

Improving Oral Health Through Measurement

Please read the DQA Measures User Guide prior to implementing this measure.

DQA Measure Specifications: Administrative Claims-Based Measures

Follow-up after Emergency Department Visits for Non-Traumatic Dental Conditions in Adults

Description: The percentage of ambulatory care sensitive non-traumatic dental condition emergency department visits among adults aged 18 years and older in the reporting period for which the member visited a dentist within (a) 7 days and (b) 30 days of the ED visit

Numerators: Number of ambulatory care sensitive non-traumatic dental condition ED visits in the reporting period for which the member visited a dentist within (a) 7 days (NUM1) and (b) 30 days (NUM2) of the ED visit

Denominator: Number of ambulatory care sensitive non-traumatic dental condition ED visits in the reporting period

Rates: NUM1/DEN and NUM2/DEN

Rationale: The use of emergency departments (EDs) for non-traumatic dental conditions has been a growing public health concern across the United States (US)1.2.3.4.5.6.7.8 with over 2 million visits occurring in 2015.9 The majority of ED visits are semi-urgent (53.8%) or non-urgent (23.9%)10, which can be better managed in an ambulatory care setting. Dental care in an ED setting is not definitive with limited care continuity that ultimately leads to poor oral health outcomes. 11.12.13 This process of care measure can be used to assess if the patient had timely follow-up with a dentist for more definitive care.

References:

- 1. Okunseri C, Okunseri E, Thorpe JM, Xiang Q, Szabo AJC, Cosmetic, Dentistry I. Patient characteristics and trends in nontraumatic dental condition visits to emergency departments in the United States. 2012;4:1.
- Wall T, Nasseh K. Dental-related emergency department visits on the increase in the United States. Health Policy Resources Center Research Brief 2013; https://www.ada.org/en/~/media/ADA/Science%20and%20Research/Files/HPRCBrief_05 13_1. Accessed February 15_2019
- 3. Wall T. Recent trends in dental emergency department visits in the United States:1997/1998 to 2007/2008. Journal of public health dentistry. 2012;72(3):216-220.
- 4. Lee HH, Lewis CW, Saltzman B, Starks H. Visiting the emergency department for dental problems: trends in utilization, 2001 to 2008. American journal of public health. 2012;102(11):e77-83.
- 5. Zhou W, Kim P, Shen JJ, Greenway J, Ditmyer M. Preventable Emergency Department Visits for Nontraumatic Dental Conditions: Trends and Disparities in Nevada, 2009–2015. 2018;108(3):369-371.
- 6. Seu K, Hall K, Moy E. Emergency department visits for dental-related conditions, 2009: Statistical Brief# 143. In: Healthcare Cost and Utilization Project (HCUP) Statistical Briefs [Internet]. Rockville (MD): Agency for Healthcare Research and Quality (US); 2012.
- 7. Rampa S, Wilson FA, Allareddy V. Trends in dental-related emergency department visits in the State of California from 2005 to 2011. Oral surgery, oral medicine, oral pathology and oral radiology. 2016;122(4):426-433.
- 8. Tomar SL, Carden DL, Dodd VJ, Catalanotto FA, Herndon JB. Trends in dental-related use of hospital emergency departments in Florida. J Public Health Dent. 2016 Jun;76(3):249-57.
- Rui P, Kang K. National Hospital Ambulatory Medical Care Survey: 2015 Emergency Department Summary Tables. 2015; Available from: https://www.cdc.gov/nchs/data/nhamcs/web-tables/2015 ed web-tables.pdf. Accessed May 17, 2021.
- Wall T, Nasseh K, Vujicic M. Majority of dental-related emergency department visits lack urgency and can be diverted to dental offices. Health Policy Institute Research Brief 2014; https://www.ada.org/en/science-



Improving Oral Health Through Measurement

- research/health-policy-institute/publications/research-
- briefs?utm_source=adaorg&utm_medium=hpifeaturedbox&utm_content=researchbriefs. Accessed May 17, 2021.

 Hsig RY, Niedzwiecki M, Avoidable emergency department visits: a starting point. International journal for quality in
- 11. Hsia RY, Niedzwiecki M. Avoidable emergency department visits: a starting point. International journal for quality in health care: journal of the International Society for Quality in Health Care. 2017;29(5):642-645.
- 12. Allareddy V, Rampa S, Lee MK, Allareddy V, Nalliah RP. Hospital-based emergency department visits involving dental conditions: Profile and predictors of poor outcomes and resource utilization. The Journal of the American Dental Association. 2014;145(4):331-337.
- American Dental Association. Reduce health care costs and improve patient care by treating dental disease in the dental practice instead of the ER. 2013; http://www.ada.org/~/media/ADA/Public%20Programs/Files/ER_Utilization_Issues_Flyer.a shx. Accessed May 17, 2021.

National Quality Forum Domain: Process¹

Institute of Medicine Aims: Equity, Safety, Timeliness

National Quality Strategy Priority: Health and Wellbeing

Level of Aggregation: Program (NOTE: This measure requires claims data from medical encounters. Consequently, this measure applies to programs, such as Medicaid, that provide both medical and dental benefits. Use of this measure for stand-alone dental benefit plans may result in feasibility issues due to lack of access to necessary data. Use by health plans that provide both medical and dental benefits may be considered after assessment of data element feasibility within the plans' databases).

Improvement Noted As: A higher score indicates better quality.

Data Required: Administrative enrollment and claims data (medical and dental); single year. When using claims data to determine service receipt, include only paid claims.

Measure Purpose: Examples of questions that can be answered through this measure at each level of aggregation:

- What is the percentage of ED visits for ambulatory care sensitive non-traumatic dental conditions for which adults see a dentist for follow-up within 7 days and 30 days, respectively?
- 2. Does the percentage ambulatory care sensitive non-traumatic dental condition ED visits that are followed up by visit with a dentist within 7 days and 30 days, respectively, stay stable, increase or decrease over time?

Applicable Stratification Variables

1. Age: 18, 19-20, 21-24, 25-34, 35-44, 45-54, 55-64, 65-74, 75-84, 85 and above

Process (measure type): "A healthcare service provided to, or on behalf of, a patient. This may include, but is not limited to, measures that may address adherence to recommendations for clinical practice based on evidence or consensus." National Quality Forum. "NQF Glossary." Available at:

http://www.qualityforum.org/Measuring Performance/Measuring Performance.aspx. Accessed August 29, 2022.



Follow-up after Emergency Department Visit for Ambulatory Care Sensitive Non-Traumatic Dental Conditions Calculation:

 Identify all emergency department visits for ambulatory care sensitive non-traumatic dental conditions occurring during eligible member months <u>between January 1 and</u> <u>December 1</u> of the reporting year:

Note: Exclude all member months (and associated claims in those months) in which an individual was eligible for both Medicare and Medicaid (i.e., "dual eligible").

- a. Identify a health care encounter as an ED visit if ANY of the following are met:
 - CPT codes 99281-99285 (ED visit for patient evaluation/management); OR
 - Revenue code 0450-0459 (Emergency Room) or 0981 (professional fees for ER services); OR
 - CMS place of service code for professional claims 23 (Emergency Room)
- b. Exclude visits that result in inpatient admissions where inpatient admissions are identified as:
 - (i) the patient has an inpatient admission defined by UB Type of Bill = 11x OR 12x OR 41x

AND

(ii) that admission occurred within 48 hours:

[inpatient admit date] - [ED admit date] >= 0 days AND <= 2 days.

Note: If there are 2 or more dental ED visits that occurred within 2 days of the same inpatient admission, **only one** of those ED visits should be counted as resulting in an inpatient admission. [Example: If there is one dental-related ED visit on Saturday and a second dental-related ED visit on Sunday with an inpatient admission also occurring on Sunday, then this would be counted as 2 ED visits with one being excluded as "resulting in an inpatient admission" and one retained in the denominator as "did not result in an inpatient admission."]

c. Member must be >=18 years on date of visit

Reporting note: Age stratifications will be based on subject's age on date of ED visit.

- d. Identify an ED visit as being for an ambulatory care sensitive non-traumatic dental condition if:
 - i. any of the ICD-10-CM diagnosis codes in Table 1 is listed as a FIRST-LISTED diagnosis code associated with the visit

OR

ii. (a) any of ICD-10-CM diagnosis codes in Table 2 is listed as a FIRST-LISTED diagnosis **AND** (b) any of the ICD-10-CM diagnosis codes in Table 1 is listed as an ADDITIONAL LISTED diagnosis. (Codes from Table 2 must be accompanied by a code from Table 1 to qualify.)



- e. Count only one visit per member per day.
- f. Member must be enrolled on date of ED visit and through 30 days following the visit.
- g. Sum the number of ED visits for ambulatory care sensitive dental conditions.

YOU NOW HAVE THE DENOMINATOR (DEN): Number of ED visits for ambulatory care sensitive non-traumatic dental conditions

- 2. Check if subject had a visit with a dentist (dental service) within 30 days of the ED visit:
 - a. If [CDT CODE] = D0100 D9999 (any dental service), AND;
 - b. [DATE OF ED VISIT]-[DATE OF DENTAL VISIT] <=30 days, AND;

Note: If two or more ambulatory care sensitive non-traumatic dental condition ED visits occur for the same member within 30 days of one another, then use the <u>first</u> ED visit as the index date for follow-up. Both ED visits will count in the denominator. A follow-up dental visit within 30 days of the <u>first</u> ED visit will be counted <u>once</u> in the numerator.

- c. If [RENDERING PROVIDER TAXONOMY] code = any of the NUCC maintained Provider Taxonomy Codes in Table 3 below,² then proceed to next step (#3).
- d. If a **AND** b **AND** c are not met, then the service was not a "follow-up dental service"; STOP processing.

Note: In this step, all **claims** with missing or invalid CDT CODE, missing or invalid NUCC maintained Provider Taxonomy Codes, or NUCC maintained Provider Taxonomy Codes that do not appear in Table 3 should be excluded.

YOU NOW HAVE NUMERATOR 2 (NUM2): ED visits for ambulatory care sensitive non-traumatic dental conditions for which the member had a visit with a dentist within 30 days

3. Among the ED visits identified in Step 2, check if the subject had a visit with a dentist (dental service) within 7 days of the ED visit:

[DATE OF ED VISIT]-[DATE OF DENTAL VISIT] <=7 days

YOU NOW HAVE NUMERATOR 1 (NUM1): ED visits for ambulatory care sensitive non-traumatic dental conditions for which the member had a visit with a dentist within 7 days

² **Identifying "dental" services**: Programs and plans that do not use standard NUCC maintained provider taxonomy codes should use a valid mapping to identify providers whose services would be categorized as "dental" services. Standalone dental plans that reimburse ONLY for services rendered by or under the supervision of the dentist can consider all claims as "dental" services.



4. Report

- a. Unduplicated count of ambulatory care sensitive non-traumatic dental condition ED visits with 7-day dentist visit follow-up in numerator (NUM1)
- b. Unduplicated count of ambulatory care sensitive non-traumatic dental condition ED visits with 30-day dentist visit follow-up in numerator (NUM2)
- c. Unduplicated count of ambulatory care sensitive non-traumatic dental condition ED visits in denominator
- d. Rates: (NUM1/DEN), (NUM2/DEN)

Table 1. Ambulatory Care Sensitive Non-Traumatic Dental Condition ICD-10-CM Diagnosis Codes

ICD-10-CM Code	Description of ICD-10-CM Code			
A69.0	Necrotizing ulcerative stomatitis			
A69.1	Other Vincent's infections			
K00.0	Anodontia			
K00.1	Supernumerary teeth			
K00.2	Abnormalities of size and form of teeth			
K00.3	Mottled teeth			
K00.4	Disturbances of tooth formation			
K00.5	Hereditary disturbances in tooth structure, not elsewhere classified			
K00.6	Disturbances in tooth eruption			
K00.8	Other specified disorders of tooth development			
K00.9	Disorder of tooth development, unspecified			
K01.0	Embedded teeth			
K01.1	Impacted teeth			
K02.3	Arrested dental caries			
K02.51	Dental caries pit and fissure surface limited to enamel			
K02.52	Dental caries on pit and fissure surface penetrating into dentin			
K02.53	Dental caries on pit and fissure surface penetrating into pulp			
K02.61	Dental caries on smooth surface limited to enamel			
K02.62	Dental caries on smooth surface penetrating into dentine			
K02.63	Dental caries on smooth surface penetrating into pulp			
K02.7	Dental root caries			
K02.9	Dental caries, unspecified			
K03.0	Excessive attrition of teeth			
K03.1	Abrasion of teeth			
K03.2	Erosion of teeth			
К03.3	Pathological resorption of teeth			
K03.4	Hypercementosis			



Improvina Oral Health Through Measurement K03.5 Ankylosis of teeth K03.6 Deposits (accretions) on teeth K03.7 Intrinsic posteruptive color changes of hard tissues of teeth K03.81 Cracked tooth K03.89 Other specific diseases of hard tissues of teeth K03.9 Disease of hard tissues of teeth, unspecified K04.0 **Pulpitis** K04.01 Reversible pulpitis K04.02 Irreversible pulpitis K04.1 Necrosis of the pulp K04.2 Pulp degeneration K04.3 Abnormal hard tissue formation in pulp K04.4 Acute apical periodontitis of pulpal origin K04.5 Chronic apical periodontitis K04.6 Periapical abscess with sinus K04.7 Periapical abscess without sinus K04.8 Radicular cyst K04.90 Unspecified diseases of pulp and periapical tissues K04.99 Other diseases of pulp and periapical tissues K05.00 Acute gingivitis, plaque induced Acute gingivitis, non-plaque induced K05.01 K05.10 Chronic gingivitis, plaque induced K05.11 Chronic gingivitis, non-plaque induced K05.20 Aggressive periodontitis, unspecified K05.21 Aggressive periodontitis, localized K05.22 Aggressive periodontitis, generalized K05.30 Chronic periodontitis, unspecified K05.31 Chronic periodontitis, localized K05.32 Chronic periodontitis, generalized K05.4 Periodontosis K05.5 Other periodontal diseases K05.6 Periodontal disease, unspecified K052.11 Aggressive periodontitis, localized, slight K052.12 Aggressive periodontitis, localized, moderate K052.13 Aggressive periodontitis, localized, severe K052.19 Aggressive periodontitis, localized, unspecified severity K052.21 Aggressive periodontitis, generalized, slight K052.22 Aggressive periodontitis, generalized, moderate K052.23 Aggressive periodontitis, generalized, severe



Improvina Oral Health Through Measurement K052.29 Aggressive periodontitis, generalized, unspecified severity K053.11 Chronic periodontitis, localized, slight K053.12 Chronic periodontitis, localized, moderate K053.13 Chronic periodontitis, localized, severe K053.19 Chronic periodontitis, localized, unspecified severity K053.21 Chronic periodontitis, generalized, slight K053.22 Chronic periodontitis, generalized, moderate K053.23 Chronic periodontitis, generalized, severe K053.29 Chronic periodontitis, generalized, unspecified severity K06.0 Gingival recession K06.013 Localized gingival recession, severe K06.023 Generalized gingival recession, severe K06.1 Gingival enlargement K06.3 Horizontal alveolar bone loss K06.8 Other specified disorders of gingiva and edentulous alveolar ridge K06.9 Disorder of gingiva and edentulous alveolar ridge, unspecified K060.10 Localized gingival recession, unspecified K060.11 Localized gingival recession, minimal K060.12 Localized gingival recession, moderate K060.20 Generalized gingival recession, unspecified K060.21 Generalized gingival recession, minimal K060.22 Generalized gingival recession, moderate K08.0 Exfoliation of teeth due to systemic causes K08.101 Complete loss of teeth, unspecified cause, class I K08.102 Complete loss of teeth, unspecified cause, class II K08.103 Complete loss of teeth, unspecified cause, class III K08.104 Complete loss of teeth, unspecified cause, class IV K08.109 Complete loss of teeth, unspecified cause, unspecified class K08.12 Complete loss of teeth due to periodontal diseases K08.121 Complete loss of teeth due to periodontal disease, class I K08.122 Complete loss of teeth due to periodontal disease, class II K08.123 Complete loss of teeth due to periodontal disease, class III K08.124 Complete loss of teeth due to periodontal disease, class IV K08.129 Complete loss of teeth due to periodontal disease, unspecified class K08.13 Complete loss of teeth due to caries K08.131 Complete loss of teeth due to caries, class I K08.132 Complete loss of teeth due to caries, class II K08.133 Complete loss of teeth due to caries, class III K08.134 Complete loss of teeth due to caries, class IV



Improvina Oral Health Through Measurement K08.139 Complete loss of teeth due to caries, unspecified class K08.191 Complete loss of teeth due to other specified cause, class I K08.192 Complete loss of teeth due to other specified cause, class II K08.193 Complete loss of teeth due to other specified cause, class III K08.194 Complete loss of teeth due to other specified cause, class IV K08.199 Complete loss of teeth due to other specified cause, unspecified class K08.20 Unspecified atrophy of edentulous alveolar ridge K08.21 Minimal atrophy of the mandible K08.22 Moderate atrophy of the mandible K08.23 Severe atrophy of the mandible K08.24 Minimal atrophy of the maxilla K08.25 Moderate atrophy of the maxilla K08.26 Severe atrophy of the maxilla K08.3 Retained dental root K08.401 Partial loss of teeth, unspecified cause, class I K08.402 Partial loss of teeth, unspecified cause, class II K08.403 Partial loss of teeth, unspecified cause, class III K08.404 Partial loss of teeth, unspecified cause, class IV K08.409 Partial loss of teeth, unspecified cause, unspecified class K08.421 Partial loss of teeth due to periodontal diseases, class I K08.422 Partial loss of teeth due to periodontal diseases, class II K08.423 Partial loss of teeth due to periodontal diseases, class III K08.424 Partial loss of teeth due to periodontal diseases, class IV K08.429 Partial loss of teeth due to periodontal diseases, unspecified class K08.431 Partial loss of teeth due to caries, class I K08.432 Partial loss of teeth due to caries, class II K08.433 Partial loss of teeth due to caries, class III K08.434 Partial loss of teeth due to caries, class IV K08.439 Partial loss of teeth due to caries unspecified class K08.491 Partial loss of teeth due to other specified cause, class I K08.492 Partial loss of teeth due to other specified cause, class II K08.493 Partial loss of teeth due to other specified cause, class III K08.494 Partial loss of teeth due to other specified cause, class IV K08.499 Partial loss of teeth due to other unspecified cause, unspecified class K08.50 Unsatisfactory restoration of tooth, unspecified K08.51 Open restoration margins of tooth K08.52 Unrepairable overhanging of dental restorative materials K08.530 Fractured dental restorative material without loss of material K08.531 Fractured dental restorative material with loss of material



Improvina Oral Health Through Measurement K08.539 Fracture dental restorative material, unspecified K08.54 Contour of existing restoration of tooth biologically incompatible with oral health K08.55 Allergy to existing dental restorative material K08.56 Poor aesthetic of existing restoration of tooth K08.59 Other unsatisfactory restoration of tooth K08.8 Other specified disorders of teeth and supporting structures K08.89 Other specified disorders of teeth and supporting structures K08.9 Disorder of teeth and supporting structures, unspecified K09.0 Developmental odontogenic cysts K09.1 Developmental (nonodotogenic) cysts of oral region K09.8 Other cysts of oral region, not elsewhere classified K09.9 Cyst of oral region, unspecified K11.0 Atrophy of salivary gland K11.1 Hypertrophy of salivary gland K11.20 Sialoadenitis, unspecified K11.21 Acute sialoadenitis K11.22 Acute recurrent sialoadenitis K11.23 Chronic sialoadenitis K11.3 Abscess of salivary gland K11.4 Fistula of salivary gland K11.5 Sialolithiasis K11.6 Mucocele of salivary gland K11.7 Disturbances of salivary secretion K11.8 Other diseases of salivary glands K11.9 Disease of the salivary glands, unspecified Recurrent oral aphthae K12.0 K12.1 Other forms of stomatitis K12.2 Cellulitis and abscess of mouth K12.30 Oral mucositis (ulcerative), unspecified K12.31 Oral mucositis (ulcerative) due to antineoplastic therapy K12.32 Oral mucositis (ulcerative) due to other drugs K12.33 Oral mucositis (ulcerative) due to radiation K12.39 Other oral mucositis (ulcerative) K13.0 Diseases of lips K13.1 Cheek and lip biting K13.21 Leukoplakia of oral mucosa, including tongue K13.22 Minimal keratinized residual ridge mucosa K13.23 Excessive keratinized residual ridge mucosa K13.24 Leukokeratosis nicotina palati



Improvina Oral Health Through Measurement K13.29 Other disturbances of oral epithelium, including tongue K13.3 Hairy leukoplakia K13.4 Granuloma and granuloma-like lesions of oral mucosa K13.5 Oral submucosal fibrosis K13.6 Irritative hyperplasia of oral mucosa K13.70 Unspecified lesions of oral mucosa K13.79 Other lesions of oral mucosa K14.0 Glossitis K14.1 Geographic tongue K14.2 Median rhomboid glossitis K14.3 Hypertrophy of tongue papillae K14.4 Atrophy of tongue papillae K14.5 Plicated tongue K14.6 Glossodynia K14.8 Other diseases of the tongue K14.9 Disease of tongue, unspecified M26.00 Unspecified anomaly of jaw size M26.01 Maxillary hyperplasia M26.02 Maxillary hypoplasia M26.03 Mandibular hyperplasia M26.04 Mandibular hypoplasia M26.05 Macrogenia M26.06 Microgenia M26.07 Excessive tuberosity of jaw M26.09 Other specified anomalies of jaw size M26.10 Unspecified anomaly of relationship of jaw-cranial base relationship M26.11 Maxillary asymmetry M26.12 Other jaw asymmetry M26.19 Other specified anomalies of jaw-cranial base relationship M26.20 Unspecified anomaly of dental arch relationship M26.211 Malocclusion, Angle's class I M26.212 Malocclusion, Angle's class II M26.213 Malocclusion, Angle's class III M26.219 Malocclusion, Angle's class unspecified M26.220 Open anterior occlusal relationship M26.221 Open posterior occlusal relationship M26.23 Excessive horizontal overlap M26.24 Reverse articulation M26.25 Anomalies of interarch distance



Improvina Oral Health Through Measurement M26.29 Other anomalies of dental arch relationship M26.30 Unspecified anomaly of tooth position of fully erupted tooth or teeth M26.31 Crowding of fully erupted teeth M26.32 Excessive spacing of fully erupted teeth M26.33 Horizontal displacement of fully erupted tooth or teeth M26.34 Vertical displacement of fully erupted tooth or teeth M26.35 Rotation of fully erupted tooth or teeth M26.36 Insufficient interocclusal distance of fully erupted teeth (ridge) M26.37 Excessive interocclusal distance of fully erupted teeth M26.39 Other anomalies of tooth position of fully erupted tooth or teeth M26.4 Malocclusion, unspecified M26.50 Dentofacial functional abnormalities, unspecified M26.51 Abnormal jaw closure M26.52 Limited mandibular range of motion M26.53 Deviation in opening and closing of the mandible M26.54 Insufficient anterior guidance M26.55 Centric occlusion maximum intercuspation discrepancy M26.56 Non-working side interference M26.57 Lack of posterior occlusal support M26.59 Other dentofacial functional abnormalities M26.60 Temporomandibular joint disorder, unspecified M26.601 Right temporomandibular joint disorder, unspecified M26.602 Left temporomandibular joint disorder, unspecified M26.603 Bilateral temporomandibular joint disorder, unspecified M26.609 Unspecified temporomandibular joint disorder, unspecified side M26.61 Adhesions and ankylosis of temporomandibular joint M26.611 Adhesions and ankylosis of right temporomandibular joint M26.612 Adhesions and ankylosis of left temporomandibular joint M26.613 Adhesions and ankylosis of bilateral temporomandibular joint M26.619 Adhesions and ankylosis of temporomandibular joint, unspecified side M26.62 Arthralgia of temporomandibular joint M26.621 Arthralgia of right temporomandibular joint M26.622 Arthralgia of left temporomandibular joint M26.623 Arthralgia of bilateral temporomandibular joint M26.629 Arthralgia of temporomandibular joint, unspecified side M26.63 Articular disc disorder of temporomandibular joint M26.631 Articular disc disorder of right temporomandibular joint M26.632 Articular disc disorder of left temporomandibular joint M26.633 Articular disc disorder of bilateral temporomandibular joint



Improvina Oral Health Through Measurement M26.639 Articular disc disorder of temporomandibular joint, unspecified side M26.641 Arthritis of right temporomandibular joint M26.642 Arthritis of left temporomandibular joint M26.643 Arthritis of bilateral temporomandibular joint M26.649 Arthritis of unspecified temporomandibular joint M26.651 Arthropathy of right temporomandibular joint M26.652 Arthropathy of left temporomandibular joint M26.653 Arthropathy of bilateral temporomandibular joint M26.659 Arthropathy of unspecified temporomandibular joint M26.69 Other specified disorders of temporomandibular joint M26.70 Unspecified alveolar anomaly M26.71 Alveolar maxillary hyperplasia M26.72 Alveolar mandibular hyperplasia M26.73 Alveolar maxillary hypoplasia M26.74 Alveolar mandibular hypoplasia M26.79 Other specified alveolar anomaly M26.81 Anterior soft tissue impingement M26.82 Posterior soft tissue impingement M26.89 Other dentofacial anomalies M26.9 Dentofacial anomaly, unspecified M27.0 Developmental disorders of jaws M27.1 Giant cell granuloma, central M27.2 Inflammatory conditions of jaw M27.3 Alveolitis of jaw M27.40 Unspecified cyst of jaw M27.49 Other cysts of jaws M27.51 Perforation of root canal space due to endodontic treatment M27.52 Endodontic overfill M27.53 Endodontic underfill M27.59 Other periradicular pathology associated with previous endodontic treatment M27.61 Osseointegration failure of dental implant M27.62 Post-osseointegration biological failure of dental implant M27.63 Post-osseointegration mechanical failure of dental implant M27.69 Other endosseous dental implant failure M27.8 Other specified diseases of jaws M27.9 Disease of the jaws, unspecified M35.0C Sjogren syndrome with dental involvement M79.11 Myalgia of mastication muscle R68.2 Dry mouth, unspecified



R68.84	Jaw pain		
Z01.20	Encounter for dental examination and cleaning without abnormal findings		
Z01.21	Encounter for dental examination and cleaning with abnormal findings		
Z46.3	Encounter for fitting and adjustment of dental prosthetic device		
Z46.4	Encounter for fitting and adjustment of orthodontic device		

Table 2. Additional First-Listed ICD-10-CM Diagnosis Codes to Identify Ambulatory Care Sensitive Non-Traumatic Dental Condition Visits when Paired with an Additional Listed Diagnosis Code from the Ambulatory Care Sensitive Non-Traumatic Dental Condition ICD-10-CM Codes in Table 1

ICD-10-CM Code	Description of ICD-10-CM Code		
L03.211	Cellulitis of face		
L03.212	Acute lymphangitis of face		
L03.213	Periorbital cellulitis		
L03.221	Cellulitis of neck		
L03.222	Acute lymphangitis of neck		
R22.0	Localized swelling, mass and lump, head		
R22.1	Localized swelling, mass and lump, neck		

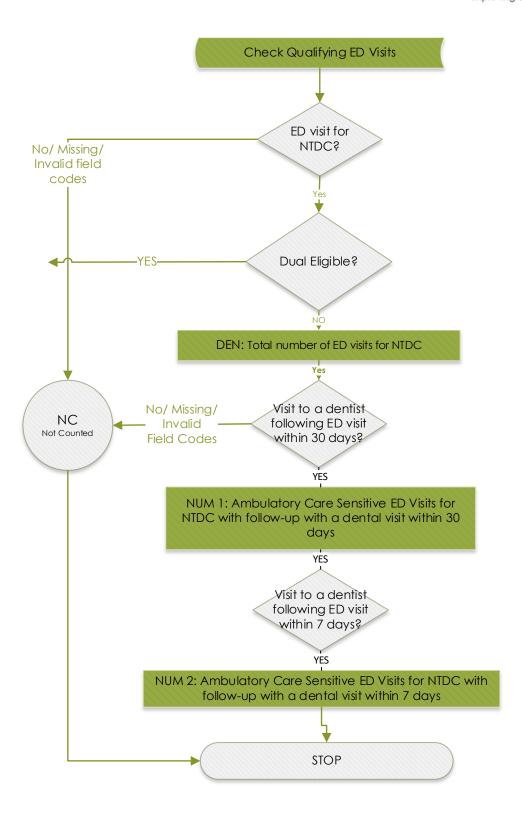
Table 3: NUCC maintained Provider Taxonomy Codes classified as "Dental Service"*

122300000X	1223P0106X	1223X0008X	125Q00000X	126800000X
1223D0001X	1223P0221X	1223X0400X	261QF0400X	261QD0000X
1223D0004X	1223P0300X	124Q00000X+	261QR1300X	204E00000X
1223E0200X	1223P0700X	125J00000X	1223X2210X	261QS0112X
1223G0001X	1223S0112X	125K00000X	122400000X	

^{*}Services provided by County Health Department dental clinics may also be included as "dental" services.

+Only dental hygienists who provide services under the supervision of a dentist should be classified as "dental" services.

^{***} Note: Reliability of the measure score depends on quality of the data that are used to calculate the measure. The percentages of missing and invalid data for these data elements must be investigated prior to measurement. Data elements with high rates of missing or invalid data will adversely affect the accuracy and reliability of the measure score. ***





2023 American Dental Association on behalf of the Dental Quality Alliance (DQA) ©. All rights reserved. Use by individuals or other entities for purposes consistent with the DQA's mission and that is not for commercial or other direct revenue generating purposes is permitted without charge.

Dental Quality Alliance Measures (Measures) and related data specifications, developed by the Dental Quality Alliance (DQA), are intended to facilitate quality improvement activities.

These Measures are intended to assist stakeholders in enhancing quality of care. These performance Measures are not clinical guidelines and do not establish a standard of care. The DQA has not tested its Measures for all potential applications.

Measures are subject to review and may be revised or rescinded at any time by the DQA. The Measures may not be altered without the prior written approval of the DQA. The DQA shall be acknowledged as the measure steward in any and all references to the measure. Measures developed by the DQA, while copyrighted, can be reproduced and distributed, without modification, for noncommercial purposes. Commercial use is defined as the sale, license, or distribution of the Measures for commercial gain, or incorporation of the Measures into a product or service that is sold, licensed or distributed for commercial gain. Commercial uses of the Measures require a license agreement between the user and DQA. Neither the DQA nor its members shall be responsible for any use of these Measures.

THE MEASURES ARE PROVIDED "AS IS" WITHOUT WARRANTY OF ANY KIND

Limited proprietary coding is contained in the Measure specifications for convenience.

For Proprietary Codes:

The code on Dental Procedures and Nomenclature is published in Current Dental Terminology (CDT), Copyright © 2022American Dental Association (ADA). All rights reserved.

This material contains National Uniform Claim Committee (NUCC) Health Care Provider Taxonomy codes (http://www.nucc.org/index.php?option=com_content&view=article&id=14&Itemid=125). Copyright © 2022 American Medical Association. All rights reserved

Users of the proprietary code sets should obtain all necessary licenses from the owners of these code sets. The DQA, American Dental Association (ADA), and its members disclaim all liability for use or accuracy of any terminologies or other coding contained in the specifications.

THE SPECIFICATIONS ARE PROVIDED "AS IS" WITHOUT WARRANTY OF ANY KIND.