

Measure specifications: Utilization of Dental Services

Metric information

Metric description: The percentage of Medicaid beneficiaries of all ages who received at least one dental service within the reporting year.

Metric specification version: The Dental Quality Alliance® produces specifications for persons aged 0-20 years. Expansion of Dental Quality Alliance® Dental Quality Measure 2022.

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: The Dental Quality Alliance® produces specifications for persons aged 0-20 years. The HCA expansion of this metric to the 21 years and up age band follows the same specifications: [Dental quality measures](#)

Metric details

Eligible population

| Measure | Description |
|--------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Age | All ages. Age is as of the last day of the measurement year. |
| Gender | N/A |
| Minimum Medicaid enrollment | Continuous enrollment of 6 months. If individual has multiple enrollment spells, the longest enrollment spell is used to assess continuous eligibility. |
| Allowable gap in Medicaid enrollment | No allowable gap. |
| Medicaid enrollment anchor date | No anchor date. |
| 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 meeting the eligibility criteria above.

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.

- Expansion to ages 21 and up.

Numerator

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

Data elements required for numerator: Medicaid beneficiaries, of all ages, meeting the above eligibility criteria, and meets BOTH of the following criteria:

- Received a dental service during the measurement year.
- **AND** servicing/rendering provider taxonomy code of dental service includes any of the NUCC maintained Provider Taxonomy Codes.

Value sets required for numerator.

| Name | Value Set |
|------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Dental service | D0100 – D9999 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.

- 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) revision of 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 update 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 has been updated to the most recent version.

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

November 2024 update: MTP 1.0 DSRIP related criteria have been removed from metric production calculations. The metric aligns with HEDIS specifications.