

Washington State Health Care Authority (HCA)
Dental Program Fee Schedule
Effective July 1, 2025

Please review the Dental Billing Guide for coverage policy and limitations.
CPT codes may be found under Physician-Related Services fee schedule

[Dental Billing Guide](#)
[Link to Legend](#)

Code Status Indicator	Code	Max fee ABCD See Billing Guide	Max fee Ortho ages 0-20	Max fee Dental ages 0-20	Max fee Dental ages 21+	PA Required	Comments
R	D0120	\$41.24		\$27.07	\$30.36		
R	D0140			\$22.78	\$27.60		
L/R	D0150	\$56.53		\$39.03	\$37.26		
	D0160		\$43.18				
L	D0170		\$40.30				Please see Dental Billing Guide
R	D0190			\$12.10	\$15.00		Screening of Patient
R	D0191			\$12.10	\$15.00		Assessment of Patient
L/R	D0210			\$44.81	\$48.30		
R	D0220			\$8.47	\$9.66		
R	D0230			\$2.37	\$2.07		
	D0240			\$8.91			
R	D0270			\$7.92	\$8.28		
R	D0272			\$10.29	\$9.66		
R	D0273			\$12.66	\$11.04		
L/R	D0274			\$15.03	\$12.42		
R	D0330		\$42.55	\$42.55	\$37.26		
R	D0340			\$49.51	\$61.89	PA	
	D0350			\$45.00		PA	
	D0460			\$4.85			
	D0470			NC			
L/R	D1110			\$42.19	\$51.57		Valid only for ages 14 and above, Please see Dental Billing Guide
L	D1120			\$32.17			Valid only for ages 0 through 13
R	D1206	\$32.77		\$19.50	\$18.48		Please see Dental Billing Guide
R	D1208	\$32.77		\$19.50	\$18.48		Please see Dental Billing Guide
	D1330			\$12.97			School Based Program - ages 8 and younger
R	D1351			\$26.38	\$32.97**		Ages 0 through 20, DDA any age
R	D1354			\$3.60	\$4.50		Per tooth, Please see Dental Billing Guide
	D1510			\$79.95		PA	PA for replacement
R	D1516			\$119.43	\$179.15	PA	PA for replacement ages 20 and younger
R	D1517			\$119.43	\$179.15	PA	PA for replacement ages 20 and younger
	D1551			\$27.98			
	D1552			\$27.98			
	D1553			\$27.98			
R	D1556			\$25.71	\$25.71		
R	D1557			\$25.71	\$25.71		
R	D1558			\$25.71	\$25.71		
R	D1575	\$160.90		\$113.18			
R	D2140	\$89.05		\$59.97	\$49.74		
R	D2150	\$97.96		\$69.47	\$66.76		
R	D2160	\$120.22		\$82.21	\$82.34		
R	D2161			\$80.32	\$97.15		
R	D2330	\$89.05		\$64.67	\$47.86		
R	D2331	\$133.57		\$84.96	\$72.51		
R	D2332	\$155.83		\$96.20	\$92.81		
R	D2335			\$86.42	\$110.22	EPA	EPA for primary anterior
R	D2390	\$302.76		\$165.95		PA	PA required for ages 13 - 20
R	D2391	\$89.05		\$59.97	\$49.74		
R	D2392	\$105.00		\$72.24	\$66.76		
R	D2393	\$112.00		\$78.98	\$96.37		
R	D2394			\$80.06	\$96.60		
	D2710			\$179.51		PA	PA required for ages 15 - 20
	D2720			\$280.48		PA	PA required for ages 15 - 20
	D2721			\$280.48		PA	PA required for ages 15 - 20
	D2722			\$280.48		PA	PA required for ages 15 - 20
	D2740			\$560.97		PA	PA required for ages 15 - 20
	D2750			\$560.97		PA	PA required for ages 15 - 20
	D2751			\$560.97		PA	PA required for ages 15 - 20
	D2752			\$560.97		PA	PA required for ages 15 - 20
	D2910			\$16.98			
	D2915			\$79.54			
R	D2920			\$23.99	\$29.99		
R	D2929	\$302.76		\$165.95		PA	
R	D2930	\$217.00		\$129.78		PA	
R	D2931			\$103.66	\$126.71**		
	D2932			\$97.00		PA	
R	D2933	\$217.00		\$137.20		PA	
R	D2934	\$217.00		\$137.20		PA	
L/R	D2940	\$89.05		\$76.33		EPA	Ages 0 through 12 with DDA only
	D2950			\$67.90		PA	
	D2952			\$243.47		PA	
	D2954			\$161.04		PA	
R	D3220	\$133.57		\$74.46			
R	D3221			\$51.25	\$62.10		
	D3230			\$69.30			
	D3240			\$69.30			
R	D3310			\$395.69	\$351.94		
	D3320			\$446.12		PA*	Please see Dental Billing Guide
	D3330			\$543.11			
R	D3346			\$426.73	\$403.50	PA	
	D3347			\$519.83		PA	
	D3348			\$640.09		PA	
	D3351			\$69.96			
	D3352			\$34.98			
L	D3410			\$353.02			Initial treatment requires no PA. Subsequent treatment requires PA.
L	D3430			\$116.38			Initial treatment requires no PA. Subsequent treatment requires PA.
R	D4210			\$116.33	\$142.19**	PA	PA required for ages 0 - 20, non DDA
R	D4211			\$84.68	\$103.50**	PA	PA required for ages 0 - 20, non DDA

L/R	D4341		\$29.67	\$36.27	PA	PA required for ages 13 - 18 non DDA
L/R	D4342		\$15.42	\$18.85	PA	PA required for ages 13 - 18 non DDA
R	D4346		\$48.00	\$60.00		
R	D4355		\$84.00	\$105.00		DDA coverage only
L/R	D4910		\$56.94	\$69.00	EPA	EPA for ages 21+ with Dx of diabetes
R	D5110		\$470.07	\$585.34	EPA/PA	Please see Dental Billing Guide
R	D5120		\$470.07	\$585.34	EPA/PA	Please see Dental Billing Guide
R	D5211		\$312.14	\$414.41	PA	
R	D5212		\$312.14	\$414.41	PA	
R	D5410		\$20.17	\$25.22		
R	D5411		\$20.17	\$25.22		
R	D5421		\$19.56	\$24.45		
R	D5422		\$19.56	\$24.45		
R	D5511		\$40.69	\$47.87		
R	D5512		\$40.69	\$47.87		
R	D5520		\$34.81	\$39.65		
R	D5611		\$40.69	\$47.87		
R	D5612		\$40.69	\$47.87		
R	D5621		\$57.40	\$71.75		
R	D5622		\$57.40	\$71.75		
R	D5630		\$57.76	\$72.51		
R	D5640		\$45.12	\$55.17		
R	D5650		\$45.12	\$55.17		
R	D5660		\$57.76	\$72.51		
R	D5710		\$203.57	\$234.14		
R	D5711		\$203.57	\$234.14		
R	D5720		\$126.73	\$140.48		
R	D5721		\$126.73	\$140.48		
R	D5750		\$142.46	\$187.31		
R	D5751		\$142.46	\$187.31		
R	D5760		\$116.02	\$140.48		
R	D5761		\$116.02	\$140.48		
R	D5863		\$453.22	\$549.24	PA	
R	D5865		\$453.22	\$549.24	PA	
R	D5899		\$90.00	\$112.50	PA	
R	D6930		\$41.62	\$52.02		
R	D7111		\$31.12	\$35.93		
R	D7140		\$57.65	\$45.73		
R	D7210		\$89.05	\$89.70		
R	D7220		\$94.38	\$105.86		
R	D7230		\$141.60	\$165.60		
R	D7240		\$164.37	\$193.20		
R	D7241		\$214.87	\$248.40	PA	
R	D7250		\$89.06	\$89.70		Please see Dental Billing Guide
R	D7251		\$214.87	\$248.40		
R	D7270		\$173.93	\$217.41		
	D7280	\$152.91	\$152.91			
	D7283	\$200.00	\$200.00			
R	D7285		\$264.96	\$331.20		
R	D7286		\$85.76	\$104.82		
R	D7288		\$51.29	\$64.11		
R	D7310		\$181.00	\$271.50		
R	D7311		\$179.20	\$268.80		
R	D7320		\$174.25	\$255.00		
R	D7321		\$153.75	\$225.00		
R	D7410		\$107.20	\$131.03		
R	D7471		\$187.90	\$234.87		
R	D7472		\$154.73	\$193.41		
R	D7473		\$159.16	\$198.95		
R	D7485		\$174.63	\$218.28		
R	D7510		\$57.89	\$70.75		
R	D7520		\$128.64	\$157.24		
R	D7530		\$92.85	\$116.06		
	D7880		\$97.00		PA	PA required for ages 12 - 20
	D7961		\$97.00			PA required for ages 7 - 12
	D7962		\$97.00			PA required for ages 7 - 12
	D7963		\$97.00		PA	PA required for ages 7 - 12
R	D7970		\$333.36	\$416.70	PA	
	D7971		\$136.20			
R	D7972		\$243.01	\$303.77	PA	
	D8020	\$975.91			EPA/PA	Limited Orthodontic Treatment for transitional dentition for Cleft Palate Initial Placement
	D8020	\$611.76			PA	Limited Orthodontic Treatment for transitional dentition for Severe Malocclusions initial placement
	D8030	\$975.91			EPA/PA	Limited Orthodontic Treatment for adolescent dentition for Cleft Palate initial placement
	D8030	\$611.76			PA	Limited Orthodontic Treatment for adolescent dentition for Severe Malocclusions initial placement
	D8070	\$1,836.18			EPA/PA	Comprehensive Orthodontic Treatment for transitional dentition for Cleft Palate initial placement
	D8070	\$1,432.22			PA	Comprehensive Orthodontic Treatment for transitional dentition for Severe Malocclusion initial placement
	D8080	\$1,836.18			EPA/PA	Comprehensive Orthodontic Treatment for adolescent dentition for Cleft Palate initial placement
	D8080	\$1,432.22			PA	Comprehensive Orthodontic Treatment for adolescent dentition for Severe Malocclusion initial placement
	D8220	\$200.00			PA	Please see Dental Billing Guide
	D8660	\$333.87			EPA/PA	Cleft Palate Pre-orthodontic Visit;
	D8660	\$319.30			PA	Severe Malocclusion Pre-orthodontic Visit;
L	D8670	\$305.88			EPA/PA	Limited Orthodontic Treatment for transitional dentition for Cleft Palate each additional 3 month period, please see Dental Billing Guide
L	D8670	\$262.18			PA	Limited Orthodontic Treatment for transitional dentition for Severe Malocclusions each additional 3 month period, please see Dental Billing Guide
L	D8670	\$305.88			EPA/PA	Limited Orthodontic Treatment for adolescent dentition for Cleft Palate each additional 3 month period, please see Dental Billing Guide
L	D8670	\$262.18			PA	Limited Orthodontic Treatment for adolescent dentition for Severe Malocclusions each additional 3 month period, please see Dental Billing Guide
	D8670	\$308.46			EPA/PA	Comprehensive Orthodontic Treatment for transitional dentition for Cleft Palate each additional 3 month period, please see Dental Billing Guide.
	D8670	\$240.60			PA	Comprehensive Orthodontic Treatment for transitional dentition for Severe Malocclusions each additional 3 month period, please see Dental Billing Guide
L	D8670	\$308.46			EPA/PA	Comprehensive Orthodontic Treatment for adolescent dentition for Cleft Palate each additional 3 month period, please see Dental Billing Guide
L	D8670	\$240.60			PA	Comprehensive Orthodontic Treatment for adolescent dentition for Severe Malocclusion each additional 3 month period, please see Dental Billing Guide

	D8680		\$303.60			EPA/PA	Removal of appliances, construction, and placement of retainer
	D8695		\$102.01			PA	Only if appliance placed by different provider
	D8999		BR			PA	
R	D9110			\$51.25	\$62.10		
R	D9222			\$93.60	\$117.00	PA	Please see Denta Billing Guide for PA requirements
R	D9223			\$93.60	\$117.00	PA	Please see Denta Billing Guide for PA requirements
R	D9230			\$24.00	\$30.00		
R	D9239			\$60.00	\$75.00	PA	PA required for ages 21 and older
R	D9243			\$60.00	\$75.00	PA	PA required for ages 21 and older
R	D9248			\$60.00	\$75.00	PA	PA required for ages 21 and older
R	D9310	\$84.80		\$63.60	\$90.86		
R	D9410			\$36.30	\$43.52		
R	D9420			\$36.30	\$43.52		
R	D9440			\$36.30	\$43.51		
R	D9610			\$42.88	\$52.41		
R	D9612			\$42.88	\$52.41		
	D9630			\$45.00			
R	D9920	\$39.33		\$28.82	\$37.26	PA	PA required for ages 9 - 20
R	D9930			\$55.74	\$64.36		
	D9944			\$97.00		PA	PA required for ages 12 - 20
	D9945			\$97.00		PA	PA required for ages 12 - 20
R	D9995	\$14.00		\$10.50	\$15.00		
R	D9996	\$14.00		\$10.50	\$15.00		
	D9999	\$38.61					ABCD: Family Oral Health Ed.
	T1016						
L	T2035			\$312.15			For approved providers only, please see Mobile Anesthesia Billing Guide
	10060						Oral surgery code, confirm place of service coverage in the ASC, outpatient and inpatient billing guides and fee schedules.
	10120						Oral surgery code, confirm place of service coverage in the ASC, outpatient and inpatient billing guides and fee schedules.
	10140						Oral surgery code, confirm place of service coverage in the ASC, outpatient and inpatient billing guides and fee schedules.
	11000						Oral surgery code, confirm place of service coverage in the ASC, outpatient and inpatient billing guides and fee schedules.
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99408						Confirm place of service coverage in the ASC, outpatient and inpatient billing guides and fee schedules.
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[Back to Top](#)

Code Status Indicators

D = Discontinued Code
N = New Code
P = Policy Change
R = Rate Update
L = Limitations/restrictions, see billing guide

Legend

BR - By Report
NC - non-covered
PA - Written or Fax Prior Authorization
* Please see [the Physician-Related Services fee schedule](#)
** Services only for eligible DDA clients 21 and over