

# Members Receiving Preventive Dental or Oral Health Services

## Measure Basic Information

**Name and date of specifications used:**

This measure is developed by OHA following dental procedure codes defined in CMS-416 Annual Early and Periodic Screen, Diagnostic and Treatment Participation Report (EPSDT, Dental Lines 12a, 12b, 12c, 12e) and CMS Child Core Set Percentage of Eligibles Who Received Preventive Dental Services measure (PDENT-CH).

<https://www.medicaid.gov/medicaid/benefits/downloads/cms-416-instructions.pdf>

<https://www.medicaid.gov/medicaid/quality-of-care/performance-measurement/adult-and-child-health-care-quality-measures/child-core-set/index.html>

The measure also follows Dental Quality Alliance (DQA) Dental Services Utilization measure series for the continuous enrollment criteria and the method for reporting three separate rates: Dental Services, Oral Health Services, Dental or Oral Health Services.

<https://www.ada.org/resources/research/dental-quality-alliance/dqa-dental-quality-measures>

**Measure Type:**

HEDIS    PQI    Survey    Other   Specify: OHA developed based on CMS and DQA similar metrics

**Measure Utility:**

CCO Incentive (Preventive Dental or Oral Services for age 1-5 & 6-14)    State Quality    CMS Adult Core Set    CMS Child Core Set    Other Specify:

**Data Source:** MMIS/DSSURS

**Measurement Period:** January 1, 2022 – December 31, 2022

Benchmark for OHA measurement year	2019	2020 <sup>1</sup>	2021*	2022*
PREV_DENTOR_Age1-5	N/A	N/A (reporting-only)	33.7%	43.1%
PREV_DENTOR_Age6-14	N/A	N/A (reporting-only)	43.1%	52.0%
Source:	N/A	Reporting-only	2020 CCO 25 <sup>th</sup> percentile	2020 CCO 75 <sup>th</sup> percentile

\* In 2021 and 2022 CCOs only need to meet benchmark or improvement target for one component (Preventive Dental or Oral Services, ages 1-5 or 6-14) to achieve measure.

**2022 Preventive Dental or Oral Improvement Targets:** Minnesota method with no floor.

<sup>1</sup> Because of disruptions caused by the COVID-19 pandemic, the Metrics & Scoring Committee decided at its July 17, 2020, meeting to make all 2020 CCO incentive measures reporting only.

**Note on telehealth:** This measure is eligible for telehealth/teledentistry. Some qualifying services such as D1310 ‘nutritional counseling’ and D1330 ‘oral hygiene instructions’ may be delivered in a teledentistry visit, but subject to providers’ determination whether required components can be provided equivalent to an in-person visit. These activities as documented in the claims data by the providers is based on their clinical judgment. If the rendering provider documents a qualifying CDT/CPT code in the claims form, the visit should be counted in the measure, irrespective if the visit was virtual or in person. For further information please see [American Dental Association policy on teledentistry](#).

**Changes in specifications from MY2021 to MY2022:** ~~None.~~

- OHA adopts DQA’s update across all of its measures starting 2022 to add six additional taxonomy codes to the table identifying Dental Services Providers. Note this does not impact the incentive submeasure which counts preventive services by any providers.

**Member type:** CCO A  CCO B  CCO G

**Specify claims used in the calculation:**

PREV_DENT_ORAL	Claim from matching CCO	Denied claims included
Numerator event	Y	Y

## Measure Details

**Data elements required denominator:** Count of unique members age 1-5 (kindergarten readiness) and 6-14 on the last day of the measurement year who meet continuous enrollment criteria.

**Required exclusions for denominator:** None.

**Deviations from cited specifications for denominator:** n/a. Note the similar CMS and DQA measures both report members age 0-20.

**Continuous enrollment criteria:** Continuously enrolled with the CCO for at least 180 days in the measurement year<sup>2</sup>.

**Allowable gaps in enrollment:** None.

**Anchor Date (if applicable):** None.

<sup>2</sup> The 180 days requirement is a minimum within a measurement year. If a member enrolled for 360 days with the same CCO in the year, they still only contribute to one denominator hit for the CCO. If within the reporting year a member switched from one CCO to another and had continuous 180 days with both CCOs, this member will qualify for denominator for both CCOs in the same year; numerator services are attributed independently to the CCOs that paid and submitted the claim.



**Numerator 1 – Preventive Dental Services:** Count of unique members in the denominator who received preventive dental services, identified by:

*CDT code D1000 – D1999 by providers with taxonomy codes in the Dental Services Provider Table.*

**Numerator 2 – Preventive Oral Health Services:** Count of unique members in the denominator who received preventive oral health services, identified by:

*CDT code D1000 – D1999 or CPT code 99188, by providers with taxonomy codes NOT in the Dental Services Provider Table.*

**Numerator 3\*\* – Preventive Dental or Oral Health Services:** Count of unique members in the denominator who received preventive dental or oral health services, identified by:

*CDT code D1000 – D1999 or CPT code 99188 (by ANY providers).*

**Dental Services Provider Table:**

<b>Taxonomy Code</b>	<b>Grouping</b>	<b>Classification</b>	<b>Specialization</b>
122300000X	Dental Providers	Dentist	
1223D0001X	Dental Providers	Dentist	Dental Public Health
1223D0004X	Dental Providers	Dentist	Dentist Anesthesiologist
1223E0200X	Dental Providers	Dentist	Endodontics
1223G0001X	Dental Providers	Dentist	General Practice
1223P0106X	Dental Providers	Dentist	Oral and Maxillofacial Pathology
1223P0221X	Dental Providers	Dentist	Pediatric Dentistry
1223P0300X	Dental Providers	Dentist	Periodontics
1223P0700X	Dental Providers	Dentist	Prosthodontics
1223S0112X	Dental Providers	Dentist	Oral and Maxillofacial Surgery
1223X0008X	Dental Providers	Dentist	Oral and Maxillofacial Radiology
1223X0400X	Dental Providers	Dentist	Orthodontics and Dentofacial Orthopedics
124Q00000X	Dental Providers	Dental Hygienist	
125J00000X	Dental Providers	Dental Therapist	
125K00000X	Dental Providers	Advanced Practice Dental Therapist	
125Q00000X	Dental Providers	Oral Medicinist	
261QF0400X	Ambulatory Health Care Facilities	Clinic/Center	Federally Qualified Health Center (FQHC)
261QR1300X	Ambulatory Health Care Facilities	Clinic/Center	Rural Health
1223X2210X†	Dental Providers	Dentist	Orofacial Pain
122400000X†	Dental Providers	Denturist	
126800000X†	Dental Providers	Dental Assistant	

Taxonomy Code	Grouping	Classification	Specialization
261QD0000X†	Ambulatory Health Care Facilities	Clinic/Center	Dental
204E00000X†	Allopathic & Osteopathic Physicians	Oral & Maxillofacial Surgery	
261QS0112X†	Ambulatory Health Care Facilities	Clinic/Center	Oral and Maxillofacial Surgery

Note: A qualifying taxonomy code can be captured in either the billing provider or the rendering provider information in claims.

Note†: Qualifying dental provider taxonomy codes in newly added in 2022.

Report each category separately and with age stratification (based on members’ age as of the last day of the measurement year):

Age group	Denominator	1. Preventive Dental Services		2. Preventive Oral Health Services		3. Preventive Dental or Oral Health Services**	
		Numerator 1	Rate 1 (%)	Numerator 2	Rate 2 (%)	Numerator 3	Rate 3 (%)
1-5**							
6-14**							

**\*\* Starting in measurement year 2021, the measure is incentivized for Preventive Dental or Oral Health Services with children age group 1-5 (kindergarten readiness) and 6-14.**

Required exclusions for numerator: None.

Deviations from cited specifications for numerator: n/a.

## Version Control

The specifications are updated on February 28, 2023 to add six additional taxonomy codes identifying Dental Services Providers.