Periodontal evaluation in adults with chronic periodontitis

**Metric Information**

**Metric description:** The percentage of Medicaid beneficiaries, 30 years of age and older, with history of periodontitis who received a comprehensive or periodic oral evaluation or a comprehensive periodontal evaluation within the measurement year.

**Metric specification version:** Dental Quality Alliance® Dental Quality Measures 2019

**Data collection method:** Administrative only.

**Data source:** ProviderOne Medicaid claims/encounter and enrollment data.

**Claim status:** Include only final paid claims or accepted encounters in metric calculation.

**Identification window:** Measurement year and three years prior to the measurement year (to identify chronic periodontitis).

**Direction of quality improvement:** Higher is better.


**DSRIP Program Summary**

**Metric utility:** ACH Project P4P ■ ACH High Performance □ DSRIP statewide accountability □

**ACH Project P4P – Metric results used for achievement value:** Single metric result.

**ACH Project P4P – improvement target methodology:** Improvement over self (1.9% improvement over reference baseline performance).

**ACH regional attribution:** Residence in the ACH region for 7 out of 12 months in the measurement year.

**DSRIP Metric Details**

**Eligible Population**

<table>
<thead>
<tr>
<th>Age</th>
<th>30 years and older. Age is as of the last day of the measurement year.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gender</td>
<td>N/A</td>
</tr>
<tr>
<td>Minimum Medicaid enrollment</td>
<td>Continuous enrollment of 6 months. If individual has multiple enrollment spells, the longest enrollment spell is used to assess continuous eligibility.</td>
</tr>
</tbody>
</table>
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<table>
<thead>
<tr>
<th>Allowable gap in Medicaid enrollment</th>
<th>No allowable gap in enrollment.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medicaid enrollment anchor date</td>
<td>No anchor date.</td>
</tr>
<tr>
<td>Medicaid benefit and eligibility</td>
<td>Includes Medicaid beneficiaries with comprehensive medical benefits. Excludes beneficiaries that are eligible for both Medicare and Medicaid and beneficiaries with primary insurance other than Medicaid.</td>
</tr>
</tbody>
</table>

**Denominator:**

*Data elements required for denominator:* Medicaid beneficiaries, aged 30 and older as of the last day of the measurement year meeting the above eligibility criteria and meets the following criteria for identification of chronic periodontitis:
- Has a CDT Code identifying chronic periodontitis in the measurement year;  
  OR
- Has a CDT code indicating chronic periodontitis in the three years prior to the measurement year.

*Value sets required for denominator.*

<table>
<thead>
<tr>
<th>Name</th>
<th>Value Set</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chronic periodontitis</td>
<td>D4341 D4342 D4910</td>
</tr>
</tbody>
</table>

*Required exclusions for denominator.*
- Eligible population exclusions are listed in the eligible population table above.
- Metric specific exclusions:
  - Beneficiaries in hospice care.

*Deviations from cited specifications for denominator.*
- None.

**Numerator:**

Beneficiaries must qualify for inclusion in the denominator to be eligible for inclusion in the numerator.

*Data elements required for numerator:* Medicaid beneficiaries, aged 30 and older as of the last day of the measurement year meeting the above eligibility criteria, meets the above criteria for identification of chronic periodontitis, and meets the following criteria:
- Received a periodontal evaluation or comprehensive or periodic oral evaluation

*Value sets required for numerator.*

<table>
<thead>
<tr>
<th>Name</th>
<th>Value Set</th>
</tr>
</thead>
<tbody>
<tr>
<td>Comprehensive oral evaluation</td>
<td>D0150</td>
</tr>
</tbody>
</table>
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| Periodic oral evaluation | D0120 |

Required exclusions for numerator.
- None

Deviations from cited specifications for numerator.
- None

Version Control

**July 2018 release:** The specification was updated to Dental Quality Alliance 2018 specifications. This update also includes: (1) matching current billing practices (non-covered codes removed); (2) revised ACH regional attribution methodology to seven out of twelve months residency.

**January 2019 update:** The specification was updated to include a metric specific exclusion of beneficiaries in hospice care. This updated was made to maintain consistency with HEDIS® metric requirements. This change is expected to make a minimal or no impact on metric results.

**August 2019 update:** The specification sheet has been updated to reflect the current version of the technical specification from the measure steward. No substantive changes were made to the DSRIP Metric Details.