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

Dental Bulletin 58

DATE: July 2026

TO: Dental Providers Participating in MassHealth

FROM: Ryan Schwarz, Assistant Secretary for MassHealth

RE: **Adult Dental Benefit Annual Maximum**

Background

In accordance with Section 113 of Chapter 137 of the Acts of 2026, MassHealth is implementing an annual benefit year maximum for dental service coverage for MassHealth members age 21 and older as described in this bulletin.

Adult Dental Benefit Annual Maximum

Effective August 1, 2026, for members 21 years of age and older who are not Department of Developmental Services (DDS) clients, coverage of dental services is subject to a benefit year maximum of $1,750 per member, based on the rates established in 101 CMR 314.00: *Rates for Dental Services*. Coverage of the following services counts toward the benefit year maximum, subject to the exceptions described in this bulletin.

- Services described in 130 CMR 420.421 through 420.430
- Services described in 130 CMR 420.452 through 420.455
- Services described in 130 CMR 420.456 that are billed to the MassHealth dental third-party administrator (DentaQuest) with Current Dental Terminology (CDT) codes

Oral surgery services described in 130 CMR 420.456 that are billed with Current Procedural Terminology (CPT) codes and facility fees, and are rendered in a hospital or freestanding ambulatory surgical center, do not count toward the annual maximum and are payable beyond the annual maximum. Benefit year 2027 is August 1, 2026, through June 30, 2027. Subsequent benefit years are July 1 through June 30. For example, benefit year 2028 is July 1, 2027, through June 30, 2028.

Exceptions

1. The services in the table below count toward the benefit year maximum and are payable beyond the benefit year maximum, subject to applicable coverage requirements.

Services that count toward the benefit year maximum and are payable beyond the yearly maximum

Codes	Requirements
D0140, D0220, D0230, D0270, D0330, D0340, D5511, D5512, D5520, D5630, D5640, D5650, D5660, D5730, D5731, D5750, D5751, D7111, D7140, D7210, D7220, D7230, D7240, D7250, D7251, D7270, D9110, D9222, D9223, D9230, D9239, D9243, D9224, D9225, D9244, D9245, D9246, D9930	These services are payable beyond the benefit year maximum, subject to applicable coverage requirements.
D5110, D5120	These services are payable beyond the benefit ymaximum only when they are initial complete dentures that are inserted following full arch extractions (this does not include replacement dentures).

2. The services in the table below do not count toward the benefit year maximum and are payable beyond the benefit year maximum, subject to applicable coverage requirements.

Services that do not count toward the benefit year maximum and are payable beyond the yearly maximum

Code	Description
D9450	Community health center encounter fee
D9450	Rural add-on
D9410	House/facility call
D9920	Behavioral management
D8670, D8671, D8680, D8999	These services are payable beyond the benefit year maximum only when they are continued orthodontic services that have been authorized by MassHealth in accordance with 130 CMR 420.431, where a member turns 21 years old while undergoing such orthodontic treatment.

Additional Resources

Please review MassHealth's frequently asked questions about the adult dental benefit maximum at our Dental Provider Portal under "View Important Documents and Links."

MassHealth Website

This bulletin is available on the MassHealth Provider Bulletins web page.

Sign up to receive email alerts when MassHealth issues new bulletins and transmittal letters.

Questions?

- If you have questions about the information in this bulletin, please call MassHealth Dental Customer Service at (866) 616-2699 or visit our Dental Provider Portal.