

**Dental Plan  
Performance Measure Specifications Manual  
For July 1, 2025 Reporting**

**Emergency Department-related Dental Measures – Please note:**

If the dental plan does not have claims/encounter data for emergency department services, the dental plan must use Encounter Notification Service (ENS) data for emergency department-related dental measures to submit for July 1, 2025 reporting.

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**Agency- Defined Measures**

**Follow-up with Dentist after Dental-Related Emergency Departments Visits**

**Description:** The percentage of dental-related emergency department (ED) visits for members 0 through 20 years that received a follow-up visit with a dentist within 30 days of the ED visit.

**Continuous enrollment:** Date of discharge through 30 days after discharge.

**Data Collection Method:** Administrative

**Denominator:** The number of dental-related ED visits in the reporting period.

**Numerator:** The number of dental-related ED visits in the reporting period after which the member visited a dentist within 30 days of the dental-related ED visit (31 total days).

**Denominator Calculation**

1. Identify all dental-related ED visits occurring during eligible member months during the reporting period. Dental-related ED visits are those with diagnosis codes in the following table.
  - a. Exclude dental-related ED visits that result in inpatient admissions.
  - b. Exclude dental-related ED visits that occur < 30 days before the end of the reporting period.
  - c. Count only one dental-related ED visit per member per day
  - d. Members must be enrolled on date of dental-related ED visit and through 30 days following the visit.
  - e. Sum the number of dental-related ED visits.

<b>Diagnosis Code</b>	<b>Diagnosis Code Description (full)</b>
A69.0	Necrotizing Ulcerative Stomatitis
K00.0	Anodontia
K00.1	Supernumerary teeth
K00.2	Abnormalities of size and form of teeth

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<b>Diagnosis Code</b>	<b>Diagnosis Code Description (full)</b>
K00.5	Hereditary disturbances in tooth structure, NEC
K00.6	Disturbances in tooth eruption
K00.8	Other disorders of tooth development
K00.9	Disorder of tooth development, unspecified
K01.0	Embedded and impacted teeth
K01.1	Impacted teeth
K02.3	Arrested dental caries
K02.51	Dental caries on pit and fissure surface limited to enamel
K02.52	Dental caries on pit and fissure surface penetrating into dentin
K02.53	Dental caries on pit and fissure surface penetrating into pulp
K02.61	Dental caries on smooth surface limited to enamel
K02.62	Dental caries on smooth surface penetrating into dentin
K02.63	Dental caries on smooth surface penetrating into pulp
K02.7	Dental root caries
K02.9	Dental caries, unspecified
K03.0	Excessive attrition of teeth
K03.1	Abrasion of teeth
K03.2	Erosion of teeth
K03.81	Cracked tooth
K03.89	Other specified diseases of hard tissues of teeth
K03.9	Disease of hard tissues of teeth, unspecified
K04.01	Reversible pulpitis
K04.02	Irreversible pulpitis
K04.1	Necrosis of pulp
K04.2	Pulp degeneration
K04.3	Abnormal hard tissue formation in pulp
K04.4	Acute apical periodontitis of pulpal origin
K04.5	Chronic apical periodontitis
K04.6	Periapical abscess with sinus
K04.7	Periapical abscess without sinus
K04.8	Radicular cyst
K04.90	Unspecified diseases of pulp and periapical tissues
K04.99	Other diseases of pulp and periapical tissues
K05.00	Acute gingivitis, plaque induced
K05.01	Acute gingivitis, non-plaque induced
K05.10	Chronic gingivitis, plaque induced
K05.11	Chronic gingivitis, non-plaque induced

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<b>Diagnosis Code</b>	<b>Diagnosis Code Description (full)</b>
K05.20	Aggressive periodontitis, unspecified
K05.30	Chronic periodontitis, unspecified
K05.5	Other periodontal diseases
K05.6	Periodontal disease, unspecified
K06.0	Gingival recession
K06.1	Gingival enlargement
K08.101	Complete loss of teeth, unspecified cause, class I
K08.102	Complete loss of teeth, unspecified cause, class II
K08.109	Complete loss of teeth, unspecified cause, unspecified class
K08.20	Unspecified atrophy of edentulous alveolar ridge
K08.3	Retained dental root
K08.401	Partial loss of teeth, unspecified cause, class I
K08.409	Partial loss of teeth, unspecified cause, unspecified class
K08.439	Partial loss of teeth due to caries, unspecified class
K08.499	Partial loss of teeth due to other specified cause, unspecified class
K08.50	Unsatisfactory restoration of tooth, unspecified
K08.51	Open restoration margins of tooth
K08.530	Fractured dental restorative material without loss of material
K08.531	Fractured dental restorative material with loss of material
K08.55	Allergy to existing dental restorative material
K08.59	Other unsatisfactory restoration of tooth
K08.89	Other specified disorders of teeth and supporting structures
K08.9	Disorder of teeth and supporting structures, unspecified
K09.0	Developmental odontogenic cysts
K09.1	Developmental (nonodontogenic) cysts of oral region
K09.8	Other cysts of oral region, not elsewhere classified
K11.0	Atrophy of salivary gland
K11.1	Hypertrophy of salivary gland
K11.20	Sialoadenitis, unspecified
K11.3	Abscess of salivary gland
K11.5	Sialolithiasis
K11.6	Mucocele of salivary gland
K11.8	Other diseases of salivary glands
K12.0	Recurrent oral aphthae
K12.1	Other forms of stomatitis
K12.2	Cellulitis and abscess of mouth
K12.30	Oral mucositis (ulcerative), unspecified

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<b>Diagnosis Code</b>	<b>Diagnosis Code Description (full)</b>
K12.31	Oral mucositis (ulcerative) due to antineoplastic therapy
K12.32	Oral mucositis (ulcerative) due to other drugs
K12.33	Oral mucositis (ulcerative) due to radiation
K12.39	Other oral mucositis (ulcerative)
K13.0	Diseases of lips
K13.21	Leukoplakia of oral mucosa, including tongue
K13.29	Other disturbances of oral epithelium, including tongue
K13.70	Unspecified lesions of oral mucosa
K13.79	Other lesions of oral mucosa
K14.0	Glossitis
K14.1	Geographic tongue
K14.3	Hypertrophy of tongue papillae
K14.4	Atrophy of tongue papillae
K14.5	Plicated tongue
K14.6	Glossodynia
K14.8	Other diseases of tongue
K14.9	Disease of tongue, unspecified
M26.30	Unspecified anomaly of tooth position of fully erupted tooth or teeth
M26.34	Vertical displacement of fully erupted tooth or teeth
M26.39	Other anomalies of tooth position of fully erupted tooth or teeth
M27.2	Inflammatory conditions of jaws
M27.3	Alveolitis of jaws
M27.51	Perforation of root canal space due to endodontic treatment
M27.52	Endodontic overfill
M27.53	Endodontic underfill
M27.59	Oth periradicular pathology assoc w prev endodontic trtmt

### **Numerator Calculation**

#### **30-day follow up**

2. Check if the member had a visit with a dentist (dental service) within 30 days of the dental-related ED visit (31 total days):
  - a. If [ CDT CODE ] = D0100-D9999 (any dental service), and
  - b. [ DATE OF ED VISIT ] – [ DATE OF DENTAL VISIT ] < 30 days, AND
    - i. Note: If two or more dental-related ED visits occur for the same member within 30 days of one another, then use the **first** ED visit as the index date for follow-up. Both the ED visits will count in the denominator. A follow-up dental visit within 30 days for the **first** ED visit will be counted **once** in the numerator.

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- c. If [ RENDERING PROVIDER TAXONOMY] code = any of the NUCC maintained Provider Taxonomy Codes in Table 1 below, then proceed to next step (#3).
  - d. If a **AND b AND c** are not met, then the service was not a “follow-up dental service”; STOP processing. This ED visit is already included in the denominator but will not be included in the subsequent counts.
    - i. 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 be excluded.
3. Report
- a. Unduplicated count of dental-related ED visits with 30-day follow-up visit with a dentist in numerator
  - b. Unduplicated count of dental-related ED visits in denominator
  - c. One rate should be calculated:
    - i. 30-day follow-up numerator/ denominator

**Note:** Plans that do not use standard NUCC maintained provider taxonomy codes should use a valid mapping to identify providers whose services would be categorized as “dental” services. Stand-alone dental plans that reimburse ONLY for services rendered by or under the supervision of the dentist can consider all claims as “dental” services.

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

122300000X	1223P0106X	1223X0008X	125Q00000X
1223D0001X	1223P0221X	1223X0400X	261QF0400X
1223D0004X	1223P0300X	124Q00000X+	261QR1300X
1223E0200X	1223P0700X	125J00000X	
1223G0001X	1223S0112X	125K00000X	

### **Preventive Dental Services (PDENT)**

The Agency will calculate this for the plan using the plan-reported, audited Well-Child Visit Report.

**Description:** The percentage of individuals ages 1-20 who are enrolled in the plan, who received at least one preventive dental service during the reporting period.

**Denominator:** The total unduplicated number of individuals ages 1-20 that have been continuously enrolled in the plan for at least 90 days and are eligible to received EPSDT services. *Note: this is the data from Line 1b of the Well-Child Visit Report/CMS-416 Report.*

**Numerator:** The unduplicated number of individuals receiving at least one preventive dental service by or under the supervision of a dentist as defined by HCPCS codes D1000-D1999 (or equivalent CDT codes D1000-D1999 or equivalent CPT codes, that is, only those CPT codes that are for preventive dental services and only if provided by or under the supervision of a dentist), based on an unduplicated paid, unpaid, or denied claim. *Note: this is the data from Line 12b of the Well-Child Visit Report/CMS-416 Report.*

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### **Annual Dental Visit (ADV-AD)**

Please refer to the National Committee for Quality Assurance's HEDIS Measurement Year 2022 Technical Specifications for Health Plans for this measure.

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### **Dental Quality Alliance**

For Ambulatory Care Sensitive Emergency Department Visits for Dental Caries in Children, Follow-up after Emergency Department Visits for Dental Caries in Children, Treatment Services, Caries Risk Documentation, and Ambulatory Care Sensitive ED Visits for Non-Traumatic Dental Conditions in Adults, please refer to the most recent version of the Dental Quality Alliance specifications. Below is the link:

[DQA Dental Quality Measures | American Dental Association \(ada.org\)](https://www.ada.org/2022/01/05/newsroom/dental-quality-alliance-specifications)

These measures should be reported on the calendar year (January 1 – December 31).

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### **CMS Child Core Set**

For Sealant Receipt on Permanent 1<sup>st</sup> Molars (SFM-CH), Oral Evaluation (OEV-CH), and Topical Fluoride for Children (TFL-CH), please refer to the Medicaid and CHIP Child Core Set Technical Specifications and Resource Manual that was released by CMS in January 2024 (Updated August 2024). Below is the link:

[Core Set of Children's Health Care Quality Measures for Medicaid and CHIP \(Child Core Set\) Technical Specifications and Resource Manual for Federal Fiscal Year 2024 Reporting](https://www.cms.gov/medicaid-CHIP-resources/child-core-set/child-core-set-technical-specifications-and-resource-manual)