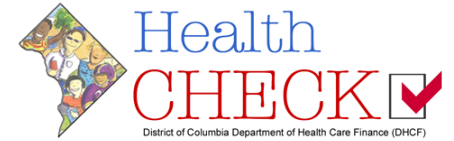




DC Medicaid HealthCheck

Dental Periodicity Schedule



The DC HealthCheck Dental Periodicity Schedule follows the American Academy of Pediatrics Dentistry Periodicity Schedule oral health recommendations in consultation with the local dental community. This schedule is designed for the care of children who have no contributing medical conditions and are developing normally. The DC HealthCheck Dental Periodicity Schedule will be modified for children with special health care needs or if disease or trauma manifests variations from normal.

Age	Birth - 11 months	12 - 23 months	24 - 35 months	3 - 5 years	6 - 11 years	12 years & older
Clinical oral screening ¹	•	•	•	•	•	•
Assess oral growth & development ²	•	•	•	•	•	•
Referral for regular & periodic dental care ³		•	•	•	•	•
Counseling for nonnutritive habits ⁴	•	•	•	•	•	•
Oral hygiene counseling ⁵	•	•	•	•		•
Dietary counseling ⁶ ; injury prevention counseling ⁷	•	•	•	•	•	•
Fluoride supplementation ⁸		•	•	•	•	•
Radiographic assessment ⁹			•	•	•	•
Pit & fissure sealants ¹⁰			•	•	•	•
Assessment & treatment of developing malocclusion				•	•	•
Assessment & removal of 3 rd molars						•
Substance abuse counseling ¹¹					•	•
Anticipatory guidance ¹²	•	•	•	•	•	•

NOTES

1. The Primary Care Physician (PCP)/Pediatrician should perform the first/initial oral health screening following AAP guidelines.
2. An oral assessment can be done by the PCP/Pediatrician up to age 3. Every infant should receive an oral health risk assessment from his/her primary health care provider or qualified health care professional by 6 months of age that includes: (1) assessing the patient's risk of developing oral disease using the AAPD Caries-risk Assessment Tool; (2) providing education on infant oral health; and (3) evaluating and optimizing fluoride exposure.
3. All children in DC should be referred to a dentist for the establishment of a dental home no later than age 3. Children covered under Medicaid and children determined by the PCP/Pediatrician to be at risk for dental caries should be referred to a dentist as early as 6 months after the first tooth erupts, or 12 months of age (whichever comes first) for establishment of a dental home. Children at risk are defined as:
 - Children with Special Health Care Needs
 - Children of mothers with high caries rate
 - Children with demonstrable caries, plaque, demineralization, and/or staining
 - Children who sleep with a bottle or breastfeed throughout the night
 - Later-order offspring
 - Children in families of low socioeconomic status

Once dental care is established with a dental professional, it is recommended and is the right of every child enrolled in Medicaid to see Dentist every 6 months

4. At first discussion for the need for additional sucking: digits vs. pacifiers; then the need to wean from the habit before malocclusion or skeletal dysphasia occurs.
5. For school-aged children and adolescent patients, counsel regarding any existing habits such as fingernail biting, clenching or bruxism. Counseling is given to parents/guardians/caregivers up to age 2. At age 2, the provider should include the patient/child in the counseling. For children above 12 years and older, counseling need only be done with the child/patient if dentist feels this is appropriate – Otherwise include the parents.
6. At every screening discuss the role of refined carbohydrates, frequency of snacking, etc.
7. Initial discussions should include play objects, pacifiers, and car seats; when learning to walk, include injury prevention. For school-age children and adolescent patients, counseling regarding sports and routine playing.
8. Fluoride varnish, as indicated by the child's risk for caries and periodontal disease and the water source. (Performed by dental professional only).
9. As per AAPD "Clinical guideline on prescribing dental radiographs." (Performed by dental professional only).
10. For caries-susceptible primary molars, permanent molars, premolars and anterior teeth with deep pits and/or fissures; placed as soon as possible after eruption. (Performed by dental professional only).
11. Provide substance abuse counseling on topics such as smoking and smokeless tobacco.
12. Appropriate oral health discussion and counseling should be an integral part of each visit for care. (Performed by dental professional only).