

# 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

## 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	5 years of age and under. Age is as of the last day of the measurement year.
Gender	N/A
Minimum Medicaid enrollment	At least one month of Medicaid enrollment during the measurement year.

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Allowable gap in Medicaid enrollment	N/A
Medicaid enrollment anchor date	N/A
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 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:
  - 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 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:*

Name	Value Set
Fluoride application	CDT code: D1206, D1208 CPT: 99188
NUCC maintained Provider Taxonomy Codes	122300000X 1223P0106X 1223X0008X 125Q00000X 126800000X 1223D0001X 1223P0221X 1223X0400X 261QF0400X 261QD0000X 1223D0004X 1223P0300X 124Q00000X 261QR1300X 204E00000X

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	1223E0200X 1223P0700X 125J00000X 1223X2210X 261QS0112X 1223G0001X 1223S0112X 125K00000X 122400000X
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*Required exclusions for numerator.*

- None

*Deviations from cited specifications for numerator.*

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### 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 2022 update: The list of NUCC maintained provider taxonomy codes classified as “dental service” has been updated.