **An average of no more than 5 business days, and**
- **No more than 21 calendar days for any individual request.**



Submission Instructions

To expedite service authorization request processing:

- **Do not include future dates of service** when submitting any claims or service authorization requests.
- **Submit claims (dated) and service authorization requests (undated) separately.** When claims and service authorization requests are submitted together under one submission, this requires additional administrative steps and creates processing conflicts which may delay processing times.

Please ensure your billing teams and vendors are aware of this distinction. Submitting claims and prior authorizations separately will help expedite processing and prevent unnecessary disruptions in care or reimbursement.

- **Do not include dates of service for authorization requests on any procedure other than D8660** for orthodontic prior authorization requests.



Orthodontic Prior-Authorization & Claim Payment

- Orthodontic cases **require prior authorization**. Dentists are to submit the required documentation for review for comprehensive treatment.
- **Claims** must include a date of service. These claims cannot be submitted until the service has been rendered.
- **Orthodontic claims will not be reviewed or paid for future dates of service.**

Please ensure your billing teams and vendors are aware of this distinction. Submitting claims and prior authorizations separately will help expedite processing and prevent unnecessary disruptions in care or reimbursement.



Portal PA Request Submission


- When submitting PA requests in the portal, the **“Procedure Date” field must be left blank**. Please make sure that no date is entered for PA requests.

STEP 1: ADD PROCEDURE CODES (MAX=10)

Procedure Date	Procedure Code	Tooth Number	Tooth Surface	Edit	Remove
No procedure codes have been entered. Please add one below:					

Add Procedure:

Procedure Code: (required)

Procedure Date: 

Oral Cavity Area:

Tooth Number:

Tooth Surface: ☐ B ☐ D ☐ F ☐ I ☐ L ☐ M ☐ O

Fee: \$

For PA requests, leave the “Procedure Date” field blank. Including a date may cause the PA request to incorrectly process as a claim.

- Do not include submission date
- Do not include future date

Remittances

- MassHealth remittance advice (remit) continues as a temporary workaround until BeneCare can provide the remits.
 - MassHealth continues to mail remits on a weekly basis
 - At the beginning of June, Masshealth EOB reason codes became available. Refer to the crosswalk provided as BeneCare has separate EOB reason codes from the EOB reason codes listed on the Masshealth remittance advice.

Please **check the portal** or **call 844-MH-DENTL (844-643-3685)** for questions about the claims status or for additional procedure detail on the MassHealth remit.

Reminder on MassHealth remit limitations: No quadrant information; Claims with more than one DOS will incorrectly show all services with the same DOS (BeneCare has the correct information about the multiple DOS and has processed the claims as such). BeneCare has **separate EOB reason codes** from the EOB reason codes listed on the MassHealth remit. MassHealth and BeneCare EOB code crosswalk: bit.ly/EOBcrosswalk.



Claim Review Effective Dates

- **Multiple Crowns for adults:** effective for DOS 04/01/2025 or after
 - **For multiple crowns delivered to members who are 21 or older**, when more than one crown is delivered to the same member on the same date of service
- **Additional Services:** effective for DOS 10/01/2025 or after
 - All crowns and core buildups
 - Prefabricated crowns*
 - Pulpotomies and root canal treatment*
 - Partial and complete dentures*
 - Surgical tooth extractions and soft tissue / partial bony impaction removal*

** - only applicable to general dentists. Specialists are not subject to routine prepayment claim review requirements, except for crowns and core buildup services*

Reminder: On June 12, 2025, MassHealth temporarily suspended prepayment claim review for crowns and core buildups until 10/01/2025 - except for multiple crowns for adults which continue to apply.

Historic DentaQuest Portal

The previous DentaQuest provider portal can be accessed through this direct link:

provider.masshealth-dental.net

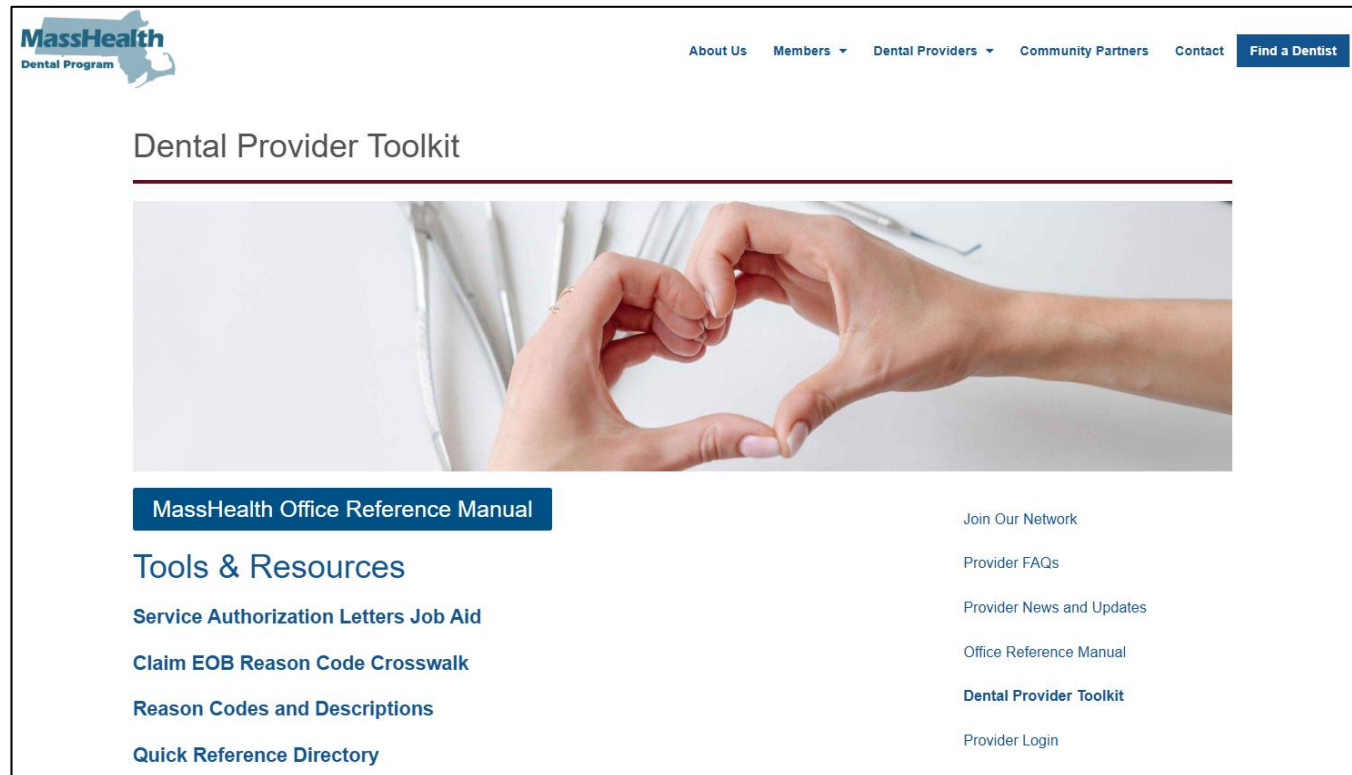
As a reminder:

- Historical information (such as remittance advice and inquiries) will not transfer to the new portal
- The DentaQuest portal will remain available for **read-only access until September 30, 2025**
- We encourage you to download any necessary information as soon as possible

Appendix

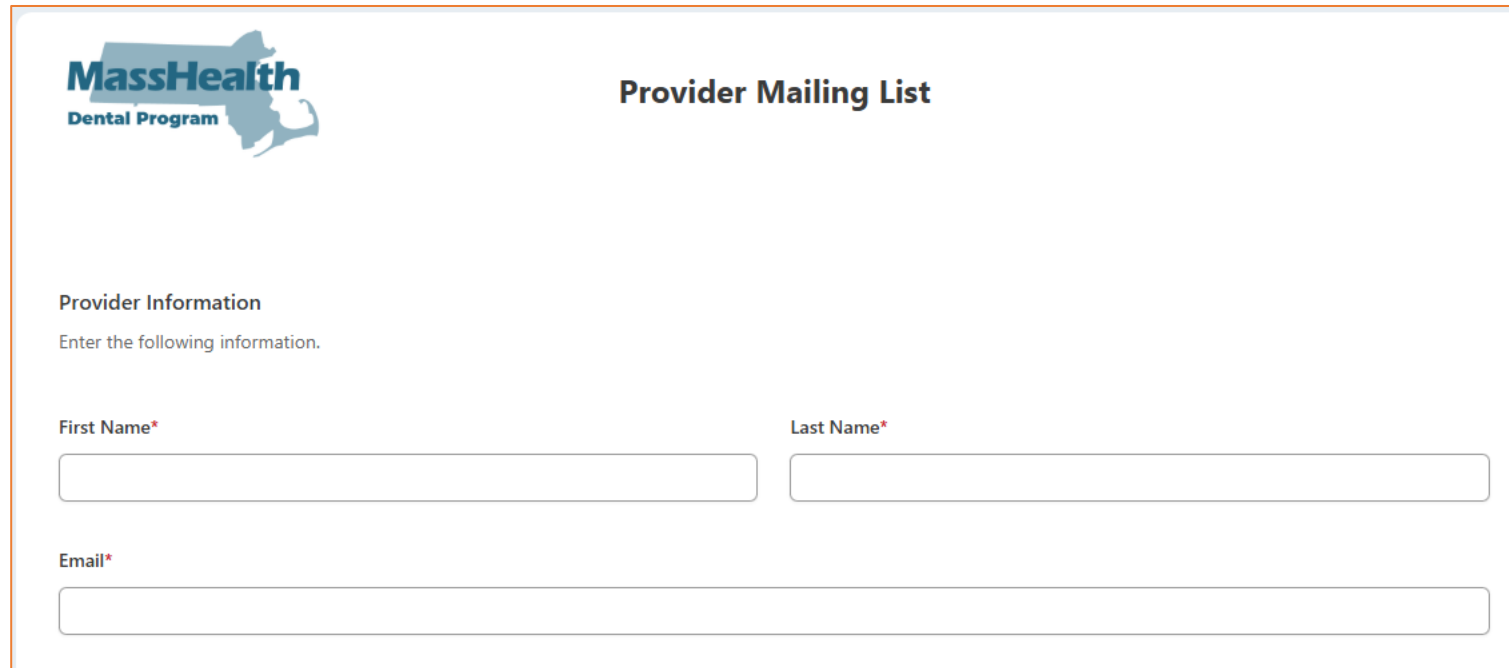
Dental Provider Toolkit

- Tools and Resources can be found on the MassHealth Dental program website: massdhp.org/dental-providers/dental-provider-toolkit



Provider Email List Sign-up Link

survey.massdhp.org/1

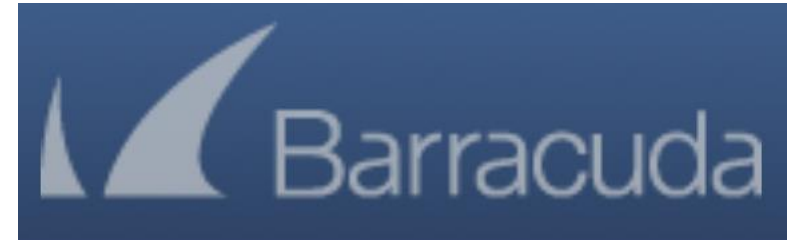


The screenshot shows a web form titled "Provider Mailing List" for the "MassHealth Dental Program". The form is enclosed in a light blue border. At the top left is the MassHealth Dental Program logo, which includes a blue outline of the state of Massachusetts. To the right of the logo is the title "Provider Mailing List". Below the logo and title, the text "Provider Information" is followed by the instruction "Enter the following information." There are three input fields: "First Name*" and "Last Name*" are side-by-side, each with a light blue rectangular input box. Below these is an "Email*" field with a single light blue rectangular input box. All field labels have a red asterisk indicating they are required.

Sign up for the email list to receive the latest updates. You can add as many emails as you would like.

Don't Miss Our Secure Emails

- We use a HIPAA-compliant secure email platform called Barracuda



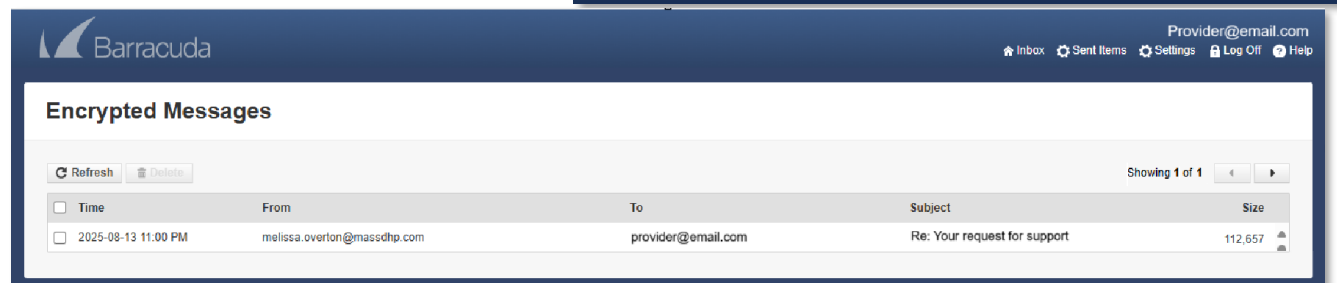
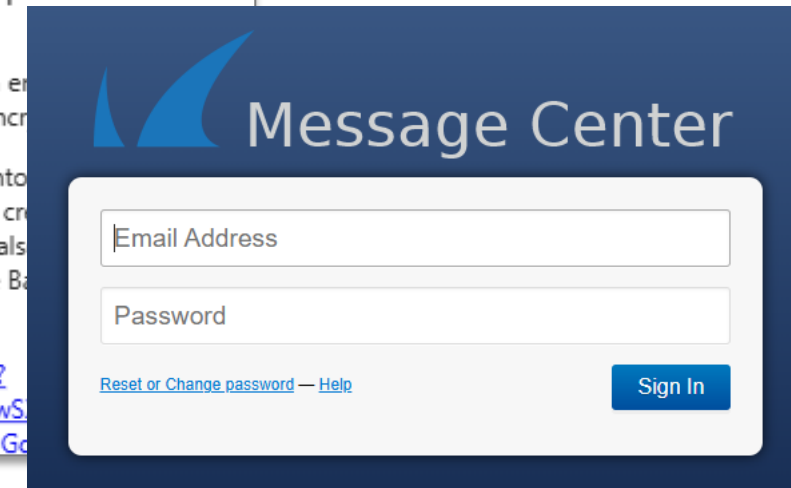
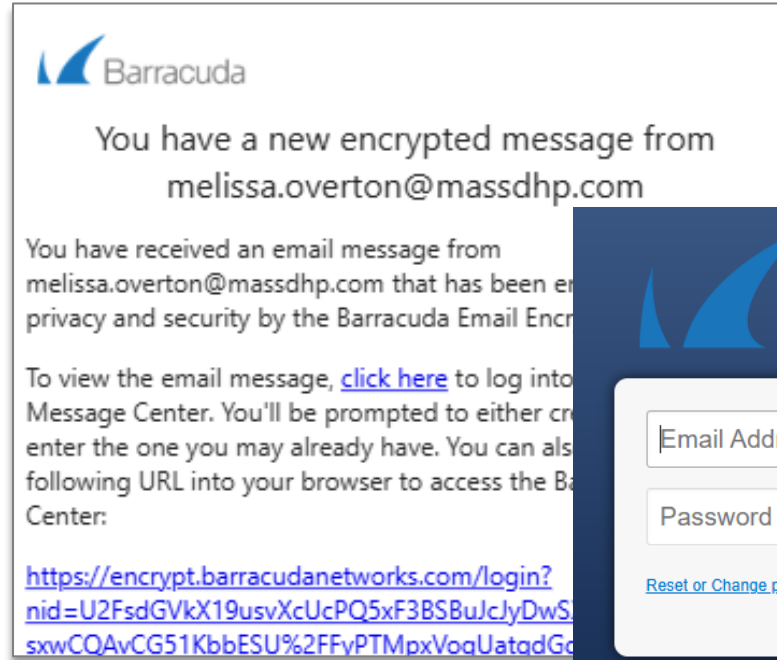
To avoid missing important messages, please:

- ✓ check your Spam or Junk folders and
- ✓ add Barracuda (@barracuda.com) to your safe senders list



Barracuda Email Overview

1. **Look for notifications** from noreply@barracuda.com in your inbox.
2. **Check your Spam/Junk folders** if you don't see the email in your inbox.
3. **Open the notification email** to access your secure message.
4. **Click the provided link** to open the Barracuda Message Center.
5. **Log in** using your Barracuda password, or **create a new password** if it's your first time.
6. Once logged in, **view, reply to, or download** your secure message.



Note: Barracuda secure messages expire in 30 days. Be sure to download and store a copy securely if needed.



VendorWeb

Providers can view scheduled payments and payment history

massfinance.state.ma.us/VendorWeb/

An official website of the Office of the Comptroller

VendorWeb

CTR Home Mass.Gov Contact State Agencies

[How to Use VendorWeb](#) [Home](#) [Contact](#) [FAQs](#) [Log In](#)

[MassHealth Providers](#) [Vendor Resources](#) [1099 FAQs](#)

VendorWeb

New to VendorWeb? Please see the ["How to Use VendorWeb"](#) job aid for a description of system features and instructions.

Welcome to VendorWeb. Using this website, vendors to the Commonwealth of Massachusetts can easily and quickly view scheduled payments, payment history, and tax Forms 1099. Please contact the Office of the Comptroller Solution Desk at comptroller.info@mass.gov or 617-973-2468 if you require assistance.

Vendor Login

To log in, enter your 12-digits alpha/numeric Vendor Code and last 4-digits Taxpayer Identification Number (TIN), then click "Login".

Vendor Code:

Last 4-digits TIN:

© 2025 Commonwealth of Massachusetts [Email Us](#) [Privacy Policy](#)

- To log onto VendorWeb, you will need your Vendor Code and the last 4 digits of your Tax ID.
- If you need to get your Vendor Code, please call 844-MH-DENTL ([844-643-3685](tel:844-643-3685)).
- If you know your MassHealth Provider ID/Service Location (PIDSL or Payee ID), you can call 800-841-2900 to get your Vendor Code.

*Your "Payee ID" or "PAYEE NUMBER" can be found at the top of your remits. It is 9 numbers and a letter: ex. 123456789 A



Prepayment Claim Review

- This is a new process to ensure claims align with MassHealth regulations **before payment** is made.
- This review includes but is not limited to:
 - **member eligibility** determination;
 - **provider eligibility** determination;
 - **benefit coverage** determination and/or **coordination of benefit**;
 - determination that the service is **medically necessary** and meets the applicable **standards of care** and is **not duplicative** of another service.
- When clinical review is needed for prepayment claim review, **documentation must be submitted with the claim.**



Prepayment Claim Review (cont.)

- **Prepayment claim review** is conducted in accordance with the MassHealth rules and regulations, including but not limited to 130 CMR 450.000: *Administrative and Billing Regulations*
- MassHealth regulations, including but not limited to 130 CMR 450.205(A) and 130 CMR 450.204(B) require providers to:
 - **keep documentation** that substantiates the provision and medical necessity of services
 - **provide such documentation** to MassHealth upon request
- MassHealth services are not payable without such documentation, and prepayment claim review is a MassHealth request for such documentation



Prepayment Claim Review (cont.)

Previous Requirements

- maintain documentation
- submit documentation *when requested*



New Requirements

- maintain and submit documentation *for all claims that are subject to prepayment claim review* (i.e. documentation is requested for services subject to clinical claim review)

Claim review is not prior authorization. PA requirements remain the same.



Prepayment Claim Review (cont.)

Providers can submit documentation before OR after providing a service:

Before treatment: Request an optional predetermination review to ensure the proposed treatment meets coverage guidelines.

With the claim: Verify compliance with MassHealth regulations, coverage policies, and clinical guidelines before payment.



Optional Predetermination

- Before treatment, providers have the option to submit documentation in advance to check if the proposed treatment is anticipated to meet MassHealth coverage criteria.
- Providers are **not required to request predetermination**

Prepayment claim review and optional predetermination are not prior authorization requirements. MassHealth **prior authorization requirements remain the same and have not changed.**



Benefits of Claims Review



Lower retrospective recoupment audit risk



Clarity on covered benefits



Improved claims accuracy with effective feedback and support



Consultants are making benefit determinations, not treatment recommendations



Intent is to assist providers in adhering to coverage guidelines



Use pre-determination as a service whenever questions on covered services arise



Refer to the ORM for Details

- **Required documentation:** ORM Section 6.00
- **Clinical criteria:** ORM Section 16.00
- **Code-by-code coverage and limitations:** ORM Exhibit A

The ORM is available at massdhp.org/orm.

The Office Reference Manual (ORM) is a resource designed to assist dental providers and their teams in understanding the MassHealth Dental Program. It provides key information on covered services, claim submission, and other important policies and procedures.

The ORM is regularly updated to reflect changes in policies, procedures, and regulations, so please check back frequently for updates.

Please note: If there is a conflict between the ORM and official MassHealth regulations, the regulations take precedence in every case.

Please refer to the MassHealth website for complete Dental and All Provider Manuals which contain the regulations: www.mass.gov/lists/dental-manual-for-masshealth-providers.



Claim Review Documentation Requirement Overview

Dental Procedure(s)	Eff. Date	Documentation	Provider
Restorative			
Prefabricated Crowns	10/1/25	<input type="checkbox"/> Pre-Tx Periapical <input type="checkbox"/> Posterior BWs, FMX, or PAN	General dentists
Permanent Crowns	4/1/25: >1 crown on same DOS for 21+ 10/1/25: 1 crown for 21+ OR crown(s) for <21	<input type="checkbox"/> Pre-Tx Periapical and BW* <input type="checkbox"/> Posterior BWs, FMX or PAN <input type="checkbox"/> Post-Tx radiograph	All providers
Core buildups	10/1/25	<input type="checkbox"/> Pre-Tx Periapical and BW* <input type="checkbox"/> Posterior BWs, FMX or PAN	All providers
Endodontics			
Pulpotomies	10/1/25	<input type="checkbox"/> Pre-Tx radiograph	General dentists
Root Canal Therapy	10/1/25	<input type="checkbox"/> Pre-Tx Periapical radiograph <input type="checkbox"/> Post-Tx Periapical of final fill	General dentists
Removable Prosthodontics			
Partial Dentures	10/1/25	<input type="checkbox"/> FMX or PAN radiograph <input type="checkbox"/> Charting of missing teeth or teeth planned to be extracted	General dentists
Complete Dentures	10/1/25	<input type="checkbox"/> FMX or PAN radiograph <input type="checkbox"/> If teeth present, charting and proposed Tx	General dentists
Oral Surgery			
Surgical Extractions	10/1/25	<input type="checkbox"/> Pre-Tx Periapical or PAN	General dentists
Soft tissue or partially bony impaction EXTs	10/1/25	<input type="checkbox"/> Pre-Tx Periapical or PAN <input type="checkbox"/> Narrative of Medical Necessity supporting symptomatic, carious, or pathologic condition	General dentists

NOTE: In specific circumstances, additional documentation (e.g. charting) may be required for clinical review. Extra documentation (e.g. intraoral photographs/narrative) may be submitted to supplement required documentation and substantiate medical necessity. If required radiographs cannot be obtained, diagnostic intraoral photographs and/or narrative must substantiate medical necessity.

* Pre-treatment bitewing only required for posterior teeth; not required for anterior teeth.

Contact Information

- **For MassHealth Dental questions and inquiries**, please reach out to MassHealth Dental Customer Service by visiting massdhp.org, calling 844-MH-DENTL (844) 643-3685, or emailing:
 - For General Inquiries, CustomerService@massdhp.com
 - For Claims, Claims Payments, Copies of Remits, Benefits, Eligibility, ProviderRequests@massdhp.com
 - For Contracting, Credentialing, Training, Education, ProviderRelations@massdhp.com



Provider Relations Team: Contact Information

Brianna Jones

E: brianna.jones@massdhp.com

P: 774.351.2718

**Lower Berkshire County, Essex County,
Hampden County, Hampshire County, and
Worcester County**

Towns in lower Berkshire County: Alford, Becket,
Egremont, Great Barrington, Lee, Lenox, Monterey,
Mount Washington, New Marlborough, Otis,
Richmond, Sandisfield, Sheffield, Stockbridge,
Tyringham, Washington, and West Stockbridge

Nataly Santos

E: nataly.santos@massdhp.com

P: 508.972.0028

**Upper Berkshire County, Franklin County,
Middlesex County, and Norfolk County**

Towns in upper Berkshire County: Adams,
Cheshire, Clarksburg, Dalton, Florida, Hancock,
Hinsdale, Lanesborough, New Ashford, North
Adams, Peru, Pittsfield, Savoy, Williamstown, and
Windsor

Melissa Overton

E: melissa.overton@massdhp.com

P: 774.425.7694

**Barnstable County, Bristol County, Dukes
County, Nantucket County, Plymouth
County, and Suffolk County**

General Inquiries:

CustomerService@massdhp.com

**Claims, Claims Payments, Copies
of Remits, Benefits, Eligibility:**

ProviderRequests@massdhp.com

**Contracting, Credentialing,
Training, Education:**

ProviderRelations@massdhp.com

Q & A

Thank You!