

## Carta Trámite

27 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 20-1020 relacionada al CY 2020-2021 & COVID 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 20-1020 de la Administración de Seguros de Salud de Puerto Rico (ASES).

A través de esta Carta Circular, la ASES informa que, extiende la efectividad de la inclusión del código D1999 hasta que se desarrolle una vacuna o tratamiento clínicamente efectivo para el COVID-19 o hasta que ASES lo notifique, lo que ocurra primero.

También notifica que la tarifa aplicable para el código D1999 a partir del 1 de julio de 2020 será de \$14.51. El propósito de establecer esta tarifa es compensar el costo adicional para la compra de equipo de protección personal (PPE, por sus siglas en inglés) y otros equipos necesarios para tratar a los pacientes durante la pandemia de COVID-19. Adjunto a la Carta Circular 20-1020 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 20-1020 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](http://www.firstmedicalvital.com).

Cordialmente,

Departamento de Cumplimiento  
First Medical Health Plan, Inc.



GOBIERNO DE PUERTO RICO  
Administración de Seguros de Salud

**Circular Letter 20-1020**

October 20, 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 & COVID Dental Fee Schedule**

On June 16, 2020 the Puerto Rico Health Insurance Administration (ASES, for its Spanish acronym) issued the **Normative Letter 20-05-01A** regarding the Dental COVID Fee. Through this letter, ASES extends the effectiveness of the inclusion of the **D1999** code until a vaccine or clinically effective treatment for COVID-19 is developed and / or ASES notifies it, whichever occurs first. Therefore, ASES notifies the applicable fee for the D1999 **from July 01, 2020 will be \$14.51**, the purpose of this fee is to compensate for the additional cost to purchase Personal Protective Equipment (PPE) and other supplies needed to treat patients during the COVID-19 pandemic in attention to the comparative reevaluation of the cost of PPE for dentists.

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

**Note: Codes shown are those that are included in ASES dental coverage.**



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