TO: Oral and Maxillofacial Surgeons Participating in MassHealth

FROM: Tom Dehner, Medicaid Director

RE: NewMMIS Preparation and Billing Changes for Oral and Maxillofacial Surgeons

What you should have already done…
- Located the Provider PIN Registration Letter and forwarded it to your organization’s designated primer user.
- Determined who on your staff will need access to the Provider Online Service Center (POSC) and what services they will perform.
- Visited and revisited any e-Learning courses that will help you transition your staff and systems to NewMMIS.
- Completed trading partner testing.
- Visited the NewMMIS Web site to learn about access steps to the Automated Voice Response system and the POSC – your two portals to eligibility verification in NewMMIS.
- Prepared your system for billing paper and electronic claims.
- Collected new member ID numbers.
- Coordinated with billing intermediaries and software vendors.
- Established Internet access for your practice, if you do not already have it.
- Attended NewMMIS information and training sessions.

Important Note: This bulletin describes the events and changes that will affect oral and maxillofacial surgeons as a result of NewMMIS implementation. NewMMIS will have minimal impact on the way dental providers who are not oral or maxillofacial surgeons submit their claims.

Preparation for NewMMIS Is Critical

The implementation day for NewMMIS is May 26, 2009.

Billing Changes for NewMMIS


Claim Submissions After NewMMIS Implementation

Claims to MassHealth (CPT Codes)

With the implementation of NewMMIS, you must submit claims billed with CPT codes directly to MassHealth (not Doral Dental as is the current practice) using any of the following methods:
- paper submission using the CMS-1500 claim form;
- electronic 837P transaction; or
- direct data entry (DDE) using the Web-based Provider Online Service Center (POSC).

Doral Dental will not process 837P transactions, CPT codes entered directly through the Doral Dental Provider Web Portal (via DDE), or any claims billed on the CMS-1500 claim form after the implementation of NewMMIS.

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Billing Changes for NewMMIS

Claims to Doral (CDT Codes)

Following the implementation of NewMMIS, there will be no change for claims billed using Current Dental Terminology (CDT) codes. You must continue to submit claims billed with the CDT codes to Doral Dental using any of the following methods:

- paper submission using the ADA-2006 claim form;
- electronic 837D transaction; or
- DDE at www.masshealth-dental.net.

As is the case now, MassHealth will not process any 837D transactions or ADA claim forms with CDT codes.

Prior Authorization After NewMMIS Implementation

Prior-Authorization Requests to MassHealth (CPT Codes)

Beginning May 18, 2009, when requesting prior authorization for services that are billed with a CPT code, you must submit online through the NewMMIS POSC or via paper using the MassHealth Prior Authorization Request form (PA-1). Refer to Appendix A of your MassHealth provider manual for the mailing address for prior-authorization forms. Refer to Subchapter 6 of the Dental Manual for prior-authorization requirements.

Note: If you are billing for services with a CPT code that was authorized through the Doral Dental system and the service has not yet been performed, MassHealth will automatically assign a NewMMIS prior-authorization number to be used on the CMS-1500 claim form. Providers will be notified of the new prior-authorization number.

Prior-Authorization Requests to Doral Dental (CDT Codes)

When requesting prior authorization for services that are billed with a CDT code, you must continue to submit prior-authorization requests to Doral Dental electronically at www.masshealth-dental.net or on the ADA-2006 claim form. Refer to the MassHealth Dental Program Office Reference Manual for instructions.

Online Remittance Advice – Internet Access Needed

Effective May 26, 2009, with the implementation of NewMMIS, the MassHealth remittance advice for services that are billed with a CPT code will be available only through the Web-based MassHealth POSC. Remittance advices will not be mailed to providers after the implementation of NewMMIS. You will need Internet access so that you can log in to the POSC and download your remittance advices.
**Billing Changes for NewMMIS (cont.)**

**Last Remittance Advice Before NewMMIS**

Due to the implementation of NewMMIS, the last dental claim file from Doral Dental will have been submitted to MassHealth’s current MMIS system, *May 14, 2009*. The corresponding remittance advices and checks will be mailed to providers on or about *May 22, 2009*. The first dental claim file submitted by Doral Dental to NewMMIS will not be until *May 28, 2009*. This means that claims will not be processed during the week of *May 21, 2009*.

**90-Day Claim Deadline**

Providers are reminded that claims must be submitted within 90 days from the date of service or the date of another insurer’s explanation of benefits to be considered timely.

**Final Deadline Appeals for Dental Claims**

The final deadline appeal procedures were described in All Provider Bulletin 186, dated April 2009. Below is the correct address for the submission of final deadline appeals for dental claims only.

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MassHealth Final Deadline Appeal Department  
465 Medford Street  
P.O. Box 9708  
Boston, MA 02114-9708
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**NewMMIS Web Page**

The MassHealth NewMMIS Web page provides a single source for all information that providers will need for implementation. As additional information and materials become available, MassHealth updates the NewMMIS Web page. You can visit the page directly at [www.mass.gov/masshealth/newmmis](http://www.mass.gov/masshealth/newmmis). Please add this page to your favorites ("bookmark" this page) on your Web browser.

**Questions**

If you have questions about NewMMIS implementation, contact MassHealth Customer Service at 1-800-841-2900, or e-mail your inquiry to providersupport@mahealth.net.