



## Overview of the Dental and Oral Health Services Measures in the 2025 Child, Adult, and 1945A Health Home Core Sets

### Introduction

Improving oral health outcomes for children, adolescents, and adults in Medicaid and the Children’s Health Insurance Program (CHIP) is a priority for the Centers for Medicare & Medicaid Services (CMS). In recognition of this priority, CMS reports on quality improvement efforts and progress in this area each year. The Child, Adult, and Health Home Core Sets include several measures that focus on access to high quality and appropriate dental and oral health services (Table 1).

The Child Core Set has included dental and oral health service measures since the initial Core Set, most recently including the Sealant Receipt on Permanent First Molars (SFM-CH), Oral Evaluation, Dental Services (OEV-CH), and Topical Fluoride for Children (TFL-CH) measures.<sup>1</sup> In 2025, to address an identified gap in the Adult Core Set related to dental and oral health, CMS added two new measures to the Adult Core Set – Oral Evaluation During Pregnancy: Ages 21 to 44 (OEV-AD) and Ambulatory Care Sensitive Emergency Department Visits for Non-Traumatic Dental Conditions in Adults (EDV-AD). CMS also provisionally added Oral Evaluation During Pregnancy: Ages 15 to 20 (OEV-CH) to the Child Core Set for voluntary reporting in 2025.<sup>2</sup> In addition, CMS included the OEV-HHA measure on the initial 1945A Health Home Core Set.<sup>3</sup>

Taken together, the measures assess access to annual oral evaluations among all children and adolescents (OEV-CH/HHA) and among pregnant individuals (OEV-CH/AD), receipt of evidence-based preventive

services for children and adolescents (TFL-CH, SFM-CH), and rates of avoidable use of the medical system for dental conditions among adults (EDV-AD). These measures will support CMS and states in continuing to improve dental and oral health among Medicaid and CHIP beneficiaries. This technical assistance resource provides an overview of the dental and oral health service measures in the 2025 Child, Adult, and 1945A Health Home Core Sets (Table 2, next page).

**Table 1. Dental and Oral Health Services Measures Included in the 2025 Child, Adult, and 1945A Health Home Core Sets**

CMIT #	Measure Name	Child	Adult	1945A Health Home
897	Oral Evaluation, Dental Services (OEV-CH/HHA)	√ <sup>a</sup>		√ <sup>a</sup>
1783	Oral Evaluation During Pregnancy (OEV-CH/AD)	√ <sup>b</sup>	√ <sup>c</sup>	
1672	Topical Fluoride for Children (TFL-CH)	√ <sup>a</sup>		
830	Sealant Receipt on Permanent First Molars (SFM-CH)	√ <sup>a</sup>		
1784	Ambulatory Care Sensitive Emergency Department Visits for Non-Traumatic Dental Conditions in Adults (EDV-AD)		√ <sup>c</sup>	

<sup>a</sup> Mandatory 2025 Core Set measure.

<sup>b</sup> Provisional 2025 Core Set measure (voluntary for 2025 reporting).

<sup>c</sup> Voluntary 2025 Core Set measure.

<sup>1</sup> A history of Dental and Oral Health Measures in the Child Core Set is available at <https://www.medicare.gov/medicaid/quality-of-care/downloads/core-set-history-table.pdf>.

<sup>2</sup> <https://www.medicare.gov/federal-policy-guidance/downloads/sho24001.pdf>.

<sup>3</sup> <https://www.medicare.gov/federal-policy-guidance/downloads/smd22004.pdf>.

**Table 2. Overview of the Dental and Oral Health Services Measures in the 2025 Child, Adult, and 1945A Health Home Core Sets**

	<b>Oral Evaluation, Dental Services (OEV-CH/HHA)</b>	<b>Oral Evaluation During Pregnancy (OEV-CH/AD)</b>	<b>Topical Fluoride for Children (TFL-CH)</b>	<b>Sealant Receipt on Permanent First Molars (SFM-CH)</b>	<b>Ambulatory Care Sensitive Emergency Department Visits for Non-Traumatic Dental Conditions in Adults (EDV-AD)</b>
<b>Measure steward</b>	American Dental Association on behalf of the Dental Quality Alliance (ADA/DQA)	American Dental Association on behalf of the Dental Quality Alliance (ADA/DQA)	American Dental Association on behalf of the Dental Quality Alliance (ADA/DQA)	American Dental Association on behalf of the Dental Quality Alliance (ADA/DQA)	American Dental Association on behalf of the Dental Quality Alliance (ADA/DQA)
<b>Description</b>	Percentage of enrolled children under age 21 who received a comprehensive or periodic oral evaluation within the measurement year. The total rate (Age <21) is required for 2025 reporting.	Percentage of enrolled persons with live-birth deliveries in the measurement year who received a comprehensive or periodic oral evaluation during pregnancy.	Percentage of enrolled children ages 1 through 20 who received at least two topical fluoride applications as: (1) dental or oral health services, (2) dental services, and (3) oral health services within the measurement year. The total rates (ages 1 through 20) are required for 2025 reporting for all three types of services.	Percentage of enrolled children who have ever received sealants on permanent first molar teeth. Two rates are reported: (1) at least one sealant and (2) all four molars sealed by the 10th birthdate. Both rates are required for 2025 reporting.	Number of emergency department (ED) visits for ambulatory care sensitive non-traumatic dental conditions per 100,000 beneficiary months for adults age 18 and older.
<b>Age</b>	Children who are under the age 21 as of December 31 of the measurement year. Report 4 age stratifications (voluntary for 2025) and a total rate (required for 2025): <ul style="list-style-type: none"> <li>• Age &lt; 3</li> <li>• Ages 3 to 5</li> <li>• Ages 6 to 14</li> <li>• Ages 15 to 20</li> <li>• Total (&lt; Age 21)</li> </ul>	OEV-CH: People who are >=15 and <21 as of December 31st of the measurement year. OEV-AD: People who are >=21 and <45 as of December 31st of the measurement year.	Children ages 1 through 20 as of December 31 of the measurement year. Report 4 age stratifications (voluntary for 2025) and a total rate (required for 2025): <ul style="list-style-type: none"> <li>• Ages 1 to 2</li> <li>• Ages 3 to 5</li> <li>• Ages 6 to 14</li> <li>• Ages 15 to 20</li> <li>• Total ages 1 through 20</li> </ul>	Children who turn age 10 in the measurement year.	Beneficiaries age 18 and older. Report 2 age stratifications: <ul style="list-style-type: none"> <li>• Ages 18 to 64</li> <li>• Age 65 and older</li> </ul>
<b>Denominator</b>	Children who are under age 21 as of December 31 of the measurement year.	People with live-birth deliveries during the measurement year.	Children ages 1 through 20 as of December 31 of the measurement year.	Children who turn age 10 in the measurement year.	Total number of months of Medicaid enrollment for beneficiaries age 18 and older during the measurement year.

	<b>Oral Evaluation, Dental Services (OEV-CH/HHA)</b>	<b>Oral Evaluation During Pregnancy (OEV-CH/AD)</b>	<b>Topical Fluoride for Children (TFL-CH)</b>	<b>Sealant Receipt on Permanent First Molars (SFM-CH)</b>	<b>Ambulatory Care Sensitive Emergency Department Visits for Non-Traumatic Dental Conditions in Adults (EDV-AD)</b>
<b>Numerator</b>	The unduplicated number of enrolled children who received a comprehensive or periodic oral evaluation as a dental service during the measurement year (D0120, D0150, or D0145).	The unduplicated number of enrolled beneficiaries who received a comprehensive or periodic oral evaluation as a dental service during the 270 days prior to the delivery date (D0120, D0150, or D0180).	The unduplicated number of enrolled children who received at least two fluoride applications as the following during the measurement year (D1206, D1208, 99188): <ul style="list-style-type: none"> <li>Dental or oral health services</li> <li>Dental services</li> <li>Oral health services</li> </ul> Fluoride applications must be provided on at least two unique dates of service.	The unduplicated number of enrolled children who received a sealant in the 48 months prior to the 10th birthdate (D1351) on: <ul style="list-style-type: none"> <li>At least one permanent first molar tooth</li> <li>All four permanent first molars.</li> </ul>	ED visits with an ambulatory care sensitive non-traumatic dental condition diagnosis code among beneficiaries age 18 and older during eligible beneficiary months within the measurement year. See specifications for qualifying diagnosis codes.
<b>Continuous enrollment</b>	180 days during measurement year.	Continuously enrolled for 180 days prior to delivery through the delivery date.	The measurement year.	12 months prior to the child's 10th birthdate.	None.
<b>Allowable gap</b>	No allowable gaps in the continuous enrollment period.	No allowable gaps in the continuous enrollment period.	No more than one gap in enrollment of up to 31 days during the measurement year. To determine continuous enrollment for a beneficiary for whom enrollment is verified monthly the child may not have more than a single 1-month gap in coverage.	No more than one gap in enrollment of up to 45 days during the continuous enrollment period. To determine continuous enrollment for a beneficiary for whom enrollment is verified monthly the child may not have more than a 1-month gap in coverage.	Not applicable (no continuous enrollment period).
<b>Anchor date</b>	None.	Date of live-birth delivery.	None.	Enrolled on the 10th birthdate.	None.
<b>Exclusions</b>	None.	None.	None.	Children who have received treatment (restorations, extractions, endodontic, prosthodontic, and other dental treatments) on all four permanent first molars in the 48 months prior to the 10th birthdate.	None.
<b>Data source</b>	Administrative	Administrative	Administrative	Administrative	Administrative
<b>Codes needed to calculate the measure</b>	<ul style="list-style-type: none"> <li>CDT Codes</li> <li>NUCC maintained Provider Taxonomy Codes</li> </ul>	<ul style="list-style-type: none"> <li>CDT Codes</li> <li>CPT Codes</li> <li>NUCC maintained Provider Taxonomy Codes</li> <li>ICD-10-PCS Codes</li> <li>ICD-10-CM Codes</li> </ul>	<ul style="list-style-type: none"> <li>CDT Codes</li> <li>CPT Codes</li> <li>NUCC maintained Provider Taxonomy Codes</li> </ul>	<ul style="list-style-type: none"> <li>CDT Codes</li> <li>Tooth Number Codes</li> <li>Tooth Surface Codes</li> </ul>	<ul style="list-style-type: none"> <li>CPT Codes</li> <li>Revenue Codes</li> <li>Place of service</li> <li>UB Codes</li> <li>ICD-10-CM Codes</li> </ul>

CDT = Current Dental Terminology; CM = Clinical Modification; CPT = Current Procedural Terminology; ICD = International Classification of Diseases; NUCC = National Uniform Claim Committee; PCS = Procedure Codes; UB = Uniform Billing

## Oral Evaluation, Dental Services (OEV-CH/HHA)

The Oral Evaluation, Dental Services (OEV-CH/HHA) measure examines the percentage of enrolled children under age 21 who received a comprehensive or periodic oral evaluation within the measurement year. This measure includes one rate that measures the number of children who received an oral evaluation as a dental service during the measurement year. This measure uses the CDT<sup>4</sup> codes and the NUCC maintained coding system to determine the numerator.

Claims with missing or invalid CDT codes, missing or invalid NUCC maintained Provider Taxonomy Codes, or NUCC maintained Provider Taxonomy Codes that are not listed in the measure specifications will not be counted in the numerator.

For the 2025 Core Set, the measure steward updated the technical specifications for the measure, which includes the following:

- Adjusted the age stratifications:
  - Age < 3.
  - Ages 3 to 5.
  - Ages 6 to 14.
  - Ages 15 to 20.
  - Total (Age <21).
- Updated the link to the DQA Measures User Guide in the Additional Notes section.

## Topical Fluoride for Children (TFL-CH)

The Topical Fluoride for Children (TFL-CH) measure examines the percentage of enrolled children ages 1 through 20 who received at least two topical fluoride applications as (1) dental or oral health services, (2) dental services, and (3) oral health services within the measurement year, where there were at least two unique dates of service when topical fluoride was provided. This measure includes three rates: (1) dental or

oral health services, (2) dental services, and (3) oral health services.

This measure uses the CDT, CPT, and NUCC coding systems to determine the numerator: the rate for dental or oral health services (Rate 1) uses CDT and CPT codes. The rate for dental services (Rate 2) and the rate for oral health services (Rate 3) use CDT codes and NUCC maintained Provider Taxonomy Codes to determine the numerator. Rate 3 also uses CPT codes.

The technical specifications for the TFL-CH measure describe additional factors to consider when determining the numerator of each rate, which include the following:

- The numerator of Rate 1 is not the sum of the numerators of Rates 2 and 3. There may be cases where a child may be eligible to be included in the numerator of Rate 1, but not in the numerators of Rates 2 and 3. There may also be a case where a child could be eligible to be included in the numerators of both Rates 2 and 3.
- The numerator cannot include more than one fluoride application per beneficiary on the same date of service. This applies to all three rates.
- All claims that have missing or invalid service codes (CPT and CDT codes) should be excluded from the numerator. This applies to all three rates.
- All claims that have missing or invalid NUCC maintained Provider Taxonomy Codes should be excluded from the numerator. This applies to Rates 2 and 3.

All modes of topical fluoride application (all CDT and CPT codes for this measure) are considered equally effective for this measure. This measure does not consider alternate home-use fluoride products including supplements.

For the 2025 Child Core Set, the measure steward updated the technical specifications for the TFL-CH measure, which includes the following:

- Adjusted the age stratifications:
  - Age 1 to 2.

<sup>4</sup> The CDT code set is incorporated into the HCPCS Level II code set.

- Ages 3 to 5.
- Ages 6 to 14.
- Ages 15 to 20.
- Total ages 1 through 20.
- Updated the link to the DQA Measures User Guide in the Additional Notes section.

### Sealant Receipt on Permanent First Molars (SFM-CH)

The Sealant Receipt on Permanent First Molars (SFM-CH) measure examines the percentage of enrolled children who have ever received sealants on permanent first molar teeth by the 10th birthdate. This measure includes two rates: (1) sealant for at least one permanent first molar, and (2) sealants for all four molars. This measure uses CDT codes, tooth number codes, and surface codes to determine the numerator and exclusions.

The technical specifications for the SFM-CH measure describe additional factors to consider when determining the exclusions, which include the following:

- Beneficiaries who received treatment (restorations, extractions, endodontic, prosthodontic, and other dental treatments) on all four permanent first molars in the 48 months prior to the 10th birthdate are excluded.
  - One of the above exclusion criterion checks whether the beneficiary has any restorative code that includes occlusal tooth surface “O” alone or in combination with other surface codes. When assessing whether a restorative code includes the occlusal tooth surface (for one of the possible exclusion criterion), note that **any surface combination** including the occlusal surface “O” should be included irrespective of the position of the “O.” If the tooth surface code is not included on the claim, this specific exclusion criteria is not met, but the beneficiary may still meet other exclusion criteria for that tooth.
- See the technical specifications for the full list of exclusion criteria.

The technical specifications for the SFM-CH measure describe additional factors to consider when determining the numerator of each rate, which include the following:

- A record with a missing or invalid tooth number code may not be counted in the numerator.
- Services provided on the 10th birthdate are not included in the numerator.
- Sealants that are received prior to the 48 months before the 10th birthdate are not included in the numerator.

For the 2025 Child Core Set, the measure steward updated the technical specifications for the SFM-CH measure, which includes the following:

- Updated the list of prosthodontic codes to include D6205 through D6794.
- Updated the link to the DQA Measures User Guide in the Additional Notes section.

### Oral Evaluation During Pregnancy (O EVP-CH/AD)

The Oral Evaluation During Pregnancy measure examines the percentage of enrolled persons with live-birth deliveries in the measurement year who received a comprehensive or periodic oral evaluation during pregnancy. The Child Core Set measure applies to beneficiaries ages 15 to 20 and the Adult Core Set measure applies to beneficiaries ages 21 to 44 at the time of the live-birth delivery.

This measure uses ICD-10-PCS, ICD-10-CM, and CPT codes to identify the denominator (live birth deliveries). The technical specifications for the O EVP-CH/AD measure describe additional factors to consider when determining the denominator, which include the following:

- Live-birth deliveries can be determined through one of the following:
  - A procedure code from Table O EVP-A OR O EVP-B and a diagnosis code from Table O EVP-C. These tables are available at <https://www.medicaid.gov/medicaid/quality-of-care/downloads/2025-child-non-hedis-value-set-directory.zip>.



- An ICD-10-CM Code that signifies both delivery and live birth (O80 or O82).
- Check all procedure and diagnosis code fields when identifying the numerator.
- If a person has more than one live-birth delivery during the measurement year, use the first delivery.
- Delivery dates should be identified using the procedure code dates where possible. If procedure code dates are unavailable, then the admission date may be used.

The measure uses CDT and NUCC codes to determine the numerator. All claims with missing or invalid CDT codes, missing or invalid NUCC maintained Provider Taxonomy Codes, or NUCC maintained Provider Taxonomy Codes that do not appear in Table OEVP-D will not be counted in the numerator.

### **Ambulatory Care Sensitive Emergency Department Visits for Non-Traumatic Dental Conditions in Adults (EDV-AD)**

The Ambulatory Care Sensitive Emergency Department Visits for Non-Traumatic Dental Conditions in Adults measure examines the number of emergency department (ED) visits for ambulatory care sensitive non-traumatic dental conditions per 100,000 beneficiary months for beneficiaries age 18 and older.

The technical specifications describe a two-step process that should be used to determine whether beneficiaries should be counted in this measure:

- For each beneficiary month considered for the denominator, assess the beneficiary's age at either the 15th or 30th of the month (or the 28th of the month in February). If the beneficiary was age 18 or older by that date, the beneficiary month should be counted in the denominator. A consistent date should be used to assess age across all months. Assignment of member months to the age stratifications (18 to 64 or 65 and older) for the denominator is based on the beneficiary's age during the eligible member month (as of the consistent date referenced above). For beneficiaries turning 65 during the reporting year, it is possible to contribute beneficiary months to both age stratifications (18 to 64 or 65 and older) during the year.

- For each ED visit representing a qualifying numerator event, assess the beneficiary's age on the date of the visit. Assignment of ED visits to the age stratifications (18 to 64 or 65 and older) for the numerator is based on the beneficiary's age on the date of the ED visit. Only visits for beneficiaries age 18 or older should be included in the numerator. In addition, the visit must occur during a month in which the beneficiary is enrolled and included in the denominator to count for the numerator.

This measure uses CPT, Revenue, and Place of Service codes to determine whether the health encounter is considered an ED visit for the numerator. The measure uses ICD-10-CM diagnosis codes to determine whether the ED visit is for an ambulatory care sensitive non-traumatic dental condition. The measure uses UB codes to identify visits that result in inpatient admissions, which are excluded from the numerator.

The technical specifications for the EDV-AD measure describe additional factors to consider when determining the numerator, which include the following:

- Both the specifications and the separate code tables must be referenced to identify all needed codes. The code tables are available at <https://www.medicaid.gov/medicaid/quality-of-care/downloads/2025-adult-non-hedis-value-set-directory.zip>.
- Codes from Table EDV-A can be used to identify a non-traumatic dental condition if the diagnosis code is the first listed diagnosis code.
- Codes from Table EDV-B as the first listed diagnosis code must also be accompanied by a code from Table EDV-A to qualify as a non-traumatic dental condition.
- 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. Either visit can be counted as resulting in the inpatient admission.

## Technical Assistance Resources for Calculating the Dental and Oral Health Services Measures

Several resources are available to help states calculate the dental and oral health services measures for Child, Adult, and 1945A Health Home Core Set reporting:

- The technical specifications for the dental and oral health service measures are in the 2025 Child, Adult, and 1945A Health Home Core Set Resource Manuals.
- The 2025 Core Set Measurement Period Tables includes the date ranges that should be used for the denominator and numerator for the dental and oral health service measures.
- The 2025 Child, Adult, and Health Home Core Set Reporting: Data Quality Checklist for States contains additional guidance to help states improve the completeness, accuracy, consistency, and documentation of the data reported.

The above resources are available at the following links for each Core Set:

- Child Core Set resources are available at: <https://www.medicaid.gov/medicaid/quality-of-care/performance-measurement/adult-and-child-health-care-quality-measures/child-core-set-reporting-resources/index.html>.
- Adult Core Set resources are available at: <https://www.medicaid.gov/medicaid/quality-of-care/performance-measurement/adult-and-child-health-care-quality-measures/adult-core-set-reporting-resources/index.html>.
- Health Home Core Set resources are available at: <https://www.medicaid.gov/resources-for-states/medicaid-state-technical-assistance/health-home-information-resource-center/health-home-quality-reporting/index.html>.

The DQA User Guides are available at the following links:

- Adult measures: [http://www.ada.org/-/media/project/ada-organization/ada/ada-org/files/resources/research/dqa/dental-quality-measures/2025/2025\\_dqa\\_adult\\_measures\\_user\\_guide\\_final.pdf](http://www.ada.org/-/media/project/ada-organization/ada/ada-org/files/resources/research/dqa/dental-quality-measures/2025/2025_dqa_adult_measures_user_guide_final.pdf)
- Pediatric measures: [http://www.ada.org/-/media/project/ada-organization/ada/ada-org/files/resources/research/dqa/dental-quality-measures/2025/2025\\_dqa\\_pediatric\\_measures\\_user\\_guide\\_final.pdf](http://www.ada.org/-/media/project/ada-organization/ada/ada-org/files/resources/research/dqa/dental-quality-measures/2025/2025_dqa_pediatric_measures_user_guide_final.pdf).

### For More Information

For technical assistance related to calculating and reporting the OEV-CH/HHA, OEVP-CH-AD, TFL-CH, SFM-CH, or EDV-AD measures, or other Child, Adult, and Health Home Core Set measures, please contact the TA mailbox at [MACQualityTA@cms.hhs.gov](mailto:MACQualityTA@cms.hhs.gov).