Arizona Health Care Cost Containment System

Quality Management Performance Measures for the

Arizona Department of Economic Security

Division of Developmental Disabilities

Measurement Period Ending September 30, 2004

Prepared by the Division of Health Care Management
March 2006

AHCCCS

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INTRODUCTION

Overview

The Arizona Department of Economic Security's Division of Developmental Disabilities (DDD) provides needed supports to Arizona residents who are at risk of having a developmental disability if younger than 6 years or, if older, have a diagnosis of epilepsy, cerebral palsy, mental retardation or autism, which was made prior to the age of 18 years. The Division also provides services to Arizonans who have substantial functional limitations in at least three major areas, such as self-care, learning and mobility.

Approximately 68 percent of clients served by DDD also are covered under the Arizona Long Term Care System (ALTCS), a program of the Arizona Health Cost Containment System (AHCCCS). In addition to long-term care and supportive services provided through DDD, these members also receive primary and acute medical services through subcontracts with health plans.

Under its contract with DDD, AHCCCS has established Performance Standards for primary and preventive care provided to children and adolescents. These standards measure the extent to which DDD ensures that these members receive necessary health services and screenings, including well-child visits and regular dental care. This document reports DDD's performance in three of these measures.

The results reported here should be viewed as *indicators* of utilization of services, rather than absolute rates for each service measured. By analyzing trends over time, AHCCCS and DDD can identify areas for improvement and implement interventions to increase access to, and use of, services.

Methodology

AHCCCS used the Health Plan Employer Data and Information Set (HEDIS®) as a guide for collecting and reporting results of these performance measures. Developed and maintained by the National Committee for Quality Assurance (NCQA), HEDIS is the most widely used set of measures in the managed care industry.

One of the criteria for selecting members to be included in the measures is that they be continuously enrolled for a minimum period of time. Thus, members included in the results of each measure represent a portion of DDD members enrolled with AHCCCS, rather than the entire population.

This report includes results for the contract year from October 1, 2003, through September 30, 2004. Results are reported overall for DDD and by Maricopa, Pima and the combined rural counties. A change in a rate from the previous measurement is described as an increase or decrease only when the Pearson chi-square test yields a statistically significant value ($p \leq .05$).

Data Sources and Quality

AHCCCS uses a statewide, automated managed care data system known as the Prepaid Medical Management Information System (PMMIS). Members included in the denominator for each measure are selected from the Recipient Subsystem of PMMIS. Numerators, and therefore rates, for each measure are based on AHCCCS encounter data; i.e., records of medically necessary services provided and the related claims paid. The rates reported for DDD may be significantly underreported because many of its members also are covered by other insurance, and DDD may not have access to those encounters.

The Measures

AHCCCS has identified several Performance Measures of clinical preventive services for DDD, some of which were newly incorporated into contract for the year ending September 30, 2005. The measures include:

- Well-child Visits in the First 15 Months of Life
- Well-child Visits in the Third, Fourth, Fifth and Sixth Years of Life
- Adolescent Well-care Visits
- Dental Visits
- Childhood Immunizations
- Adolescent Immunizations (new measure for which data has not yet been collected)

This is the first time AHCCCS has collected data for Well-child Visits in the First 15 Months of Life, Well-child Visits in the Third, Fourth, Fifth and Sixth Years of Life, and Adolescent Well-care Visits for DDD. Only one member met the continuous enrollment criteria for Well-child Visits in the First 15 Months of Life, so a rate could not be calculated for that measure. DDD's results for the immunization measures will be reported separately.

Results of the other measures include:

- ***Well-child Visits in the Third, Fourth, Fifth and Sixth Years of Life*** – the baseline rate for this measure was 42.3 percent.
- ***Adolescent Well-care Visits*** – the baseline rate for this measure was 31.4 percent.
- ***Annual Dental Visits*** – DDD's rate for this measure was 39.3 percent, a relative increase of 20.2 percent from the previous period.

Performance Standards and Improvement

AHCCCS has established performance standards for annual dental visits for DDD, and will establish minimum standards and goals for the Division for other measures, based on the baseline rates reported here.

AHCCCS will continue to provide technical assistance, such as identifying new interventions or enhancements to existing efforts, to help DDD and other Contractors improve their performance. For example, AHCCCS is leading a collaborative effort that includes all Acute-care Contractors and DDD, as well as some community agencies and provider associations, to improve well-child visits among children 3 through 6 years of age. The data reported here also may be used in developing future Performance Improvement Projects by AHCCCS or individual Contractors.

Feedback

For questions or comments about this report, please contact:

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Well-child Visits in the Third, Fourth, Fifth and Sixth Years of Life

Children who are healthy are better able to achieve their potential to become happy, productive adults.[1,2] Like all children, those with special health care needs require preventive health care services. In addition to early intervention services and therapies to help support optimal development, children with disabilities should have well-child checkups at regular intervals to monitor and improve their health through:

- comprehensive physical examinations,
- nutritional and behavioral health assessments,
- appropriate immunizations according to age and health history,
- laboratory tests, including tuberculosis screening appropriate to age and risk, and testing for anemia,
- appropriate vision, hearing and speech assessments,
- oral health screening to identify potential dental problems and referral for treatment if indicated, and
- parental health education and anticipatory guidance.

Description

AHCCCS measured the percentage of children who:

- were 3, 4, 5, or 6 years old as of September 30, 2004,
- were continuously enrolled with DDD during the measurement period (one break in enrollment, not exceeding 31 days, was allowed), and
- had at least one well-child visit during the measurement period.

Performance Goals

This measurement established a baseline rate for DDD for well-child visits 3 through 6 years old. AHCCCS will use this rate to develop a Minimum Performance Standard and Goal for DDD. AHCCCS set a long-range goal (known as a Benchmark) that DDD achieve a rate of 80 percent or higher for this measure.

Results

DDD's overall rate for this measure was 42.3 percent. By county, the rate was highest in the combined rural counties, at 49.5 percent, compared with Pima and Maricopa counties, at 46.6 percent and 39.9 percent, respectively (Table 1).

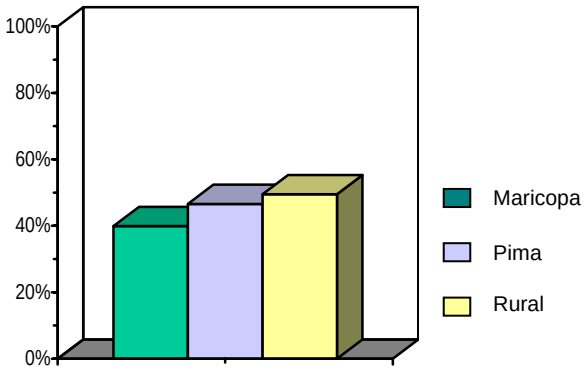

Table 1
Arizona Health Care Cost Containment System
WELL-CHILD VISITS IN THE THIRD, FOURTH, FIFTH AND SIXTH YEARS OF LIFE, BY COUNTY
Members Enrolled with the DES Division of Developmental Disabilities (DDD)
Measurement Period: October 1, 2003, through September 30, 2004

County	Number of Members	Number with One or More Visits	Percent with One or More visits
Maricopa County	1,732	691	39.9%
Pima County	337	157	46.6%
Rural Counties	392	194	49.5%
Total	2,461	1,042	42.3%

Adolescent Well-care Visits

The impact or severity of disability often increases with age. Recent research indicates that the prevalence of chronic emotional, behavioral and developmental problems is greatest among adolescents 12 to 17 years old, as well as among children living in poverty and males.[3]

Many children and adolescents with developmental disabilities have comorbid physical conditions, such as asthma, cerebral palsy and diabetes. They also suffer from emotional and behavioral problems, and adolescents in particular are more likely to need mental health services than younger children with special health care needs.[4] Adolescent well-care visits enable providers to focus on a range of physical and mental health needs of these members, so that they may experience the best possible health.

Description

This indicator measured the percentage of members who:

- were ages 11 through 20 years as of September 30, 2004,
- were continuously enrolled with DDD during the measurement period (one break in enrollment, not exceeding 31 days, was allowed), and
- had at least one well-care visit during the measurement period.

Results are reported overall and separately for two age groups, 11 through 15 years and 16 years and older.

Performance Goals

This measurement established a baseline rate for DDD for adolescent well-care visits. AHCCCS will use this rate to develop a Minimum Performance Standard and Goal for the Contractor. AHCCCS set a long-range goal (known as a Benchmark) that DDD achieve a rate of 50 percent or higher for this measure.

Results

DDD's overall rate for this measure was 31.4 percent. The rate for 11- to 15-year-olds was 31.5 percent and the rate for 16- to 20-year-olds was 30.8 percent.

Total rates by county were: 33.1 percent in the combined rural counties, 32.4 percent in Pima County, and 30.4 percent in Maricopa County (Table 2).

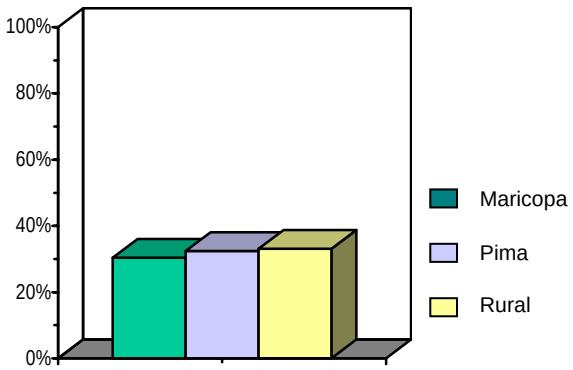

Table 2
Arizona Health Care Cost Containment System
ADOLESCENT WELL-CARE VISITS, BY COUNTY
Members Enrolled with the DES Division of Developmental Disabilities (DDD)
Measurement Period: October 1, 2003, through September 30, 2004

County	Age Group	Visits within a One-year Period		
		Number of Members	Number with One or More Visits	Percent with One or More Visits
Maricopa County	11-15	1,486	456	30.7%
	16-20	397	116	29.2%
	Total	**1,883**	**572**	**30.4%**
Pima County	11-15	426	140	32.9%
	16-20	118	36	30.5%
	Total	**544**	**176**	**32.4%**
Rural Counties	11-15	551	180	32.7%
	16-20	176	61	34.7%
	Total	**727**	**241**	**33.1%**
Total	11-15	2,463	776	31.5%
	16-20	691	213	30.8%
	Total	**3,154**	**989**	**31.4%**

Annual Dental Visits

Oral health is inseparable from overall health, and problems of the teeth and gums can affect a child's ability to learn and function.[5,6]

In general, people with developmental disabilities have poorer oral health and oral hygiene than those without such disabilities. Data indicate that people who have mental retardation have more untreated caries and a higher prevalence of gingivitis and other periodontal diseases than the general population. Medications, malocclusion, multiple disabilities, and poor oral hygiene combine to increase the risk of dental disease in people with developmental disabilities.[7]

Brushing, flossing and other oral health practices can reduce the risk of developing diseases of the teeth and gums. These tasks are more difficult for people with developmental disabilities and their caregivers. Regular professional dental care, such as the application of topical fluorides and dental sealants, as well as treatment services, can reduce tooth decay and other oral diseases.

Description

AHCCCS measured the percentage of children who:

- were ages 3 through 20 years as of September 30, 2004,
- were continuously enrolled with DDD during the measurement period (one break in enrollment, not exceeding 31 days, was allowed), and
- had at least one dental visit during the measurement period.

Performance Goals

AHCCCS has adopted a Minimum Performance Standard that DDD achieve a rate of at least 35 percent for this indicator. If it has already achieved this rate, DDD should strive for a Goal of 37 percent.

Results

A rate for annual dental visits for DDD has been previously measured. The overall rate for CYE 2004 was 39.3 percent, an increase over the previous rate of 32.7 ($p<.001$).

By county, the rate was highest in the combined rural counties, at 42.9 percent. Rates in Pima and Maricopa counties were 38.5 percent and 38.3 percent, respectively (Table 3).

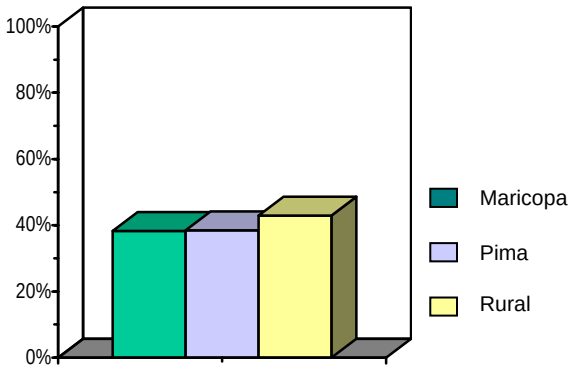

Table 3
Arizona Health Care Cost Containment System
ANNUAL DENTAL VISITS, BY COUNTY
Members Enrolled with the DES Division of Developmental Disabilities (DDD)
Measurement Period: October 1, 2003, through September 30, 2004

County	Number of Members	Number with Dental Visits	Percent with Dental Visits	Relative % Change from Previous Period	Statistical Significance
Maricopa County	**5,327**	**2,039**	**38.3%**	**13.32%**	**p<.001**
	4,290	1,449	33.8%		
Pima County	**1,283**	**494**	**38.5%**	**-0.38%**	**p=.942**
	1,066	412	38.6%		
Rural Counties	**1,697**	**728**	**42.9%**	**71.83%**	**p<.001**
	1,458	364	25.0%		
Total	**8,307**	**3,261**	**39.3%**	**20.22%**	**p<.001**
	6,814	2,225	32.7%		

Shaded rows are totals and percentages for the previous measurement period.

DISCUSSION

Overall Results

DDD exceeded the goal set by AHCCCS for annual dental visits by children and adolescents. AHCCCS will use the results of the other two measures – well-child visits in the third, fourth, fifth and sixth years of life and adolescent well-care visits – to establish performance standards for the Division.

It is noteworthy that DDD showed significant improvement in the measure of annual dental visits. Parents of children with special health care needs, including those with developmental disabilities, have reported that the health care service needed but most often not received was dental care.[4] Providing dental services to people with developmental disabilities is challenging for oral health professionals: reduced cognitive abilities, behavior problems, mobility issues, uncontrolled body movements, cardiac disorders, seizures, and hearing and vision loss can interfere with care.[8]

Quality Improvement Efforts

DDD and other Contractors have been participating in an AHCCCS-mandated Performance Improvement Project to increase the proportion of children who have an annual dental visit. In CYE 2003, all Contractors implemented activities to improve this rate. The Division reports that it is continuing to work with its subcontracted health plans to strengthen outreach to families and caregivers of members enrolled with DDD, and to improve efforts to obtain data on dental services received by members using their private insurance coverage.

In order to continue improving the rate of annual dental visits by children and adolescents enrolled with DDD, the Division also has been working with the Arizona School of Dentistry and Oral Health to develop curriculum for dental students on treating people with developmental disabilities. In addition, DDD has contracted with the dental school to provide care to individuals enrolled with the Division; this service is expected to begin in 2006. DDD also has collaborated with the Arizona Dental Association to train dentists in treating children with special health care needs.

The Division also utilizes Support Coordinators, who function in a case management role and facilitate communication and the coordination of services. The Division has provided training to Support Coordinators to help ensure that children and adolescents receive necessary well-child and preventive services. It plans to continue these trainings in CYE 2006.

Since nearly all of DDD's members receive primary and preventive health care services through subcontracted health plans, the Division should continue to monitor and ensure that these health plans improve rates of preventive services among the DDD-enrolled population.

Data Limitations

As previously described, rates for each measure are based on AHCCCS encounter data. Data submitted by Contractors is processed monthly, with approximately 600 edits, which examine the accuracy of encounter data. If errors are found, the encounter is "pended." Contractors must correct pended encounters in order to finalize them. Numerator data for these measures include only finalized encounters. Therefore, services may have been provided through AHCCCS Contractors, but if the associated encounters have not been submitted or finalized – or if services were paid for through private insurance – the data reported here will not reflect those services.

References

[1] U.S. Department of Health and Human Services. Healthy People 2000 objectives. Washington, D.C.: U.S. Government Printing Office, November 1990.

[2] Arizona School Readiness Board. Early Childhood Health Screening Fact Sheet. Available at: http://www.azgovernor.gov/cyf/school_readiness/index_school_readiness.html

[3] Centers for Disease Control and Prevention. Health care and well being of children with chronic emotional, behavioral and developmental problems – United States, 2001. *MMWR.* 2005; 54(39):985-989. Available at: http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5439a3.htm. Accessed Oct. 6, 2005.

[4] U.S. Department of Health and Human Services, Health Resources and Services Administration, Maternal and Child Health Bureau. The National Survey of Children with Special Health Care Needs Chartbook 2001. Rockville, Maryland: U.S. Department of Health and Human Services, 2004. Available at: http://mchb.hrsa.gov/chscn/index.htm. Accessed Mar. 1, 2006.

[5] U.S. Department of Health and Human Services. Oral health in America: A report of the surgeon general. Rockville, MD: Department of Health and Human Services, National Institutes of Health, National Institute of Dental and Craniofacial Research, September 2000.

[6] Arizona Department of Health Services. Arizona Oral Health Update. Phoenix, AZ: Arizona Department of Health Services, Office of Oral Health, May 2000

[7] Health Resources and Services Administration. Oral Health for Children and Adolescents with Special Health Care Needs: Challenges and Opportunities. 2005. Available at: http://www.ask.hrsa.gov/detail.cfm?PubID=MCH00156. Accessed March 1, 2006.

[8] National Institute of Dental and Craniofacial Research. Continuing Education: Practical Oral Care for People with Developmental Disabilities. Available at: http://www.nidcr.nih.gov/HealthInformation/DiseasesAndConditions/DevelopmentalDisabilitiesAndOralHealth/ContinuingEducation.htm. Accessed March 1, 2006.

APPENDIX

Technical Specifications
for the Measurement Period from October 1, 2003, through September 30, 2004

I. WELL-CHILD VISITS IN THE THIRD, FOURTH, FIFTH AND SIXTH YEARS OF LIFE

Recipient Subsystem Requirements

- Members must have been 3 through 6 years old as of September 30 of the measurement period.
- Members must have been continuously enrolled during the measurement period and on September 30 of the measurement period.
- Members must have been enrolled with DES/DDD for the entire measurement period (enrollment was selected only for contract types 'A,' 'B,' or 'N').
- Prior Period Coverage (PPC) was not considered part of continuous enrollment and was treated as a break in acute enrollment.
- A member with one single enrollment gap, not exceeding 31 days, was considered to have continuous enrollment and was included in the population; however, the gap could not occur at the beginning or the end of the continuous enrollment period.
- Change of county service area without any gap of enrollment was not considered a break in enrollment. In these cases, the member was assigned to the last county of residence.
- Any member enrolled with the following Contractors was excluded:

000850 - State Emergency Services	000950 - Federal Emergency Services
000960 - Family Planning Services	003335 - Permanent Fee-For-Service
008690 - Temporary Fee-For-Service	010174 - Maricopa LTC, Residual
010182 - Pima LTC, Residual	999998 - Indian Health Services
888886 - Fee-For-Service LTC, residual	079873 - DHS

- Members with rate codes 45XX were excluded.

Note:
A data file containing the information for each member was created and used to identify services received.

Encounter Subsystem Requirements

Utilizing data from the Recipient Subsystem:

- All encounters selected (Form 1500 and UB 82/92) for the eligible population were based on the service selection criteria listed below.
- Encounters were included if the begin-date of service fell within the measurement period.
- Encounters from the Arizona Department of Health Services (ADHS)/Children's Rehabilitative Services (CRS) and ADHS/Behavioral Health Services (BHS) were excluded from the numerator. Children receiving services through CRS or BHS who also were enrolled with DDD were included in the denominator.
- All services for the member were reported under the member's last county of residence in the measurement period.
- The selected encounters were sorted by member primary ID.

Service Selection Criteria

CPT-4 Codes Preventive Medicine Services (UB82/92 or HCFA 1500)

99382	New patient (ages 1 - 4 years)
99383	New patient (ages 5 – 11 years)
99392	Established patient (ages 1 - 4 years)
99393	Established patient (ages 5 – 11 years)

OR

CPT-4 Codes Evaluation and Management (UB82/92 or HCFA 1500)

99201 - 99205	New Patient
99211 - 99215	Established patient

In conjunction with ICD-9 Diagnosis codes

V20.2	Routine infant or child health check
V70.0	General medical examination (routine)
V70.3-V70.9	General medical examination

and

Not in conjunction with Category of Service

03	Respiratory Therapy
06	Physical Therapy
07	Speech/Hearing Therapy
11	Dental
12	Pathology & Laboratory
13	Radiology
15	Durable Medical Equipment & Supplies
30	Home Health Nurse Service
31	Non-emergency Transportation
40	Medical Supplies

Deviations from HEDIS 2004 Codes to Identify Well-child Visits

- AHCCCS requires that certain CPT-4 codes be used in conjunction with ICD-9 revenue codes and/or not in conjunction with certain category of service codes in order to ensure that well-child services were provided.

II. ADOLESCENT WELL-CARE VISITS

Recipient Subsystem Requirements

- Members selected must have been 11 through 20 years old as of September 30 of the measurement period.
- Members must have been continuously enrolled during the measurement period and on September 30 of the measurement period.
- Members must have been enrolled with DES/DDD for the entire measurement period (enrollment was selected only for contract types 'A,' 'B,' or 'N').
- Prior Period Coverage (PPC) was not considered part of continuous enrollment and was treated as a break in acute enrollment.
- A member with one single enrollment gap, not exceeding 31 days, was considered to have continuous enrollment and was included in the population; however, the gap could not occur at the beginning or the end of the continuous enrollment period.
- Change of county service area without any gap of enrollment was not considered a break in enrollment. In these cases, the member was assigned to the last county of residence.
- Any member enrolled with the following Contractors was excluded:

000850 - State Emergency Services	000950 - Federal Emergency Services
000960 - Family Planning Services	003335 - Permanent Fee-For-Service
008690 - Temporary Fee-For-Service	010174 - Maricopa LTC, Residual
010182 - Pima LTC, Residual	999998 - Indian Health Services
888886 - Fee-For-Service LTC, residual	079873 - DHS

- Members with rate codes 45XX were excluded.

Note:
A data file containing the information for each member was created and used to identify services received.

Encounter Subsystem Requirements

Utilizing data from the Recipient Subsystem:

- All encounters selected (Form 1500 and UB 82/92) for the eligible population were based on the service selection criteria listed below.
- Encounters were included if the begin-date of service fell within the measurement period.
- Encounters from the Arizona Department of Health Services (ADHS)/Children's Rehabilitative Services (CRS) and ADHS/Behavioral Health Services (BHS) were excluded from the numerator. Children receiving services through CRS or BHS who also were enrolled with DDD were included in the denominator.
- All services for the member were reported under the member's last county of residence in the measurement period.
- The selected encounters were sorted by member primary ID.

Service Selection Criteria

CPT-4 Codes Preventive Medicine Services (UB82/92 or HCFA 1500)

99383	New patient (ages 5 – 11 years)
99384	New patient (ages 12 - 17 years)
99385	New patient (ages 18 - 39 years)
99393	Established patient (ages 5 – 11 years)
99394	Established patient (ages 12 - 17 years)
99395	Established patient (ages 18 - 39 years)

OR

CPT-4 Codes Evaluation and Management (UB82/92 or HCFA 1500)

99201 - 99205	New Patient
99211 - 99215	Established patient

In conjunction with ICD-9 Diagnosis codes:

V20.2	Routine infant or child health check
V70.0	General medical examination (routine)
V70.3 - V70.9	General medical examination

and

Not in conjunction with Category of Service:

03 Respiratory Therapy
06 Physical Therapy
07 Speech/Hearing Therapy
11 Dental
12 Pathology & Laboratory
13 Radiology
15 Durable Medical Equipment & Supplies
30 Home Health Nurse Service
31 Non-emergency Transportation
40 Medical Supplies

Deviations from HEDIS 2004 Codes to Identify Well-child Visits

- AHCCCS requires that certain CPT-4 codes be used in conjunction with ICD-9 revenue codes and/or not in conjunction with certain category of service codes in order to ensure that well-care services were provided.

III. ANNUAL DENTAL VISITS

Recipient Subsystem Requirements

- Members must have been 3 through 20 years old as of September 30 of the measurement period.
- Members must have been continuously enrolled during the measurement period and on September 30 of the measurement period.
- Members must have been enrolled with DES/DDD for the entire measurement period (enrollment was selected only for contract types 'A,' 'B,' or 'N').
- Prior Period Coverage (PPC) was not considered part of continuous enrollment and was treated as a break in acute enrollment.
- A member with one single enrollment gap, not exceeding 31 days, was considered to have continuous enrollment and was included in the population; however, the gap could not occur at the beginning or the end of the continuous enrollment period.
- Change of county service area without any gap of enrollment was not considered a break in enrollment. In these cases, the member was assigned to the last county of residence.
- Any member enrolled with the following Contractors was excluded:

000850 - State Emergency Services	000950 - Federal Emergency Services
000960 - Family Planning Services	003335 - Permanent Fee-For-Service
008690 - Temporary Fee-For-Service	010174 - Maricopa LTC, Residual
010182 - Pima LTC, Residual	999998 - Indian Health Services
888886 - Fee-For-Service LTC, residual	079873 - DHS

- Members with rate codes 45XX were excluded.

Note:
A data file containing the information for each member was created and used to identify services received.

Encounter Subsystem Requirements

Utilizing data from the Recipient Subsystem:

- All encounters selected (Form 1500 and UB 82/92) for the eligible population were based on the service selection criteria listed below.
- Encounters were included if the begin-date of service fell within the measurement period.
- Encounters from the Arizona Department of Health Services (ADHS)/Children's Rehabilitative Services (CRS) and ADHS/Behavioral Health Services (BHS) were excluded from the numerator. Children receiving services through CRS or BHS who also were enrolled with DDD were included in the denominator.
- All services for the member were reported under the member's last county of residence in the measurement period.
- The selected encounters were sorted by member primary ID.

Service Selection Criteria

Preventive Services

For services reported on Form "D" (Dental) use the following logic
Procedure class code = 70 or 71 or
Procedure code range = D0100 – D0999 or D1000 – D1999

For services reported on any other form

CPT-4 codes (UB82/92 or HCFA 1500)
70300 - 70320 Radiological exams (partial, complete, single, unilateral, bilateral)
70350 Cephalogram, Orthodontic
70355 Orthopantogram

OR

Procedure Class Codes

70	Diagnostic	D0100-D0999
71	Preventive	D1000-D1999

OR

ICD-9-CM Procedure Code (UB 82/92)
87.11 Full mouth X-Ray of Teeth
87.12 Other dental X-Ray
89.31 Dental examination

OR

ICD-9 Diagnostic Code (UB 82/92)
V72.2 Dental examination

In conjunction with Revenue Code
510 Clinic
512 Dental Clinic
515 Pediatric Clinic
519 Other Clinic

or

HCPCS Code (UB82/92 or HCFA 1500)
D1310 Nutritional counseling for the control of dental disease

OR

ICD-9 Diagnostic Code (HCFA 1500)
V72.2 Dental examination

In conjunction with Provider Type

07	Dentist
54	Dental Hygienist

or

In conjunction with Provider Specialty Type

800	Dentist – General
801	Dentist – Orthodonture
802	Dentist – Endodontist
803	Dentist - Oral Pathologist
804	Dentist – Pedodontist
805	Dentist – Prosthodontist
806	Dentist – Periodontist
807	Dentist - Public Health
808	Dentist - Oral Surgeon
809	Dentist – Anesthesiologist

Treatment Services

For services reported on Form "D" (Dental) use the following logic
Procedure class codes = 72 through 79 or
Procedure range = D2000 – D9999

For services reported on any other form

Procedure Class Codes

72	Restorative	D2000-D2999
73	Endodontics	D3000-D3999
74	Periodontics	D4000-D4999
75	Prosthodontics	D5000-D5999
76	Implant Services	D6000-D6199
76	Fixed Prosthodontics	D6200-D6999
77	Oral Surgery	D7000-D7999
78	Orthodontics	D8000-D8999
79	Adjunctive General Services	D9000-D9999

OR

ICD-9 Procedure Code (UB 82/92)

23.xx	Removal and restoration of teeth
24.xx	Other operations on teeth, gums, and alveoli
93.55	Dental wiring
96.54	Dental scaling, polishing and debridement
97.22	Replacement of dental packing
97.33	Removal of dental wiring
97.34	Removal of dental packing
97.35	Removal of dental prosthesis
99.97	Fitting of denture

Deviations from HEDIS 2004 Codes to Identify Annual Dental Visits

- Procedure classification codes for dental services were used to select services in lieu of individual CPT codes when possible.
- AHCCCS uses HCPCS/CDT-3 code ranges D0100 – D0999 and D1000 – D1999; HEDIS uses code ranges D0120 – D0999 and D1110 – D1550
- HEDIS uses ICD-9-CM procedure codes 23, 24, 93.55, 96.54, 97.22, 97.33-97.35, and 99.97; AHCCCS does not select services based on these specific codes.

AHCCCS uses ICD-9 diagnostic code V72.2 (dental examination) to select services; HEDIS does not use this code.