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.

**Identification window:** Measurement year.

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

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

**URL of specifications:** N/A

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**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.

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**DSRIP Metric Details**

<table>
<thead>
<tr>
<th>Eligible Population</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Age</strong></td>
</tr>
<tr>
<td>5 years of age and under. Age is as of the last day of the measurement year.</td>
</tr>
<tr>
<td><strong>Gender</strong></td>
</tr>
<tr>
<td>N/A</td>
</tr>
<tr>
<td><strong>Minimum Medicaid enrollment</strong></td>
</tr>
<tr>
<td>At least one month of Medicaid enrollment during the measurement year.</td>
</tr>
</tbody>
</table>
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<table>
<thead>
<tr>
<th>Allowable gap in Medicaid enrollment</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medicaid enrollment anchor date</td>
<td>N/A</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 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:
  - 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:*

<table>
<thead>
<tr>
<th>Name</th>
<th>Value Set</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fluoride application</td>
<td>CDT code: D1206, D1208 CPT: 99188</td>
</tr>
<tr>
<td>NUCC maintained Provider Taxonomy Codes</td>
<td>122300000X 1223P0106X 1223X0008X 125Q00000X 1223D0001X 1223P0221X 1223Q0400X 261Q0400X 1223D0004X 1223P0300X 124Q00000X 261QR1300X 1223E0200X 1223P0700X 125J00000X 1223G0001X 1223S0112X 125J00000X 1223E0200X 1223P0700X 125J00000X 1223G0001X 1223S0112X 125K00000X</td>
</tr>
</tbody>
</table>
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**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 2019 update:** No substantive changes were made to the DSRIP Metric Details.

**August 2020 update:** No substantive changes were made to the DSRIP Metric Details.

**August 2021 update:** The specification sheet has been updated to reflect the current version of the technical specification from the measure steward.