

HCPCS	Description	Type	Minimum Fee -	
			Minimum Fee	Maxillofacial Surgeon Specialist
D0120	Periodic oral evaluation - established patient		\$17.00	\$17.00
D0140	Limited oral evaluation - problem focused	I-Oral Evaluations	\$21.00	\$21.00
D0150	Comprehensive oral evaluation - new or established patient	I-Oral Evaluations	\$25.00	\$25.00
D0160	Detailed and extensive oral evaluation - problem focused, by report	I-Oral Evaluations	\$40.03	\$40.03
D0210	Intraoral - complete series of radiographic images	I-X-Rays	\$50.00	\$50.00
D0220	Intraoral - periapical first radiographic image	I-X-Rays	\$8.60	\$8.60
D0230	Intraoral - periapical each additional radiographic image	I-X-Rays	\$8.68	\$8.68
D0270	Biteewing - single radiographic image	I-X-Rays	\$8.62	\$8.62
D0272	Biteewings - two radiographic images	I-X-Rays	\$17.00	\$17.00
D0330	Panoramic radiographic image	I-X-Rays	\$40.00	\$40.00
D1110	Prophy/laxis - adult	I-Prophy/laxis	\$40.00	\$40.00
D1120	Prophy/laxis - child	I-Prophy/laxis	\$23.00	\$23.00
D1206	Topical application of fluoride varnish	I-Fluoride	\$14.91	\$14.91
D1208	Topical application of fluoride - excluding varnish	I-Fluoride	\$14.83	\$14.83
D1351	Sealant - per tooth	I-Sealants	\$17.00	\$17.00
D1999	Unspecified preventive procedure by report - PPE	Temporary Code	\$14.51	\$14.51
D2140	Amalgam - one surface, primary or permanent	II-Restorations	\$39.67	\$39.67
D2150	Amalgam - two surfaces, primary or permanent	II-Restorations	\$48.78	\$48.78
D2160	Amalgam - three surfaces, primary or permanent	II-Restorations	\$58.35	\$58.35
D2161	Amalgam - four or more surfaces, primary or permanent	II-Restorations	\$68.90	\$68.90
D2330	Resin-based composite - one surface, anterior	II-Restorations	\$44.22	\$44.22
D2331	Resin-based composite - two surfaces, anterior	II-Restorations	\$54.26	\$54.26
D2332	Resin-based composite - three surfaces, anterior	II-Restorations	\$65.00	\$65.00
D2335	Resin-based composite - four or more surfaces or involving incisal angle (anterior)	II-Restorations	\$78.29	\$78.29
D2391	Resin-based composite - one surface, posterior	II-Restorations	\$48.18	\$48.18
D2930	Prefabricated stainless steel crown - primary tooth	III-Inlays/Onlays/Crowns	\$75.00	\$75.00
D2940	Protective restoration	II-Restorations	\$31.25	\$31.25
D3120	Pulp cap - indirect (excluding final restoration)	II-Endodontics	\$22.44	\$22.44
D3220	Therapeutic pulpotomy (excluding final restoration) - removal of pulp coronal to the dentinocemental junction and application of medicament	II-Endodontics	\$54.34	\$54.34
D3221	Pulpal debridement, primary and permanent teeth	II-Endodontics	\$27.29	\$27.29
D3310	Endodontic therapy, anterior tooth (excluding final restoration)	II-Endodontics	\$200.00	\$200.00
D3320	Endodontic therapy, bicuspid tooth (excluding final restoration)	II-Endodontics	\$250.00	\$250.00
D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)	II-Simple Extractions	\$43.86	\$72.00
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	\$120.00
D7220	Removal of impacted tooth - soft tissue	II-Surgical Extractions	\$127.60	\$173.88
D7230	Removal of impacted tooth - partially bony	II-Surgical Extractions	\$156.74	\$193.20
D7240	Removal of impacted tooth - completely bony	II-Surgical Extractions	\$180.44	\$212.52
D7250	Removal of residual tooth roots (cutting procedure)	II-Surgical Extractions	\$56.80	\$82.80
D7510	Incision and drainage of abscess - intraoral soft tissue	II-Oral Surgery	\$23.37	\$23.37
D9110	Palliative (emergency) treatment of dental pain - minor procedure	II-Emergency (Palliative)	\$26.25	\$26.25
D9223	Deep sedation/general anesthesia - each 15 minute increment	II-Anesthesia	\$185.99	\$234.60
D9243	Moderate IV sedation	II-Anesthesia	\$185.99	\$185.99
D4341	Periodontal scaling and root planing - four or more teeth per quadrant	Periodontal	\$80.00	\$80.00
D4342	Periodontal scaling and root planing - one to three teeth per quadrant	Periodontal	\$55.00	\$55.00
D5820	Interim partial denture (maxillary)	Periodontal	\$160.00	\$160.00
D5821	Interim partial denture (mandibular)	Periodontal	\$160.00	\$160.00

ADMINISTRACION DB

SEGUROS DE SALUD

23 - 00047N