**Please read the DQA Measures User Guide prior to implementing this measure.**

**DQA Measure Technical Specifications: Administrative Claims-Based Measures**

**Oral Evaluation, Dental Services**

<table>
<thead>
<tr>
<th>Description:</th>
<th>Percentage of enrolled children under age 21 who received a comprehensive or periodic oral evaluation within the reporting year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Numerator:</td>
<td>Unduplicated number of children who received a comprehensive or periodic oral evaluation as a dental service</td>
</tr>
<tr>
<td>Denominator:</td>
<td>Unduplicated number of enrolled children under age 21</td>
</tr>
<tr>
<td>Rate:</td>
<td>NUM/DEN</td>
</tr>
</tbody>
</table>

**Rationale:** Dental caries is the most common chronic disease in children in the United States (1). For 2015–2016, prevalence of total caries (untreated and treated) was 45.8% and untreated caries was 13.0% among youth aged 2–19 years (2). Identifying caries early is important to reverse the disease process, prevent progression of caries, and reduce incidence of future lesions. Approximately three quarters of children younger than age 6 years did not have at least one visit to a dentist in the previous year (3).


**National Quality Forum Domain:** Process

**Institute of Medicine Aim:** Equity, Effectiveness

**National Quality Strategy Priority:** Health and Wellbeing

**Level of Aggregation:** Health Plan/Program

**Improvement Noted As:** A higher score indicates better quality.

**Data Required:** Administrative enrollment and claims data; single year. When using claims data to determine service receipt, include both paid and unpaid claims (including pending, suspended, and denied claims).

**Measure Purpose:** Examples of questions that can be answered through this measure at each level of aggregation:

1. What is the percentage of children who received a comprehensive or periodic oral evaluation as a dental service during the reporting period?
2. Overtime, does the percentage of children who receive a comprehensive or periodic oral evaluation stay stable, increase, or decrease?

Applicable Stratification Variables

1. Age: <1; 1-2; 3-5; 6-7; 8-9; 10-11; 12-14; 15-18; 19-20

Oral Evaluation Calculation

1. Check if the enrollee meets age criterion at the last day of the reporting year:
   a. If age criterion is met, then proceed to next step.
   b. If age criterion is not met or there are missing or invalid field codes (e.g., date of birth), then STOP processing. This enrollee does not get counted in the denominator.

2. Check if subject is continuously enrolled for at least 180 days during the reporting year:
   a. If subject meets continuous enrollment criterion, then include in denominator; proceed to next step.
   b. If subject does not meet enrollment criterion, then STOP processing. This enrollee does not get counted in the denominator.

YOU NOW HAVE THE DENOMINATOR (DEN) COUNT: All enrollees who meet age and enrollment criteria

3. Check if subject received an oral evaluation as a dental service during the reporting year:
   a. If [CDT CODE] = D0120 or D0150 or D0145, AND
   b. If [RENDERING PROVIDER TAXONOMY] code = any of the NUCC maintained Provider Taxonomy Codes in Table 1 below, then include in numerator; proceed to next step.
   c. If both a AND b are not met, then the service was not provided as a “dental service”; STOP processing. This enrollee is already included in the denominator but will not be included in the numerator.

   Note: In this step, all claims with missing or invalid CDT CODE, missing or invalid NUCC maintained Provider Taxonomy Codes, or NUCC maintained Provider Taxonomy Codes that do not appear in Table 1 should not be included in the numerator.

YOU NOW HAVE NUMERATOR (NUM) COUNT: Enrollees who received an oral evaluation as a dental service
4. Report
   a. Unduplicated number of enrollees in numerator
   b. Unduplicated number of enrollees in denominator
   c. Measure rate (NUM/DEN)
   d. Rate stratified by age

**Table 1: NUCC maintained Provider Taxonomy Codes classified as “Dental Service”**

<table>
<thead>
<tr>
<th>Code</th>
<th>Code</th>
<th>Code</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>122300000X</td>
<td>1223P0106X</td>
<td>1223X0008X</td>
<td>125Q00000X</td>
</tr>
<tr>
<td>1223D0001X</td>
<td>1223P0221X</td>
<td>1223X0400X</td>
<td>261Q0400X</td>
</tr>
<tr>
<td>1223D0004X</td>
<td>1223P0300X</td>
<td>124Q00000X*</td>
<td>261Q1300X</td>
</tr>
<tr>
<td>1223E0200X</td>
<td>1223P0700X</td>
<td>125J00000X</td>
<td>1223X2210X</td>
</tr>
<tr>
<td>1223G0001X</td>
<td>1223S0112X</td>
<td>125K00000X</td>
<td></td>
</tr>
</tbody>
</table>

*Services provided by County Health Department dental clinics may also be included as “dental” services.

“Only dental hygienists who provide services under the supervision of a dentist should be classified as “dental” services. Services provided by independently practicing dental hygienists should be classified as “oral health” services and are not applicable for this measure.

*** Note: Reliability of the measure score depends on the quality of the data that are used to calculate the measure. The percentages of missing and invalid data for these data elements 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. For example, records with missing or invalid CDT CODE may be counted in the denominator but not in the numerator. These records are assumed to not have had a qualifying service. In this case, a low quality data set will result in a low measure score and will not be reliable.***
Check age eligibility

No/ Missing/ Invalid field codes

Qualifying age at last day of reporting year?

Yes

Continuously enrolled for at least 180 days?

Yes

DEN: all enrollees who meet the age and enrollment criteria

Yes

Oral Evaluation?

Yes

Dental Service?

Yes

NUM: enrollees who had an oral evaluation as a dental service

STOP

Medicaid/CHIP use <21; Exchange plans use <19; others consult program officials.

NC Not Counted

No/ Missing/ Invalid Field Codes
Dental Quality Alliance Measures (Measures) and related data specifications, developed by the Dental Quality Alliance (DQA), are intended to facilitate quality improvement activities. These Measures are intended to assist stakeholders in enhancing quality of care. These performance Measures are not clinical guidelines and do not establish a standard of care. The DQA has not tested its Measures for all potential applications. Measures are subject to review and may be revised or rescinded at any time by the DQA. The Measures may not be altered without the prior written approval of the DQA. The DQA shall be acknowledged as the measure steward in any and all references to the measure. Measures developed by the DQA, while copyrighted, can be reproduced and distributed, without modification, for noncommercial purposes. Commercial use is defined as the sale, license, or distribution of the Measures for commercial gain, or incorporation of the Measures into a product or service that is sold, licensed or distributed for commercial gain. Commercial uses of the Measures require a license agreement between the user and DQA. Neither the DQA nor its members shall be responsible for any use of these Measures.

THE MEASURES ARE PROVIDED “AS IS” WITHOUT WARRANTY OF ANY KIND

Limited proprietary coding is contained in the Measure specifications for convenience.

For Proprietary Codes:
The code on Dental Procedures and Nomenclature is published in Current Dental Terminology (CDT), Copyright © 2020 American Dental Association (ADA). All rights reserved.
This material contains National Uniform Claim Committee (NUCC) Health Care Provider Taxonomy codes (http://www.nucc.org/index.php?option=com_content&view=article&id=14&Itemid=125). Copyright © 2020 American Medical Association. All rights reserved.

Users of the proprietary code sets should obtain all necessary licenses from the owners of these code sets. The DQA, American Dental Association (ADA), and its members disclaim all liability for use or accuracy of any terminologies or other coding contained in the specifications.

THE SPECIFICATIONS ARE PROVIDED “AS IS” WITHOUT WARRANTY OF ANY KIND