

DQA Practice/Clinician Level Measure Specifications: Claims-Based Measures

TOPICAL FLUORIDE FOR CHILDREN

Description: Percentage of enrolled children aged 1 through 18 years who received at least 2 topical fluoride applications during the reporting year

Numerator: Unduplicated number of children in the denominator who received at least 2 topical fluoride applications during the reporting year

Denominator: Unduplicated number of enrolled children aged 1 through 18 years

Rate: NUM/DEN

Applicable reporting levels: Practice and clinician

Guiding DQA Program-Plan Level Measure Specification: [Topical Fluoride for Children measure specifications](#)

Age: Children aged 1 through 18 years.¹

Measuring Entity: Payer or third party with payer claims data.

Data Sources: Enrollment and claims data; two years. When using claims data to determine service receipt, include both paid and unpaid claims (including pending, suspended, and denied claims).

Months to Days Conversion: To accommodate months ranging from 28 to 31 days, the following standards apply:

Years	Months	Days
	1 month	30 days
	2 months	61 days
	3 months	91 days
	4 months	122 days
	5 months	152 days
	6 months	183 days
	7 months	213 days
	11 months	334 days
1 year	12 months	365 days
	13 months	395 days
3 years	36 months	1095 days
5 years	60 months	1826 days

¹ The upper bound of the age range of 18 years reflects pediatric benefits coverage among commercial payer claims databases. Applications using Medicaid claims data may elect to use through age 20 years consistent with Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) benefits.

Level of Reporting:

- **Practice** (identified by TIN)

Note: When a single TIN is used across multiple locations within a group practice, the resulting measure score will reflect a single weighted average score across locations. Conversely, if one group practice uses individual TINs for each of its locations, then the measure will result in a score specific to each location. When reporting measure scores, it is helpful to note whether TINS reflect multiple locations or single locations. Such contextual information will be useful in interpreting scores when used for comparisons.

- **Clinician** (identified by Rendering Provider NPI)

Measure Limitations:

- *This measure attributes patients to a practice's (or clinician's) denominator based on having a comprehensive or periodic oral evaluation in both the reporting year and the prior year. This attribution ensures that the patient (1) is an active patient in the reporting year and (2) is an established patient to ensure sufficient time for care delivery. A limitation of this approach is that patients new to the practice in the reporting year will not be included in the measurement. Testing data indicated that approximately 80% or more of commercially insured pediatric patients have 2-year care continuity with the same practice. In health care settings that have more significant patient churn, more patients will be excluded from measurement.*
- *This measure assumes that all modes of topical fluoride application are equally effective. This measure calls for the documentation of at least two instances (on different dates of service) of any combination of two fluoride specific CDT codes, D1206 and D1208 (or equivalent CPT codes when billed by non-dental providers). D1206 refers to professionally applied fluoride varnish and D1208 is any topical application of fluoride including fluoride gels or fluoride foams (excluding fluoride varnish). This measure does not take into account alternate home-use fluoride products including supplements.*

MEASURE CALCULATION**DENOMINATOR**

1. Check if the subject meets age criteria at the last day of the reporting year:
 - a. If child is ≥ 1 year and < 19 years, then proceed to next step.²
 - b. If age criteria are not met or there are missing or invalid field codes (e.g., date of birth), then STOP processing. This subject is not included in the denominator.

²The upper bound of the age range of 18 years reflects pediatric benefits coverage among commercial payer claims databases. Applications using Medicaid claims data may elect to use through age 20 years consistent with Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) benefits.

2. Check if subject is continuously enrolled for the reporting year (12 months) with a single gap of no more than 31 days.
 - a. If subject meets continuous enrollment criterion, then proceed to next step.
 - b. If subject does not meet enrollment criterion, then STOP processing. This subject is not included in the denominator.

YOU NOW HAVE THE AGE AND ENROLLMENT DENOMINATOR-ELIGIBLE POPULATION

ATTRIBUTE PATIENTS TO PRACTICES AND CLINICIANS

*** **Note:** Oral evaluation codes (D0120, D0150, D0145) are used only for attribution to the practice-specific and clinician-specific denominators. ***

3. Attribute subjects to **all practices** that provided a comprehensive or periodic oral evaluation in the reporting year **AND** in the year prior to the reporting year (to be included in a practice's denominator, the patient should have had a comprehensive or periodic oral evaluation in both years with that same practice):
 - a. Attribute subject to the *unique TIN* associated with each practice that
 - i. performed any of [CDT CODE] = [D0120 OR D0145 OR D0150] in the reporting year

AND

- ii. performed any of [CDT CODE] = [D0120 OR D0145 OR D0150] in the year prior to the reporting year
 - b. Include in **Denominator for the practice.**

Notes:

- In this step, all **claims** with missing or invalid CDT CODE, missing or invalid billing provider TIN should not be included in the denominator.
- A patient may be present in more than one practice's denominator.

4. Attribute subjects to **all clinicians** that provided a comprehensive or periodic oral evaluation in the reporting year **AND** in the year prior to the reporting year (to be included in a clinician's denominator, the patient should have had a comprehensive or periodic oral evaluation in both years with that same clinician):
 - a. Attribute subject to the *unique RENDERING PROVIDER NPI* associated with each clinician that
 - i. performed any of [CDT CODE] = [D0120 OR D0145 OR D0150] in the reporting year

AND

 - ii. performed any of [CDT CODE] = [D0120 OR D0145 OR D0150] in the year prior to the reporting year
 - b. Include in **Denominator for the clinician.**

Notes:

- In this step, all **claims** with missing or invalid CDT CODE, missing or invalid rendering provider NPI should not be included in the denominator.
- A patient may be present in more than one clinician's denominator.

YOU NOW HAVE THE PRACTICE-SPECIFIC AND CLINICIAN-SPECIFIC DENOMINATORS (DEN)

NUMERATOR

5. Among the subjects in the practice and in the clinician denominators, respectively: check if subject received at least 2 topical fluoride applications during the reporting year on different dates of service regardless of the practice or clinician that provided the service.
 - a. If [SERVICE CODE] = [D1206 or D1208] **AND**
 - b. If [FLUORIDE DATE OF SERVICE 1] <12 months prior to end of reporting year AND
 - c. If [FLUORIDE DATE OF SERVICE 2] <12 months prior to end of reporting year AND
 - d. [FLUORIDE DATE OF SERVICE 1] ≠ [FLUORIDE DATE OF SERVICE 2], then **include in Numerator**; proceed to next step.
 - e. If all the criteria in (a) – (d) above are not met, then STOP processing. This subject is already included in the denominator but will not be included in the numerator.

NOTES:

- Fluoride applications included in the numerator should be counted regardless of the practice or clinician that actually provided the service [i.e., the two fluoride applications do not have to be provided by the same practice or clinician].

YOU NOW HAVE ALL SUBJECTS WHO QUALIFY FOR THE NUMERATOR

6. Report:
 - a. Number of patients in practice-specific and clinician-specific denominators (DEN)
 - b. Subset of patients in practice-specific and clinician-specific denominators who meet the numerator requirements (NUM)
 - c. Measure rate specific to each practice and to each clinician (NUM/DEN)

Reliability of the measure score depends on the quality of the data elements that are used to calculate the measure. The percentages of missing or invalid data for each data element used to calculate the measure must be investigated prior to measurement. Data elements with high rates of missing or invalid data will adversely affect the subsequent counts that are recorded. A low-quality data set may result in measure scores that are not reliable.

GUIDANCE FOR OPTIONAL DENOMINATOR STRATIFICATION BY RISK FOR DENTAL CARIES

1. Classify children as:

- a. At elevated risk for dental caries
- b. Not at elevated risk for dental caries.

Note: Every child should be classified into one of the two categories. The sum of the two categories should total the total denominator-eligible children.

2. Methodology to classify elevated risk:

- a. If subject meets **any of the following** then classify the individual as being **at elevated risk** for dental caries:
 - i. the subject has a CDT Code among those in Table 1 in the reporting year **OR**
 - ii. the subject has a CDT Code among those in Table 1 below in any of the three years prior to the reporting year (**NOTE:** When using claims data, the subject does not need to be enrolled in any of the prior three years in order to implement this stratification; this is a “look back” for enrollees who do have claims experience in any of the prior three years.)

OR

 - iii. the subject has a visit with a CDT code indicating elevated risk (D0602 or D0603) in the reporting year.
- b. If the subject **does not meet any of the above** criteria for elevated risk, then these enrollees should be classified as **not identified as being at elevated risk**.

Table 1: CDT Codes to identify “elevated caries risk”

D1352	D2392	D2610	D2710	D2782	D2933	D3222
D1354	D2393	D2620	D2712	D2783	D2934	D3230
D2140	D2394	D2630	D2720	D2790	D2940	D3240
D2150	D2410	D2642	D2721	D2791	D2941	D3310
D2160	D2420	D2643	D2722	D2792	D2950	D3320
D2161	D2430	D2644	D2740	D2794	D2976	D3330
D2330	D2510	D2650	D2750	D2799	D2989	
D2331	D2520	D2651	D2751	D2928	D2991	
D2332	D2530	D2652	D2752	D2929	D3110	
D2335	D2542	D2662	D2753	D2930	D3120	
D2390	D2543	D2663	D2780	D2931	D3220	
D2391	D2544	D2664	D2781	D2932	D3221	