

Measure specifications: Primary Caries Prevention Intervention as Offered by Medical Provider: Topical Fluoride Application Delivered by Non-Dental Health Professional

Metric information

Metric description: The percentage of Medicaid beneficiaries, 5 years of age and younger, who received a topical fluoride application by a professional provider (non-dental medical provider) during any medical visit.

Metric specification version: Washington Health Care Authority, 2018.

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.

Direction of quality improvement: Higher is better.

URL of specifications: N/A

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

Measure	Description
Age	5 years of age and under. Age is as of the last day of the measurement year.
Gender	N/A
Minimum Medicaid enrollment	At least one month of Medicaid enrollment during the measurement year.
Allowable gap in Medicaid enrollment	N/A

Medicaid enrollment anchor date	N/A
Medicaid benefit and eligibility	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.

Denominator

Data elements required for denominator: Medicaid beneficiaries, aged 5 and younger as of the last day of the measurement year, meeting the above eligibility criteria.

Required exclusions for denominator.

- Eligible population exclusions are listed in the eligible population table above.
- Metric specific exclusions:
 - o 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 who received at least one topical fluoride service by any professional, non-dental provider during a visit in the measurement year.

- Professional, non-dental provider is defined as a servicing/rendering provider that is not included in the NUCC maintained Provider Taxonomy Codes value set.

Value sets required for the numerator:

Name	Value Set
Fluoride application	CDT code: D1206, D1208 CPT: 99188
NUCC maintained Provider Taxonomy Codes	122300000X 1223P0106X 1223X0008X 125Q00000X 126800000X 1223D0001X 1223P0221X 1223X0400X 261QF0400X 261QD0000X 1223D0004X 1223P0300X 124Q00000X 261QR1300X 204E00000X 1223E0200X 1223P0700X 125J00000X 1223X2210X 261QS0112X 1223G0001X 1223S0112X 125K00000X 122400000X

Required exclusions for numerator.

- None

Deviations from cited specifications for numerator.

Version control

July 2018 release: The Primary Caries Prevention Intervention measure has undergone significant revision to match the Washington health care context. This update includes: (1) matching current billing practices (non-covered codes removed); (2) defining non-dental health professionals; and (3) revised ACH regional attribution methodology to seven out of twelve months residency.

A prior version of this metric specified the inclusion of services that occurred during a primary care or well/ill child visit. The metric criteria is now broadened to include all topical fluoride applications provided by any non-dental professional provider (nurse practitioners, physician assistants, family practitioners, pediatricians, nurses, medical assistants) during a medical visit.

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 2022 update: The list of NUCC maintained provider taxonomy codes classified as “dental service” has been updated.

August 2023 update: No substantive changes were made to the DSRIP Metric Details.