

**DENTAL
SERVICES**

A SUBSET OF THE PRIORITIZED LIST OF HEALTH SERVICES

JANUARY 1, 2023

- Line: 53**
Condition: PREVENTIVE DENTAL SERVICES (See Guideline Note 17)
Treatment: CLEANING, FLUORIDE AND SEALANTS
ICD-10: K00.4,K08.55,M35.0C,Z01.20-Z01.21,Z29.3,Z91.841-Z91.849
CPT: 98966-98972,99051,99060,99070,99078,99188,99203-99215,99341-99350,99366,99374,99375,99381-99404,99411-99416,99421-99449,99451,99452,99487-99491,99495-99498,99605-99607
HCPCS: G0071,G0090,G0248-G0250,G0463,G0466,G0467,G0490,G0511,G2012,G2211,G2251,G2252,D0120,D0145,D0150,D0180,D0191,D0601-D0603,D1110-D1310,D1321-D1351,D1355-D1575,D4346,D4355,D5986,D9920
- Line: 54**
Condition: DENTAL CONDITIONS (E.G., INFECTION, PAIN, TRAUMA)
Treatment: EMERGENCY DENTAL SERVICES
ICD-10: S02.5XXA-S02.5XXB,S03.2XXA-S03.2XXD
HCPCS: D0140,D0160,D0170,D3110,D3221,D7140,D7210,D7260-D7270,D7510,D7520,D7530,D7560,D7670,D7770,D7910,D7911,D7997,D9110,D9410,D9420,D9440,D9610,D9612,D9995,D9996
- Line: 218**
Condition: DENTAL CONDITIONS (E.G., PERIODONTAL DISEASE) (See Guideline Note 53)
Treatment: BASIC PERIODONTICS
ICD-10: K05.00-K05.20,K05.211-K05.6,K06.010-K06.1,K06.3
HCPCS: D4210-D4212,D4341,D4342,D4910
- Line: 267**
Condition: DENTAL CONDITIONS (TIME SENSITIVE EVENTS)
Treatment: URGENT DENTAL SERVICES
ICD-10: K00.6,K01.0-K01.1,K03.5,K03.81,K04.01-K04.99,K08.3,M27.2-M27.3,S02.5XXD-S02.5XXG
CPT: 41000,41800,41806,98966-98972,99051,99060,99070,99078,99203-99215,99281-99285,99341-99359,99366,99374,99375,99381-99404,99411-99417,99421-99449,99451,99452,99487-99491,99495-99498,99605-99607
HCPCS: G0068,G0071,G0090,G0248-G0250,G0425-G0427,G0463,G0466,G0467,G0490,G0511,G2012,G2211,G2212,G2251,G2252,D2910-D2921,D2940,D2950,D2970,D3120,D3220,D3222-D3240,D3351-D3353,D4920,D5410-D5422,D5850,D5851,D6930,D7111,D8695,D9120,D9951
- Line: 343**
Condition: DENTAL CONDITIONS (E.G., CARIES, FRACTURED TOOTH) (See Guideline Note 91)
Treatment: BASIC RESTORATIVE (E.G., COMPOSITE RESTORATIONS FOR ANTERIOR TEETH, AMALGAM RESTORATIONS FOR POSTERIOR TEETH)
ICD-10: K02.3,K02.51-K02.9,K03.2,K03.89,K08.530-K08.539
HCPCS: D1354,D2140-D2394,D2930-D2933,D2941,D2950,D2951,D2954,D2957,D2980,D6980
- Line: 344**
Condition: DENTAL CONDITIONS (E.G., SEVERE CARIES, INFECTION) (See Guideline Notes 123,34 and 48)
Treatment: ORAL SURGERY (I.E., EXTRACTIONS AND OTHER INTRAORAL SURGICAL PROCEDURES)
ICD-10: E08.630-E08.638,E09.630-E09.638,E10.630-E10.638,E11.630-E11.638,E13.630-E13.638,K02.3,K02.51-K02.9
CPT: 41821,41870,41872
HCPCS: D6096,D6100,D6105,D7210-D7251,D7310-D7321,D7450,D7451,D7465,D7471,D7509,D7540,D7550,D7961,D7963,D7971,D9930
- Line: 384**
Condition: DENTAL CONDITIONS (E.G., PULPAL PATHOLOGY, PERMANENT ANTERIOR TOOTH) (See Guideline Note 224)
Treatment: BASIC ENDODONTICS (I.E., ROOT CANAL THERAPY)
HCPCS: D3310,D3332,D3911,D3921
- Line: 411**
Condition: DENTAL CONDITIONS (E.G., PULPAL PATHOLOGY, PERMANENT BICUSPID/PREMOLAR TOOTH) (See Guideline Note 224)
Treatment: BASIC ENDODONTICS (I.E., ROOT CANAL THERAPY)
HCPCS: D3320,D3332,D3911,D3921

*DENTAL
SERVICES*

A SUBSET OF THE PRIORITIZED LIST OF HEALTH SERVICES

JANUARY 1, 2023

Line: 444
Condition: DENTAL CONDITIONS (E.G., PULPAL PATHOLOGY, PERMANENT MOLAR TOOTH) (See Guideline Note 224)
Treatment: BASIC ENDODONTICS (I.E., ROOT CANAL THERAPY)
HCPCS: D3330,D3332,D3911,D3921

Line: 454
Condition: DENTAL CONDITIONS (E.G., MISSING TEETH, PROSTHESIS FAILURE) (See Guideline Note 117)
Treatment: REMOVABLE PROSTHODONTICS (E.G., FULL AND PARTIAL DENTURES, RELINES)
ICD-10: K00.0,K08.101-K08.122,K08.124-K08.199,K08.401-K08.499
HCPCS: D5110-D5212,D5221,D5222,D5511-D5721,D5730-D5765,D5820,D5821,D5876,D7472,D7473,D7970

Line: 456
Condition: DENTAL CONDITIONS (E.G., PULPAL PATHOLOGY, PERMANENT ANTERIOR TOOTH) (See Guideline Note 224)
Treatment: ADVANCED ENDODONTICS (E.G., RETREATMENT OF PREVIOUS ROOT CANAL THERAPY)
HCPCS: D3331,D3333,D3346,D3410,D3430,D3911,D3921

Line: 469
Condition: DENTAL CONDITIONS (E.G., CARIES, FRACTURED TOOTH)
Treatment: ADVANCED RESTORATIVE (I.E., BASIC CROWNS)
HCPCS: D2710,D2712,D2740,D2751,D2752

Line: 492
Condition: DENTAL CONDITIONS (E.G., PERIODONTAL DISEASE)
Treatment: ADVANCED PERIODONTICS (E.G., SURGICAL PROCEDURES AND SPLINTING)
HCPCS: D4240-D4245,D4260,D4261,D4268-D4323,D4381,D5982

Line: 507
Condition: DENTAL CONDITIONS (E.G., PULPAL PATHOLOGY, PERMANENT BICUSPID/PREMOLAR TOOTH) (See Guideline Note 224)
Treatment: ADVANCED ENDODONTICS (E.G., RETREATMENT OF PREVIOUS ROOT CANAL THERAPY)
HCPCS: D3331,D3333,D3347,D3421,D3426,D3430,D3450,D3911,D3921

Line: 538
Condition: DENTAL CONDITIONS (E.G., PULPAL PATHOLOGY, PERMANENT MOLAR TOOTH) (See Guideline Note 224)
Treatment: ADVANCED ENDODONTICS (E.G., RETREATMENT OF PREVIOUS ROOT CANAL THERAPY)
HCPCS: D3331,D3333,D3348,D3425,D3426,D3430,D3450,D3911,D3921

Line: 550
Condition: TMJ DISORDER
Treatment: TMJ SPLINTS
ICD-10: M26.601-M26.69,S03.40XA-S03.40XD,S03.41XA-S03.41XD,S03.42XA-S03.42XD,S03.43XA-S03.43XD
CPT: 98966-98972,99051,99060,99070,99078,99203-99215,99281-99285,99341-99359,99366,99374,99375,99381-99404,99411-99417,99421-99449,99451,99452,99487-99491,99495-99498,99605-99607
HCPCS: G0068,G0071,G0088-G0090,G0248-G0250,G0425-G0427,G0463,G0466,G0467,G0490,G0511,G2012,G2211,G2214,G2251,G2252,D7880,D7881,D9130

Line: 592
Condition: DENTAL CONDITIONS (E.G., CARIES, FRACTURED TOOTH)
Treatment: ADVANCED RESTORATIVE-ELECTIVE (INLAYS, ONLAYS, GOLD FOIL AND HIGH NOBLE METAL RESTORATIONS)
HCPCS: D2410-D2544,D2720-D2722,D2750,D2753-D2794,D2928,D2929,D2949,D2952,D2953,D2971,D2981,D2982,D4249,D5213,D5214,D5223,D5224,D5282-D5286,D5810,D5811,D5862,D5867,D5875,D6205,D6212,D6214,D6253,D6602-D6607,D6610-D6710,D6780-D6790,D6793-D6920,D6940,D6950,D9950

Line: 601
Condition: DENTAL CONDITIONS (E.G., MISSING TEETH)
Treatment: COMPLEX PROSTHODONTICS (I.E., FIXED BRIDGES, OVERDENTURES)
HCPCS: D5863-D5866,D6211,D6241,D6242,D6251,D6252,D6545,D6549,D6751,D6752,D6791,D6792

*DENTAL
SERVICES*

A SUBSET OF THE PRIORITIZED LIST OF HEALTH SERVICES

JANUARY 1, 2023

- Line: 618**
Condition: DENTAL CONDITIONS (E.G., MALOCCLUSION) (See Guideline Note 169)
Treatment: ORTHODONTIA (I.E., FIXED AND REMOVABLE APPLIANCES AND ASSOCIATED SURGICAL PROCEDURES)
ICD-10: M26.211-M26.29,M26.31,M26.33-M26.37,M26.4,M26.70,Z46.4
HCPCS: D0340,D0350,D7280-D7283,D7290-D7294,D7296-D7300,D8010-D8681,D8696-D8704
- Line: 619**
Condition: DENTAL CONDITIONS (E.G., MISSING TEETH) (See Guideline Note 123)
Treatment: IMPLANTS (I.E., IMPLANT PLACEMENT AND ASSOCIATED CROWN OR PROSTHESIS)
ICD-10: M27.61-M27.69
HCPCS: D0393-D0395,D5725,D6010-D6095,D6097-D6198,D6210,D6240,D6243-D6250,D6753,D7951,D7952
- Line: 645**
Condition: DENTAL CONDITIONS WHERE TREATMENT IS CHOSEN PRIMARILY FOR AESTHETIC CONSIDERATIONS
Treatment: COSMETIC DENTAL SERVICES
ICD-10: K00.1-K00.3,K00.5,K00.8-K00.9,K03.0-K03.1,K03.3-K03.4,K03.6-K03.7,K03.9,M26.30,M26.39
HCPCS: D2610-D2664,D2934,D2960-D2962,D2983,D3460,D4230,D4231,D6548,D6600,D6601,D6608,D6609,D6720-D6750,D6985,D7995,D7996,D9970-D9975
- Line: 646**
Condition: DENTAL CONDITIONS WHERE TREATMENT RESULTS IN MARGINAL IMPROVEMENT
Treatment: ELECTIVE DENTAL SERVICES
ICD-10: K00.7,K08.0,K08.51-K08.52,K08.54,K08.81-K08.89,M26.32,M85.2
CPT: 41822
HCPCS: D2799,D2955,D2990,D3355-D3357,D3428,D3429,D3431,D3432,D3470-D3503,D3920,D3950,D4263,D4264,D5225-D5228,D5995,D5996,D7272,D7950,D7953,D7956,D7957,D7972,D7998,D9910,D9911,D9941-D9946,D9952

*DENTAL
SERVICES*

A SUBSET OF THE PRIORITIZED LIST OF HEALTH SERVICES

JANUARY 1, 2023

GUIDELINE NOTE 17, PREVENTIVE DENTAL CARE

Lines 3,53

Dental cleaning is limited to once per 12 months for adults and twice per 12 months for children up to age 19 (D1110, D1120). More frequent dental cleanings may be required for certain higher risk populations.

Fluoride varnish (99188) is included on Line 3 for use with children 18 and younger during well child preventive care visits. Fluoride treatments (D1206 and D1208) are included on Line 53 PREVENTIVE DENTAL SERVICES for use with adults and children during dental visits. The total number of fluoride applications provided in all settings is not to exceed four per twelve months for a child at high risk for dental caries and two per twelve months for a child not at high risk. The number of fluoride treatments is limited to once per 12 months for average risk adults and up to four times per 12 months for high-risk adults.

GUIDELINE NOTE 34, EXTRACTION OF IMPACTED WISDOM TEETH

Line 344

Extraction of impacted wisdom teeth (D7220, D7230, D7240, D7241, D7250) is only included on this line when there is

- A) Evidence of pathology. Such pathology includes unrestorable caries, non-treatable pulpal and/or periapical pathology, cellulitis, abscess and osteomyelitis, internal/external resorption of the tooth or adjacent teeth, fracture of tooth, disease of follicle including cyst/tumour, tooth/teeth impeding surgery or reconstructive jaw surgery, and when a tooth is involved in or within the field of tumour resection OR
- B) Two or more episodes of pericoronitis OR
- C) Severe pain directly related to the impacted tooth that does not respond to conservative treatment. (Extraction for pain or discomfort related to normal tooth eruption or for non-specific symptoms such as "headaches" or "jaw pain" is not considered medically or dentally necessary for treatment.)

GUIDELINE NOTE 48, FRENULECTOMY/FRENULOTOMY

Lines 344,661

Frenulectomy/frenulotomy (D7961) is included on this line for the following situations:

- A) When deemed to cause gingival recession
- B) When deemed to cause movement of the gingival margin when frenum is placed under tension.
- C) Maxillary labial frenulectomy not covered until age 12 and above.

Otherwise, D7961 is included on Line 661.

GUIDELINE NOTE 53, BASIC PERIODONTICS

Line 218

Only for the treatment of severe drug-induced hyperplasia (D4210, D4211, D4212). Payable only when there are pockets of 5 mm or greater (D4341).

GUIDELINE NOTE 91, CARIES ARRESTING MEDICAMENT APPLICATION

Line 343

CDT D1354, when used to represent silver diamine fluoride applications for the treatment (rather than prevention) of caries, is limited to a maximum of two applications per year.

D1354 is also included on this line to

- A) arrest or reverse noncavitated carious lesions on occlusal surfaces using sealants plus 5% fluoride varnish (application every 3-6 months) or sealants alone (application every 3-6 months), 1.23% fluoride gel (application every 3-6 months), resin infiltration plus 5% fluoride varnish (application every 3-6 months), or 0.2% fluoride mouthrinse (once per week).
- B) arrest or reverse noncavitated carious lesions on approximal surfaces using 5% fluoride varnish (application every 3-6 months), resin infiltration alone, resin infiltration plus 5% fluoride varnish (application every 3-6 months), or sealants alone.
- C) arrest or reverse noncavitated carious lesions on facial or lingual surfaces using 1.23% fluoride gel (application every 3-6 months) or 5% fluoride varnish (application every 3-6 months).

GUIDELINE NOTE 117, REMOVAL OF TORI AND EXCISION OF HYPERPLASTIC TISSUE

Line 454

D7472 and D7473, and D7970 are included on this line only when used in conjunction with making a prosthesis.

*DENTAL
SERVICES*

A SUBSET OF THE PRIORITIZED LIST OF HEALTH SERVICES

JANUARY 1, 2023

GUIDELINE NOTE 123, DENTAL IMPLANT REMOVAL

Lines 344,619

Removal of dental implants (D6100, D6105) is included on Line 344 only when there is advanced peri-implantitis with bone loss and mobility, abscess or implant fracture. Otherwise, this procedure is included on Line 619.

GUIDELINE NOTE 169, ORTHODONTICS FOR CRANIOFACIAL ANOMALIES AND HANDICAPPING MALOCCLUSION

Lines 256,618

Orthodontic treatment is included on Line 256 DEFORMITIES OF HEAD AND HANDICAPPING MALOCCLUSION for persons under the age of 21 with

- A) Cleft lip and palate, cleft palate or cleft lip with alveolar process involvement, OR
- B) Other craniofacial anomalies resulting in significant malocclusion expected to result in difficulty with mastication, speech, or other oral function, OR
- C) Severe malocclusions with a Handicapping Labiolingual Deviation Index California Modification score of 26 or higher; AND
- D) Free and clear of active decay and periodontal disease, verified by a dental exam in past 6 months

Advanced dental imaging is included on this line only when required for surgical planning for repair of craniofacial anomalies and handicapping malocclusion.

All other orthodontic services appear on Line 618 DENTAL CONDITIONS (E.G., MALOCCLUSION).

GUIDELINE NOTE 224, DECORONATION OR SUBMERGENCE OF AN ERUPTED TOOTH

Lines 384,411,444,456,507,538

Decoronation or submergence of an erupted tooth (CDT D3921) is only included on these lines for teeth that would otherwise qualify for endodontic services included on these lines but for which endodontics cannot be performed due to high-risk circumstances (e.g. certain medications or radiation related osteonecrosis).

GUIDELINE NOTE 229, HIGH-FREQUENCY CHEST WALL OSCILLATION DEVICES

Lines 20,58,71,197

High-frequency chest wall oscillation devices are included on these lines ONLY when:

- A) The patient has cystic fibrosis, AND
 - 1) There is documentation of frequent exacerbations requiring antibiotics, frequent hospitalization, OR rapidly declining lung function measured by spirometry, despite either:
 - a) having received chest physiotherapy and positive expiratory pressure therapy, OR
 - b) documentation that chest physiotherapy and positive expiratory pressure devices are not tolerated or not available (e.g., inability of a caregiver to perform chest physiotherapy); OR
- B) The patient has non-cystic fibrosis bronchiectasis AND the four criteria below are met:
 - 1) The bronchiectasis is confirmed by computed tomography (CT) scan, AND
 - 2) There is evidence of chronic lung infection, AND
 - 3) The patient has experienced either:
 - a) daily productive cough for at least 6 continuous months, OR
 - b) frequent (>2 times a year) exacerbations requiring antibiotic therapy, AND
 - 4) The patient has received chest physiotherapy and positive expiratory pressure therapy OR chest physiotherapy and positive expiratory pressure devices are not tolerated, contraindicated, or not available (e.g., inability of a caregiver to perform chest physiotherapy); OR
- C) The patient has neuromuscular disease resulting in chronic lung disease when there is evidence of chronic lung infection, despite either:
 - 1) having received chest physiotherapy and positive expiratory pressure therapy, OR
 - 2) documentation that chest physiotherapy and positive expiratory pressure devices are not tolerated, contraindicated, or not available (e.g., inability of a caregiver to perform chest physiotherapy).

The development of this guideline note was informed by a HERC [coverage guidance](https://www.oregon.gov/oha/HPA/DSI-HERC/Pages/Evidence-based-Reports.aspx). See <https://www.oregon.gov/oha/HPA/DSI-HERC/Pages/Evidence-based-Reports.aspx>

DENTAL
SERVICES

A SUBSET OF THE PRIORITIZED LIST OF HEALTH SERVICES

JANUARY 1, 2023

MULTISECTOR INTERVENTIONS

Note: The multisector interventions described below are provided as an aid in population health management and do not constitute Oregon Health Plan benefits.

**DENTAL
SERVICES**

A SUBSET OF THE PRIORITIZED LIST OF HEALTH SERVICES

JANUARY 1, 2023

MULTISECTOR INTERVENTION STATEMENT 1: TOBACCO PREVENTION AND CESSATION, INCLUDING DURING PREGNANCY




Benefit coverage for smoking cessation on Line 5 and in Guideline Note 4 TOBACCO DEPENDENCE, INCLUDING DURING PREGNANCY is intended to be offered with minimal barriers, in order to encourage utilization. To further prevent tobacco use and help people quit, additional evidence-based policy and programmatic interventions from a population perspective are available here:


















- Oregon Public Health Division’s Health Promotion and Chronic Disease Prevention Section: Evidence-Based Strategies for Reducing Tobacco Use A Guide for CCOs
https://www.oregon.gov/oha/PH/PREVENTIONWELLNESS/TOBACCPREVENTION/Documents/evidence-based_strategies_reduce_tob_use_guide_cco.pdf
- Community Preventive Services Task Force (supported by the CDC) - What Works: Tobacco Use
<http://www.thecommunityguide.org/about/What-Works-Tobacco-factsheet-and-insert.pdf>













The Community Preventive Services Task Force identified the following evidence-based strategies:

TASK FORCE FINDINGS ON TOBACCO USE

The Community Preventive Services Task Force (Task Force) has released the following findings on what works in public health to prevent tobacco use. These findings are compiled in The Guide to Community Preventive Services (The Community Guide) and listed in the table below. Use the findings to identify strategies and interventions you could use for your community.

Legend for Task Force Findings:  Recommended  Insufficient Evidence  Recommended Against (See reverse for detailed descriptions.)

| Intervention | Task Force Finding |
|--|---|
| Reducing Tobacco Use Initiation | |
| Increasing the unit price of tobacco products |  |
| Mass media campaigns when combined with other interventions |  |
| Smoke-free policies |  |
| Increasing Tobacco Use Cessation | |
| Increasing the unit price of tobacco products |  |
| Mass media campaigns when combined with other interventions |  |
| Mass-reach health communication interventions |  |
| Mobile phone-based interventions |  |
| Multicomponent interventions that include client telephone support |  |
| Smoke-free policies |  |
| Provider reminders when used alone |  |
| Provider reminders with provider education |  |
| Reducing client out-of-pocket costs for cessation therapies |  |
| Internet-based interventions |  |
| Mass media – cessation contests |  |
| Mass media – cessation series |  |
| Provider assessment and feedback |  |
| Provider education when used alone |  |

| Intervention | Task Force Finding |
|--|---|
| Reducing Exposure to Environmental Tobacco Smoke | |
| Smoke-free policies |  |
| Community education to reduce exposure in the home |  |
| Restricting Minors’ Access to Tobacco Products | |
| Community mobilization with additional interventions |  |
| Sales laws directed at retailers when used alone |  |
| Active enforcement of sales laws directed at retailers when used alone |  |
| Community education about youth’s access to tobacco products when used alone |  |
| Retailer education with reinforcement and information on health consequences when used alone |  |
| Retailer education without reinforcement when used alone |  |
| Laws directed at minors’ purchase, possession, or use of tobacco products when used alone |  |
| Decreasing Tobacco Use Among Workers | |
| Smoke-free policies |  |
| Incentives and competitions to increase smoking cessation combined with additional interventions |  |
| Incentives and competitions to increase smoking cessation when used alone |  |

Visit the “Tobacco Use” page of The Community Guide website at www.thecommunityguide.org/tobacco to find summaries of Task Force findings and recommendations on tobacco use. Click on each topic area to find results from the systematic reviews, included studies, evidence gaps, and journal publications.

The Centers for Disease Control and Prevention provides administrative, research, and technical support for the Community Preventive Services Task Force.

To reduce the use of tobacco during pregnancy and improve associated outcomes, the evidence supports the following interventions:

- Financial incentives (incentives contingent upon laboratory tests confirming tobacco abstinence are the most effective)
- Smoke-free legislation
- Tobacco excise taxes

*DENTAL
SERVICES*

A SUBSET OF THE PRIORITIZED LIST OF HEALTH SERVICES

JANUARY 1, 2023

(CONT'D)

MULTISECTOR INTERVENTION STATEMENT 2: PREVENTION OF EARLY CHILDHOOD CARIES (CONT'D)

*DENTAL
SERVICES*

A SUBSET OF THE PRIORITIZED LIST OF HEALTH SERVICES

JANUARY 1, 2023

MULTISECTOR INTERVENTION STATEMENT 2: PREVENTION OF EARLY CHILDHOOD CARIES

Evidence supports:

- Community water fluoridation
- Fluoride varnish, including applied in a primary care setting
- Fluoride gel
- Oral fluoride supplementation
- Community-based programs that combine oral health education with supervised toothbrushing

Limited evidence supports:

- Motivational interviewing towards caregivers

Insufficient or conflicting evidence on:

- Anticipatory guidance/oral health education alone
- Encouragement of preventive dental visits
- Risk assessment
- Xylitol products
- Chlorhexidine
- Silver diamine fluoride
- School-based behavioral interventions
- Breastfeeding interventions

MULTISECTOR INTERVENTION STATEMENT 3: PREVENTION AND TREATMENT OF OBESITY

Limited evidence supports the following interventions:

School and childcare settings

- School based interventions to reduce BMI (especially with physical activity focus)
- School nutrition policy and day care meal standards
- Family-based group education programs delivered in schools
- Obesity prevention interventions in childcare settings (nutrition education, healthy cooking classes for 2-6 year olds, physical activity and playful games)

Community level interventions

- Environmental interventions (social marketing, cafeteria signs, farmers markets, walking groups, etc)
- Introduction of light rail
- Community-based group health education and counseling interventions, workplace education interventions
- Workplace and college interventions to improve physical activity

Multiple settings:

- Interventions to reduce sedentary screen time (in some studies, also to increase physical activity and nutrition).
- Multicomponent individual mentored health promotion programs to prevent childhood obesity
- Parental support interventions for diet and physical activity (group education, mental health counseling)

Policy changes

- Sugar sweetened beverage taxes
- Elimination of tax subsidy for advertising unhealthy food to children

This Multisector Interventions statement is based on the work of the HERC Obesity Task Force and the full summary of the evidence report is available at <https://www.oregon.gov/oha/HPA/DSI-HERC/Pages/Evidence-based-Reports.aspx>

MULTISECTOR INTERVENTION STATEMENT 4: COMMUNITY HEALTH WORKERS

To improve beneficial outcomes in patients with chronic conditions, the preponderance of evidence supports that community health workers (CHWs) serving as a part of an integrated care team appear to improve outcomes in:

- Children with asthma with preventable emergency department visits
- Adults with uncontrolled diabetes or uncontrolled hypertension

This evidence includes an emphasis on minority and low-income populations.

Characteristics of effective interventions include:

- Higher intensity interventions including longer duration
- Targeting populations with more severe chronic disease at baseline

DENTAL
SERVICES

A SUBSET OF THE PRIORITIZED LIST OF HEALTH SERVICES

JANUARY 1, 2023

Community health workers may be effective for patients with other conditions, however, limited was found for any other chronic condition. (CONT'D)

Community health workers may be effective for patients with other conditions, however, limited was found for any other chronic condition.

This Multisector Interventions statement is based on a HERC evidence review, Community Health Workers for Patients with Chronic Disease <https://www.oregon.gov/oha/HPA/DSI-HERC/Pages/Evidence-based-Reports.aspx>.

MULTISECTOR INTERVENTION STATEMENT 5: MULTICOMPONENT INTERVENTIONS TO IMPROVE SCREENING OUTCOMES OR ATTENDANCE FOR BREAST, CERVICAL, OR COLORECTAL CANCER

To improve attendance at cancer screening for breast, cervical, and colorectal cancer, the evidence supports the following interventions across cancer types (ordered roughly according to effect size):

Across Cancer Types

Effective interventions

General population

- Combined approach including three interventions group (with objectives to increase community demand, community access, and provider delivery) (CPSTF, 2016)
- Patient navigation (Ali-Faisal et al, 2017)
- Combined approach including two interventions (with objectives to increase community demand and access) (CPSTF, 2016)
 - Increasing access is more effective than increasing demand
- Community health workers (Bellhouse et al, 2018)
- Narrative interventions (i.e. story-based; breast cancer and colorectal cancer) (Perrier et al, 2017)
- Clinician communication interventions (breast cancer and colorectal cancer) (Peterson et al, 2016)
 - Practice-facilitation workflow/communication skills training (breast cancer and colorectal cancer) (Peterson et al, 2016)

Subpopulations

- Limited English proficiency
 - Patient navigation (Genoff et al, 2016)
- Vulnerable populations
 - Community health workers (Kim et al, 2016)
- Hispanic/Latina populations
 - Educational interventions (*promotora*-delivered, one-on-one, group, combined, church or community-based settings) (Luque et al, 2018)

Interventions with unclear effectiveness

- Special events like health fairs, parties, special day (breast cancer, colorectal cancer and cervical cancer screening) (Escoffery et al, 2014)
- Clinician performance incentives (Mauro et al, 2019)

Breast Cancer Screening

Effective interventions

General population

- Two or more intervention approaches to increase community demand, community access and provider delivery (CPSTF, 2016)
- Two or more intervention approaches to reduce different structural barriers (CPSTF, 2016)

Subpopulations

- Multicomponent interventions to increase community demand or access in
 - African American populations (Copeland et al, 2018)
 - Rural areas (Rodriguez-Gomez et al, 2020)
- Multicomponent interventions that includes increasing provider delivery of screening services in rural areas (Rodriguez-Gomez et al, 2020)
- Individual-tailored educational interventions (provided by lay health workers) in American Indian/Alaska Native populations (Jerome D'Emilia et al, 2019)

Interventions with unclear effectiveness

- Health promotion programs (community-, home- or telephone-based) in ethnic minority women (Chan et al, 2015)
- Culturally tailored interventions (videos, individually tailored telephone counseling) in Chinese American women (Zhang et al, 2020)

Ineffective interventions

- Client reminders (calendar with health reminders) in American Indian/Alaska Native populations (Jerome D'Emilia et al, 2019)
- Small media in rural areas (Rodriguez-Gomez et al, 2020)

*DENTAL
SERVICES*

A SUBSET OF THE PRIORITIZED LIST OF HEALTH SERVICES

JANUARY 1, 2023

One-on-one education in rural areas (Rodriguez-Gomez et al, 2020) (CONT'D)

- One-on-one education in rural areas (Rodriguez-Gomez et al, 2020)

Cervical Cancer Screening

Effective interventions

General population

- Multicomponent interventions (two or more out of three categories) to increase community demand, access, or provider delivery (CPSTF, 2016)
- Two or more interventional approaches to reduce different structural barriers (CPSTF, 2016)

Subpopulations

- Rural populations (Rodriguez-Gomez et al, 2020)
 - Small media alone
 - Combination of small media, one-on-one education and client reminders
 - Combination of mass media, group education, and reducing structural barriers (e.g. HPV self-collection kit)
- Lower socioeconomic status populations
 - Client reminders (e.g. invitation) (Rees et al, 2018)
 - Lay health advisors (Rees et al, 2018)
 - Clinic-based strategies (Rees et al, 2018)
- Hispanic/Latina populations (Mann et al, 2015)
 - Lay health advisors
 - Clinic-based strategies
 - Church partnerships

Interventions with unclear effectiveness

- Health promotion programs alone in ethnic minority women (Chan et al, 2015)

Ineffective interventions

General population

- Provider assessment and feedback (CPSTF, 2016)

Subpopulations

- Rural areas (Rodriguez-Gomez et al, 2020)
 - Combination of group education and small media
 - Client reminders (e.g. invitation)
 - Small media (e.g. mailed video)

Colorectal Cancer Screening

Effective interventions

General population

- Multicomponent interventions (≥2 out of 3 categories) to increase community demand, access, or provider delivery (CPSTF, 2016; Dougherty et al, 2019)
- Two or more out of three intervention approaches to reduce different structural barriers (CPSTF, 2016)
- Distribution of fecal blood tests (in clinic or mailed outreach) (Dougherty et al, 2019; Issaka et al, 2019; Jager et al, 2019)
- Patient navigation (Dougherty et al, 2019)
- Multicomponent interventions (two or more out of three categories) to increase community demand, access, or provider delivery (CPSTF, 2016)
- Interventions focused on increasing community access
- Tailored communication interventions compared to control (Issaka et al, 2019)
- Clinician-directed interventions (Dougherty et al, 2019)
- Combination of FIT and influenza vaccination clinic (Issaka et al, 2019)
- Patient decision aids (Volk et al, 2016)
- Educational interventions (Dougherty et al, 2019; Issaka et al, 2019)
- Patient reminders (Dougherty et al, 2019)

Subpopulations

- Multicomponent interventions effective at increasing screening adherence in rural areas (Rodriguez-Gomez et al, 2020)
- Multicomponent interventions effective at increasing fecal testing in low-income and rural populations (Davis et al, 2018)
- First-degree relatives of individuals with colorectal cancer
 - Tailored communication interventions (Bai et al, 2020)
- Rural and low-income populations (Davis et al, 2018)
 - Multicomponent interventions to increase community demand, community access, and/or provider delivery
- Federally qualified health centers (Domingo et al, 2017)
 - Patient navigation
- Asian-Americans (Kim et al, 2020)
 - Culturally responsive interventions

Interventions with unclear effectiveness

Including errata and revisions as of 11-30-2022

*DENTAL
SERVICES*

A SUBSET OF THE PRIORITIZED LIST OF HEALTH SERVICES

JANUARY 1, 2023

Interventions to increase community demand (Young et al, 2019) (CONT'D)

- Interventions to increase community demand (Young et al, 2019)
- Tailored communication interventions based on family history and personal factors compared to mailed FIT kits (Issaka et al, 2019)

Ineffective interventions

General population

- Patient financial incentives (Dougherty et al, 2019)
- Small media (low literacy picture book, video mailed with FIT kit) (Issaka et al, 2019)

Subpopulations

- Rural areas (Rodriguez-Gomez, 2020)
 - Client reminders (e.g., telephone)
 - Clinician reminders (e.g., chart reminder)
 - Demonstrating how to use FIT kit

This Multisector Interventions statement is based on a [HERC evidence review](#), Multicomponent Interventions to Improve Screening Outcomes or Attendance for Breast, Cervical, or Colorectal Cancer <https://www.oregon.gov/oha/HPA/DSI-HERC/Pages/Evidence-based-Reports.aspx>.