



IMPORTANT INFORMATION:

MassHealth Updated Office Reference Manual Now Available

Dear Provider,

Effective 10/2/2025 an updated MassHealth Dental Program Office Reference Manual (ORM) will be available at massdhp.org/ORM.

The ORM includes the following updates:

- Revised Section 6.00 *Documentation Submission Requirements* and Exhibit A *MassHealth Dental Program Covered Benefits, Exclusions, Limitations & Fee Schedule* to reflect prepayment claim review requirements are indefinitely delayed, **except 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.**
 - Claim review documentation requirements remain effective for dates of service 4/1/25 and after for 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.
 - No other claim review documentation requirements will go into effect on 10/1/25. Additional claim review requirements are indefinitely delayed. There is no new effective date anticipated at this time.
 - In the "Documentation Required" column, the term "radiograph" added after "PA" to clarify that "PA" refers to periapical radiographs. In contrast, within the "Required Review" column, "PA" refers to prior authorization.
- Retitled Section 6.00 to *Documentation Submission Requirements*. Language added to clarify that this section summarizes documentation required for submission and review.
 - Additional clarifications included to specify that recordkeeping requirements are in Section 12.00 *The Patient Record* and clinical coverage criteria in Section 16.00 *Clinical Criteria*.
- Revised Section 4.6 *Filing Limits* to reflect that **MassHealth has further extended the timely filing limit to 345 days through March 31, 2026.**
- Revised benefit limitation for **D7961** (buccal/labial frenectomy) in Exhibit A *MassHealth Dental Program Covered Benefits, Exclusions, Limitations & Fee Schedule*. Removed reference to limited tongue mobility to clarify that this condition is not a clinical indication for buccal/labial frenectomy.

Coverage information regarding all MassHealth coverage types, frequency limitations, medical necessity criteria and benefit details is also be available in our Office Reference Manual available at massdhp.org/ORM.

Questions? Please contact ProviderRelations@massdhp.com or call 844-MH-DENTL (844) 643-3685.

Thank you for taking care of MassHealth members.