

Carta Trámite

28 de octubre de 2020

A: Todos los Dentistas Participantes de la Red de Proveedores de Servicios de First Medical Health Plan, Inc.

Re: Carta Circular 20-1028 relacionada al CY 2020 - 2021 Updated Dental Fee Schedule

Estimado(a) Proveedor(a):

Reciba un cordial saludo de parte de First Medical Health Plan, Inc.

Adjunto a este comunicado encontrará la Carta Circular 20-1028 de la Administración de Seguros de Salud de Puerto Rico (ASES).

A través de esta Carta Circular, la ASES informa que, se actualiza la Carta Circular 20-1020 para añadir en el ***CY 2020-2021 Dental Fee Schedule el CDT Codes D2940 y D1999 que deben ser utilizado para el COVID Fee de \$14.51.***

Adjunto a la Carta Circular 20-1028 se incluye el nuevo ***CY 2020-2021 Dental Fee Schedule*** cuya fecha de implementación es el 1 de julio de 2020.

Le exhortamos a leer detenidamente la Carta Circular 20-1028 para detalles específicos sobre las disposiciones de la ASES sobre este asunto.

Si usted tiene alguna pregunta relacionada a este comunicado y/o necesita información adicional, siéntase en la libertad de comunicarse con nuestro Centro de Servicio al Proveedor al número libre de cargos 1-844-347-7802 de lunes a viernes de 7:00 a.m. a 7:00 p.m. También, puede acceder a nuestra página electrónica www.firstmedicalvital.com.

Cordialmente,

Departamento de Cumplimiento
First Medical Health Plan, Inc.



GOBIERNO DE PUERTO RICO
Administración de Seguros de Salud

Circular Letter 20-1028

October 28, 2020

To: Managed Care Organizations (MCOs) contracted to offer services under the Government Health Plan Program (Plan Vital); Dentists; Primary Medical Groups (PMG) and Participants Providers

Re: CY 2020 - 2021 Updated Dental Fee Schedule

On October 20, 2020 the Puerto Rico Health Insurance Administration (ASES, for its Spanish acronym) issued the **Circular Letter 20-1020**, therefore ASES the didn't include in the attachment the CDT codes D2940 and D1999 to be used for the COVID fee of \$14.51.

Enclosed the **CY 2020 - 2021 Updated Dental Fee Schedule** for implementation **effective July 01, 2020**.

All MCOs must distribute this Circular Letter to all participating Vital Plan providers. In addition, they are required to modify the payment systems for the processing and payment of the invoices issued by the reference codes.

Cordially,

Jorge E. Galva, JD, MHA
Executive Director

Attachment



Attachment

HCPCS	Description	Type	Contract Year 2020-2021 Fee Schedule
D0120	Periodic oral evaluation - established patient	I-Oral Evaluations	\$15.42
D0140	Limited oral evaluation - problem focused	I-Oral Evaluations	\$20.78
D0150	Comprehensive oral evaluation - new or established patient	I-Oral Evaluations	\$24.41
D0160	Detailed and extensive oral evaluation - problem focused, by report	I-Oral Evaluations	\$40.03
D0210	Intraoral - complete series of radiographic images	I-X-Rays	\$49.76
D0220	Intraoral - periapical first radiographic image	I-X-Rays	\$8.60
D0230	Intraoral - periapical each additional radiographic image	I-X-Rays	\$8.68
D0270	Bitewing - single radiographic image	I-X-Rays	\$8.62
D0272	Bitewings - two radiographic images	I-X-Rays	\$15.01
D0330	Panoramic radiographic image	I-X-Rays	\$30.86
D1110	Prophylaxis - adult	I-Prophylaxis	\$27.85
D1120	Prophylaxis - child	I-Prophylaxis	\$20.00
D1206	Topical application of fluoride varnish	I-Fluoride	\$14.91
D1208	Topical application of fluoride - excluding varnish	I-Fluoride	\$14.83
D1351	Sealant - per tooth	I-Sealants	\$16.31
D2140	Amalgam - one surface, primary or permanent	II-Restorations	\$39.67
D2150	Amalgam - two surfaces, primary or permanent	II-Restorations	\$48.78
D2160	Amalgam - three surfaces, primary or permanent	II-Restorations	\$58.35
D2161	Amalgam - four or more surfaces, primary or permanent	II-Restorations	\$68.90
D2330	Resin-based composite - one surface, anterior	II-Restorations	\$44.22
D2331	Resin-based composite - two surfaces, anterior	II-Restorations	\$54.26
D2332	Resin-based composite - three surfaces, anterior	II-Restorations	\$65.00
D2335	Resin-based composite - four or more surfaces or involving incisal angle (anterior)	II-Restorations	\$78.29
D2391	Resin-based composite - one surface, posterior	II-Restorations	\$48.18
D2930	Prefabricated stainless steel crown - primary tooth	III-Inlays/Onlays/Crowns	\$62.83
D2940	Protective restoration	II-Restorations	\$31.25
D3120	Pulp cap - indirect (excluding final restoration)	II-Endodontics	\$22.44
D3220	Therapeutic pulpotomy (excluding final restoration) - removal of pulp coronal to the dentinocemental junction and application of medicament	II-Endodontics	\$54.34
D3221	Pulpal debridement, primary and permanent teeth	II-Endodontics	\$27.29
D3310	Endodontic therapy, anterior tooth (excluding final restoration)	II-Endodontics	\$150.70
D3320	Endodontic therapy, bicuspid tooth (excluding final restoration)	II-Endodontics	\$164.04
D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)	II-Simple Extractions	\$43.86
D7210	Extraction, erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated	II-Surgical Extractions	\$79.86
D7220	Removal of impacted tooth - soft tissue	II-Surgical Extractions	\$127.60
D7230	Removal of impacted tooth - partially bony	II-Surgical Extractions	\$156.74
D7240	Removal of impacted tooth - completely bony	II-Surgical Extractions	\$180.44
D7250	Removal of residual tooth roots (cutting procedure)	II-Surgical Extractions	\$56.80
D7510	Incision and drainage of abscess - intraoral soft tissue	II-Oral Surgery	\$23.37
D9110	Palliative (emergency) treatment of dental pain - minor procedure	II-Emergency (Palliative)	\$26.25
D9223	Deep sedation/general anesthesia - each 15 minute increment	II-Anesthesia	\$185.99
D1999	COVID Fee	Temporary Code	\$14.51



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Autorizado por la Comisión Estatal de Elecciones CEE-SA-19-166