



Commonwealth of Massachusetts
Executive Office of Health and Human Services
Office of Medicaid
www.mass.gov/masshealth

Dental Bulletin 54

DATE: December 2025

TO: Providers Participating in the MassHealth Dental Program

FROM: Mike Levine, Undersecretary for MassHealth

RE: Waiving Dental Prior Authorization for Enrollees Transitioning to Fee-for-Service

Background

Effective January 1, 2026, updates to M.G.L. c. 118E, Section 9D and 130 CMR 508.008(A) require Senior Care Options enrollees to be eligible for MassHealth Standard and enrolled in Medicare Parts A and B and eligible for Medicare Part D.

As a result, effective January 1, 2026, MassHealth will disenroll SCO enrollees who are not enrolled in Medicare Parts A and B from their SCO plans and enroll them in MassHealth Fee-for-Service (FFS).

Prior Authorizations Waived until March 31, 2026

To ensure continuity of care during the transition, all dental prior authorizations (PAs) for members transitioning from SCO to MassHealth FFS will be waived from January 1, 2026, until March 31, 2026,.

Whom to Call Before and After the Dental TPA Transition

Before the dental third-party administrator transition in February 2026, call BeneCare Monday to Friday from 8:00 a.m. to 6:00 p.m., at (844) MH-DENTL to confirm that a member is transitioning from their SCO plan to MassHealth FFS.

After the dental third-party administrator transition in February 2026, all claims for these members with a date of service from January 1, 2026, until March 31, 2026, should be submitted to DentaQuest. Providers will be able to bill DentaQuest for services for a transitioning member without submitting PA. After March 31, 2026, PA requests must be submitted for these members in accordance with MassHealth Fee-for-Service PA requirements.

Notwithstanding the temporary suspension of PA, providers may bill MassHealth only for dental services that are medically necessary and consistent with MassHealth rules and regulations, including but not limited to existing clinical criteria for coverage and billing requirements.

Providers must still complete and retain all required documentation that would normally be submitted with a PA request. MassHealth reserves the right to audit this documentation to verify that services were medically necessary and were rendered and billed consistently with MassHealth rules and regulations, including but not limited to clinical criteria for coverage and billing requirements.

MassHealth Website

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Questions?

- Call MassHealth at (800) 841-2900, TDD/TTY: 711
- Email us at provider@masshealthquestions.com

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