

Preventive dental services for children aged 1-5 and 6-14

OHA technical specifications¹

Who: All patients who will turn age 1–14 years old and who have been continuously enrolled with the CCO for at least 180 days during the measurement year.

Why: Cavities are the most common chronic childhood disease and are preventable. Poor oral health has been linked to chronic pain, lost school days, and avoidable visits to the emergency department. Oral health can also affect speech, nutrition, growth and function, social development. Ensuring all children have access to dental health care during these formative years is important to their overall health and quality of life.

What: All patients who will be age 1–14 years by the end of the 2022 calendar year who are continuously enrolled with the CCO for at least 180 days and have at least one preventive dental service with either a dental or non-dental provider.

This measure is reported using two separate age stratification: patients aged 1–5 years and 6–14 years, who received a preventive dental service during the measurement year. Both age stratification groups must meet either the state benchmark or CCO improvement target to comply with this incentive measure.

How:

- Integrate fluoride varnish application workflows into your clinic. Fluoride varnish application billed in the primary care clinic can count for this measure.
- Provide oral health education and messaging about the importance of completing a dental visit during all physical health wellness visits. Incorporate simple oral health screening questions to evaluate the need for a referral to dental care. For patients needing dental care, place a referral either through CareOregon’s provider portal or your clinic’s internal referral process.
- Utilize your behavioral health clinician (BHC) to support children and families for successful dental visits:
 - BHC asks families and/or scrubs their schedule to identify children in need of dental appointment when they’re in clinic for their BHC appointment. Those who need appointment are connected for scheduling.
 - BHC provides supports for family implementing healthy behaviors (e.g., brushing routines, eliminating bottles, etc.).
- Refer to CCO-specific dental resources for both providers and members that are available on line or in print for each region. These brochures explain the importance of oral health, the dental benefit package and how to connect to your dental plan. For additional dental support, refer to your region’s resources below.
 - Reach out to your clinic’s assigned Quality Improvement Analyst, Innovation Specialist, or Dental Innovation Specialist for further technical assistance and support.



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Exclusions: N/A

Coding

Diagnosis codes do not have to be primary.

Preventive dental services:

- CDT codes D1000 – D1999 billed by dental providers, Federally Qualified Health Centers, or Rural Health Centers.
- Preventive Oral Health Services: CDT codes D1000 – D1999 or CPT code 99188 billed by non-dental providers.

Resources

CareOregon Dental: [Provider Prevention Education – Member Prevention Education](#)

Jackson Care Connect Dental: [Provider Prevention Education – Member Prevention Education](#)

Columbia Pacific CCO Dental: [Provider Prevention Education – Member Prevention Education](#)

Frequently asked questions

Q: Can a member qualify for the denominator for two separate CCOs?

A: Yes, if the member switched from one CCO to another and had continuous enrollment for at least 180 days (i.e., 6 months) in the same year with both CCOs. The numerator services are attributed independently to the CCOs that paid and submitted the claim; thus, the member would not automatically count in the numerator for both CCOs, but only that CCO which paid the claims for the preventive service.

Q: Will services provided by dental hygienists count if they are not under supervision of a dentist?

A: Yes. Although the technical specifications state that “services provided by dental hygienists should only be counted when they are under supervision of a dentist,” the OHA does not adopt this requirement because administrative claims data generally do not indicate supervision between health care providers.

Q: Does a First Tooth visit count as a preventive dental service for this measure?

A: CPT code 99188 (topical fluoride varnish) billed with a First Tooth visit on a medical claim does count towards the metric numerator. For additional support, please reach out to your dental innovation specialist.

Q: Do Telehealth visits count toward the metric?

A: This measure is eligible for telehealth/teledentistry. Some qualifying services such as D1310 ‘nutritional counseling’ and D1330 ‘oral hygiene instructions’ may be delivered in a teledentistry visit but are subject to providers’ determination whether required components can be provided equivalent to an in-person visit.



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Performance Measure Set:

CCO Incentive Metric Medicare Star Rating

Quality Measurement Type:

Structure Process Outcome Patient Experience

Data Type:

Claims Chart Documentation eCQM Survey Other

State Benchmark:

Preventive Dental Services, Ages 1-5: 43.1% (2020 CCO 75th percentile)

Preventive Dental Services, Ages 6-14: 52.0% (2020 CCO 75th percentile)

CCOs must meet benchmark or improvement target for one of the age groups to achieve measure.

¹[https://www.oregon.gov/oha/HPA/ANALYTICS/CCOMetrics/2023-specs-\(Preventive-Dental-or-Oral\)-Ver2-2023.02.28.pdf](https://www.oregon.gov/oha/HPA/ANALYTICS/CCOMetrics/2023-specs-(Preventive-Dental-or-Oral)-Ver2-2023.02.28.pdf)