



COMMONWEALTH OF PUERTO RICO
OFFICE OF THE COMMISSIONER INSURANCE

October 9, 2014

CIRCULAR LETTER NO.: CC-2014-1853-ES

TO ALL HEALTH INSURANCE ORGANIZATIONS AND INSURERS AUTHORIZED TO
WRITE HEALTH INSURANCE IN PUERTO RICO

**STUDY BY THE MOTHERS, CHILDREN, AND ADOLESCENTS DIVISION OF THE
DEPARTMENT OF HEALTH**

Dear Sirs and Madams:

Every five years the Mothers, Children, and Adolescents Division of the Department of Health carries out a study of the health needs of the population it serves. The purpose of the study is to identify, analyze, and document the principal needs of the population and channel the capacity of the system to address those needs. This evaluation contributes to the development of health care activities directed at achieving optimum health.

The Department of Health has requested the cooperation of this Office to gather certain statistical data that is necessary for this study. To that end, all health insurance organizations and insurers authorized to write health insurance in Puerto Rico are required to submit the forms **ESalud Form-1 to Form-12, 10/14 revision**, no later than November 24, 2014, to provide the necessary information. The forms should be submitted electronically (on a CD using Microsoft Excel).

If you have any questions regarding this request, please contact Mrs. Sugeil M. Díaz-Serrano at the following email: sdiaz@ocs.gobierno.pr.

Strict compliance of the provisions of this Circular Letter is hereby required.

Very truly yours,

SIGNED

Ángela Weyne-Roig
Commissioner of Insurance

Enclosures



Commonwealth of Puerto Rico
OFFICE OF THE COMMISSIONER OF INSURANCE

**FORM - 1 NUMBER OF PREGNANT WOMEN WHO WERE HEALTH INSURANCE BENEFICIARIES IN
PUERTO RICO IN 2012 AND 2013**

NAIC Code: _____

Name of Insurer: _____

Year	PREGNANT WOMEN
2012	
2013	

Includes private health insurance, direct payments, groups, Commonwealth employees, and Mi Salud

Signature of the Representative of the Insurer or the Organization Email

Name of signer in print Telephone number

Position Fax number

Date



**Commonwealth of Puerto Rico
OFFICE OF THE COMMISSIONER OF INSURANCE**

FORM - 2 NUMBER OF INSURED BETWEEN THE AGES OF 1 AND 49 AND PREGNANT WOMEN, WHO RECEIVED DENTAL SERVICES FOR PROBLEMS WITH THEIR TEETH AND GUMS UNDER HEALTH INSURANCE IN PUERTO RICO IN 2012 AND 2013
(Please see HCPC codes included below)

NAIC Code: _____

Name of Insurer: _____

Year	Ages	Sex	Dental Services
2012	1-9 years old	Female	
		Male	
	10-19 years old	Female	
		Male	
	20-49 years old	Female	
		Male	
	Subtotal	Female	-
		Male	-
2013	1-9 years old	Female	
		Male	
	10-19 years old	Female	
		Male	
	20-49 years old	Female	
		Male	
	Subtotal	Female	-
		Male	-
Pregnant Women	2012		
	2013		

Includes private health insurance, direct payments, groups, Commonwealth employees, and Mi Salud

Signature of the Representative of the Insurer or the Organization

Email

Name in print

Telephone number

Fax number

Date

HCPC Codes

D2140 Amalgam- one surface,primary or permanent	D2750 Crown-porcelain fused to high noble metal
D2150 Amalgam- two surfaces,primary or permanent	D2751 Crown-porcelain fused to predominantly noble metal
D2160 Amalgam -three surfaces, primary or permanent	D2752 Crown-porcelain fused to noble metal
D2161 Amalgam -four or more surfaces, primary or permanent	D2780 Crown-% cast high noble metal
D2330 Resin-based composite- one surface, anterior	D2781 Crown-% predominantly base metal
D2331 Resin-based composite- two surfaces, anterior	D2782 Crown-% cast noble metal
D2332 Resin-based composite- three surfaces,anterior	D0278 3 Crown-% porcelain/ceramic
D2335 Resin-based composite- four or more surfaces, involving incisal angle (anterior)	D2790 Crown -full cast high noble metal
D2390 Resin-based composite crown, anterior	D2791 Crown- full cast predominantly base metal
D2391 Resin-based composite- one surface,posterior	D2792 Crown- full cast noble metal
D2392 Resin-based composite- two surfaces,posterior	D2799 Provisional crown
D2393 Resin-based composite- three surfaces,posterior	D2910 Recement inlay,onlay or partial coverage restoration
D2394 Resin-based composite-four or more surfaces,posterior	D2920 Recement crown
D2410 Gold foil- one surface	D2930 Prefabricated stainless steel crown- primary tooth
D2420 Gold foil -two surfaces	D2931 Prefabricated stainless steel crown- permanent tooth
D2430 Gold foil- three surfaces	D2932 Prefabricated resin crown
D2510 Inlay - metallic- one surface	D2933 Prefabricated stainless steel with resin window
D2520 Inlay- metallic- two surfaces	D2934 Prefabricated estheric coated stainless steel crown- primary tooth
D2530 Inlay- metallic- three or more surfaces	D2940 Sedative filling
D2542 Onlay -metallic -two surfaces	D2950 Core buildup, including any pins
D2543 Onlay -metallic three surfaces	D2951 Pin retention- per tooth,in addition to restoration
D2544 Onlay -metallic -four or more surfaces	D2952 Cast post and core in addition to crown
D2610 Inlay- porcelain/ceramic- one surface	D2953 Each additional cast post- same tooth
D2620 Inlay- porcelain/ceramic- two surfaces	D2954 Prefabricated post and core in addition to crown
D2630 Inlay- porcelain/ceramic-three or more surfaces	D2955 Post removal (not in conjunction with endodontic therapy)
D2642 Onlay-porcelain/ceramic- two surfaces	D2957 Each additional prefabricated post- same tooth
D2643 Onlay-porcelain/ceramic -three surfaces	D2960 Labial veneer (resin laminate)- chairside
D2644 Onlay- porcelain/ceramic-four or more surfaces	D2961 Labial veneer (resin laminate)-laboratory
D2650 Inlay -resin-based composite composite/resin-one surface	D2962 Labial veneer (porcelain laminate)-laboratory
D2651 Inlay-resin-based composite composite/resin- two surfaces	D2970 Temporary crown (fractured tooth)
D2652 Inlay -resin -based composite composite/resin- three or more surfaces	
D2662 Onlay- resin-based composite composite/resin- two surfaces	
D2663 Onlay- resin- based composite composite/resin -three surfaces	
D2664 Onlay- resin- based composite composite/resin- four or more surfaces	
D2710 Crown -resin-based composite (indirect)	
D2712 Crown-% resin-based composite (indirect)	
D2720 Crown- resin with high noble metal	
D2721 Crown -resin with predominantly base metal	
D2722 Crown- resin with noble metal	
D2740 Crown- porcelain/ceramic substrate	

Endodontics

D3220 Therapeutic Pulpotomy (excluding final restoration)- removal of pulp coronal to the dentinocemental junction and application of medicament
D3221 Pulpal debridement, primary and permanent teeth
D3230 Pulpal therapy (resorbable filling)- anterior primary tooth (excluding final restoration)
D3240 Pulpal therapy (restorable filling)- posterior,primary tooth (excluding final restoration)
D3310 Anterior (excluding final restoration)
D3320 Bicuspid (excluding final restoration)
D3330 Molar (excluding final restoration)
D3331 Treatment of root canal obstruction;non surgical access
D3332 Incomplete endodontic therapy,inoperable, unrestorable or fracture tooth
D3333 Internal root repair or perforation defects
D3346 Retreatment of previous root canal therapy -anterior
D3347 Retreatment of previous root canal therapy- bicuspid
D3348 Retreatment of previous root canal therapy- molar
D3351 Apexification/recalcification- initial visit (apical closure/calcific repair of perforations,root, resorption,etc.)
D3352 Apexification/recalcification- interim medication replacement (apical closure/calcific repair of perforations,root resorption, etc)

- D3353 Apexification/recalcification- final visits (includes completed root canal therapy -apical closure/calcific repair perforations,root resorption,etc.)
- D3410 Apicoectomy/periradicular surgery -anterior
- D3421 Apicoectomy/periradicular surgery- bicuspid (first root)
- D3425 Apicoectomy/periradicular surgery- molar (first root)
- D3426 Apicoectomy/periradicular surgery- (each additional root)
- D3430 Retrograde filling- per root
- D3450 Root amputation -per root
- D3920 Hemisection (Including any Root Removal) Not Including Root Canal Therapy)

Periodontics

- D4210 Gingivectomy of gingivoplasty- four or more contiguous teeth or bounded teeth spaces per quadrant
- D4211 Gingivectomy of gingivoplasty- one to three contiguous teeth or bounded teeth spaces per quadrant
- D4240 Gingival flat procedure,including root planning- four or more contiguous teeth or bounded teeth spaces per quadrant
- D4241 Gingival flat procedure, including root planning- one to three contiguous teeth or bounded teeth spaces per quadrant
- D4245 Apically positioned flap
- D4249 Clinical crown lengthening- hard tissue
- D4260 Osseous surgery (including flap entry and closure)- four or more contiguous teeth or bounded teeth spaces per quadrant
- D4261 Osseous surgery (including flap entry and closure)- one to three contiguous teeth or bounded teeth spaces per quadrant
- D4263 Bone replacement graft- first site in quadrant
- D4264 Bone replacement graft- each additional site in quadrant (use if performed on same date of service 04263)
- D4265 Biologic materials to aid in soft and osseous tissue regenerations
- D4266 Guided tissue regeneration- resorbable barrier,per site
- D4267 Guided tissue regeneration- nonresorbable barrier, per site (includes membrane removal)
- D4268 Surgical revision procedure, per tooth
- D4270 Pedicle soft tissue graft procedure
- D4271 Free soft tissue graft procedure (including donor site surgery)
- D4273 Subepithelial connective tissue graft procedures,per tooth
- D4274 Distal or proximal wedge procedure (when not performed in conjunction with surgical procedures in the same anatomical area)
- D4275 Soft tissue allograft
- D4276 Combined connective tissue and double pedicle graft,per tooth
- D4320 Provisional splinting-intracoronary
- D4321 Provisional splinting- extracoronary
- D4341 Periodontal scalling and root planning- four or more teeth per quadrant
- D4342 Periodontal scalling and root planning- One to three teeth per quadrant
- D4910 Periodontal maintenance

Prosthodontics

- D5110 Complete denture- maxillary
- D5120 Complete denture- mandibular
- D5130 Immediate denture- maxillary
- D5140 Immediate denture- mandibular
- D5211 Maxillary partial denture- resin base (including any conventional clasps, rests and teeth)
- D5212 Mandibular partial denture- resin base (including any conventional clasps,rests and teeth)
- D5213 Maxillary partial denture- cast metal framework with resin denture basis (including any conventional clasps,rests and teeth)
- D5214 Mandibular partial denture- cast metal framework with resin dental basis (including any conventional clasps,rests and teeth)
- D5281 Removable unilateral partial denture- one piece cast metal (including clasps and teeth)
- D5410 Adjust complete denture- maxillary
- D5411 Adjust complete denture- mandibular
- D5421 Adjust partial denture- maxillary
- D5422 Adjust partial denture- mandibular
- D5510 Repair broken complete denture base
- D5520 Replace missing or broken teeth- complete denture (each tooth)
- D5610 Repair resin denture broken
- D5620 Repair cast framework
- D5630 Repair or replace broken clasp
- D5640 Replace broken teeth- per tooth
- D5650 Add tooth to existing partial denture
- D5660 Add clasps to existing partial denture
- D5670 Replace all teeth and acrylic on cast metal framework (maxillary)

D5670 Replace all teeth and acrylic on cast metal framework (mandibular)
D5710 Rebase complete maxillary denture
D5711 Rebase complete mandibular denture
D5720 Rebase partial maxillary denture
D5721 Rebase partial mandibular denture
D5730 Reline complete maxillary denture (chairside)
D5731 Reline complete mandibular denture (chairside)
D5740 Reline maxillary partial denture (chairside)
D5741 Reline mandibular partial denture (chairside)
D5750 Reline complete maxillary denture (laboratory)
D5751 Reline complete mandibular denture (laboratory)
D5760 Reline maxillary partial denture (laboratory)
D5761 Reline mandibular partial denture (laboratory)
D5810 Interim complete denture (maxillary)
D5811 Interim complete denture (mandibular)
D5820 Interim partial denture (maxillary)
D5821 Interim partial denture (mandibular)
D5850 Tissue conditioning, maxillary
D6751 Crown - porcelain fused to predominantly base metal
D6752 Crown- porcelain fused to noble metal
D6780 Crown-% cast high noble metal
D6781 Crown-% cast predominantly base metal
D6782 Crown-% cast noble metal
D6783 Crown-% porcelain/ceramic
D6790 Crown- full cast high noble metal
D6791 Crown- full cast predominantly base metal
D6792 Crown- full cast noble metal
D6793 Provisional retainer crown
D6930 Recement fixed partial denture
D6950 Precision attachment
D6970 Cast post and core in addition to fixed partial denture retainer
D6971 Cast post and as part of fixed partial denture retainer
D5851 Tissue conditioning,mandibular
D5860 Overdenture- complete,by report
D5861 Overdenture -partial,by report
D5862 Precision attachment, by report
D5867 Replacement of replaceable part of semi-precision attachment (male or female component)
D5875 Modification of removable prosthesis following implant surgery
D6210 Pontic- cast high noble metal
D6211 Pontic- cast predominantly base metal
D6212 Pontic- titanium
D6240 Pontic- porcelain fused to high noble metal
D6241 Pontic- porcelain fused to predominantly base metal
D6242 Pontic- porcelain fused to noble metal
D6245 Pontic- porcelain/ceramic
D6250 Pontic- resin with high noble metal
D6251 Pontic- resin with predominantly base metal
D6252 Pontic- resin with noble metal
D6253 Provisional pontic
D6545 Retainer- cast metal for resin bonded fixed prosthesis
D6548 Retainer- porcelain/ceramic for resin bonded fixed prosthesis
D6600 Inlay- porcelain/ceramic,two surfaces
D6601 Inlay- porcelain/ceramic,three or more surfaces
D6602 Inlay- cast high noble metal,two surfaces
D6603 Inlay- cast high noble metal,three or more surfaces
D6604 Inlay- - cast predominantly base metal, two surfaces
D6605 Inlay- cast predominantly base metal,three or more surfaces
D6606 Inlay- cast noble metal,two surfaces
D6607 Inlay- cast noble metal,three or more surfaces
D6608 Onlay- porcelain/ceramic,two surfaces
D6609 Onlay- porcelain/ceramic,three or more surfaces
D6610 Onlay- cast high noble metal,two surfaces

D6611 Onlay- cast high noble metal, three or more surfaces
 D6612 Onlay- cast predominantly base metal, two surfaces
 D6613 Onlay- cast predominantly base metal, three or more surfaces
 D6614 Onlay- cast noble metal, two surfaces
 D6615 Onlay- cast noble metal, three or more surfaces
 D6720 Crown- resin with high noble metal
 D6721 Crown - resin with predominantly base metal
 D6722 Crown- resin with noble metal
 D6740 Crown- porcelain/ceramic
 D6972 Prefabricated post and core in addition to fixed partial denture retainer
 D6973 Core build up for retainer, including any pins
 D6976 Each additional cast and post-same tooth
 D6977 Each additional prefabricated post-same tooth
 D6980 Fixed partial denture repair, by report
 D6985 Pediatric partial denture, fixed
 D7111 Extraction coronal remnants- deciduous tooth
 D7140 Extraction, erupted tooth or exposed root (elevation and/or forceps removal)
 D7210 Surgical removal of erupted tooth requiring elevation mucoperiosteal flap and removal of bone and/or section of tooth
 D7220 Removal of impacted tooth- soft tissue
 D7230 Removal of Impacted Tooth- Soft Tissue
 D7240 Removal of Impacted Tooth- Partially Bony
 D7241 Removal of Impacted Tooth- Completely Bony, with Unusual Surgical Complications
 D7320 Removal of impacted tooth-partially bony
 D7250 Surgical removal of residual tooth roots (cutting procedure)
 D7261 Primary closure of a sinus perforation
 D7270 Tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth
 D7272 Tooth transplantation (includes reimplantation from one site to another and splinting and/or Stabilization)
 D7280 Surgical access of an unerupted tooth
 D7285 biopsy of oral tissue- hard (bone, tooth)
 D7286 Biopsy of oral tissue- soft
 D7287 Exfoliative cytological sample collection
 D7290 Surgical repositioning of teeth
 D7291 Transseptal fibrotomy/supra cretal fibrotomy, by report
 D7310 Alveoplasty in conjunction with extractions - per quadrant
 D7320 Alveoplasty not in conjunction with extractions- per quadrant
 D7350 suse grafts, muscle reattachments, revision of soft tissue attachment...)
 D7450 Removal of benign odontogenic cyst or tumor-lesion diameter up to 1.25 cm
 D7451 Removal of benign odontogenic cyst or tumor-lesion diameter greater than 1.25cm
 D6750 Crown- porcelain fused to high noble metal
 D7510 Incision and drainage of abscess- intraoral soft tissue
 D7520 Incision and drainage of abscess -extraoral soft tissue
 D7960 Frenulectomy (frenectomy or frenotomy) separate procedure
 D7970 Excision of hyperplastic tissue- per arch
 D7971 Excision of pericoronal gingival

Orthodontics

D8010 Limited orthodontic treatment of the primary definition
 D8020 Limited orthodontic treatment of the transitional definition
 D8030 Limited orthodontic treatment of the adolescent definition
 D8040 Limited orthodontic treatment of the adult definition
 D8050 Interceptive orthodontic treatment of the primary definition
 D8060 Interceptive orthodontic treatment of the transitional definition
 D8070 Comprehensive orthodontic treatment of the transitional definition
 D8080 Comprehensive orthodontic treatment of the adolescent definition
 D8090 Comprehensive orthodontic treatment of the adult definition
 D8210 Removable appliance therapy
 D8220 Fixed appliance therapy
 D8660 Pre-orthodontic treatment visit
 D8670 Periodic orthodontic treatment visit (as part of contact)
 D8680 Orthodontic retention (removal of appliances, construction and placement of retainer(s))
 D8690 Orthodontic treatment (alternative billing to a contract fee)
 D8691 Repair of orthodontic appliance
 D8692 Replacement of lost or broken retainer
 D8999 Unspecified orthodontic procedure, by report



Commonwealth of Puerto Rico
OFFICE OF THE COMMISSIONER OF INSURANCE

FORM - 3 NUMBER OF WOMEN BETWEEN 10 AND 49 YEARS OF AGE WHO ARE BENEFICIARIES OF HEALTH INSURANCE IN PUERTO RICO WHO HAD MAMMOGRAMS IN 2012 AND 2013 (ICD-9: 087.37; CPT:76090-76092)

NAIC Code: _____

Name of Insurer: _____

Year	Mammograms
2012	
2013	

Includes private health insurance, direct payments, groups, Commonwealth employees, and Mi Salud

Signature of the Representative of the Insurer or the Organization Email

Name of signer in print Telephone number

Position Fax number

Date



Commonwealth of Puerto Rico
OFFICE OF THE COMMISSIONER OF INSURANCE

FORM-4 NUMBER OF CHILDREN BETWEEN THE AGES OF 0 TO 19 WHO WERE SEEN IN EMERGENCY ROOMS FOR UNINTENTIONAL NON-FATAL INJURIES IN PUERTO RICO UNDER CODES (ICD 9: 800-999) IN 2012 AND 2013

NAIC Code: _____

Name of Insurer: _____

Number of Children seen in Emergency Rooms for Injuries				
Distribution by Ages	0 years old	1-9 years old	10-19 years old	Totals
2012				-
2013				-

Includes private health insurance, direct payments, groups, Commonwealth employees, and Mi Salud

Signature of the Representative of the Insurer or the C Email

Name of signer in print Telephone number

Position Fax number

Date



Commonwealth of Puerto Rico
OFFICE OF THE COMMISSIONER OF INSURANCE

FORM - 5 NUMBER OF CHILDREN SEEN BY A SPECIALIST IN 2012 AND 2013 (CPT:99201 TO 99205, 99211 TO 99215)

NAIC Code: _____

Name of Insurer: _____

CHILDREN BETWEEN 1 AND 9 YEARS OLD SEEN BY A SPECIALIST	
2012	
2013	

Includes private health insurance, direct payments, groups, Commonwealth employees, and Mi Salud

Signature of the Representative of the Insurer or the Organization Email

Name of signer in print Telephone number

Position Fax number

Date



Commonwealth of Puerto Rico
OFFICE OF THE COMMISSIONER OF INSURANCE

FORM - 6 NUMBER OF ADOLESCENTS BETWEEN THE AGES OF 10 AND 19 WHO WERE HEALTH INSURANCE BENEFICIARIES IN PUERTO RICO IN 2012 AND 2013 WHO VISITED A VISITED A PHYSICIAN FOR ICD-9; V20.2, V70.0; CPT: 99393, 99394, 99395.

NAIC Code: _____

Name of Insurer: _____

NUMBER OF ADOLESCENTS BETWEEN THE AGES OF 10 AND 19 WHO WERE HEALTH INSURANCE BENEFICIARIES IN PUERTO RICO IN 2012 AND 2013 WHO VISITED A VISITED A PHYSICIAN FOR ICD-9; V20.2, V70.0; CPT: 99393, 99394, 99395.	
2012	
2013	

Includes private health insurance, direct payments, groups, Commonwealth employees, and Mi Salud

Signature of the Representative of the Insurer or the Organization

Email

Name of the signer in print

Telephone number

Position

Fax number

Date



Commonwealth of Puerto Rico
OFFICE OF THE COMMISSIONER OF INSURANCE

FORM: 7 TOTAL NUMBER OF FIRST 10 MOST FREQUENT MENTAL HEALTH DIAGNOSES IN HEALTH INSURANCE BENEFICIARIES IN PUERTO RICO FOR 2012 AND 2013

NAIC code: _____

Name of Insurer: _____

2012					
Sex	Age	ICD-9 Code	ICD-9 Description	Frequency	
F e m a l e	0 years old	1			
		2			
		3			
		4			
		5			
		6			
		7			
		8			
		9			
		10			
	1 to 9 years old	1			
		2			
		3			
		4			
		5			
		6			
		7			
		8			
		9			
		10			
	10 to 19 years old	1			
		2			
		3			
		4			
		5			
		6			
		7			
		8			
		9			
		10			
	20 to 49 years old	1			
		2			
		3			
		4			
		5			
		6			
		7			
		8			
		9			
		10			
Subtotal	1				
	2				
	3				
	4				
	5				
	6				
	7				
	8				
	9				
	10				

Includes private health insurance, direct payments, groups, Commonwealth employees, and Mi Salud

Signature of the Representative of the Insurer or the Organization

Email

Name of signer in print

Telephone number

Position

Fax number

Date



Commonwealth of Puerto Rico
OFFICE OF THE COMMISSIONER OF INSURANCE

FORM: 7 TOTAL NUMBER OF FIRST 10 MOST FREQUENT MENTAL HEALTH DIAGNOSES IN HEALTH INSURANCE BENEFICIARIES IN PUERTO RICO FOR 2012 AND 2013

NAIC code: _____

Name of Insurer: _____

2012					
Sex	Age	ICD-9 Code	ICD-9 Description	Frequency	
M a l e	0 years old	1			
		2			
		3			
		4			
		5			
		6			
		7			
		8			
		9			
		10			
	1 to 9 years old	1			
		2			
		3			
		4			
		5			
		6			
		7			
		8			
		9			
		10			
	10 to 19 years old	1			
		2			
		3			
		4			
		5			
		6			
		7			
		8			
		9			
		10			
	20 to 49 years old	1			
		2			
		3			
		4			
		5			
		6			
		7			
		8			
		9			
		10			
Subtotal	1				
	2				
	3				
	4				
	5				
	6				
	7				
	8				
	9				
	10				

Includes private health insurance, direct payments, groups, Commonwealth employees, and Mi Salud

Signature of the Representative of the Insurer or the Organization

Email

Name of signer in print

Telephone number

Position

Fax number

Date



Commonwealth of Puerto Rico
OFFICE OF THE COMMISSIONER OF INSURANCE

FORM: 7 TOTAL NUMBER OF FIRST 10 MOST FREQUENT MENTAL HEALTH DIAGNOSES IN HEALTH INSURANCE BENEFICIARIES IN PUERTO RICO FOR 2012 AND 2013

NAIC code: _____

Name of Insurer: _____

2013					
Sex	Age	ICD-9 Code	ICD-9 Description	Frequency	
F e m a l e	0 years old	1			
		2			
		3			
		4			
		5			
		6			
		7			
		8			
		9			
		10			
	1 to 9 years old	1			
		2			
		3			
		4			
		5			
		6			
		7			
		8			
		9			
		10			
	10 to 19 years old	1			
		2			
		3			
		4			
		5			
		6			
		7			
		8			
		9			
		10			
	20 to 49 years old	1			
		2			
		3			
		4			
		5			
		6			
		7			
		8			
		9			
		10			
Subtotal	1				
	2				
	3				
	4				
	5				
	6				
	7				
	8				
	9				
	10				

Includes private health insurance, direct payments, groups, Commonwealth employees, and Mi Salud

Signature of the Representative of the Insurer or the Organization

Email

Name of signer in print

Telephone number

Position

Fax number

Date



Commonwealth of Puerto Rico
OFFICE OF THE COMMISSIONER OF INSURANCE

FORM: 7 TOTAL NUMBER OF FIRST 10 MOST FREQUENT MENTAL HEALTH DIAGNOSES IN HEALTH INSURANCE BENEFICIARIES IN PUERTO RICO FOR 2012 AND 2013

NAIC code: _____

Name of Insurer: _____

2013				
Sex	Age	ICD-9 Code	ICD-9 Description	Frequency
M a l e	0 years old	1		
		2		
		3		
		4		
		5		
		6		
		7		
		8		
		9		
		10		
	1 to 9 years old	1		
		2		
		3		
		4		
		5		
		6		
		7		
		8		
		9		
		10		
	10 to 19 years old	1		
		2		
		3		
		4		
		5		
		6		
		7		
		8		
		9		
		10		
	20 to 49 years old	1		
		2		
		3		
		4		
		5		
		6		
		7		
		8		
		9		
		10		
Subtotal	1			
	2			
	3			
	4			
	5			
	6			
	7			
	8			
	9			
	10			

Includes private health insurance, direct payments, groups, Commonwealth employees, and Mi Salud

Signature of the Representative of the Insurer or the Organization

Email

Name of signer in print

Telephone number

Position

Fax number

Date



Commonwealth of Puerto Rico
OFFICE OF THE COMMISSIONER OF INSURANCE

FORM 8 TOTAL OF FIRST 10 MOST FREQUENT DIAGNOSES IN HOSPITALIZATIONS OF HEALTH INSURANCE BENEFICIARIES IN PUERTO RICO IN 2012 AND 2013

NAIC Code: _____

Name of Insurer: _____

2012					
Sex	Age	ICD-9 Code	ICD-9 Description	Frequency	
F e m a l e	0 years old	1			
		2			
		3			
		4			
		5			
		6			
		7			
		8			
		9			
		10			
	1 to 9 years old	1			
		2			
		3			
		4			
		5			
		6			
		7			
		8			
		9			
		10			
	10 to 19 years old	1			
		2			
		3			
		4			
		5			
		6			
		7			
		8			
		9			
		10			
	20 to 49 years old	1			
		2			
		3			
		4			
		5			
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Subtotal	1				
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Includes private health insurance, direct payments, groups, Commonwealth employees, and Mi Salud

Signature of the Representative of the Insurer or the Organization

Email

Name of signer in print

Telephone number

Position

Fax number

Date



Commonwealth of Puerto Rico
OFFICE OF THE COMMISSIONER OF INSURANCE

FORM 8 TOTAL OF FIRST 10 MOST FREQUENT DIAGNOSES IN HOSPITALIZATIONS OF HEALTH INSURANCE BENEFICIARIES IN PUERTO RICO IN 2012 AND 2013

NAIC Code: _____

Name of Insurer: _____

2012					
Sex	Age	ICD-9 Code	ICD-9 Description	Frequency	
M a l e	0 years old	1			
		2			
		3			
		4			
		5			
		6			
		7			
		8			
		9			
		10			
	1 to 9 years old	1			
		2			
		3			
		4			
		5			
		6			
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		8			
		9			
		10			
	10 to 19 years old	1			
		2			
		3			
		4			
		5			
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		8			
		9			
		10			
	20 to 49 years old	1			
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		10			
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NAIC Code: _____

Name of Insurer: _____

2013					
Sex	Age	ICD-9 Code	ICD-9 Description	Frequency	
F e m a l e	0 years old	1			
		2			
		3			
		4			
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		10			
	1 to 9 years old	1			
		2			
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		10			
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NAIC Code: _____

Name of Insurer: _____

2013				
Sex	Age	ICD-9 Code	ICD-9 Description	Frequency
M a l e	0 years old	1		
		2		
		3		
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		10		
	1 to 9 years old	1		
		2		
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		10		
	20 to 49 years old	1		
		2		
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Commonwealth of Puerto Rico
OFFICE OF THE COMMISSIONER OF INSURANCE

FORM: 9 TOTAL NUMBER OF THE FIRST 10 DIAGNOSES IN EMERGENCY ROOM VISITS OF HEALTH INSURANCE BENEFICIARIES IN PUERTO RICO IN 2012 AND 2013

NAIC Code: _____

Name of Insurer: _____

2012					
Sex	Age	ICD-9 Code	ICD-9 Description	Frequency	
F e m a l e	0 years old	1			
		2			
		3			
		4			
		5			
		6			
		7			
		8			
		9			
		10			
	1 to 9 years old	1			
		2			
		3			
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		10			
	10 to 19 years old	1			
		2			
		3			
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		10			
	20 to 49 years old	1			
		2			
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NAIC Code: _____

Name of Insurer: _____

		2012		
Sex	Age	ICD-9 Code	ICD-9 Description	Frequency
M a l e	0 years old	1		
		2		
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NAIC Code: _____

Name of Insurer: _____

2013					
Sex	Age	ICD-9 Code	ICD-9 Description	Frequency	
F e m a l e	0 years old	1			
		2			
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FORM: 9 TOTAL NUMBER OF THE FIRST 10 DIAGNOSES IN EMERGENCY ROOM VISITS OF HEALTH INSURANCE BENEFICIARIES IN PUERTO RICO IN 2012 AND 2013

NAIC Code: _____

Name of Insurer: _____

2013				
Sex	Age	ICD-9 Code	ICD-9 Description	Frequency
M a i l e	0 years old	1		
		2		
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Commonwealth of Puerto Rico
OFFICE OF THE COMMISSIONER OF INSURANCE

FORM: 10 TOTAL NUMBER OF THE FIRST 10 DIAGNOSES IN OFFICE VISITS TO PHYSICIANS FOR HEALTH INSURANCE BENEFICIARIES IN PUERTO RICO IN 2012 AND 2013

NAIC Code: _____

Name of Insurer: _____

2012						
Sex	Age	ICD-9 Code	ICD-9 Description	Frequency		
F e m a l e	0 years old	1				
		2				
		3				
		4				
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FORM: 10 TOTAL NUMBER OF THE FIRST 10 DIAGNOSES IN OFFICE VISITS TO PHYSICIANS FOR HEALTH INSURANCE BENEFICIARIES IN PUERTO RICO IN 2012 AND 2013

NAIC Code: _____

Name of Insurer: _____

2012				
Sex	Age	ICD-9 Code	ICD-9 Description	Frequency
M a l e	0 years old	1		
		2		
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	20 to 49 years old	1		
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Subtotal	1			
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FORM: 10 TOTAL NUMBER OF THE FIRST 10 DIAGNOSES IN OFFICE VISITS TO PHYSICIANS FOR HEALTH INSURANCE BENEFICIARIES IN PUERTO RICO IN 2012 AND 2013

NAIC Code: _____

Name of Insurer: _____

2013					
Sex	Age	ICD-9 Code	ICD-9 Description	Frequency	
F e m a l e	0 years old	1			
		2			
		3			
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	1 to 9 years old	1			
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	10 to 19 years old	1			
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	20 to 49 years old	1			
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		10			
Subtotal	1				
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Commonwealth of Puerto Rico
OFFICE OF THE COMMISSIONER OF INSURANCE

FORM: 10 TOTAL NUMBER OF THE FIRST 10 DIAGNOSES IN OFFICE VISITS TO PHYSICIANS FOR HEALTH INSURANCE BENEFICIARIES IN PUERTO RICO IN 2012 AND 2013

NAIC Code: _____

Name of Insurer: _____

2013				
Sex	Age	ICD-9 Code	ICD-9 Description	Frequency
M a l e	0 years old	1		
		2		
		3		
		4		
		5		
		6		
		7		
		8		
		9		
		10		
	1 to 9 years old	1		
		2		
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		10		
	10 to 19 years old	1		
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		6		
		7		
		8		
		9		
		10		
	20 to 49 years old	1		
		2		
		3		
		4		
		5		
		6		
		7		
		8		
		9		
		10		
Subtotal	1			
	2			
	3			
	4			
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	6			
	7			
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Commonwealth of Puerto Rico
OFFICE OF THE COMMISSIONER OF INSURANCE

FORM: 11 TOTAL OF THE FIRST 10 DIAGNOSES IN OUTPATIENT SERVICES FOR HEALTH INSURANCE
BENEFICIARIES IN PUERTO RICO FOR 2012 AND 2013

NAIC Code: _____

Name of Insurer: _____

2012						
Sex	Age	ICD-9 Code	ICD-9 Description	Frequency		
F e m a l e	0 years old	1				
		2				
		3				
		4				
		5				
		6				
		7				
		8				
		9				
		10				
	1 to 9 years old	1				
		2				
		3				
		4				
		5				
		6				
		7				
		8				
		9				
		10				
	10 to 19 years old	1				
		2				
		3				
		4				
		5				
		6				
		7				
		8				
		9				
		10				
	20 to 49 years old	1				
		2				
		3				
		4				
		5				
		6				
		7				
		8				
		9				
		10				
Subtotal	1					
	2					
	3					
	4					
	5					
	6					
	7					
	8					
	9					
	10					

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Commonwealth of Puerto Rico
OFFICE OF THE COMMISSIONER OF INSURANCE

FORM: 11 TOTAL OF THE FIRST 10 DIAGNOSES IN OUTPATIENT SERVICES FOR HEALTH INSURANCE
BENEFICIARIES IN PUERTO RICO FOR 2012 AND 2013

NAIC Code: _____

Name of Insurer: _____

2012					
Sex	Age	ICD-9 Code	ICD-9 Description	Frequency	
M a l e	0 years old	1			
		2			
		3			
		4			
		5			
		6			
		7			
		8			
		9			
		10			
	1 to 9 years old	1			
		2			
		3			
		4			
		5			
		6			
		7			
		8			
		9			
		10			
	10 to 19 years old	1			
		2			
		3			
		4			
		5			
		6			
		7			
		8			
		9			
		10			
	20 to 49 years old	1			
		2			
		3			
		4			
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BENEFICIARIES IN PUERTO RICO FOR 2012 AND 2013

NAIC Code: _____

Name of Insurer: _____

2013					
Sex	Age	ICD-9 Code	ICD-9 Description	Frequency	
F e m a l e	0 years old	1			
		2			
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	1 to 9 years old	1			
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	10 to 19 years old	1			
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		3			
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BENEFICIARIES IN PUERTO RICO FOR 2012 AND 2013

NAIC Code: _____

Name of Insurer: _____

2013					
Sex	Age	ICD-9 Code	ICD-9 Description	Frequency	
M a i l e	0 years old	1			
		2			
		3			
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	10 to 19 years old	1			
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Commonwealth of Puerto Rico
OFFICE OF THE COMMISSIONER OF INSURANCE

FORM: 12 TOTAL NUMBER OF INSURED LIVES IN HEALTH INSURANCE IN PUERTO RICO FOR
2012 AND 2013

NAIC Code: _____

Name of Insurer: _____

Year	Ages	Sex	INSURED LIVES
2 0 1 2	0 years old	Female	
		Male	
	1 to 9 years old	Female	
		Male	
	10 to 19 years old	Female	
		Male	
	20 to 49 years old	Female	
		Male	
	Subtotal	Female	-
		Male	-
2 0 1 3	0 years old	Female	
		Male	
	1 to 9 years old	Female	
		Male	
	10 to 19 years old	Female	
		Male	
	20 to 49 years old	Female	
		Male	
	Subtotal	Female	-
		Male	-

Includes private health insurance, direct payments, groups, Commonwealth employees, and Mi Salud

Signature of the Representative of the Insurer or the Organization Email

Name of signer in print Telephone number

Position Fax number

Date