



# HAB HIV Performance Measures Oral Health FAQs

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The document focuses on questions related to the HIV/AIDS Bureau's oral health performance measures that are most frequently asked by programs that receive funds under the Ryan White HIV/AIDS Treatment Extension Act of 2009 (Ryan White HIV/AIDS Program). FAQs will be updated as necessary.

Questions that relate to the various types of performance measures can be found at: <http://www.hab.hrsa.gov/special/habmeasures.htm>.

The following categories of questions have been frequently asked and the corresponding answers are detailed in this document:

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# **HAB HIV Performance Measures**

## **Oral Health FAQs**

### **Scope of Oral Health Measures**

**Question:** Within the Ryan White community, which providers should use the oral health performance measures?

**Answer:** The measures are designed to be used by dental providers providing oral health services for the HIV-infected population.

**Question:** How should we use the American Dental Association Current Dental Terminology (ADA CDT) billing codes?

**Answer:** The ADA CDT codes included in the detail sheets are provided as examples to help identify potential data sources. The list is not meant to be exhaustive.

**Question:** How can the data be collected if ADA CDT Code data are not available for a specific procedure or if the oral health provider does not use ADA CDT Codes for billing or documentation purposes?

**Answer:** If ADA CDT codes are not used, data can be abstracted from patient charts to determine if a service has been provided. "Dummy" codes can also be utilized to capture the required data and allow for analysis using electronic datafiles.

### **Phase I Dental Treatment Plan Completion**

**Question:** What should be included in a Phase I Treatment Plan?

**Answer:** Phase I treatment focuses on the prevention, maintenance and/or elimination of oral pathology that results from dental caries or periodontal disease. Treatment could be restorative or include basic periodontal therapy (non-surgical) or simple extractions and biopsy. It could also include non-surgical endodontic therapy, such as root canals or space maintenance and tooth eruption guidance for transitional dentition (non-orthodontic).

**Question:** What if we don't have the clinical capacity/resources to complete the Phase I treatment plans?

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**Answer:** It is understood that access to dental services is challenging in certain geographic regions. It is, however, important to document the services that are being provided in light of constrained resources. The data should reflect the percentage of Phase I treatment plans that were able to be completed.

**Question:** **What if the treatment plan changes during the course of the year due to increasing complexity or patient needs? Should we readjust the 12 month initiation date of the treatment plan?**

**Answer:** No, the initiation date should not be changed. The chart should reflect the status of each activity outlined in the treatment plan. If new services are required, these would be captured in the treatment plan for the subsequent year.

**Question:** **Should the dental treatment plan and the Phase I dental treatment plan performance measures be used together?**

**Answer:** Yes, it is recommended that these measures be used in tandem as a way to measure care.