

DOMINION COVERED DENTAL PROCEDURE CODES

PLAN YEAR - 2026



This code listing is applicable to all Mass Advantage products, including both HMO and PPO plans.

Any services not listed in this chart are not covered.

The plan is administered by Dominion Dental Services, Inc., which operates under the trade name Dominion National. Supplemental dental services are covered with providers in the National Dominion PPO Network. To see if your dentist is a Dominion PPO Network dentist or if you need a new dentist, review the Dental Directory located at MassAdvantage.com, or contact Member Services.

A member may choose to receive treatment from an out-of-network dentist. Benefits are calculated using a Maximum Allowable Charge (MAC). Members are responsible for any difference in amount charged by an out-of-network dentist and MAC per procedure. Billing arrangements are made between the member and the out-of-network dentist.

For any questions about network or coverage, please contact Member Services:

- For HMO Members: (844) 918-0114
- For PPO Members: (844) 915-0234
- TTY: 711

Calls to these numbers are free. From October 1 to March 31, we're available 7 days a week from 8 am to 8 pm EST. From April 1 to September 30, we're available Monday through Friday from 8 am to 8 pm EST. A messaging system is used after hours, weekends and on federal holidays.

ADA CODE	CODE DESCRIPTION	CATEGORY FROM EOC	CATEGORY OF SERVICE	COVERAGE	COUNT TOWARD PLAN ANNUAL MAXIMUM	FREQUENCY	ALTERNATE BENEFIT
D0120	Periodic oral eval.; established patient	Preventive	Oral Exams	100%	No	2 Every Year	
D0140	Limited oral evaluation - problem focused	Preventive	Oral Exams	100%	No	1 Every 12 Months	
D0150	Comprehensive oral evaluation	Preventive	Oral Exams	100%	No	1 Every 36 Months	
D0160	Detailed and extensive eval.- problem focused	Preventive	Oral Exams	100%	No	1 Every Lifetime	
D0171	Re-evaluation - post-operative office visit	Preventive	Oral Exams	100%	No		
D0180	Comprehensive periodic eval; new or est. patient	Preventive	Oral Exams	100%	No	1 Every Year	
D0210	Intraoral comprehensive series of radiograph	Preventive	Dental X-Rays	100%	No	1 Every 60 Months	
D0220	Periapical - 1st radiographic image	Preventive	Dental X-Rays	100%	No	1 Every Year	
D0230	Periapical - each add'l radiograph image	Preventive	Dental X-Rays	100%	No	1 Every Year	
D0270	Bitewing - single radiographic image	Preventive	Dental X-Rays	100%	No	2 Every Year	
D0272	Bitewings - two radiographic images	Preventive	Dental X-Rays	100%	No	2 Every Year	

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D0273	Bitewings - three radiographic images	Preventive	Dental X-Rays	100%	No	2 Every Year	
D0274	Bitewings - four radiographic images	Preventive	Dental X-Rays	100%	No	2 Every Year	
D0277	Vertical bitewings - 7 to 8 radiographic img	Preventive	Dental X-Rays	100%	No	2 Every Year	
D0330	Panoramic radiographic image	Preventive	Dental X-Rays	100%	No	1 Every 60 Months	
D1110	Prophylaxis - adult	Preventive	Cleaning	100%	No	2 Every Year	
D1206	Topical application of fluoride varnish	Preventive	Fluoride	100%	No	2 Every Year	
D1208	Topical application of fluoride	Preventive	Fluoride	100%	No	2 Every Year	
D1310	Nutritional counseling for control of disease	Preventive	Other Preventive Services	100%	No		
D1354	Application of caries arresting medic; per tooth	Preventive	Other Preventive Services	100%	No		
D2140	Amalgam - one surface, primary or permanent	Comprehensive	Restorative Services	100%	Yes	1 Every 24 Months	
D2150	Amalgam - two surfaces, primary or permanent	Comprehensive	Restorative Services	100%	Yes	1 Every 24 Months	

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D2160	Amalgam - three surfaces, primary or permanent	Comprehensive	Restorative Services	100%	Yes	1 Every 24 Months	
D2161	Amalgam - four+ surfaces, primary or permanent	Comprehensive	Restorative Services	100%	Yes	1 Every 24 Months	
D2330	Resin-based composite - one surface, anterior	Comprehensive	Restorative Services	100%	Yes	1 Every 24 Months	
D2331	Resin-based composite - two surfaces, anterior	Comprehensive	Restorative Services	100%	Yes	1 Every 24 Months	
D2332	Resin-based composite - three surfaces, ant.	Comprehensive	Restorative Services	100%	Yes	1 Every 24 Months	
D2335	Resin-based composite - four or more surfaces	Comprehensive	Restorative Services	100%	Yes	1 Every 24 Months	
D2391	Resin-based composite - one surface, posterior	Comprehensive	Restorative Services	100%	Yes	1 Every 24 Months	
D2392	Resin-based composite - two surfaces, posterior	Comprehensive	Restorative Services	100%	Yes	1 Every 24 Months	
D2393	Resin-based composite - three surfaces, post.	Comprehensive	Restorative Services	100%	Yes	1 Every 24 Months	
D2394	Resin-based comp - four or more surfaces, post	Comprehensive	Restorative Services	100%	Yes	1 Every 24 Months	
D2510	Inlay - metallic - one surface	Comprehensive	Restorative Services	100%	Yes	1 Every 7 Years	

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D2520	Inlay - metallic - two surfaces	Comprehensive	Restorative Services	100%	Yes	1 Every 7 Years	
D2530	Inlay - metallic - three or more surfaces	Comprehensive	Restorative Services	100%	Yes	1 Every 7 Years	
D2542	Onlay - metallic - two surfaces	Comprehensive	Restorative Services	100%	Yes	1 Every 7 Years	
D2543	Onlay - metallic - three surfaces	Comprehensive	Restorative Services	100%	Yes	1 Every 7 Years	
D2544	Onlay - metallic - four or more surfaces	Comprehensive	Restorative Services	100%	Yes	1 Every 7 Years	
D2610	Inlay - porcelain/ceramic - one surface	Comprehensive	Restorative Services	100%	Yes	1 Every 7 Years	D2510
D2620	Inlay - porcelain/ceramic - two surfaces	Comprehensive	Restorative Services	100%	Yes	1 Every 7 Years	D2520
D2630	Inlay - porcelain/ceramic - three + surfaces	Comprehensive	Restorative Services	100%	Yes	1 Every 7 Years	D2530
D2642	Onlay - porcelain/ceramic - two surfaces	Comprehensive	Restorative Services	100%	Yes	1 Every 7 Years	D2542
D2643	Onlay - porcelain/ceramic - three surfaces	Comprehensive	Restorative Services	100%	Yes	1 Every 7 Years	D2543
D2644	Onlay - porcelain/ceramic- four or more surfaces	Comprehensive	Restorative Services	100%	Yes	1 Every 7 Years	D2544

ADA CODE	CODE DESCRIPTION	CATEGORY FROM EOC	CATEGORY OF SERVICE	COVERAGE	COUNT TOWARD PLAN ANNUAL MAXIMUM	FREQUENCY	ALTERNATE BENEFIT
D2740	Crown - porcelain/ceramic	Comprehensive	Restorative Services	100%	Yes	1 Every 7 Years	D2751
D2750	Crown - porcelain fused to high noble metal	Comprehensive	Restorative Services	100%	Yes	1 Every 7 Years	D2751
D2751	Crown - porcelain fused to predom. base metal	Comprehensive	Restorative Services	100%	Yes	1 Every 7 Years	
D2752	Crown - porcelain fused to noble metal	Comprehensive	Restorative Services	100%	Yes	1 Every 7 Years	D2751
D2753	Crown - porcelain fused to titanium	Comprehensive	Restorative Services	100%	Yes	1 Every 7 Years	D2751
D2780	Crown - 3/4 cast high noble metal	Comprehensive	Restorative Services	100%	Yes	1 Every 7 Years	D2781
D2781	Crown - 3/4 cast predominantly base metal	Comprehensive	Restorative Services	100%	Yes	1 Every 7 Years	
D2782	Crown - 3/4 cast noble metal	Comprehensive	Restorative Services	100%	Yes	1 Every 7 Years	D2781
D2783	Crown - 3/4 porcelain/ceramic	Comprehensive	Restorative Services	100%	Yes	1 Every 7 Years	D2781
D2790	Crown - full cast high noble metal	Comprehensive	Restorative Services	100%	Yes	1 Every 7 Years	D2791
D2791	Crown - full cast predominantly base metal	Comprehensive	Restorative Services	100%	Yes	1 Every 7 Years	

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D2792	Crown - full cast noble metal	Comprehensive	Restorative Services	100%	Yes	1 Every 7 Years	D2791
D2794	Crown - titanium and titanium alloys	Comprehensive	Restorative Services	100%	Yes	1 Every 7 Years	D2791
D2910	Re-cement/bond inlay, onlay, veneer or partial	Comprehensive	Restorative Services	100%	Yes	1 Every 12 Months	
D2915	Re-cement or re-bond post and core	Comprehensive	Restorative Services	100%	Yes	1 Every 12 Months	
D2920	Re-cement or re-bond crown	Comprehensive	Restorative Services	100%	Yes	1 Every 12 Months	
D2940	Protective restoration (sedative filling)	Comprehensive	Restorative Services	100%	Yes		
D2949	Restorative foundation for indir restoration	Comprehensive	Restorative Services	100%	Yes		
D2950	Core buildup, incl. any pins when required	Comprehensive	Restorative Services	100%	Yes		
D2952	Cast post and core in addition to crown	Comprehensive	Restorative Services	100%	Yes		
D2953	Each additional cast post - same tooth	Comprehensive	Restorative Services	100%	Yes		
D2954	Prefab. post and core in addition to crown	Comprehensive	Restorative Services	100%	Yes		

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D2957	Each additional prefab. post - same tooth	Comprehensive	Restorative Services	100%	Yes		
D3110	Pulp cap - direct (excl. final restoration)	Comprehensive	Endodontics	100%	Yes		
D3310	Root canal, anterior tooth	Comprehensive	Endodontics	100%	Yes	1 Every Lifetime	
D3320	Endodontic therapy, premolar tooth	Comprehensive	Endodontics	100%	Yes	1 Every Lifetime	
D3330	Root canal, molar	Comprehensive	Endodontics	100%	Yes	1 Every Lifetime	
D3346	Retreat of prev root canal therapy - anterior	Comprehensive	Endodontics	100%	Yes	1 Every Lifetime	
D3347	Retreat of prev root canal therapy - premolar	Comprehensive	Endodontics	100%	Yes	1 Every Lifetime	
D3348	Retreat of prev root canal therapy - molar	Comprehensive	Endodontics	100%	Yes	1 Every Lifetime	
D3410	Apicoectomy - anterior	Comprehensive	Endodontics	100%	Yes		
D3421	Apicoectomy - premolar (first root)	Comprehensive	Endodontics	100%	Yes		
D3425	Apicoectomy - molar	Comprehensive	Endodontics	100%	Yes		
D3426	Apicoectomy/periradicular surgery (each add. root)	Comprehensive	Endodontics	100%	Yes		

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D3430	Retrograde filling - per root	Comprehensive	Endodontics	100%	Yes	1 Every Lifetime	
D4249	Clinical crown lengthening - hard tissue	Comprehensive	Periodontics	100%	Yes		
D4260	Osseous surgery - 4 or more teeth	Comprehensive	Periodontics	100%	Yes		
D4261	Osseous surgery - 1 to 3 teeth	Comprehensive	Periodontics	100%	Yes		
D4341	Periodontal scaling and root planing	Comprehensive	Periodontics	100%	Yes	1 Every 24 Months	
D4342	Periodontal scaling and root planing	Comprehensive	Periodontics	100%	Yes	1 Every 24 Months	
D4346	Scaling with Gingival Inflammation	Comprehensive	Periodontics	100%	Yes	1 Every 24 Months	D4355
D4355	Full mouth debridement for compl. Eval/diag.	Comprehensive	Periodontics	100%	Yes	1 Every Lifetime	
D4381	Localized delivery of antimicrobial agents	Comprehensive	Periodontics	100%	Yes		
D4910	Periodontal maintenance	Comprehensive	Periodontics	100%	Yes	2 Every Year	
D5110	Complete denture - maxillary	Comprehensive	Prosthodontics, removable	100%	Yes	1 Every 7 Years	

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D5120	Complete denture - mandibular	Comprehensive	Prosthodontics, removable	100%	Yes	1 Every 7 Years	
D5130	Immediate denture - maxillary	Comprehensive	Prosthodontics, removable	100%	Yes	1 Every 7 Years	
D5140	Immediate denture - mandibular	Comprehensive	Prosthodontics, removable	100%	Yes	1 Every 7 Years	
D5211	Maxillary partial denture - resin base	Comprehensive	Prosthodontics, removable	100%	Yes	1 Every 7 Years	
D5212	Mandibular partial denture - resin base	Comprehensive	Prosthodontics, removable	100%	Yes	1 Every 7 Years	
D5213	Maxillary partial denture - cast metal	Comprehensive	Prosthodontics, removable	100%	Yes	1 Every 7 Years	
D5214	Mandibular partial denture - cast metal	Comprehensive	Prosthodontics, removable	100%	Yes	1 Every 7 Years	
D5221	Immediate maxillary partial denture	Comprehensive	Prosthodontics, removable	100%	Yes	1 Every 7 Years	
D5222	Immediate mandibular partial denture	Comprehensive	Prosthodontics, removable	100%	Yes	1 Every 7 Years	
D5223	Immediate maxillary partial denture	Comprehensive	Prosthodontics, removable	100%	Yes	1 Every 7 Years	D5221
D5224	Immediate mandibular partial denture	Comprehensive	Prosthodontics, removable	100%	Yes	1 Every 7 Years	D5222

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D5225	Maxillary Partial Denture	Comprehensive	Prosthodontics, removable	100%	Yes	1 Every 7 Years	
D5226	Mandibular partial denture	Comprehensive	Prosthodontics, removable	100%	Yes	1 Every 7 Years	
D5410	Adjust complete denture - maxillary	Comprehensive	Prosthodontics, removable	100%	Yes	2 Every Year	
D5411	Adjust complete denture - mandibular	Comprehensive	Prosthodontics, removable	100%	Yes	2 Every Year	
D5421	Adjust partial denture - maxillary	Comprehensive	Prosthodontics, removable	100%	Yes	2 Every Year	
D5422	Adjust partial denture - mandibular	Comprehensive	Prosthodontics, removable	100%	Yes	2 Every Year	
D5511	Repair broken comp. dent. base, mand.	Comprehensive	Prosthodontics, removable	100%	Yes		
D5512	Repair broken comp. dent. base, max	Comprehensive	Prosthodontics, removable	100%	Yes		
D5520	Replace missing or broken teeth - compl dent.	Comprehensive	Prosthodontics, removable	100%	Yes		
D5611	Repair resin part dent base, mand	Comprehensive	Prosthodontics, removable	100%	Yes		
D5612	Repair resin part dent base, max	Comprehensive	Prosthodontics, removable	100%	Yes		

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D5621	Repair cast part frame, mand	Comprehensive	Prosthodontics, removable	100%	Yes		
D5622	Repair cast part frame, max	Comprehensive	Prosthodontics, removable	100%	Yes		
D5630	Repair or replace broken clasp	Comprehensive	Prosthodontics, removable	100%	Yes		
D5640	Replace broken teeth - per tooth	Comprehensive	Prosthodontics, removable	100%	Yes		
D5650	Add tooth to existing partial denture	Comprehensive	Prosthodontics, removable	100%	Yes		
D5660	Add clasp to existing partial denture	Comprehensive	Prosthodontics, removable	100%	Yes		
D5730	Reline complete maxillary denture	Comprehensive	Prosthodontics, removable	100%	Yes	1 Every 24 Months	
D5731	Reline complete mandibular denture - chairside	Comprehensive	Prosthodontics, removable	100%	Yes	1 Every 24 Months	
D5740	Reline maxillary partial denture - chairside	Comprehensive	Prosthodontics, removable	100%	Yes	1 Every 24 Months	
D5741	Reline mandibular partial denture - chairside	Comprehensive	Prosthodontics, removable	100%	Yes	1 Every 24 Months	
D5750	Reline complete maxillary denture - laboratory	Comprehensive	Prosthodontics, removable	100%	Yes	1 Every 24 Months	

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D5751	Reline complete mandibular denture - laboratory	Comprehensive	Prosthodontics, removable	100%	Yes	1 Every 24 Months	
D5760	Reline maxillary partial denture - laboratory	Comprehensive	Prosthodontics, removable	100%	Yes	1 Every 24 Months	
D5761	Reline mandibular partial denture - laboratory	Comprehensive	Prosthodontics, removable	100%	Yes	1 Every 24 Months	
D5850	Tissue conditioning, maxillary	Comprehensive	Prosthodontics, removable	100%	Yes		
D5851	Tissue conditioning, mandibular	Comprehensive	Prosthodontics, removable	100%	Yes		
D5863	Overdenture - complete maxillary - natural tooth borne	Comprehensive	Prosthodontics, removable	100%	Yes	1 Every 7 Years	D5110
D5864	Overdenture - partial maxillary - natural tooth borne	Comprehensive	Prosthodontics, removable	100%	Yes	1 Every 7 Years	D5213
D5865	Overdenture - complete mandibular - natural tooth borne	Comprehensive	Prosthodontics, removable	100%	Yes	1 Every 7 Years	D5120
D5866	Overdenture - partial mandibular - natural tooth borne	Comprehensive	Prosthodontics, removable	100%	Yes	1 Every 7 Years	D5214

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D6210	Pontic - cast high noble metal	Comprehensive	Prosthodontics, fixed	100%	Yes	1 Every 7 Years	D6211
D6211	Pontic - cast predominantly base metal	Comprehensive	Prosthodontics, fixed	100%	Yes	1 Every 7 Years	
D6212	Pontic - cast noble metal	Comprehensive	Prosthodontics, fixed	100%	Yes	1 Every 7 Years	D6211
D6214	Pontic - titanium and titanium alloys	Comprehensive	Prosthodontics, fixed	100%	Yes	1 Every 7 Years	D6211
D6240	Pontic - porcelain fused to high noble metal	Comprehensive	Prosthodontics, fixed	100%	Yes	1 Every 7 Years	D6241
D6241	Pontic - porcelain fused to predom base metal	Comprehensive	Prosthodontics, fixed	100%	Yes	1 Every 7 Years	
D6242	Pontic - porcelain fused to noble metal	Comprehensive	Prosthodontics, fixed	100%	Yes	1 Every 7 Years	D6241
D6243	Pontic - porcelain fused to titanium	Comprehensive	Prosthodontics, fixed	100%	Yes	1 Every 7 Years	D6241
D6245	Pontic - porcelain/ceramic	Comprehensive	Prosthodontics, fixed	100%	Yes	1 Every 7 Years	D6241
D6250	Pontic - resin with high noble metal	Comprehensive	Prosthodontics, fixed	100%	Yes	1 Every 7 Years	D6211
D6251	Pontic - resin with predominantly base metal	Comprehensive	Prosthodontics, fixed	100%	Yes	1 Every 7 Years	D6211

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D6252	Pontic - resin with noble metal	Comprehensive	Prosthodontics, fixed	100%	Yes	1 Every 7 Years	D6211
D6720	Retainer crown - resin w/ high noble metal	Comprehensive	Prosthodontics, fixed	100%	Yes	1 Every 7 Years	D6721
D6721	Retainer crown - resin w/ predom base metal	Comprehensive	Prosthodontics, fixed	100%	Yes	1 Every 7 Years	
D6722	Retainer crown - resin with noble metal	Comprehensive	Prosthodontics, fixed	100%	Yes	1 Every 7 Years	D6721
D6740	Retainer crown - porcelain/ceramic	Comprehensive	Prosthodontics, fixed	100%	Yes	1 Every 7 Years	D6751
D6750	Retainer crown - porc fused to high noble	Comprehensive	Prosthodontics, fixed	100%	Yes	1 Every 7 Years	D6751
D6751	Retainer crown - porc fused to predom base	Comprehensive	Prosthodontics, fixed	100%	Yes	1 Every 7 Years	
D6752	Retainer crown - porc fused to noble	Comprehensive	Prosthodontics, fixed	100%	Yes	1 Every 7 Years	D6751
D6753	Retainer crown	Comprehensive	Prosthodontics, fixed	100%	Yes	1 Every 7 Years	D6751
D6790	Retainer crown - full cast high noble	Comprehensive	Prosthodontics, fixed	100%	Yes	1 Every 7 Years	D6791
D6791	Retainer crown - full cast predom base	Comprehensive	Prosthodontics, fixed	100%	Yes	1 Every 7 Years	

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D6792	Retainer crown - full cast noble metal	Comprehensive	Prosthodontics, fixed	100%	Yes	1 Every 7 Years	D6791
D6794	Retainer crown - titanium and titanium alloys	Comprehensive	Prosthodontics, fixed	100%	Yes	1 Every 7 Years	D6791
D6930	Re-cement or re-bond fixed partial denture	Comprehensive	Prosthodontics, fixed	100%	Yes	1 Every 12 Months	
D7111	Extraction, coronal remnants - primary tooth	Comprehensive	Oral and Maxillofacial Surgery	100%	Yes	1 Every Lifetime	
D7140	Extraction, erupted tooth or exposed root	Comprehensive	Oral and Maxillofacial Surgery	100%	Yes	1 Every Lifetime	
D7210	Surg. removal of erupted tooth req elev, etc	Comprehensive	Oral and Maxillofacial Surgery	100%	Yes	1 Every Lifetime	
D7250	Surgical removal of residual tooth roots	Comprehensive	Oral and Maxillofacial Surgery	100%	Yes	1 Every Lifetime	
D7310	Alveolo in conj. w/ extractions - per quad	Comprehensive	Oral and Maxillofacial Surgery	100%	Yes		
D7311	Alveoloplasty in conjunction with extractions	Comprehensive	Oral and Maxillofacial Surgery	100%	Yes		

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D7320	Alveolo not in conj. w/ extraction - per quad	Comprehensive	Oral and Maxillofacial Surgery	100%	Yes		
D7321	Alveoloplasty not in conjunc w/ extractions	Comprehensive	Oral and Maxillofacial Surgery	100%	Yes		
D7510	Incision/drainage of abscess - intraoral soft	Comprehensive	Oral and Maxillofacial Surgery	100%	Yes		
D7511	Incision and drainage of abscess - intraoral	Comprehensive	Oral and Maxillofacial Surgery	100%	Yes		
D9110	Palliative treatment of dental pain - per vis	Comprehensive	Adjunctive General Services	100%	Yes		
D9222	Administration of deep sedation/general anesthesia - first 15 minute increment, or any portion therof	Comprehensive	Adjunctive General Services	100%	Yes		
D9223	Administration of deep sedation/general anesthesia - each subsequent 15 minute increment, or any portion therof	Comprehensive	Adjunctive General Services	100%	Yes		
D9230	Administration of nitrous oxide	Comprehensive	Adjunctive General Services	100%	Yes		

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D9239	Administration of moderate sedation - intravenous - first 15 minute increment, or any portion therof	Comprehensive	Adjunctive General Services	100%	Yes		
D9243	Administration of moderate sedation - intravenous - each subsequent 15 minute increment, or any portion therof	Comprehensive	Adjunctive General Services	100%	Yes		
D9910	Application of desensitizing medicament	Comprehensive	Adjunctive General Services	100%	Yes		
D9943	Occlusal guard adjustment	Comprehensive	Adjunctive General Services	100%	Yes		
D9944	Occlusal guard hard appliance full arch	Comprehensive	Adjunctive General Services	100%	Yes		
D9995	Teledentistry - synchronous; real-time	Comprehensive	Adjunctive General Services	100%	Yes		
D9996	Teledentistry - asynchronous	Comprehensive	Adjunctive General Services	100%	Yes		