February 20, 2026

Provider Job Aid

Unpaid Claims Listing

Providers may still be asking: WHAT is the status of submitted, but outstanding claims?

To assist Providers with reconciling their submitted vs. unpaid claims, **two new self-service functions have been added to the BeneCare Provider Portal** as shown below.

1. Unpaid Claims

As shown in the image below, the Unpaid Claims function will show Providers all claims that were approved for payment in the BeneCare system but did not make it into the MassHealth payment system.

- When a Provider clicks on the button as shown above, the Portal will deliver a claims listing (.csv file) which they can export, download, and reconcile against their outstanding claims. Results are displayed at the service-line level. For example: if the submitted claim had 5 procedures listed, you will see 5 claim lines for that one claim.
- **Please Note:** As of 2/20/2026, member First Name, Last Name, and DOB have been added to the listing reports.
- MassHealth has provided guidance that these unpaid claims should be resubmitted to DentaQuest.

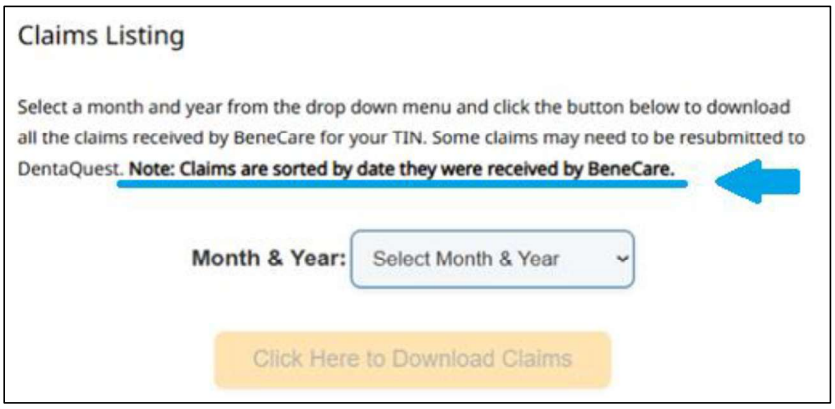
2. Claims Listing

This function will allow Providers to view and download (by month/year) a listing of claims – displayed at the service-line level – that BeneCare has on file for your TIN, including paid and unprocessed claims:

February 20, 2026

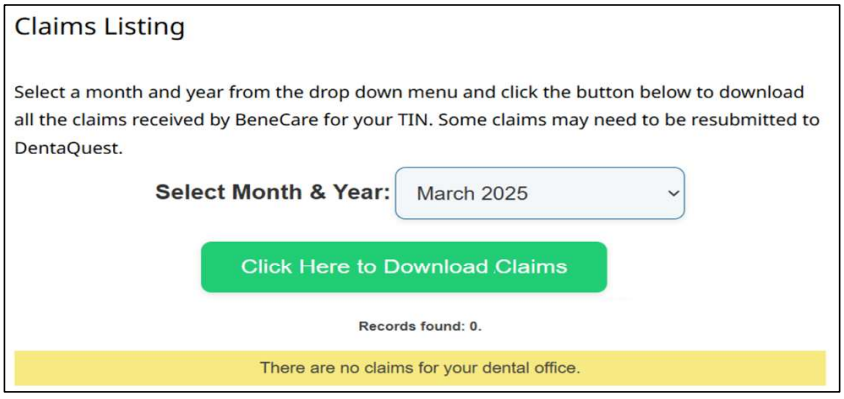
Provider Job Aid

Unpaid Claims Listing



- The Claims Listing function will display a dropdown menu where Providers can select the month and year they want to view and download all claims for that month/year.
- **Please Note:** Claims are organized into Month & Year files based on the date they were ***received by*** BeneCare.
- The portal will allow providers to export and download a claims listing (.csv file) by month/year. **Please Note:** As of 2/20/2026, member First Name, Last Name, and DOB have been added to the listing reports.
- Some of these claims may need to be resubmitted to DentaQuest, such as claim lines with Reason Code 12. Please reach out to MassHealth for guidance. A full listing of all reason codes is shown below.
- For any additional unresolved claims, MassHealth will provide guidance on final claims remediation after the transition. To stay informed about post-transition final claims remediation, please visit the MassHealth Dental TPA Transition website and sign up for the TPA Transition email list.

The image below shows what will appear if there are no claims for your dental office for the month/year selected:



MassHealth Dental Program

February 20, 2026

Provider Job Aid

Unpaid Claims Listing

Reason Code Listing

Reason Code	Short Description
0	APPROVED, PAID
1	PROCEDURE IS NOT A COVERED BENEFIT
2	LIMITED TO TWICE PER CALENDAR YEAR
3	LIMITED TO TWICE PER CALENDAR YEAR
4	LTD. TO ONCE IN ANY 36 MTH.PERIOD
5	LTD.TO ONCE IN ANY 12 MTH.PERIOD
6	BENEFIT IS LIMITED TO CHILDREN 10 YEARS OR YOUNGER
7	BENEFIT IS LIMITED TO MEMBERS AGE 20 OR YOUNGER
8	DOES NOT REACH PLAN'S G.A. STANDARD
9	DENTURE ADJUSTMENTS ARE NOT SEPARATELY BILLABLE
10	DOES NOT MEET PROSTHESIS REPLACEMENT REQUIREMENTS
11	RESUBMIT WHEN PATIENT IS 16 OR OLDER
12	DENIED, RESUBMIT TO DENTAQUEST
13	COSMETIC SERVICES ARE NOT A COVERED BENEFIT
14	PRE-TREATMENT PERIAPICAL X-RAY REQ'D FOR REVIEW
15	PERIODONTAL SPLINTING IS NOT A COVERED BENEFIT
16	LTD. TO ONCE EVERY 90 DAYS
17	IMPLANTS ARE NOT A COVERED BENEFIT
18	RESUBMIT WHEN PATIENT IS 18 OR OLDER
19	HYGIENE INSTRUCTION IS NOT A COVERED BENEFIT
20	DUPLICATE SUBMISSION
21	PERIO INVOLVEMENT INSUFFICIENT TO WARRANT TX
22	DUP.CHARGES NOT COVERED BENEFITS
23	SERVICES PRIOR TO COVERAGE
24	NOT ELIGIBLE AT THIS TIME
25	SERVICES EXCEED ANNUAL MAX.
26	EXCEEDS ORTHODONTIC PERIO PAYMENT FREQUENCY
27	RESUBMIT W/LABELED AND DATED XRAY(S)
28	PERIO INVOLVEMENT TOO EXTENSIVE FOR SRP ALONE
29	ONLY AMALGAM OR COMPOSITE IS APPROVED
30	DENIED, CONSIDER ALTERNATIVE TREATMENT *
31	NOT AN ACCEPTED THERAPEUTIC PROCEDURE
32	INCOMPLETE SERVICES ARE NOT A COVERED BENEFIT
33	NOT COVERED, TOOTH NEARING EXFOLIATION
34	DENIED PENDING RECIEPT OF FMX
35	DENIED PENDING RECIEPT OF BW FILM(S)
36	DENIED PENDING CHARTING OF PLANNED EXTRACTIONS

Provider Job Aid

Unpaid Claims Listing

37	DENIED PENDING NARRATIVE OF TX RATIONALE
38	DENIED - DOCUMENT NEED FOR CROWN REPLACEMENT
39	DENIED PENDING TX OF EXISTING PATHOLOGY
40	DENIED PENDING COMPLETION OF PHASE I TX
41	DENIED PENDING COMPLETION OF PHASE II TX
42	DENIED PENDING COMPLETION OF PHASE III TX
43	DENIED, X-RAYS APPEAR TO BELONG TO ANOTHER PATIENT
44	MISSING REQUIRED X-RAY, NARRATIVE, CHART, PHOTO
45	REQUESTED SERVICE(S) DO NOT MEET MSP STANDARDS
46	REQUIRED DATE OF SERVICE IS MISSING
47	SERVICE(S) DO NOT REQUIRE PRIOR AUTHORIZATION
48	INCORRECT RADIOGRAPH
49	ASYMPTOMATIC, NOT MEDICALLY NECESSARY
50	X-RAYS MUST BE MOUNTED FOR REVIEW - RESUBMIT
51	POOR PROGNOSIS, FULL DENTURE RECOMMENDED
52	REVIEW INDICATES THAT RETREATMENT IS REQUIRED
53	RESUBMIT SUBSEQUENT TO EXO OF ADJACENT 3RD MOLAR
54	REQUIRES FMX, PERIO CHARTING, TX PLAN
55	PENDED, UNDER FURTHER REVIEW
56	CANNOT PROCESS CLAIM AFTER TIMELY FILING LIMIT
57	REQUIRES FINAL TREATMENT FILM
58	DENIED UNFAVORABLE PROGNOSIS
59	POOR PROGNOSIS, RESTORE W/IN PARTIAL DENTURE
60	THE SUBMITTED X-RAYS ARE NOT OF DIAGNOSTIC QUALITY
61	RE-REVIEWED, ORIGINAL DETERMINATION IS REAFFIRMED
62	CURRENT PERIAPICAL FILM REQUIRED FOR REVIEW
63	ALVEOLOPLASTY NOT COVERED POST SURGICAL EXTRACTION
64	DENIED, NOT THOUGHT TO BENEFIT THE PATIENT
65	NOT SEPARATELY BILLABLE
66	NOT SUPPORTED BY DOCUMENTATION **
67	PA VOIDED AT REQUEST OF DENTAL OFFICE
68	INAPPROPRIATE SUBMISSION FOR SAME DAY SERVICES
69	OPPOSING APPLIANCE RESTORES FUNCTION
70	DENIED: SUBMIT ADD'L DOCUMENTATION OR BILL D7140
71	PENDED FOR ADD'L INFO, PLEASE CALL 844.643.3685
72	INAPPROPRIATE TREATMENT
73	PROCEDURE IS COVERED AS PART OF DEFINITIVE THERAPY
74	MORE CURRENT XRAYS ARE REQUIRED FOR REVIEW
75	ADJUSTED SERVICE
76	PRECLUDED BY PRIOR TREATMENT

MassHealth Dental Program

February 20, 2026

Provider Job Aid

Unpaid Claims Listing

77	LIMITED TO THE ALLOWNCE FOR A COMPLETE XRAY SERIES
78	TOOTH VITALITY STATUS REQUESTED.
79	REQUIRES FMS, MISSING TEETH & TX PLAN
80	A CROWN SOLELY TO ENHANCE RETENTION IS NOT COVERED
81	REQUIRES THE TOOTH NUMBER(S) OR SURFACE(S)
82	DENIED, PENDING ACTUAL DATE OF COMPLETION
83	DENIED, SAME PROVIDER REPEATED PROCEDURE
84	MISREPRESENTED SERVICE
85	DOCUMENTATION CONFLICTS WITH CHARTING OF DENTITION
86	RESUBMIT W/COMPLETED TREATMENT PLAN FORM
87	REQUIRES PRE-OP PA, BW & POST-OP PA
88	PENDED, REQUIRES DESCRIPTION OF ACTUAL SERVICE(S)
89	DENIED PENDING RECEIPT OF BIOPSY REPORT
90	MISSING CHARTING OR CHARTING INACCURATE
91	CONSIDERED UNNECESSARY FOR CROWN RETENTION
92	TOOTH/TEETH NOTED DO NOT AGREE WITH DOCUMENTATION
93	DENIED, DOES NOT ACHIEVE HLD/MED.NEC. REQUIREMENT
94	DENIED, UNERUPTED PRE-MOLARS OR MOLARS.
95	DENIED BY DQ
96	COVERED UNDER MEDICAL PLAN IF ELIGIBLE
97	DENIED, NO RECORD OF APPROVED ORTHO TX
98	RESUBMIT CRN W/IN 3-6 MNTHS, APICAL HEALING REQ'D
99	PAYMENT REISSUED

* Reason code 30 ("**DENIED, CONSIDER ALTERNATIVE TREATMENT**") indicates that the services were rendered by a provider or location that was not participating in the member's assigned network on the date of service.

Common scenarios include: the provider or service location was not active or participating with MassHealth on the date of service, or the member was enrolled in Health Safety Net (HSN), and services were provided by a non-HSN provider. As a reminder, only acute hospitals and community health centers are eligible to enroll in HSN

** Reason code 66 ("**NOT SUPPORTED BY DOCUMENTATION**") is used when documentation was not received. Please resubmit your service authorization request or claim with all of the required documentation to DentaQuest.