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MassHealth
Dental Program

Provider Education Notice: Adult Dental Annual Maximum Overview

Effective August 1, 2026, MassHealth anticipates implementing an adult dental annual maximum. This notice provides guidance on how the maximum works and outlines services that may be eligible for coverage beyond the annual maximum.

Coverage Limit and Benefit Year

- Adult dental benefits are anticipated to have a yearly coverage limit of $1,750 per member.
- The initial benefit year, Benefit Year 2027, is anticipated to run from August 1, 2026, to June 30, 2027.
- Subsequent benefit years are anticipated to run from July 1 through June 30 (e.g., Benefit Year 2028 is July 1, 2027, through June 30, 2028).
- There is no rollover. The coverage amount resets to a maximum of $1,750 on July 1 regardless of whether there are any unused amounts from the previous benefit year.

Members Subject to the Annual Maximum

- Members aged 21 and older enrolled in MassHealth Standard, MassHealth CommonHealth, MassHealth Family Assistance, or MassHealth CarePlus are anticipated to be subject to the annual maximum.
- The annual maximum is <u>not</u> anticipated to apply to:
    - Members younger than 21, or
    - Members aged 21 and older who are clients of the Department of Developmental Services (DDS).

What This Means for Providers

- Most covered services are anticipated to apply toward the annual maximum. Certain services may remain eligible for reimbursement **after the annual maximum has been reached** when specific criteria are met.

This notice is provided as a reference resource to help dental providers and their teams understand the anticipated adult dental annual maximum. This information is for guidance only and does not guarantee payment. In the event of a conflict between this document and MassHealth rules and regulations, including but not limited to the MassHealth Dental Program Office Refence Manual and MassHealth regulations at 130 CMR 420.000 and 130 CMR 450.000, MassHealth rules and regulations take precedence.

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Services Excluded from the Annual Maximum

The following codes are excluded from the annual maximum. Amounts paid for these services do not apply to the annual maximum. These services remain eligible for reimbursement even after a member has reached the annual maximum, subject to applicable coverage requirements:

- D9410 – *House / Extended care facility call*
- D9450 – *Rural add-on encounter payment* or *CHC enhancement fee*
- D9920 – *Behavior management*

Continued Orthodontic Services

For members who turn age 21 while actively undergoing MassHealth approved orthodontic treatment, the following services do not apply to the annual maximum and are eligible for coverage beyond the annual maximum, subject to applicable coverage requirements:

- D8670, D8671, D8680, D8999

Services Eligible for Coverage Beyond the Annual Maximum

The following codes are eligible for coverage beyond the annual maximum. Amounts paid for these services listed below apply to the annual maximum. These services are eligible for reimbursement even after a member has reached the annual maximum, subject to applicable coverage requirements:

Limited Diagnostic Services

- D0140

Diagnostic Radiographs

- D0220, D0230, D0270, D0330, D0340

Denture Repair Services

- D5511, D5512, D5520, D5611, D5612, D5621, D5622, D5630, D5640, D5650, D5660, D5730, D5731, D5750, D5751

Extractions

- D7111, D7140, D7210, D7220, D7230, D7240, D7250, D7251, D7270

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Palliative Treatment

- D9110

Anesthesia

- D9222, D9223, D9230, D9239, D9243, D9224, D9225, D9244, D9245, D9246

Treatment of Surgical Complications

- D9930

Initial Complete Dentures Following Full Arch Extractions

The following complete denture codes are eligible for coverage beyond the annual maximum, subject to applicable coverage requirements, when provided as an initial complete denture following full arch extractions:

- D5110
- D5120

This exception applies only to a member's initial (first-ever) complete denture for the applicable arch and does not apply to replacement complete dentures. Replacement complete denture services remain subject to the annual maximum.

Billing Guidelines for Initial Complete Dentures:

- There are no special billing guidelines for initial complete dentures. Providers should continue to submit D5110 and D5120 claims as usual. If applicable, the claim system will automatically apply the exception and process eligible initial complete denture services for coverage beyond the annual maximum, subject to applicable coverage requirements.

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Transition of Care

To support members and providers during the implementation of the anticipated adult dental annual maximum, MassHealth anticipates a temporary transition of care period.

During this period, eligible in-process multi-visit procedures may be covered beyond the annual maximum when both of the following conditions are met:

- The decisive step occurred prior to August 1, 2026.
- Treatment is completed by October 31, 2026.

Eligible Multi-Visit Procedures During Transition of Care

Type of Service	Eligible Multi-Visit Procedure Codes	Decisive Step
Crowns	D2740, D2751	Tooth preparation or final impression
Root Canal Therapy	D3310-D3348	Pulp extirpation or debridement to at least the apical 1/3 of all canals
Complete Dentures	D5110, D5120	Final impression
Partial Dentures	D5211, D5212	Final impression

Amounts paid for these services apply to the member's annual maximum balance. These services are eligible for reimbursement even after a member has reached the annual maximum, subject to applicable coverage requirements.

Billing Guidelines for Transition of Care:

- There are no special billing guidelines for services to be eligible for transition of care. Providers should continue to submit claims for eligible multi-visit procedures as usual, including using the actual delivery date or completion date as the date of service. If the claim gets denied with PP2054: *The annual maximum benefit has been reached*, your office should submit a reconsideration through the provider portal with the chart notes showing that the decisive step occurred before August 1, 2026.

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