DentaQuest

Denial Reasons

MassHealth & HSN

2018

This document was created to assist MassHealth / HSN providers with reconciling claims denied. The goal was to provide a list of the top denial reasons to allow sorting of the claims report pulled from the MassHealth / HSN Provider Web Portal.

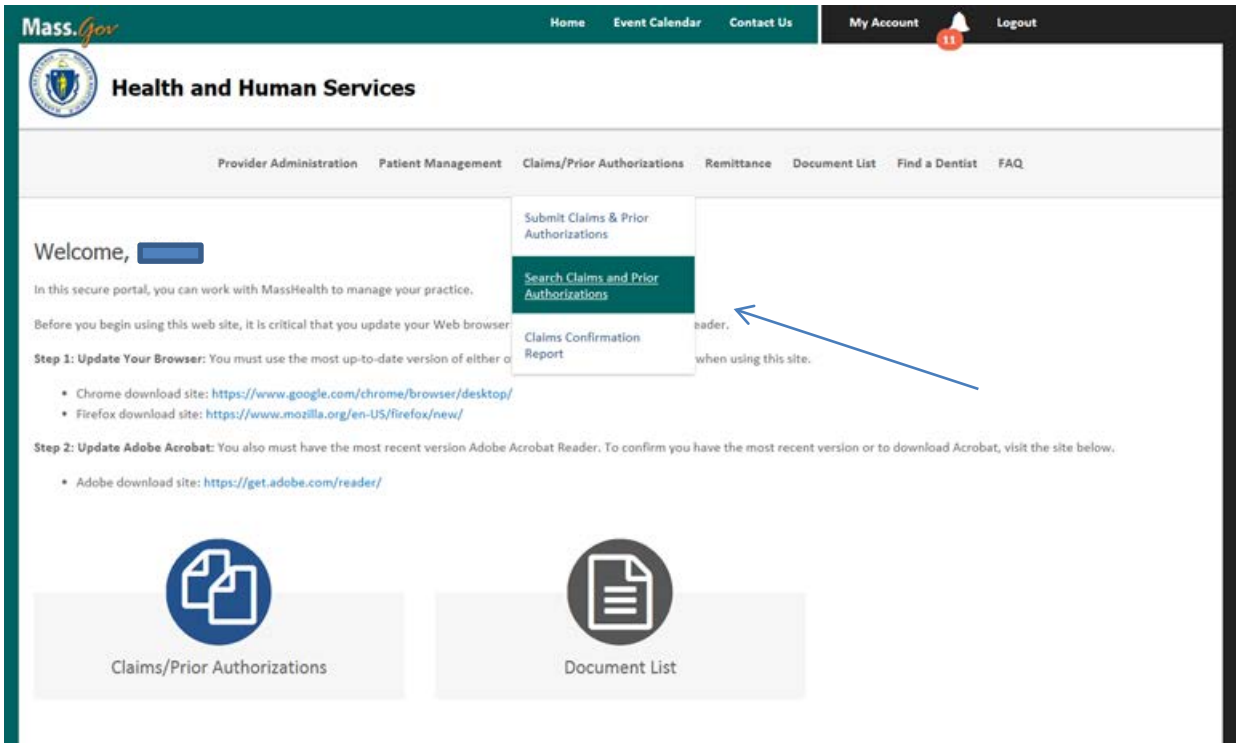
Below you will find four sections for reference. The first section addresses how to pull a claims report, the second section lists common denial reasons, the third section identifies important denial reasons for HSN providers and the fourth section lists important resources.

Claims Report Instructions:

The Provider Web Portal functionality allows your practice to search for and research claims submitted to MassHealth / Health Safety Net.

The following instructions with screen shots below will help you navigate:

- Sign-in to the MassHealth Provider Web portal- www.provider.masshealth-dental.net
- Hover over Claims / Prior Authorizations
- Click Search Claims and Prior Authorizations
- Choose Claim or Prior Authorizations
- Choose site (Location)
- Choose plan- MH or HSN
- Choose Claim Status, Entered through Finalized ONLY if you do not want ALL claims for that member to appear when using member name or id number to search
- Enter your Search Parameter. Best ways to search is by entering one of the following and click search:
    1. Member First Name
    2. Member ID Number
    3. Claim Number
    4. Specific ICN Number
    5. For numbers 1 and 2, after clicking search, sort the list of claims by **date of service** under search results. Click on the arrow twice so it can sort ascending by the most current date


Mass.gov
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Provider Administration
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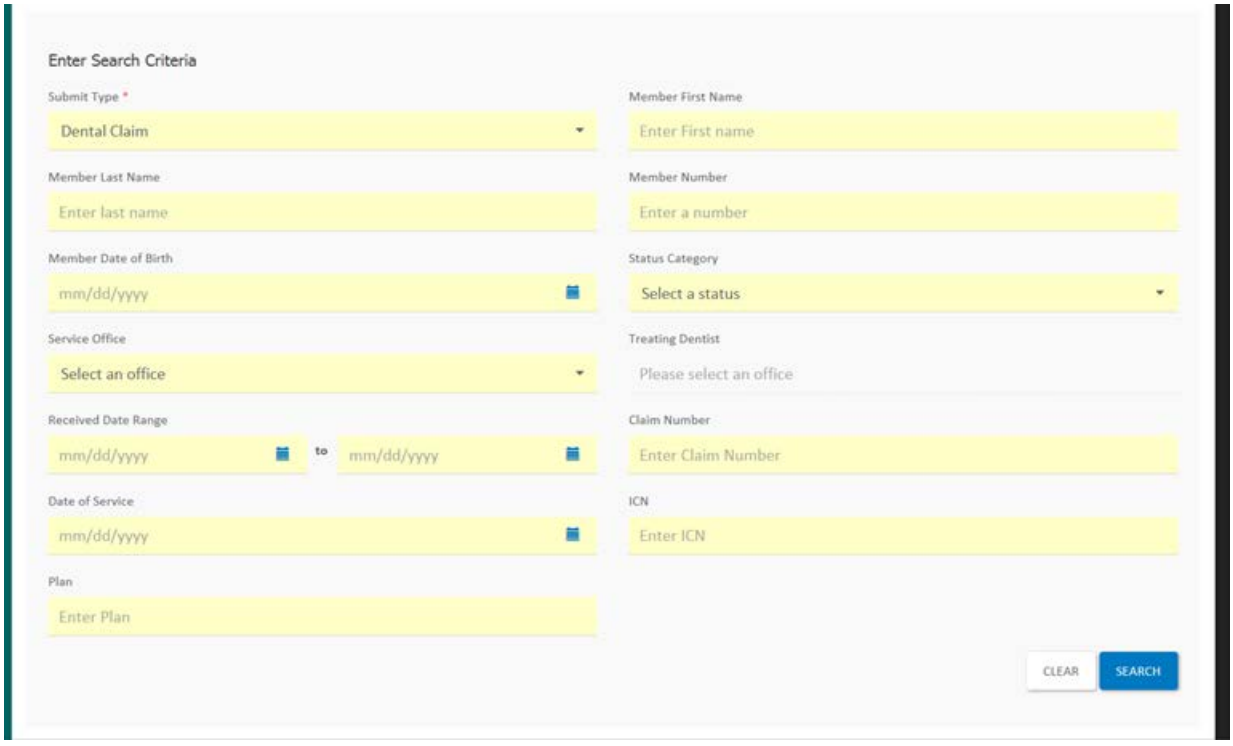
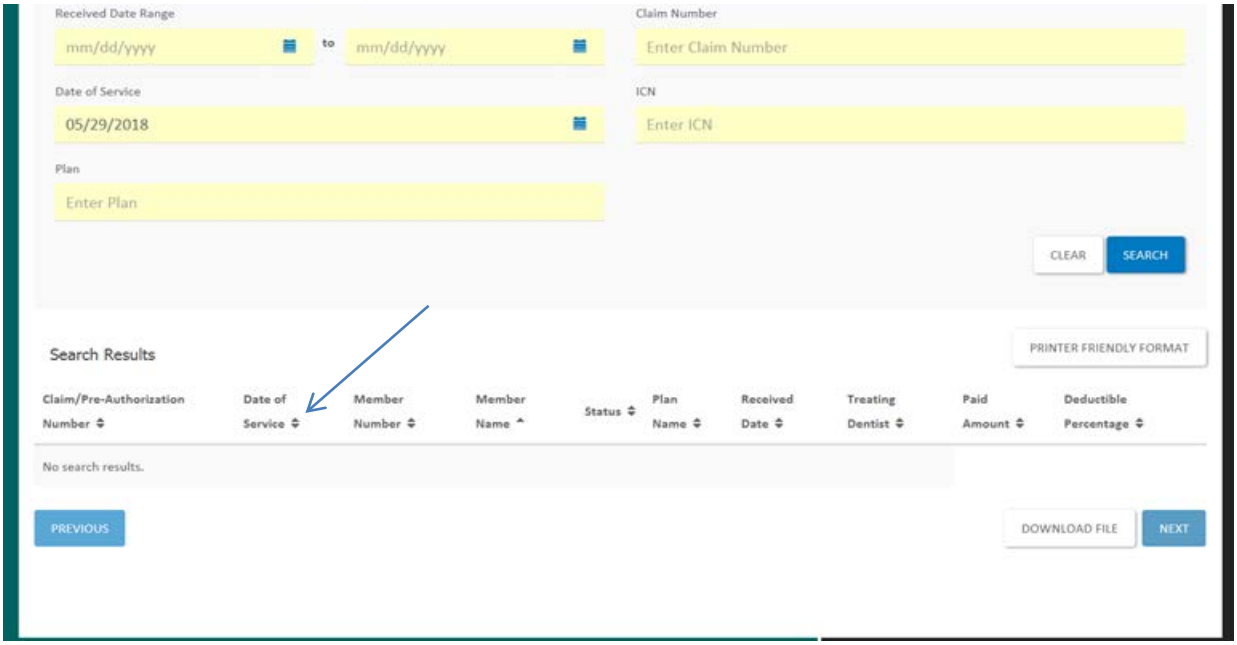
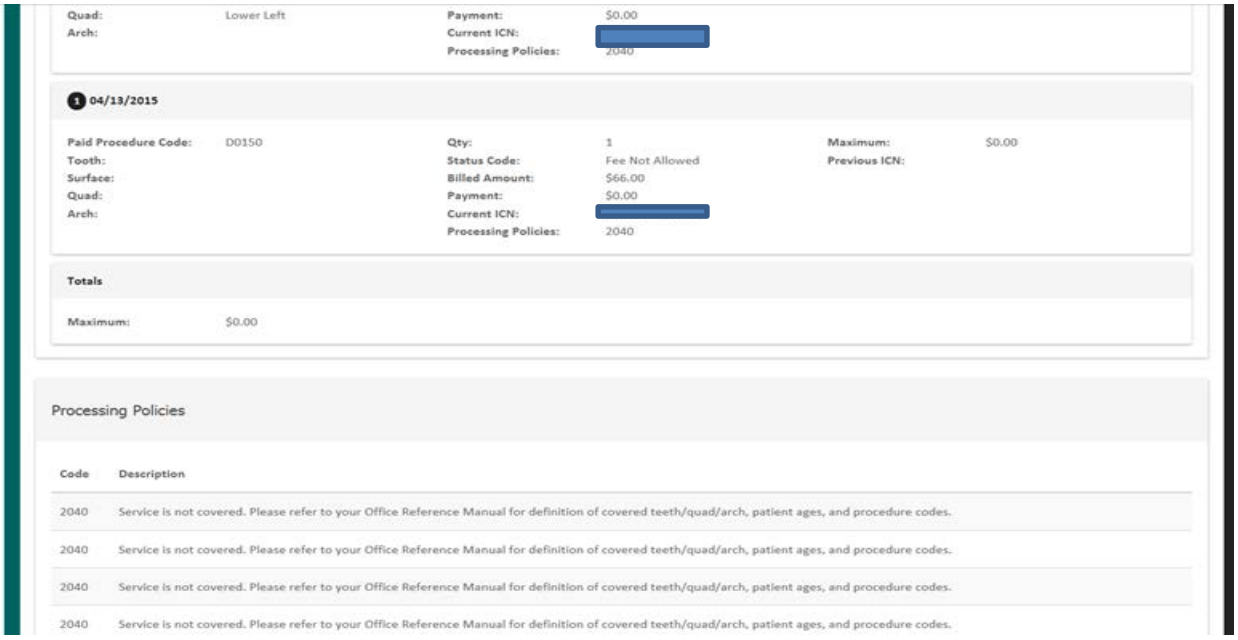
Claims/Prior Authorizations
Remittance
Document List
Find a Dentist
FAQ
Submit Claims & Prior Authorizations
Search Claims and Prior Authorizations
Claims Confirmation Report
Welcome,
In this secure portal, you can work with MassHealth to manage your practice.
Before you begin using this web site, it is critical that you update your Web browser
eader.
Step 1: Update Your Browser: You must use the most up-to-date version of either o
when using this site.
Chrome download site: https://www.google.com/chrome/browser/desktop/
Firefox download site: https://www.mozilla.org/en-US/firefox/new/
Step 2: Update Adobe Acrobat: You also must have the most recent version Adobe Acrobat Reader. To confirm you have the most recent version or to download Acrobat, visit the site below.
Adobe download site: https://get.adobe.com/reader/
Claims/Prior Authorizations
Document List


Enter Search Criteria
Submit Type *
Dental Claim
Member First Name
Enter First name
Member Last Name
Enter last name
Member Number
Enter a number
Member Date of Birth
mm/dd/yyyy
Status Category
Select a status
Service Office
Select an office
Treating Dentist
Please select an office
Received Date Range
mm/dd/yyyy
to
mm/dd/yyyy
Claim Number
Enter Claim Number
Date of Service
mm/dd/yyyy
ICN
Enter ICN
Plan
Enter Plan
CLEAR
SEARCH

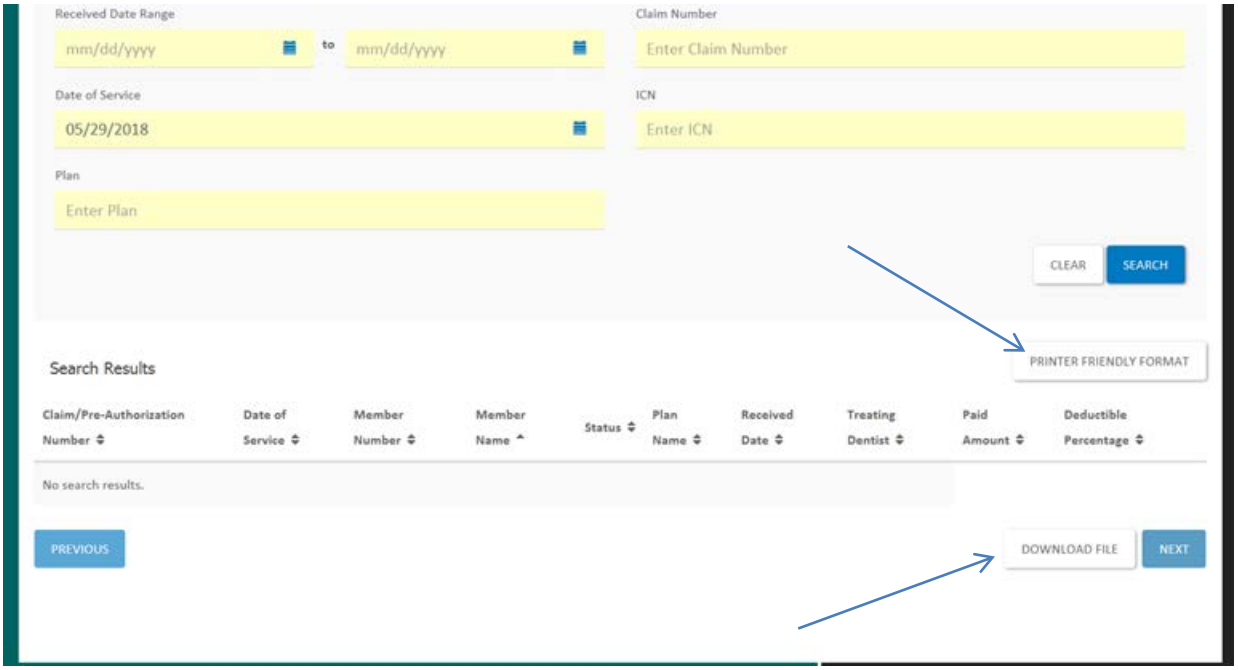


You will now have 2 options:

- The option of clicking on the individual claim number to see claim details, the Service Line Information and the Denial Processing Policies, if denied. (see below)



- You also have the option of Downloading the “Claim Report” or using the “Printer Friendly Format”. *Note: Download all claims on each page before using the printer format.



Common Denial Reasons:

Below is a list Common Denial Reasons you may see. Most of these denials can be eliminated by entering the claim on time and correctlty. Please refer to the Office Reference Manual located in the Document Section of the Provider Web Portal to see a list of Covered MH codes and any Benefit Limitaions associated with the codes being submitted.

Denial Number	Denial Description	Reconciliation Steps
2001	The patient was covered on the date(s) of service by another insurance company which is the primary carrier. After the prime carrier has determined its liability, resubmit this claim with a copy of the prime carrier's EOB.	After the prime carrier has determined its liability, resubmit this claim with a copy of the prime carrier's EOB.
2007	The primary insurance information indicated is incomplete. Please submit a	Submit a primary EOB showing the procedures listed, other carrier

	primary EOB showing the procedures listed, other carrier payment, other carrier name and policy number and dates of service. Please return this EOB with the correct documentation to complete processing.	payment, other carrier name and policy number and dates of service. Please return this EOB with the correct documentation to complete processing.
2016	This procedure has been submitted after the timely filing limit.	
2020	The required tooth number was not submitted for this procedure code. Please submit a corrected claim with the valid procedure and the valid tooth.	Resubmit with required tooth number.
2021	The required tooth/quad/arch is invalid, was not submitted, or is not included in the member's benefit package for this procedure code. Please refer to your ORM and resubmit a claim with the appropriate information.	Resubmit the claim with the required tooth/quad/arch.
2022	The required surface(s) is/are invalid or missing for this procedure code. Please submit a corrected claim with the valid procedure and the valid surface(s).	Resubmit with valid tooth surfaces.
2029	This procedure is a duplicate of a service previously processed.	
2030	Subscriber is not eligible for services under this plan.	
2035	Patient is not eligible for services; coverage is not active.	
2036	Based on the information submitted, we are unable to locate this patient in our records. Please verify the patient information.	Verify the member information submitted is correct.
2040	Service is not covered. Please refer to your Office Reference Manual for definition of covered teeth/quad/arch, patient ages, and procedure codes.	Verify to be sure that the right code / teeth / quad / arch and procedure code was submitted.
2068	Service requires prior authorization. Prior authorization request was found but has	

	expired.	
2069	Service requires prior authorization. A prior authorization request was found but has already applied to a submitted service.	
2070	Service requires prior authorization. No prior authorization is on file.	
2071	The prior authorization matching this service was denied.	
2083	Service exceeds maximum benefit allowance.	
2086	Service exceeds benefit allowance. Service is limited to one per lifetime per patient.	
2099	Services provided by an Out-of-Network or Non-contracted provider are not provided under this benefit program.	
2101	Service not allowed. Patient history record indicates tooth was previously extracted.	Please check to be sure the right tooth number was submitted. If so, submit a reconsideration including all information relevant to document the existence of the tooth prior to extraction for review.
2209	Encounter rates are payable only when submitted with the encounter code with corresponding fee and at least one valid dental procedure code. You either did not submit the encounter code with fee, any other procedure codes or the submitted procedure code was denied.	This denial reason will apply to code D9450.

HSN Providers- Important Denial Reason:

While it is critical that all denials be reconciled, one core reason for denial is populated on claims where MassHealth was the primary that paid and due to the system requirements, a secondary claim for HSN was automatically generated and processed.

Denial Number	Denial Description	Reconciliation Steps
2040	Service is not covered. Please refer to your Office Reference Manual for definition of covered teeth/quad/arch, patient ages, and procedure codes.	For HSN providers, this is the core denial reason that is utilized for claims that have paid under MassHealth and therefore, will not be covered under HSN. Our recommendation is to filter this denial reason to the end of your reports and reconcile these secondary to all other denials.

Other Denial Reasons:

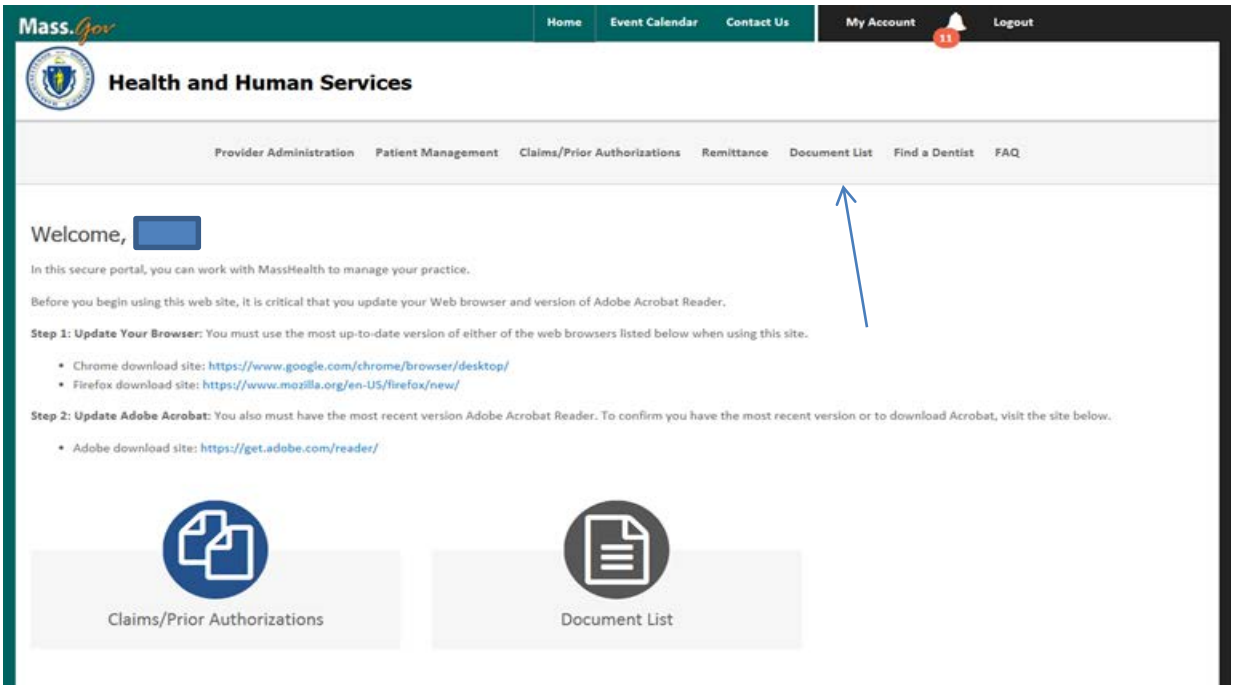
2051	Member enrollment file indicates other coverage maybe primary. Please submit with primary eob.	Resubmit with primary eob or termination letter
2104	Service does not meet benefit criteria.	
2109	Service denied due to appropriate care review. Patient history does not support service.	
2114	Sealants not allowed over restorations.	
2116	Service has been bundled with other procedure lines to a more appropriate code. Restorations performed on multiple surfaces on the same tooth must be billed with appropriate procedure code.	

2146	Service exceeds benefit allowance. Service is limited to one per date of service.	
2176	Service exceeds benefit allowance. This service is allowed twice per calendar year.	
2250	Group allows electronic submission only.	Resubmit electronically.
2297	Missing deductible anniversary date	Resubmit with deductible anniversary date.
3198	Please resubmit with a panorex or a full mouth series of x-rays labeled with members full name, date film(s) taken and (mm/dd/yyyy), and identify the patients left and right side.	Resubmit with panorex or full mouth series of xrays and label them.
3454	Per Dental Director review the documentation submitted does not demonstrate the need for the use of fluoride.	
3456	Please resubmit with bitewing x-rays labeled with members full name, date film(s) taken and (mm/dd/yyyy), and identify the patients left and right side.	Resubmit with bitewing x-rays and label them.

Important Resources

To locate the MassHealth and HSN Office Reference Manual:

- Click on Document List on the Provider Web Portal
- Select Office Reference Manual on the “File Detail Category” Window
- If your site is a HSN provider you will have both the HSN and MH ORMS available to open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Health and Human Services
Provider Administration
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Claims/Prior Authorizations
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Document List
Find a Dentist
FAQ
Welcome,
In this secure portal, you can work with MassHealth to manage your practice.
Before you begin using this web site, it is critical that you update your Web browser and version of Adobe Acrobat Reader.
Step 1: Update Your Browser: You must use the most up-to-date version of either of the web browsers listed below when using this site.
Chrome download site: https://www.google.com/chrome/browser/desktop/
Firefox download site: https://www.mozilla.org/en-US/firefox/new/
Step 2: Update Adobe Acrobat: You also must have the most recent version Adobe Acrobat Reader. To confirm you have the most recent version or to download Acrobat, visit the site below.
Adobe download site: https://get.adobe.com/reader/
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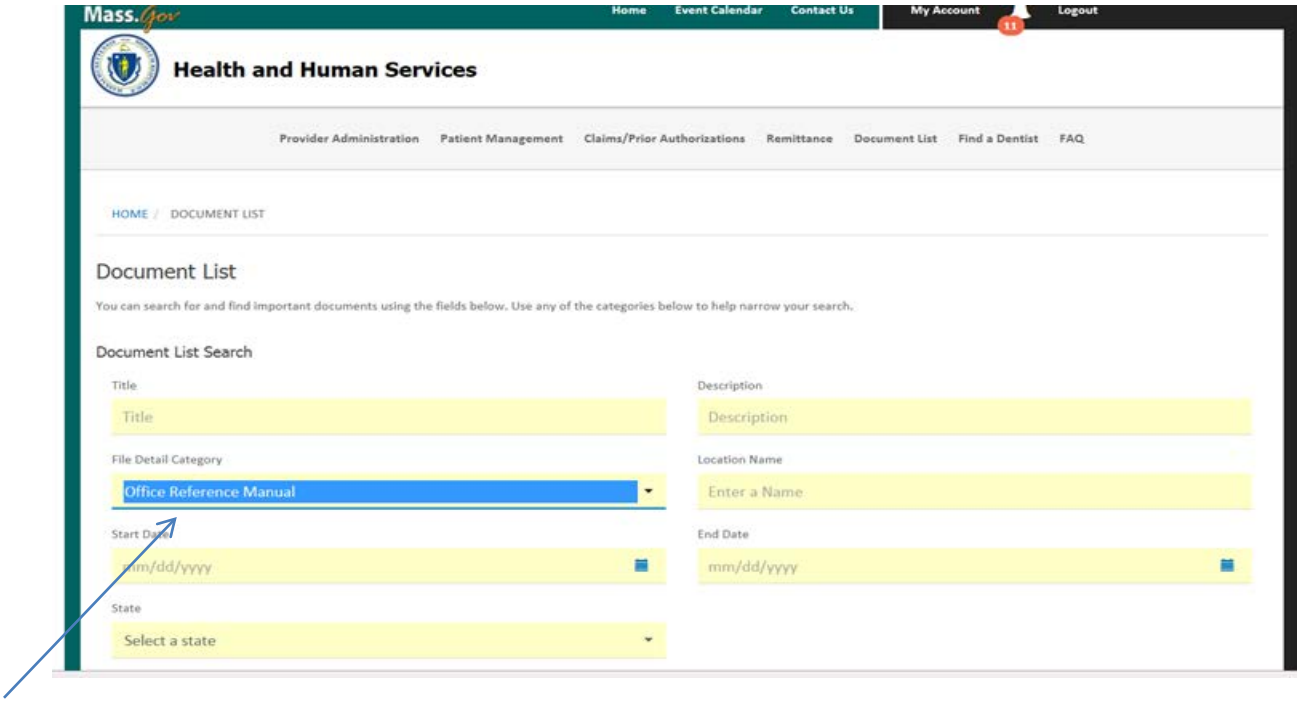
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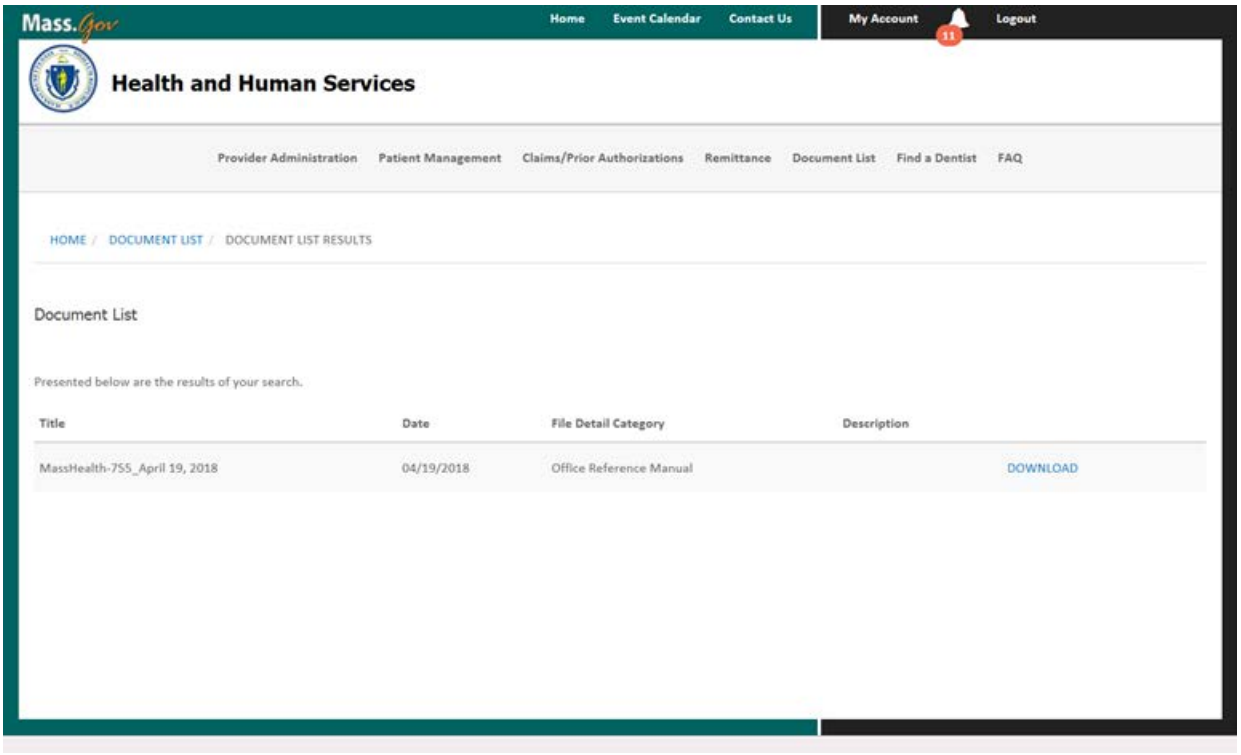
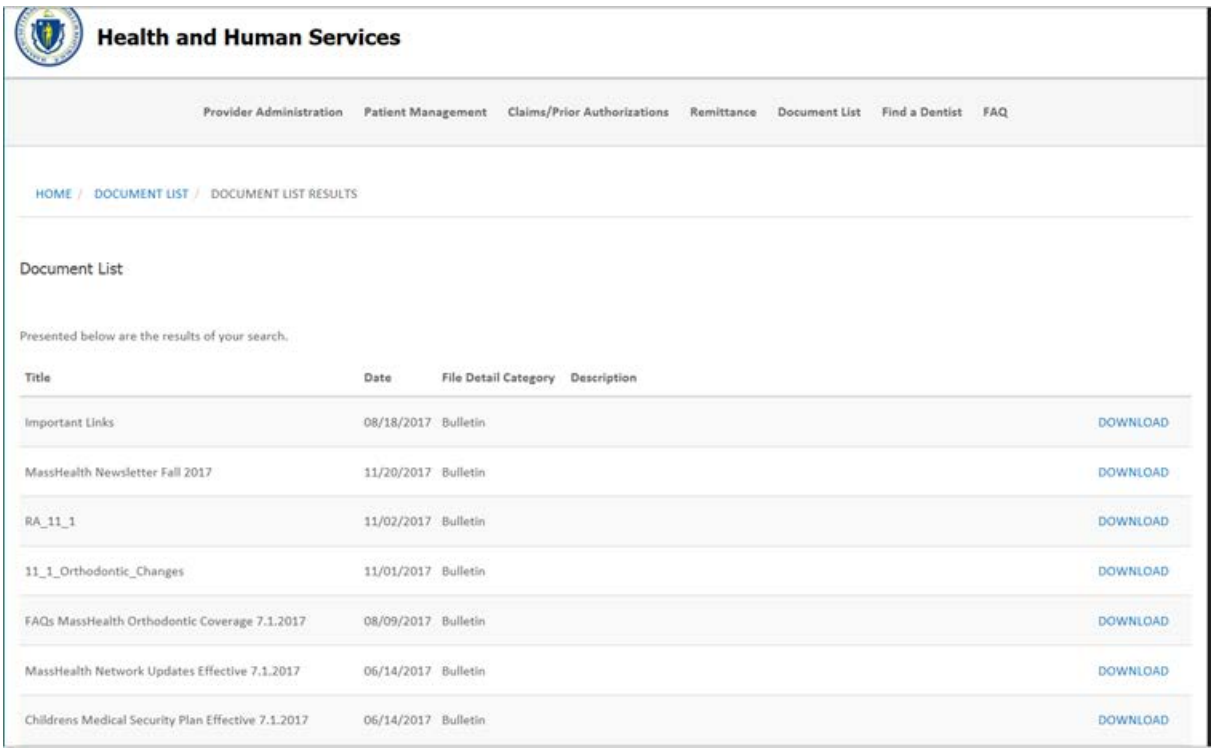
HOME / DOCUMENT LIST
Document List
You can search for and find important documents using the fields below. Use any of the categories below to help narrow your search.
Document List Search
Title
Description
File Detail Category
Office Reference Manual
Location Name
Enter a Name
Start Date
mm/dd/yyyy
End Date
mm/dd/yyyy
State
Select a state



- Valuable documents, newsletters, forms, fee schedules and training documents can be found in the document section. Just click the Search button and all files will appear