

Preventive Dental Services for Children aged 1-5 and 6-14

[Link to finalized OHA technical specifications](#)

Who: All patients who will turn age 1–14 years old and who have been continuously enrolled with the CCO for at least 180 days during the measurement year.

Why: Cavities are the most common chronic childhood disease and are preventable. Poor oral health has been linked to chronic pain, lost school days, and avoidable visits to the emergency department. Oral health can also affect speech, nutrition, growth and function, and social development. Ensuring all children have access to dental health care during these formative years is important to their overall health and quality of life.

What: All patients who will be age 1–14 years by the end of the 2025 calendar year who are continuously enrolled with the CCO for at least 180 days and have at least one preventive dental service with either a dental or non-dental provider.

This measure is reported using two separate age stratification: patients aged 1–5 years (kindergarten readiness) and 6–14 years, who received a preventive dental service during the measurement year. Both age stratification groups must meet either the state benchmark or CCO improvement target to comply with this incentive measure.

How:

- Integrate fluoride varnish application workflows into your clinic. Fluoride varnish application billed in the primary care clinic can count for this measure.
- Provide oral health education and messaging about the importance of completing a dental visit during all physical health wellness visits. Incorporate simple oral health screening questions to evaluate the need for a referral to dental care. For patients needing dental care, place a referral either through CareOregon’s provider portal or your clinic’s internal referral process.
- Utilize your behavioral health clinician (BHC) to support children and families for successful dental visits:
- BHC asks families and/or scrubs their schedule to identify children in need of dental appointment when they’re in clinic for their BHC appointment. Those who need appointment are connected for scheduling.
- BHC provides supports for family implementing healthy behaviors (e.g., brushing routines, eliminating bottles, etc.).
- Refer to CCO-specific dental resources for both providers and members that are available online or in print for each region. These brochures explain the importance of oral health, the dental benefit package and how to connect to your dental plan. For additional dental support, refer to your region’s resources [below](#).
- Reach out to your clinic’s assigned Quality Improvement Analyst, Innovation Specialist, or Oral Health Clinical Portfolio Manager for further technical assistance and support.

Exclusions: N/A

Coding:

- **Numerator 1 -- Preventive Dental Services:** CDT codes D1000 – D1999 billed by dental providers, Federally Qualified Health Centers, or Rural Health Centers. This rate is for reporting only.
- **Numerator 2 -- Preventive Oral Health Services:** CDT codes D1000 – D1999 or CPT code 99188 billed by non-dental providers. This rate is for reporting only.
- **Numerator 3 – Preventive Oral Health Services:** CDT codes D1000 – D1999 or CPT code 99188 billed by ANY provider. This rate is the incentivized measure.

Frequently Asked Questions: Preventive Dental for Ages 1-14

Q: Can a member qualify for the denominator for two separate CCOs?

A: Yes, if the member switched from one CCO to another and had continuous enrollment for at least 180 days (i.e., 6 months) in the same year with both CCOs. The numerator services are attributed independently to the CCOs that paid and submitted the claim; thus, the member would not automatically count in the numerator for both CCOs, but only that CCO which paid the claims for the preventive service.

Q: Will services provided by dental hygienists count if they are not under supervision of a dentist?

A: Yes, these services will count in physical health if encountered on a medical claim form. Although the technical specifications state that “services provided by dental hygienists should only be counted when they are under supervision of a dentist,” the OHA does not adopt this requirement because administrative claims data generally do not indicate supervision between health care providers.

Q: What counts as a preventive dental service for this measure in primary care?

A: CPT code 99188 (topical fluoride varnish) or CDT 1206 billed on a medical claim does count towards the metric numerator. For additional support, please reach out to your Innovations Specialist or Oral Health Clinical Portfolio Manager.

Resources:

CareOregon Dental

- [Quality Metrics Toolkit Resources](#)
- [Provider Pediatric oral health brochure](#)
- [Member Pediatric oral health English](#)

Jackson Care Connect Dental

- [Quality Metrics Toolkit Resources](#)
- [Provider Pediatric oral health brochure](#)
- [Member Pediatric oral health English](#)

Columbia Pacific CCO Dental

- [Quality Metrics Toolkit Resources](#)
- [Provider Pediatric oral health brochure](#)
- [Member Pediatric oral health English](#)

Member materials are available in multiple languages. Materials can be printed and shipped from your CCO upon request.

Performance Measure Set: CCO Incentive Metric Medicare Star Rating

Quality Measurement Type: Structure Process Outcome Patient Experience

Data Type: Claims Chart Documentation eCQM Survey Other

State Benchmark:

Preventive Dental Services, Ages 1-5: 60.6% (2023 CCO 90th percentile)

Preventive Dental Services, Ages 6-14: 67.3% (2023 CCO 90th percentile)

CCOs must meet benchmark or improvement target for **both** age groups to achieve measure.