

MassHealth/BeneCare Claim EOB Reason Code Crosswalk

BeneCare, which has processed your dental claims, has separate EOB reason codes from the EOB reason codes listed on the MassHealth remittance advice. Below is a crosswalk between the MassHealth and BeneCare EOB codes.

MMIS CODE	MASSHEALTH MMIS DESCRIPTION	BENE-CARE CODE	BENECARE EOB DESCRIPTION
850	90-DAY BILLING DEADLINE EXCEEDED.DETAIL	56	CANNOT PROCESS CLAIM AFTER TIMELY FILING LIMIT
1518	SERVICE PROVIDED REQUIRES A MORE DETAILED REPORT	88	PENDEd, REQUIRES DESCRIPTION OF ACTUAL SERVICE(S)
2003	MEMBER INELIGIBLE ON DATE(S) OF SERVICE	89	DENIED PENDING RECEIPT OF BIOPSY REPORT
3006	PA DOLLARS EXCEEDED	23	SERVICES PRIOR TO COVERAGE
3101	PA STATUS IS VOID	24	NOT ELIGIBLE AT THIS TIME
3303	INVALID PROCEDURE/TOOTH SURFACE COMBINATION	25	SERVICES EXCEED ANNUAL MAX
4013	PROCEDURE CODE IS NOT COVERED FOR DATE OF SERVICE	26	EXCEEDS ORTHODONTIC PERIOD PAYMENT FREQUENCY
5056	DUPLICATE SERVICE (DENTAL ONLY)	67	PA VOIDED AT REQUEST OF DENTAL OFFICE
		81	REQUIRES THE TOOTH NUMBER(S) OR SURFACE(S)
		92	TOOTH/TEETH CONFLICT WITH DOCUMENTATION
		1	PROCEDURE NOT A COVERED BENEFIT
		6	BENEFIT IS LIMITED TO CHILDREN 10 YEARS OR YOUNGER
		7	BENEFIT IS LIMITED TO MEMBERS AGE 20 OR YOUNGER
		20	DUPLICATE SUBMISSION
		22	DUPLICATE CHARGES ARE NOT COVERED
		11	RESUBMIT WHEN PATIENT IS 16 OR OLDER
		12	PA FOR TX ISSUED TO PREVIOUS DENTAL PROVIDER
		14	PRE-TREATMENT PERIAPICAL X-RAY REQ'D FOR REVIEW
		18	RESUBMIT WHEN PATIENT IS 18 OR OLDER
		27	RESUBMIT W/LABELED AND DATED XRAY(S)
6760	CLAIM SUSPENDED FOR ATTACHMENT REVIEW	28	PERIO INVOLVEMENT TOO EXTENSIVE FOR SRP ALONE
		29	ONLY AMALGAM OR COMPOSITE IS APPROVED
		30	DENIED; CONSIDER ALTERNATIVE TREATMENT
		34	DENIED PENDING RECEIPT OF FMX

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		35	DENIED PENDING RECEIPT OF BW FILM(S)
		36	DENIED PENDING CHARTING OF PLANNED EXTRACTIONS
		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
		48	INCORRECT RADIOGRAPH
6760	CLAIM SUSPENDED FOR ATTACHMENT REVIEW	50	X-RAYS MUST BE MOUNTED FOR REVIEW - RESUBMIT
		52	REVIEW INDICATES THAT RETREATMENT IS REQUIRED
		53	RESUBMIT SUBSEQUENT TO EXO OF ADJACENT 3RD MOLAR
		55	PENDEd, UNDER FURTHER REVIEW
		57	REQUIRES FINAL TREATMENT FILM
		60	THE SUBMITTED X-RAYS ARE NOT OF DIAGNOSTIC QUALITY
		62	CURRENT PERIAPICAL FILM REQUIRED FOR REVIEW
		71	PENDEd FOR ADD'L INFO, PLEASE CALL 844.643.3685
		72	INAPPROPRIATE TREATMENT
		74	MORE CURRENT XRAYS ARE REQUIRED FOR REVIEW
		78	TOOTH VITALITY STATUS REQUESTED
		82	DENIED, PENDING ACTUAL DATE OF COMPLETION

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6760	CLAIM SUSPENDED FOR ATTACHMENT REVIEW	84	MISREPRESENTED SERVICE		
		85	DOCUMENTATION CONFLICTS WITH CHARTING OF DENTITION		
		86	RESUBMIT W/COMPLETED TREATMENT PLAN FORM		
		90	MISSING CHARTING OR CHARTING INACCURATE		
		98	RESUBMIT CRN W/IN 3-6 MNTHS, APICAL HEALING REQ'D		
		9	DENTURE ADJUSTMENTS ARE NOT SEPARATELY BILLABLE		
		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		
7126	SERVICE NOT BILLABLE AFTER DENTURES	10	DOES NOT MEET PROSTHESIS REPLACEMENT REQUIREMENTS		
		16	LTD. TO ONCE EVERY 90 DAYS		
		46	REQUIRED DATE OF SERVICE IS MISSING		
		8	DOES NOT MEET PLAN'S G.A. STANDARD		
		13	COSMETIC SERVICES ARE NOT A COVERED BENEFIT		
		15	PERIODONTAL SPLINTING IS NOT A COVERED BENEFIT		
		17	IMPLANTS ARE NOT A COVERED BENEFIT		
		19	HYGIENE INSTRUCTION IS NOT A COVERED BENEFIT		
		31	NOT AN ACCEPTED THERAPEUTIC PROCEDURE		
		32	INCOMPLETE SERVICES ARE NOT COVERED		
7418	SERVICE FREQUENCY LIMIT EXHAUSTED	33	NOT COVERED, TOOTH NEARING EXFOLIATION		
		64	DENIED, NOT THOUGHT TO BENEFIT THE PATIENT		
		65	NOT SEPARATELY BILLABLE		
		68	INAPPROPRIATE SUBMISSION FOR SAME DAY SERVICES		
		69	OPPOSING APPLIANCE RESTORES FUNCTION		
		73	PROCEDURE IS COVERED AS PART OF DEFINITIVE THERAPY		
		76	PRECLUDED BY PRIOR TREATMENT		
		7521	SERVICE TYPE NOT COVERED	84	MISREPRESENTED SERVICE
				85	DOCUMENTATION CONFLICTS WITH CHARTING OF DENTITION
				86	RESUBMIT W/COMPLETED TREATMENT PLAN FORM
90	MISSING CHARTING OR CHARTING INACCURATE				
98	RESUBMIT CRN W/IN 3-6 MNTHS, APICAL HEALING REQ'D				
9	DENTURE ADJUSTMENTS ARE NOT SEPARATELY BILLABLE				
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				

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7521	SERVICE TYPE NOT COVERED	77	LIMITED TO THE ALLOWANCE FOR A COMPLETE XRAY SERIES
		79	FAILS SERVICES POLICY STANDARD
		80	A CROWN SOLELY TO ENHANCE RETENTION IS NOT COVERED
		83	DENIED, SAME PROVIDER REPEATED PROCEDURE
		91	CONSIDERED UNNECESSARY FOR CROWN RETENTION
		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
7757	DENY SERVICE NOT DOCUMENTED/ INSUFFICIENT DOCUMENTATION	21	PERIO INVOLVEMENT INSUFFICIENT TO WARRANT TX
		49	ASYMPTOMATIC, NOT MEDICALLY NECESSARY
		51	POOR PROGNOSIS, FULL DENTURE RECOMMENDED
		58	DENIED, UNFAVORABLE PROGNOSIS
		59	POOR PROGNOSIS, RESTORE W/IN PARTIAL DENTURE
		61	RE-REVIEWED, ORIGINAL DETERMINATION IS REAFFIRMED
		63	ALVEOLOPLASTY NOT COVERED POST SURGICAL EXTRACTION
		66	NOT SUPPORTED BY DOCUMENTATION
		70	DENIED: SUBMIT ADD'L DOCUMENTATION OR BILL D7140
		0	APPROVED/PAID
9918	PRICING ADJUSTMENT - MAX FEE PRICING APPLIED	87	REPLACEMENT FILLING APPROVED
		99	PAYMENT REISSUED