

ADDENDUM B.—PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION CALENDAR YEAR 2004—Continued

CPT/ HCPCS	Status indicator	Condition	Description	APC	Relative weight	Payment rate	National unadjusted copayment	Minimum unadjusted copayment
D2970	S		Temporary- fractured tooth	0330	0.5609	\$30.45	\$6.09	\$6.09
D2980	E		Crown repair					
D2999	S		Dental unspec restorative pr	0330	0.5609	\$30.45	\$6.09	\$6.09
D3110	E		Pulp cap direct					
D3120	E		Pulp cap indirect					
D3220	E		Therapeutic pulpotomy					
D3221	E		Gross pulpal debridement					
D3230	E		Pulpal therapy anterior prim					
D3240	E		Pulpal therapy posterior pri					
D3310	E		Anterior					
D3320	E		Root canal therapy 2 canals					
D3330	E		Root canal therapy 3 canals					
D3331	E		Non-surg tx root canal obs					
D3332	E		Incomplete endodontic tx					
D3333	E		Internal root repair					
D3346	E		Retreat root canal anterior					
D3347	E		Retreat root canal bicuspid					
D3348	E		Retreat root canal molar					
D3351	E		Apexification/recalc initial					
D3352	E		Apexification/recalc interim					
D3353	E		Apexification/recalc final					
D3410	E		Apicoect/perirad surg anter					
D3421	E		Root surgery bicuspid					
D3425	E		Root surgery molar					
D3426	E		Root surgery ea add root					
D3430	E		Retrograde filling					
D3450	E		Root amputation					
D3460	S		Endodontic endosseous implan	0330	0.5609	\$30.45	\$6.09	\$6.09
D3470	E		Intentional replantation					
D3910	E		Isolation- tooth w rubb dam					
D3920	E		Tooth splitting					
D3950	E		Canal prep/fitting of dowel					
D3999	S		Endodontic procedure	0330	0.5609	\$30.45	\$6.09	\$6.09
D4210	E		Gingivectomy/plasty per quad					
D4211	E		Gingivectomy/plasty per toot					
D4240	E		Gingival flap proc w/ planin					
D4241	E		Gngvl flap w rootplan 1-3 th					
D4245	E		Apically positioned flap					
D4249	E		Crown lengthen hard tissue					
D4260	S		Osseous surgery per quadrant	0330	0.5609	\$30.45	\$6.09	\$6.09
D4261	E		Osseous surgl-3teethperquad					
D4263	S		Bone replce graft first site	0330	0.5609	\$30.45	\$6.09	\$6.09
D4264	S		Bone replce graft each add	0330	0.5609	\$30.45	\$6.09	\$6.09
D4265	E		Bio mtrls to aid soft/os reg					
D4266	E		Guided tiss regen resorb					
D4267	E		Guided tiss regen nonresorb					
D4268	S		Surgical revision procedure	0330	0.5609	\$30.45	\$6.09	\$6.09
D4270	S		Pedicle soft tissue graft pr	0330	0.5609	\$30.45	\$6.09	\$6.09
D4271	S		Free soft tissue graft proc	0330	0.5609	\$30.45	\$6.09	\$6.09
D4273	S		Subepithelial tissue graft	0330	0.5609	\$30.45	\$6.09	\$6.09
D4274	E		Distal/proximal wedge proc					
D4275	E		Soft tissue allograft					
D4276	E		Con tissue w dble ped graft					
D4320	E		Provision splnt intracoronal					
D4321	E		Provisional splint extracoro					
D4341	E		Periodontal scaling & root					
D4342	E		Periodontal scaling 1-3teeth					
D4355	S		Full mouth debridement	0330	0.5609	\$30.45	\$6.09	\$6.09
D4381	S		Localized chemo delivery	0330	0.5609	\$30.45	\$6.09	\$6.09
D4910	E		Periodontal maint procedures					
D4920	E		Unscheduled dressing change					
D4999	E		Unspecified periodontal proc					
D5110	E		Dentures complete maxillary					
D5120	E		Dentures complete mandible					
D5130	E		Dentures immediat maxillary					
D5140	E		Dentures immediat mandible					

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