

Periodontal Evaluation in Adults with Chronic Periodontitis

Metric Information

Metric description: The percentage of Medicaid beneficiaries, 30 years of age and older, with history of periodontitis who received a comprehensive or periodic oral evaluation or a comprehensive periodontal evaluation within the measurement year.

Metric specification version: Dental Quality Alliance® Dental Quality Measures 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 and three years prior to the measurement year (to identify chronic periodontitis).

Direction of quality improvement: Higher is better.

URL of specifications: https://www.ada.org/-/media/project/ada-organization/ada/ada-org/files/resources/research/dqa/dental-quality-measures/2022-measures/2022_periodontal_evaluation.pdf

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	
Age	30 years and older. 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.

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Allowable gap in Medicaid enrollment	No allowable gap in enrollment.
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, aged 30 and older as of the last day of the measurement year meeting the above eligibility criteria and meets the following criteria for identification of chronic periodontitis:

- Has a CDT Code identifying chronic periodontitis in the measurement year;
- OR**
- Has a CDT code indicating chronic periodontitis in the three years prior to the measurement year.

Value sets required for denominator.

Name	Value Set
Chronic periodontitis	D4341 D4342 D4910 D4240 D4241 D4260 D4261
Completely Edentulous	D5110 or D5130 or D5810 or D5410 or D5512 or D5710 or D5730 or D5750 AND D5120 or D5140 or D5811 or D5411 or D5511 or D5711 or D5731 or D5751

Required exclusions for denominator.

- Eligible population exclusions are listed in the eligible population table above.
- Metric specific exclusions:
 - o Subject is completely edentulous
 - 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, aged 30 and older as of the last day of the measurement year meeting the above eligibility criteria, meets the above criteria for identification of chronic periodontitis, and meets the following criteria:

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- Received a periodontal evaluation or comprehensive or periodic oral evaluation

Value sets required for numerator.

Name	Value Set
Comprehensive oral evaluation	D0150
Periodic oral evaluation	D0120
Comprehensive Periodontal Evaluation	D0180

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) revised 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 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 specification was updated to exclude clients who are completely edentulous from the numerator. Value set for denominator has been updated. Comprehensive periodontal evaluation CPT code has been add to value set for the numerator.