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Dental Quality Alliance
User Guide for Evaluating Quality of Care for Special
Populations Using DQA Program and Plan Level
Measures

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1. Background

The [Dental Quality Alliance \(DQA\)](#) is a multi-stakeholder group that advances oral healthcare performance measurement. The DQA develops aligned, standardized, and validated measures that can be applied in the public and private sectors. DQA Measures include oral healthcare access, process, and outcomes quality measures and related healthcare delivery measures (e.g., utilization and cost of care). Measures developed by the DQA undergo rigorous validation.¹

DQA Measures can be used to:

1. uniformly assess evidence-based quality of care across reporting entities;
2. inform performance improvement projects longitudinally and monitor improvements in care;
3. identify variations in care;
4. develop benchmarks for comparison; and
5. uniformly assess utilization of care.

The DQA has developed measures to assess the quality of oral health care for both children and adults using administrative enrollment and claims data. These measures have been designed for use by public programs (e.g., Medicaid and CHIP), state Marketplaces, dental benefits administrators (DBAs), and managed care organizations (MCOs). DQA Measures have been formally adopted by the Centers for Medicare and Medicaid Services (CMS), the Health Resources and Services Administration (HRSA), state Medicaid programs, and state Marketplaces.²⁻⁴

2. Purpose

The purpose of this User Guide is to support measure users who wish to report DQA measures for specific populations that may have special oral health care needs. This User Guide is designed to be a companion to the existing [DQA User Guides](#) for DQA program and plan level measures calculated using enrollment and claims data.

3. Population: Individuals with Intellectual or Developmental Disabilities (ID/DD)

A. Identification of Individuals with ID/DD in Claims Data

The DQA has adopted the broader of two federal methodologies identified by the Office of the Assistant Secretary for Planning and Evaluation (ASPE) used to classify individuals as having an intellectual disability or development disability (ID/DD) using ICD-10-CM diagnosis codes.⁵ This definition encompasses six condition group code sets contained within the Chronic Conditions Data Warehouse (CCW) maintained by the Centers for Medicare and Medicaid Services (CMS):⁶

- Autism Spectrum Disorders,
- Cerebral Palsy,
- Intellectual Disabilities and Related Conditions,
- Learning Disabilities,
- Other Developmental Delays, and
- Spina Bifida and Other Congenital Anomalies of the Nervous System.

For each category, identification involves looking for any one of the ICD-10-CM diagnosis codes within the condition group on at least 1 inpatient claim or any of the ICD-10-CM diagnosis codes on at least 2 other non-drug claims of any service type (i.e., claims that do not include a Medicare Part D event or prescription claims).⁶ For example, two outpatient service claims on different dates of service that each have a qualifying diagnosis code would count the individual as having an ID/DD diagnosis.

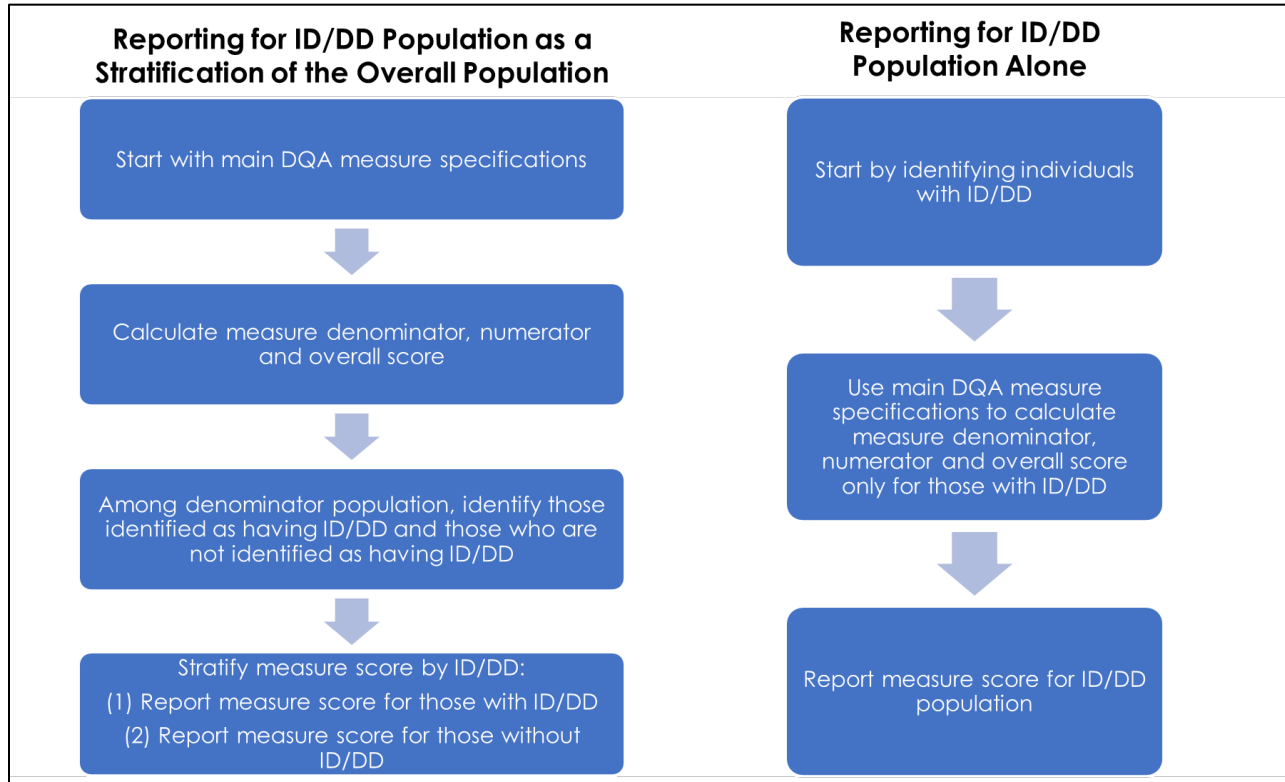
The DQA adopted a broad definition since different users may wish to focus on broader or narrower populations. Those interested in a narrower definition of ID/DD can further stratify measure scores by the individual condition categories.

Table 1 provides the complete list of diagnosis codes included for each of the six condition categories. The source of these codes is the CMS CDW "Other Chronic Health, Mental, Health and Potentially Disabling Conditions" code sets.⁶

Some users may already report DQA measures for a broader population, such as all individuals enrolled in Medicaid or all individuals enrolled in a specific dental plan, and wish to stratify the measure score by ID/DD population. Other users may wish to report DQA measure scores only

for an ID/DD population. Sub-section B below provides the approach for stratifying DQA measure scores. Sub-section C below provides the approach for reporting DQA measure scores only for an ID/DD population. Figure 1 summarizes the two approaches.

Figure 1. Approaches for Reporting DQA Measure Scores for ID/DD Populations



B. Steps to Report DQA Measures for ID/DD Population as a Stratification of a Broader Population

The steps for reporting measure scores stratified by ID/DD population is similar to stratification of measure scores by other population characteristics, such as age and geographic location. To report the DQA measure score stratified by whether an individual is identified as having ID/DD:

1. Calculate the DQA denominator following the measure specifications.
2. Identify a subject in the denominator as having an intellectual or developmental disability if:
 - a. any of the ICD-10-CM diagnosis codes in Table 1 is present on at least 1 inpatient claim

OR

- b. any of the ICD-10-CM diagnosis codes in Table 1 is present on at least 2 other (non-inpatient) non-drug claims of any service type on two separate dates of service.
- c. If (a) or (b) is met, then classify the subject as "identified as having an intellectual or developmental disability."
- d. If neither (a) nor (b) is met, then classify the subject as "not identified as having an intellectual or developmental disability."

Note: Check all diagnosis codes, regardless of position. That is, a qualifying diagnosis code does not need to be the primary diagnosis code.

- 3. Report the measure score for each sub-population: those subjects identified as having ID/DD and those subjects not identified as having ID/DD. (Other denominator criteria and the numerator criteria should follow the specifications for the measure of interest.)

Note: The denominators for the two sub-populations should be mutually exclusive. Each subject in the overall measure denominator should be classified into one of the two sub-categories (ID/DD or not ID/DD). Thus, the denominators of the measure scores for the two sub-populations should sum to the total denominator for the measure overall. The numerator for each sub-population is the subset of individuals in the denominator who meet the numerator criteria for the measure. The numerators of the measure scores for the two sub-populations should sum to the total numerator for the measure overall.

C. Steps to Report DQA Measures for ID/DD Population Alone

Some users may be interested in reporting DQA measures only for individuals with ID/DD. In this case, the overall denominator only includes individuals with ID/DD:

- 1. Identify a subject has having an intellectual or developmental disability if:
 - a. any of the ICD-10-CM diagnosis codes in Table 1 is present on at least 1 inpatient claim

OR

- b. any of the ICD-10-CM diagnosis codes in Table 1 is present on at least 2 other (non-inpatient) non-drug claims of any service type on two separate dates of service.
- c. If (a) or (b) is met, then classify the subject as "identified as having an intellectual or developmental disability."
- d. If neither (a) nor (b) is met, then classify the subject as "not identified as having an intellectual or developmental disability."

Note: Check all diagnosis codes, regardless of position. That is, a qualifying diagnosis code does not need to be the primary diagnosis code.

2. Among the population identified as having ID/DD, program the DQA measure following the specifications. When reporting the measure, note that the population is restricted to those individuals identified as having ID/DD.

D. Reporting DQA Measures for Specific ID/DD Condition Category

Measure users may be interested in reporting DQA measures for certain condition categories, such as Autism Spectrum Disorder. To do so, identify the sub-population for the denominator using only the codes in Table 1 associated with the specific condition of interest. The numerator is the subset of individuals in the denominator who meet the numerator criteria for the measure. Note that the same individual may fall into more than one of the six condition categories.

E. Reporting DQA Measures for a Special Needs Population Defined Differently from the Definition Used by the DQA

State Medicaid and Title V programs may have different methods for identifying individuals with ID/DD. The purpose of DQA measures is to provide uniform assessments of oral healthcare quality. Thus, the DQA adopted a specific definition and methodology to identify ID/DD populations to allow for standardized assessments of oral healthcare quality for the ID/DD population. Programs that use different definitions or methodologies to identify ID/DD populations may apply DQA measures to those populations. When reporting and using the measure scores that do not use the methodology adopted by the DQA, the following practices should be applied:

- Include a statement with the report that the approach for identifying the ID/DD population is different than that used by the DQA.
- Indicate the method for defining and identifying ID/DD individuals to provide appropriate context for interpreting the measure score.
- Do not compare the measure score to scores reported by other entities that use a different definition or methodology to identify ID/DD individuals.

Table 1. ICD-10-CM Diagnosis Codes to Identify Individuals with ID/DD by Condition Category

ICD-10-CM CODE	DESCRIPTION
Autism Spectrum Disorders	
F84.0	Autistic disorder
F84.3	Other childhood disintegrative disorder
F84.5	Asperger's syndrome
F84.8	Other pervasive developmental disorders
F84.9	Pervasive developmental disorder, unspecified
Cerebral Palsy	
G80.0	Spastic quadriplegic cerebral palsy
G80.1	Spastic diplegic cerebral palsy
G80.2	Spastic hemiplegic cerebral palsy
G80.3	Athetoid cerebral palsy
G80.4	Ataxic cerebral palsy
G80.8	Other cerebral palsy
G80.9	Cerebral palsy, unspecified
Intellectual Disabilities and Related Conditions	
E78.71	Barth syndrome
E78.72	Smith-Lemli-Opitz syndrome
F70	Mild intellectual disabilities
F71	Moderate intellectual disabilities
F72	Severe intellectual disabilities
F73	Profound intellectual disabilities
F78	Other intellectual disabilities
F78.A1	SYNGAP1-related intellectual disability
F78.A9	Other genetic related intellectual disability
F79	Unspecified intellectual disabilities
P04.3	Newborn affected by maternal use of alcohol
Q86.0	Fetal alcohol syndrome (dysmorphic)
Q87.11	Prader-Willi syndrome
Q87.19	Other congenital malformation syndromes predominantly associated with short stature
Q87.2	Congenital malformation syndromes predominantly involving limbs
Q87.3	Congenital malformation syndromes involving early overgrowth
Q87.5	Other congenital malformation syndromes with other skeletal changes
Q87.81	Alport syndrome
Q87.83	Bardet-Biedl syndrome
Q87.84	Laurence-Moon syndrome
Q87.85	MED13L syndrome
Q87.86	Keefstra syndrome

Q87.89	Other specified congenital malformation syndromes, not elsewhere classified
Q89.7	Multiple congenital malformations, not elsewhere classified
Q89.8	Other specified congenital malformations
Q90.0	Trisomy 21, nonmosaicism (meiotic nondisjunction)
Q90.1	Trisomy 21, mosaicism (mitotic nondisjunction)
Q90.2	Trisomy 21, translocation
Q90.9	Down syndrome, unspecified
Q91.0	Trisomy 18, nonmosaicism (meiotic nondisjunction)
Q91.1	Trisomy 18, mosaicism (mitotic nondisjunction)
Q91.2	Trisomy 18, translocation
Q91.3	Trisomy 18, unspecified
Q91.4	Trisomy 13, nonmosaicism (meiotic nondisjunction)
Q91.5	Trisomy 13, mosaicism (mitotic nondisjunction)
Q91.6	Trisomy 13, translocation
Q91.7	Trisomy 13, unspecified
Q92.0	Whole chromosome trisomy, nonmosaicism (meiotic nondisjunction)
Q92.1	Whole chromosome trisomy, mosaicism (mitotic nondisjunction)
Q92.2	Partial trisomy
Q92.5	Duplications with other complex rearrangements
Q92.61	Marker chromosomes in normal individual
Q92.62	Marker chromosomes in abnormal individual
Q92.7	Triploidy and polyploidy
Q92.8	Other specified trisomies and partial trisomies of autosomes
Q92.9	Trisomy and partial trisomy of autosomes, unspecified
Q93.0	Whole chromosome monosomy, nonmosaicism (meiotic nondisjunction)
Q93.1	Whole chromosome monosomy, mosaicism (mitotic nondisjunction)
Q93.2	Chromosome replaced with ring, dicentric or isochromosome
Q93.3	Deletion of short arm of chromosome 4
Q93.4	Deletion of short arm of chromosome 5
Q93.51	Angelman syndrome
Q93.52	Phelan-McDermid syndrome
Q93.59	Other deletions of part of a chromosome
Q93.7	Deletions with other complex rearrangements
Q93.81	Velo-cardio-facial syndrome
Q93.88	Other microdeletions
Q93.89	Other deletions from the autosomes
Q93.9	Deletion from autosomes, unspecified
Q95.2	Balanced autosomal rearrangement in abnormal individual
Q95.3	Balanced sex/autosomal rearrangement in abnormal individual
Q99.2	Fragile X chromosome

Learning Disabilities	
F80.0	Phonological disorder
F80.1	Expressive language disorder
F80.2	Mixed receptive-expressive language disorder
F80.4	Speech and language development delay due to hearing loss
F80.81	Childhood onset fluency disorder
F80.82	Social pragmatic communication disorder
F80.89	Other developmental disorders of speech and language
F80.9	Developmental disorder of speech and language, unspecified
F81.0	Specific reading disorder
F81.2	Mathematics disorder
F81.81	Disorder of written expression
F81.89	Other developmental disorders of scholastic skills
F81.9	Developmental disorder of scholastic skills, unspecified
F82	Specific developmental disorder of motor function
H93.25	Central auditory processing disorder
R48.0	Dyslexia and alexia
Other Developmental Delays	
F81.9	Developmental disorder of scholastic skills, unspecified
F82	Specific developmental disorder of motor function
F88	Other disorders of psychological development
F89	Unspecified disorder of psychological development
Spina Bifida & Other Congenital Anomalies of the Nervous System	
G90.1	Familial dysautonomia [Riley-Day]
Q00.0	Anencephaly
Q00.1	Craniorachischisis
Q00.2	Iniencephaly
Q01.0	Frontal encephalocele
Q01.1	Nasofrontal encephalocele
Q01.2	Occipital encephalocele
Q01.8	Encephalocele of other sites
Q01.9	Encephalocele, unspecified
Q02	Microcephaly
Q03.0	Malformations of aqueduct of Sylvius
Q03.1	Atresia of foramina of Magendie and Luschka
Q03.8	Other congenital hydrocephalus
Q03.9	Congenital hydrocephalus, unspecified
Q04.0	Congenital malformations of corpus callosum
Q04.1	Arhinencephaly
Q04.2	Holoprosencephaly

Q04.3	Other reduction deformities of brain
Q04.4	Septo-optic dysplasia of brain
Q04.5	Megalencephaly
Q04.6	Congenital cerebral cysts
Q04.8	Other specified congenital malformations of brain
Q04.9	Congenital malformation of brain, unspecified
Q05.0	Cervical spina bifida with hydrocephalus
Q05.1	Thoracic spina bifida with hydrocephalus
Q05.2	Lumbar spina bifida with hydrocephalus
Q05.3	Sacral spina bifida with hydrocephalus
Q05.4	Unspecified spina bifida with hydrocephalus
Q05.5	Cervical spina bifida without hydrocephalus
Q05.6	Thoracic spina bifida without hydrocephalus
Q05.7	Lumbar spina bifida without hydrocephalus
Q05.8	Sacral spina bifida without hydrocephalus
Q05.9	Spina bifida, unspecified
Q06.0	Amyelia
Q06.1	Hypoplasia and dysplasia of spinal cord
Q06.2	Diastematomyelia
Q06.3	Other congenital cauda equina malformations
Q06.4	Hydromyelia
Q06.8	Other specified congenital malformations of spinal cord
Q06.9	Congenital malformation of spinal cord, unspecified
Q07.00	Arnold-Chiari syndrome without spina bifida or hydrocephalus
Q07.01	Arnold-Chiari syndrome with spina bifida
Q07.02	Arnold-Chiari syndrome with hydrocephalus
Q07.03	Arnold-Chiari syndrome with spina bifida and hydrocephalus
Q07.8	Other specified congenital malformations of nervous system
Q07.9	Congenital malformation of nervous system, unspecified

End Notes

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