



MassHealth Webinar Series

FAQ's

June 17, 2021

The entire team would like to thank everyone who attended the MassHealth webinar sessions hosted on June 17, 2021, of this year. In response to the outstanding dialogue and the number of questions that came in via the chat feature and subsequently via e-mail, we have pulled together this FAQ.

Crowns & Root Canals

When billing for crowns and dentures, can we bill on seat date or prep date?

Providers must bill on the seat / delivery date for dentures and crowns.

Are there restrictions for the number of root canals (D3310, D3320, D3330), Post and Cores (D2954), or Crowns (D2751) we can complete on a single service date?

Please see the limitations below from the ORM.

The link to the ORM: <http://www.masshealth-dental.net/Documents?ids=1>

Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations
D3310	endodontic therapy, anterior tooth (excluding final restoration)	21 and older	Teeth 6 - 11, 22 - 27	No	One of (D3310) per 1 Lifetime Per patient per tooth. No limitation on number performed per treatment.
D3320	endodontic therapy, premolar tooth (excluding final restoration)	21 and older	Teeth 4, 5, 12, 13, 20, 21, 28, 29	No	One of (D3320) per 1 Lifetime Per patient per tooth.
D3330	endodontic therapy, molar tooth (excluding final restoration)	21 and older	Teeth 2, 3, 14, 15, 18, 19, 30, 31	No	One of (D3330) per 1 Lifetime Per patient per tooth.

Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations
D2751	crown - porcelain fused to predominantly base metal	21 and older	Teeth 2 - 15, 18 - 31	No	One of (D2710, D2740, D2750, D2751, D2752, D2790) per 60 Month(s) Per patient per tooth. Maintain pre-treatment and post-treatment film of the tooth in chart.

D2954	prefabricated post and core in addition to crown	21 and older	Teeth 2 - 15, 18 - 31	No	One of (D2950, D2954) per 1 Day(s) Per patient per tooth. Maintain pre-treatment and post-treatment film of the tooth in chart.
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Why is code D2950 only covered once per day?

The limitation is once per day, per patient, per tooth. Services can be provided on multiple teeth on the same day.

D2950	core buildup, including any pins when required	21 and older	Teeth 2 - 15, 18 - 31	No	One of (D2950, D2954) per 1 Day(s) Per patient per tooth. Maintain pre-treatment and post-treatment film of the tooth in chart.
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Substitutions & Upgrades

Substitution Language

MassHealth ORM (Page 13):

Program Regulations (130 CMR 420.000); 420.409: Noncovered Circumstances

- Providers may upgrade medically necessary services at no additional cost to the MassHealth agency or the member.
- MassHealth allows participating dentists to provide a service of greater value and bill for the code covered by the program accepting the allowable rate.
- Your office will need to document the service(s) that was provided in the notes section of the claim form (box 35) or in the notes section on the web portal and site the regulation above.

Are we able to bill patients for "upgrades" to their partials which MassHealth does not pay for, such as clear clasps on partials?

You can provide services that MassHealth does not cover to the member if the member is aware (documented in writing & signed by the member) that it will be an out of pocket expense before services are rendered. Please ensure any service is consistent with the following portion of 130 CMR 420.409(B)(1) regarding substitutions or modifications of covered service:

If a member desires a substitute for, or a modification of, a covered service, the member must pay for the entire cost of the service. The MassHealth agency does not pay for any portion of the cost of a substitute for, or modification of, a covered service. In all such instances, before performing services not covered for the member, the provider must inform the member both of the availability of covered services and of the member's obligation to pay for those that are not covered services.

Can we provide upgraded services for crowns that include bridgework and avoid billing the patient / bill MassHealth?

You can provide an upgraded service to a MH member at no charge to the member. Your office will bill the covered MH service, accept the rate of reimbursement, and note the upgraded services provided in the notes section on the claim form / web portal (see substitution language above & in the ORM on page 13).

If you provide a non-covered service to a member and anticipate billing the member for the non-covered service, the member must know before the services are rendered that it will be an out of pocket expense (documented in writing & signed by the member).

EPDST-

Note: If the member is under the age of 21, a prior authorization can be submitted with a narrative of medical necessity to determine coverage due to EPSDT (Early Periodic Screening Diagnostic and Treatment).

What is EPSDT?

Please see the link below to learn more:

<https://www.medicaid.gov/medicaid/benefits/early-and-periodic-screening-diagnostic-and-treatment/index.html>

Scaling & Root Planing

How often is D4341 per quad allowed?

MassHealth Frequency / Limitation for Eligible Members

D4341, D4342 – One of D4341 or D4342 per 3 Calendar year(s) Per patient per quadrant. Two per 1 Day(s) Per Provider OR Location in office. Four per 1 Day(s) Per Provider OR Location in hospital.

*Please see the Office Reference Manual for more information regarding coverage.

(<http://www.masshealth-dental.net/Documents?ids=1>)

*Note: If the member is under the age of 21, a prior authorization can be submitted with a narrative of medical necessity to determine coverage due to EPSDT (Early Periodic Screening Diagnostic and Treatment).

What do we need to know when submitting prior authorizations for scaling and root planing?

What is Scaling & Root Planing (SRP)?

SRP involves instrumentation of the crown and root surfaces of the teeth to remove plaque and calculus from these surfaces. It is indicated for patients with periodontal disease and is therapeutic, not prophylactic in nature. Root planing is the definitive procedure designed for the removal of cementum and dentin that is rough, and/or permeated by calculus or contaminated with toxins or microorganisms. Some soft tissue removal occurs. This procedure may be used as a definitive treatment in some stages of periodontal disease and as a part of pre-surgical procedures in others. It is anticipated that this procedure would be requested in cases of severe periodontal conditions where definitive comprehensive root planing requiring local/regional block anesthesia and several appointments would be indicated.

MassHealth Frequency / Limitation for Eligible Members

D4341, D4342 – One of D4341 or D4342 per 3 Calendar year(s) Per patient per quadrant. Two per 1 Day(s) Per Provider OR Location in office. Four per 1 Day(s) Per Provider OR Location in hospital. *Please see the Office Reference Manual for more information regarding coverage.

Requirements for Submission Authorization

Required for adult members to receive coverage for SRP treatment. The documentation required includes:

- Appropriate bitewing and periapical diagnostic quality radiographs which show noticeable bone loss of bone support or root surface (cementum) calculus. Noticeable bone loss is evident when the crest of bone is 2.5 mm or greater apical to the CEJ (towards the apex of the root)
- Complete periodontal charting indicating abnormal pocket depths in multiple sites
- Medical necessity narrative indicating any history of previous periodontal treatment or statements concerning the member's periodontal condition.

Radiographs

When choosing the type of image to submit, the clinician should carefully consider which type of radiograph to use and which technique to implement that is best suited for evaluating periodontal disease.

*Note: Most denials occur because of insufficient visible bone loss on the radiograph submitted.

Pseudo-pocketing

Be aware of pseudo-pocketing which is a pocket that results from gingival inflammation that produces an apparent abnormal depth of the gingival sulcus without apical movement of the epithelial attachment resulting in a false pocket.

Bill Appropriately

Code D4341 requires 4 affected teeth in the quadrant. 4 teeth per quadrant must have either 2.5mm of bone loss or root surface calculus. Ensure code D4342 is utilized when billing for one to three teeth in a quadrant.

COVID Vaccination Codes

***The below information is also available on the MassHealth Provider Web Portal in the red bell / under the documents section.**

What are the particulars for covid-19 vaccination distribution?

Becoming a Vaccinator: Resources for Dental Professionals

Updated January 19, 2021

The Board of Registration in Dentistry (BORID) has determined that it is within the scope of practice for Dentists and Dental Hygienists with a current local anesthesia permit (permit L), and when under the direct supervision of a licensed dentist, to administer vaccines, including the COVID-19 vaccine.

Trainings and Resources Massachusetts Department of Public Health

Pfizer

Pfizer COVID-19 Vaccine Training Recorded Webinar:

<https://register.gotowebinar.com/recording/7634552857599743233>

- Pfizer COVID-19 Vaccine Training Slides:

[http://www.maventrainingsite.com/mavenhelp/pdf/COVID-](http://www.maventrainingsite.com/mavenhelp/pdf/COVID-19%20Vaccine%20Administration%20Hospital%20CHC%20Training_Dec14.pdf)

[19%20Vaccine%20Administration%20Hospital%20CHC%20Training_Dec14.pdf](http://www.maventrainingsite.com/mavenhelp/pdf/COVID-19%20Vaccine%20Administration%20Hospital%20CHC%20Training_Dec14.pdf)

Moderna

- Moderna COVID-19 Vaccine Training Recorded Webinar:

<https://register.gotowebinar.com/recording/4012809934582182926>

- Moderna COVID-19 Vaccine Training Slides: <https://www.mass.gov/doc/covid-19-vaccinetraining-the-moderna-supplement/download>

Centers for Disease Control and Prevention

- Understanding the Basics: General Best Practice Guidelines on Immunization:

<https://www2.cdc.gov/nip/isd/ycts/mod1/courses/gbp/ce.asp>

- COVID-19 Vaccine Training Modules: <https://www2.cdc.gov/vaccines/ed/covid19/>

- COVID-19 Vaccination Training Programs and Reference Materials for Healthcare Professionals: <https://www.cdc.gov/vaccines/covid-19/downloads/COVID-19-Clinical-Training-and-Resourcesfor-HCPs.pdf>

Becoming a Vaccinator in Massachusetts

Massachusetts COVID-19 Vaccine Program (MCVP) Guidance for Vaccine Providers and Organizations: <https://www.mass.gov/info-details/massachusettscovid-19-vaccine-program-mcvp-guidance-for-vaccine-providers-and>

Register to Become a Vaccinator

Register to become a vaccinator with the Massachusetts Immunization Information System (MIIS): <https://www.miisresourcecenter.com>

Ordering the COVID-19 Vaccine COVID-19 Vaccine will be allocated and distributed via the MIIS. Learn more about the COVID-19 vaccine distribution timeline here:

<https://www.mass.gov/info-details/when-can-i-get-the-covid-19-vaccine>

Storage and Handling of the COVID-19 Vaccine

Massachusetts Department of Public Health

Pfizer

- Pfizer COVID-19 Storage and Handling Training Slides:
<mailto:https://www.mass.gov/doc/covid-19-storage-and-handling-training/download>

Moderna

- Moderna COVID-19 Storage and Handling Training Slides (same presentation as link under “training and resources”): <https://www.mass.gov/doc/covid-19-vaccine-training-the-modernasupplement/download>

Centers for Disease Control and Prevention

Vaccine Storage and Handling Toolkit:
<mailto:https://www.cdc.gov/vaccines/hcp/admin/storage/toolkit>

MassHealth Plans

What kind of MassHealth plans exist?

MassHealth is one Medicaid plan with different benefit subgroups. All benefits and subgroups can be found in the Office Reference Manual located on the Provider Web portal under Documents list or on the MassHealth website, dentist tab, documents.

You can find the breakdown in coverage by subgroup in the exhibits in the back of the Office Reference Manual (ORM).

ORM Website Link: <http://www.masshealth-dental.net/Documents?ids=1>

Suggestions- Future Town Hall Events / Webinars

Can you host a series of town hall events by specialties?

Thank you for the suggestion. We will consider hosting specialty town hall events in the future.

Orthodontics

Why does our office receive denials when the primary payer EOB uses code D8080 instead of D8670?

Denials occur when different codes are utilized by other carriers when a note is not included on the EOB as to why the codes are different than those that have been submitted for payment to MassHealth.

For continuation of care cases, can we send in a prior authorization for a case that was approved for D8670 to be able to seek approval for D8080 as well?

Please submit a prior authorization with all necessary documents as noted in section 16.0 of the ORM. If further review is needed, please submit a reconsideration.

Third Party Liability (TPL)

Why is it a major issue with primary insurance that even when member calls in it never updates correctly on the provider web portal?

If the member's primary coverage terminates, the member must call MassHealth Customer Service (1-800-841-2900) to permanently update their information.

OR

MassHealth members may contact the TPL vendor at the following:

Insurance related inquiries:

Customer Support: (888) 628-7526

Fax: (617) 451-1332

Email: MassHealthTPL@accenture.com

Additional member information on TPL topics can be found on the MassHealth website. Members may be directed to the MassHealth website for information about having private health insurance in addition to MassHealth, the MassHealth Premium Assistance Program, and Coordination of Benefits for members with private insurance. The website links are as follows:

<https://www.mass.gov/info-details/masshealth-and-private-health-insurance-also-known-as-third-party-liability-tpl>

<https://www.mass.gov/info-details/masshealth-coordination-of-benefits-cob>

MassHealth providers may contact the TPL vendor at the following:

Provider related inquiries:

Customer Support: (888) 628-7526

Fax: (617) 451-1332

Mailing Address:

Third-Party Liability (TPL) Unit

519 Somerville Ave #372

Somerville, MA 02143

Why do we still get denials on claims stating they have a primary insurance when that insurance has terminated, and it is on the MassHealth provider web portal stating you have the termination date of that of the primary insurance?

The member may have more than one primary insurance and the claim may have processed before TPL was updated. Please call Customer Service for assistance or reach out to your PR representative if you have further questions.

An adult patient's crown preparation was initiated before crown benefits were covered by MassHealth. The patient paid some portion of the office fee schedule for the crown as well in past, now on crown insertion day MassHealth has restored crown coverage. How do you deal this situation?

Given you cannot bill for a crown until the date of seat / delivery, the crown would be covered by MassHealth. All dollars collected from the member must be refunded.

While waiting for monthly or yearly EOB from primary will TPL claims deny for untimely filing once ready to submit?

They will not, the 90 day window starts on the date the EOB from the primary was processed.

When a patient has MassHealth as their secondary insurance and primary coverage has ended, MH has the patient's previous primary listed multiple times causing payment delays due to additional listings with no end date. There have been multiple calls made to MH representatives from our staff and patients, but this problem was never resolved. It never fixes itself; can you fix this?

If the member's primary coverage terminates, the member must call MassHealth Customer Service (1-800-841-2900) to permanently update their information.

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519 Somerville Ave #372

Somerville, MA 02143

Timely Filing

What are the MassHealth timely filing limitations?

Timely filing limitations:

Regular Claims: 90 days

-Corrections can be made to claims up to 12 months from the date of service.

Third Party Liability (TPL) Claims: 90 days from the date of notice of final disposition from the other insurer and no later than 18 months after the date of service.

-Corrections can be made to claims up to 18 months from the date of service.

Radiographs

The bundling of the panoramic radiograph and bitewings to a full mouth series even though they were not taken the same day (the panoramic radiograph was taken the next day after bitewings). What is the timeframe after bitewings that a panoramic radiograph may be taken, without bundling, since this is not specified on the ORM?

Panoramic radiographs bundle when billed with other radiographs that reach the dollar amount for an FMX within a 30 day period.

What is the limitation for panoramic radiographs?

Limitation per the Office Reference Manual (ORM):

One of (D0330) per 3 year(s) Per Provider or Location. **(Not covered when billed with services related to Crowns, Endodontics, Periodontics, Restorations and Orthodontics)**. Non-surgical conditions. Surgical conditions are payable in excess of the 3-year limitation when used as a

diagnostic tool. Any combination of radiographs that exceeds the maximum allowable payment for an FMX will be reimbursed at the same rate as D0210. Documentation of variation from ADA clinical guidelines to be kept in patient record.

Prior Authorizations

Can I submit a prior authorization for codes that do not have a prior authorization requirement?

If you submit a prior authorization for codes that do not have a prior authorization requirement, the submission will deny as “not reviewable” as we are not able to prior authorize services that do not have a requirement for review.

Please review service history for the member in addition to limitations in the Office Reference Manual (ORM) prior to rendering services.

The only exception to that rule is for members under age 21 when a service will be denied due to frequency / limitations or if it is a non-covered service. Due to EPSDT, the member may qualify for coverage.

Our office is Pediatric. Many parents will call us because their child has several cavities or have been told they need to have general anesthesia and they are not comfortable with that. They have used their allotted exams and want our doctor's opinion. He will see the child and go over treatment options with the parents giving them his time and expertise. Are we allowed to charge the parent for the exam and time? If not, how does the doctor get reimbursed for his time?

If the member is under the age of 21, a prior authorization can be submitted with a narrative of medical necessity to determine coverage due to EPSDT (Early Periodic Screening Diagnostic and Treatment) when limitations are met or if the service is non-covered.

How do I extend a prior authorization?

If an authorization will expire prior to the completion of treatment, a provider may request an extension of the time for treatment to allow for the patient’s treatment to be completed.

Providers must submit extension requests in writing electronically (at least one month prior) via the General Inquiry process before the expiration of the prior authorization to DentaQuest and must include the prior authorization number in the request.

How do I transfer prior authorizations?

Location Changes / Same TIN

Providers can request a transfer of a prior authorization via the portal under “contact us” and submit a “general” inquiry. Once the general inquiry has been started, offices can request the prior authorization team complete the transfer, if, it doesn’t involve a different tax identification number. This only applies to location changes under the same tax identification number.

New Offices / New TIN’s

For new offices or tax identification numbers different from the tax identification number on the approval, you will need to submit a NEW authorization, or a continuation of care prior authorization (for orthodontic services).

Instructions- Submitting General Inquiries:

MassHealth Provider Web Portal Process- www.masshealth-dental.net, Contact Us, Submit an Inquiry, Choose “No”- disagreement with a claim decision to enter a **General Inquiry**.

- Select **Prior Authorization** this way it will go to the prior authorizations department to complete the request
- Select the **Service Location** where the prior authorization is approved
- Select **Explanation**
 - Enter the details for the extension or transfer, such as “please transfer Prior Authorization # from old Tax ID# and location NPI to new Tax ID # and location NPI”
 - The member has two Orthodontic adjustments remaining please extend authorization #...”
- Enter the **Desired Outcome**
- Attach documentation if necessary
- Then click **Submit**, an inquiry ID number will appear to confirm the request was received

Children’s Medical Security Plan (CMSP)

Does CMSP allow for medical necessity review if a code is not covered or if our office feels the frequency for treatment should be greater?

Medical necessity review (EPSDT) is not permitted under this plan. If a service is not covered, it is considered non-covered with no exceptions allowed. All frequencies and limitations are outlined in the Office Reference Manual (ORM).

Do all MH providers have to accept CMSP?

All MassHealth providers were grandfathered into participating under the Children’s Medical Security Plan (CMSP) beginning 7/1/2017.

How should the office handle a case where a member is in midst of orthodontic treatment, and they switch to CMSP coverage (private office)?

Offices that are not licensed Community Health Centers must inform their existing patients that CMSP does not cover Orthodontic services at private practices.

Orthodontic services may be covered, if approved when the member has HSN CMSP (please check eligibility on the MassHealth provider web portal) and they transition their orthodontic care to a community health center.

If the member is informed of their options by your office and they do not wish to leave your practice to seek care at a community health center the member must sign a form agreeing to the treatment plan (outlined in writing) and out of pocket charges prior to continuing / rendering treatment.

When the MassHealth CMSP member reaches the state fiscal year maximum (7/1-6/30) of \$750 can we charge them?

After the member reaches the state fiscal year maximum providers can bill the member up to the MassHealth allowable fee for services. The member must be notified and sign a form agreeing to the treatment plan and charges prior to treatment. (Unless the member is eligible for HSN CMSP coverage, and they choose to transfer care to or are already receiving care at a community health center.)

If a patient has MassHealth CMSP and HSN CMSP coverage, once the child maxes out under the MassHealth CMSP benefit, will HSN CMSP pay for covered services after the \$750 is exhausted on the MassHealth side?

If the member has both MassHealth CMSP and HSN CMSP coverage and they are seeking care at a community health center, a claim will automatically process under both MassHealth CMSP and HSN CMSP to determine coverage.

MassHealth Coverage Questions

Will MassHealth cover pontic crowns for adults so we are able to do bridges?

Currently, MassHealth does not pay for pontic crowns for adults.

Why isn't periodontal maintenance covered (D4910) (when scaling and root planning is covered)?

Currently, MassHealth does not cover for periodontal maintenance.

Will MassHealth consider increasing timely filing limitations to provide offices with more time to submit claims?

MassHealth's standard 90-day timely filing is the same across the board for all programs.

Would MH consider covering the comprehensive oral evaluation (D0150) more often than once per lifetime per provider or location?

Currently, MassHealth does not pay for D0150 more than once per lifetime per provider or location.

Why won't MassHealth cover post and core services for adults?

MassHealth covers post and core code D2954 effective 1/1/21.

D2954	prefabricated post and core in addition to crown	21 and older	Teeth 2 - 15, 18 - 31	No	One of (D2950, D2954) per 1 Day(s) Per patient per tooth. Maintain pre-treatment and post-treatment film of the tooth in chart.
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Why are members are limited to 4 stainless steel crowns unless provided in a hospital setting, but the same limitation is not on the prefabricated crowns?

All prefabricated crowns are limited to 4 units unless provided in a hospital setting.

D2930	prefabricated stainless steel crown - primary tooth	0-20	Teeth A - T	No	Four of (D2930, D2931, D2932, D2934) per 1 Day(s) Per patient. Maximum of 4 per day if performed in an office setting. No limitation if performed in the OR or outpatient facility.
D2931	prefabricated steel crown-permanent tooth	0-20	Teeth 2 - 5, 12 - 15, 18 - 21, 28 - 31	No	Four of (D2930, D2931, D2932, D2934) per 1 Day(s) Per patient. Maximum of 4 per day if performed in an office setting. No limitation if performed in the OR or outpatient facility.

D2932	prefabricated resin crown	0-20	Teeth 1 - 32, A - T	No	Four of (D2930, D2931, D2932, D2934) per 1 Day(s) Per patient. Maximum of 4 per day if performed in an office setting. No limitation if performed in the OR or outpatient facility.
D2934	prefabricated esthetic coated stainless steel crown - primary tooth	0-20	Teeth C - H, M - R	No	Four of (D2930, D2931, D2932, D2934) per 1 Day(s) Per patient. Maximum of 4 per day if performed in an office setting. No limitation if performed in the OR or outpatient facility.

How can I share my concerns or feedback about the program surrounding coverage for additional codes / services?

The MassHealth Dental Program team welcomes your feedback. Please send any feedback regarding the program to your provider relations representative or any member of the DentaQuest MassHealth team. We will be sure to share your feedback with the MassHealth Dental Program. MassHealth holds periodic public hearing regarding our dental regulation which are announced via the listserv (link to sign up for listserv). Please attend and submit oral or written comments to the program. The next public hearing is on 7/16/2021.

With the metal cost increase, the dental lab costs to make crowns has reflected those increases, making D2751 more costly for the provider than D2740. Will there be changes to the covered codes for crowns?

Substitution Language

MassHealth ORM (Page 13):

Program Regulations (130 CMR 420.000); 420.409: Noncovered Circumstances

- Providers may upgrade medically necessary services at no additional cost to the MassHealth agency or the member.
- MassHealth allows participating dentists to provide a service of greater value and bill for the code covered by the program accepting the allowable rate.
- Your office will need to document the service(s) that was provided in the notes section of the claim form (box 35) or in the notes section on the web portal and site the regulation above.

Your office can provide an upgraded service to a MH member at no charge to the member. Your office will bill the covered MH service, accept the rate of reimbursement, and note the upgraded services provided in the notes section on the claim form / web portal (see substitution language above & in the ORM on page 13).

If you provide a non-covered service to a member and anticipate billing the member for the non-covered service, the member must know before the services are rendered that it will be an out of pocket expense (documented in writing & signed by the member).

EPDST-

Note: If the member is under the age of 21, a prior authorization can be submitted with a narrative of medical necessity to determine coverage due to EPSDT (Early Periodic Screening Diagnostic and Treatment).

Remits

Why are the weekly remits not posted on the same day as the deposit of payment?

DentaQuest adjudicates claims, however, MassHealth issues payment. As a result, MassHealth must provide DentaQuest with a weekly payment file that allows us to generate remits. The process of receiving the file and creating the remits takes a few days creating a gap between payment and remit posting.

Broken Appointments

How do I report a broken appointment?

Please report all broken appointments on the MassHealth provider web portal along with the most current phone number for the member. Our team will reach out to the member directly via phone.

Can I dismiss a MassHealth member from my practice if they miss / break appointments?

If your office policy is consistent across the board for all members regardless of insurance and you have provided a copy of your office policy (signed by the member indicating understanding) you are able to dismiss a MassHealth member from your practice for missed / broken appointments.

There have been additions to the MH covered procedure, basic and major, lists, and with these additions' appointment times have been extended ranging from 90 to 120 minutes per appointment. What can we expect for reimbursement for non-COVID related last minute cancellations?

MassHealth cannot make payment if services are not provided. Please note that providers cannot charge MassHealth members for broken appointments and must accept MassHealth payment as payment in full. See, for example, 130 CMR 450.202 and applicable federal and state issuances: <https://www.medicaid.gov/sites/default/files/2019-12/policy-issues-in-the-delivery-of-dental-services.pdf>; <https://www.mass.gov/doc/all-provider-bulletin-106-billing-for-missed-appointments-0/download>.

Paper Claim Waiver

There have been numerous claims denied due to not having a paper waiver on file, resulting in the need for a paper claim to be mailed. How can we anticipate who will need the paper claims? Who needs to sign the waiver? Patient or Provider?

MassHealth Dental Program does not accept paper claims. A waiver is only allowed in rare situations if the provider can prove they do not have access to electronic claims submission tools.

Please work with your clearing house to ensure they know that paper claims are not accepted by MassHealth.

Fee Increases

MH is currently undergoing the dental rate review process. Please look out for our announcement for a public hearing via the listserv.

Eligibility

Can I use MMIS (oral surgeons / CHC's) for eligibility checks or my clearing house vendor (eliminate need to use multiple web portals)?

The only system MassHealth allows offices to use to verify eligibility is the MassHealth provider web portal located at www.masshealth-dental.net. Do NOT use other sources such as Change HealthCare or other system software to verify eligibility. ONLY use the MassHealth Provider Web Portal- check member history to avoid denials. MassHealth will not honor any other vendor portal or software as proof of eligibility if a claim was to deny for member not eligible or member not found. The only proof of eligibility MassHealth will honor is from the MassHealth provider web portal.

Why do some members show the old ID or show inaccurate eligibility on the web portal?

Timing can impact our ability to show current eligibility on the MassHealth provider web portal given MassHealth sends us eligibility file updates nightly and at times, those updates can be delayed.

Referrals for Specialty Services

What tools are available to assist a MassHealth or Health Safety Net member with finding a specialty provider (endodontist, oral surgeon, orthodontist, etc.)?

MassHealth Website -

- Go to: www.masshealth-dental.net
- Click on Find a Provider

- Choose a plan- MassHealth or Health Safety Net
- Fill in the information requested
- You can also search for a dental specialist

A list of MassHealth dental providers and specialists in the member's area will be displayed in a printable form.

How do I find the MassHealth website?

To reach the MassHealth website you can type www.masshealth-dental.net into your browser or scan the QR code below.



DentaQuest Customer Service 1-800-207-5019

DentaQuest customer service can also provide a current list of dentists who are enrolled in MassHealth. If a member needs additional help finding a dentist, ask them to call customer service for further assistance from an intervention specialist.

TTY: 1-800-466-7566 (for people with partial or total hearing loss)

Hours: 8:00 A.M. to 6:00 P.M.

Days: Monday- Friday

What can I do if I am having issues finding a specialty office who is willing to take MassHealth members?

Please reach out to your provider relations representative for assistance via e-mail, cell phone or customer service at 1-800-207-5019.

Daniel Archambault-

Phone: (617)835-4955

E-mail: Daniel.archambault@dentaquest.com

Keishia Lopez-

Phone: (617)990-2709

E-mail: Keishia.lopez@dentaquest.com

MassHealth Members

How does MassHealth assist members in understanding their benefits?

MassHealth members are provided a member handbook and information on their coverage when they become newly enrolled and receive mailings throughout the year reminding them of the importance of oral health and resources available.

In addition, they have access to customer service (1-800-207-5019) five days per week from 8:00 a.m. to 6:00 p.m. EST and the MassHealth Intervention Specialist (through customer service) five days per week from 8:00 a.m. to 4:00 p.m. EST.

Member benefit information and educational materials are available on the MassHealth member web portal and the MassHealth website at <mailto:www.masshealth-dental.net/Documents?ids=2>.

Member Board of Hearings Appeal Process

What do you need as a member to appeal a prior authorization denial by MassHealth?

The Board of Hearings must receive a completed, signed request for hearing form and a copy of the notice from MassHealth from the member within 30 calendar days from the date they received the notice of action (date on notice). The form (link below) will be mailed directly to the member with the notice of action: <https://www.mass.gov/how-to/how-to-appeal-a-masshealth-decision>

Where and how can the member return the request for hearing form after completion?

Mail / Fax Process:

1. The member will fill out the Fair Hearing Request Form
2. They should make a copy of the notice and completed request for hearing form for their records
3. The member can then send the completed request for hearing form to the Office of Medicaid, Board of Hearings in person, by mail or fax1 at:
 1. Mail Office of Medicaid, Board of Hearings 100 Hancock St. 6th Floor Quincy, MA 02171 Fax 1. The member will fill out the Fair Hearings Request form
 2. The member can fax the form to the Office of Medicaid, Board of Hearings at (617) 887-8797

What happens next?

After the member submits a request for a hearing, the Board of Hearings will send a written scheduling letter of the hearing date, time, and place at least 10 calendar days before the scheduled hearing date. Individuals with difficulty completing the form can file a request for hearing by telephone through MassHealth Customer Service at 1 800 841-2900.

Who should attend the hearing?

At the hearing, the member may represent themselves or be represented by a lawyer or other representative at their own expense. Members may contact a local legal service or community

agency to get advice or representation at no cost. To get information about legal service or community agencies, call the MassHealth Customer Service Center.

What if a member cannot attend a hearing?

If the member cannot come to the hearing for good cause, or if they need a telephone hearing and did not specify on the request for hearing form, they must call the Office of Medicaid, Board of Hearings before the hearing date.

*Main Phone Number: (617) 847-1200

*Toll free Phone Number: (800) 655-0338

*Failure to appear without having good cause, or having previously rescheduled the hearing, will result in the dismissal of their appeal. The member and representative can review your MassHealth case file before the hearing. To do so, call the MassHealth / DentaQuest Customer Service Center toll free at: (800) 207-5019

Office of Medicaid, Board of Hearings Contact Information:

Mailing Address-

Office of Medicaid Board of Hearings

100 Hancock St. 6th Floor

Quincy, MA 02171

Questions?

Applicants, members, and appeal representatives with questions about a fair hearing, should contact:

Main: (617) 847-1200

Toll free: (800) 655-0338

Contact by Fax: (617) 887-8797

Where can I find the MassHealth Fair Hearing Rules?

130 CMR 610.000: MassHealth: Fair Hearing Rules can be found:

<https://www.mass.gov/regulations/130-CMR-610000-masshealth-fair-hearing-rules>

Translation & Interpreter Services

Does our office need to pay and/or provide translation or interpreter services?

All MassHealth participating providers are responsible for the reasonable coordination and cost of providing translation services.

Reasonable steps may include written translations of documents, or oral language assistance from a qualified interpreter, either in-person or using remote communication technology.

MassHealth does not reimburse for translation or interpretation services and the member may not be charged given it is a state and federal requirement.

Where can I learn more?

To learn more please visit the following sources:

- [lep-bulletin-5-15-2020-english.pdf \(hhs.gov\)](#)
- <mailto:https://nad.org/issues/health-care/providers/questions-and-answers>
- mailto:http://www.ada.org/~media/CPS/Files/COVID/Legal_Obligation_To_Provide_Interpreter_And_Translator_Services.pdf

What resources are available to my practice?

Resources from MassHealth to connect with interpreters online or via phone (for a fee to be paid by the provider's practice):

- <https://www.mass.gov/how-to/how-to-request-an-asl-interpreter-or-cart-provider12>

Transportation

***MassHealth Members may be eligible for MassHealth transportation coverage.**

Who can submit a request?

Providers must complete a Prescription for Transportation (PT-1) form on the member's behalf.

How do I submit a request?

To submit a PT-1, go to: <mailto:www.mass.gov/how-to/request-transportation-for-a-member>

Where can I find assistance if needed?

If you need assistance completing a PT-1 form, contact MassHealth at 1-800-841-2900.

-Select prompt 2 for "MassHealth Providers", then 3 for "all other providers."

-Next select 7 for "questions" or 3 to check on a submitted "transportation request."

Telehealth Services

Will MassHealth continue to allow the billing of telehealth services now that the public health emergency period has ended?

Telehealth policies that are in place will remain as is currently until September 15, 2021. MassHealth will subsequently release another Telehealth Bulletin prior to September 15th describing the agency's policy across the programs.

How do I bill for telehealth services now (as of July 2021)?

The MassHealth Dental Program approved the ability for dental services to be provided via telehealth for both MassHealth and HSN beginning March 12, 2020.

The billing system was updated to accept claims when billed with **place of service telehealth (02)**. Additionally, the MassHealth Provider Web Portal, www.provider.masshealth-dental.net was updated to provide place of service option telehealth (02).

***Please note that MassHealth has not adopted specific telehealth codes**, changed frequencies / limitations or waived eligibility or provider credentialing requirements.

Provider Resources

What resources are available to providers / office staff to stay connected to the MassHealth Program?

Provider Web Portal – The provider web portal offers your practice the ability to submit claims, search for eligibility, check history and claim status, submit void requests, submit and check on the status of reconsiderations / general inquiries, office reference manual, fee schedules, notifications, access the link to the recredentialing/credentialing site and so much more.

Red Bell- The red bell provides a connection to the program through notifications posted in the red bell located at the top right of your screen.

Link to web portal: mailto:https://provider.masshealth-dental.net/mh_provider_login

MassHealth Dental Program Website- The MassHealth website provides you with important information regarding recredentialing, access to important documents, member educational pieces (SDF, Dentures, Transportation, DDS, etc.), the office reference manual, recorded administrative and clinical trainings and many other great tools.

*Link to website: www.masshealth-dental.net

Regulation Updates – This resource is extremely important! All providers and office staff should sign-up to receive notifications regarding any changes in the regulations or rates.

*Link: join-masshealth-provider-pubs@listserv.state.ma.us

*Learn more about upcoming public hearings: [MassHealth public hearings | Mass.gov](#)

MassHealth Dental Customer Service-

- (8:00 a.m.- 6:00 p.m.) & IVR (24 hours)
- 1-800-207-5019
- TTY- 1-800-466-7566

Newsletters- Located in the document section of the provider web portal.

*Link to web portal: mailto:https://provider.masshealth-dental.net/mh_provider_login

