California Medi-Cal Dental Program

Denti-Cal Bulletin

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Dental Periodicity Schedule for Children

Federal law governing the provision of dental services to children under Medicaid's Early and Periodic Screening, Diagnosis and Treatment (EPSDT) program requires that dental services be provided in accordance with a dental periodicity schedule. This schedule must recommend treatment intervals that meet reasonable standards of dental practice, as determined by the State after consultation with recognized dental organizations involved in child health care, and at such other intervals that are medically necessary to determine the existence of a suspected illness or condition. The dental periodicity schedule reflects the ages and intervals at which a child should receive specified dental services, not when a referral should take place.

Following consultation with the California Dental Association (CDA), California Society of Pediatric Dentistry (CSPD) and American Academy of Pediatric Dentistry (AAPD), Denti-Cal has elected to use the attached periodicity schedule recommended by AAPD (reproduced with permission). The rationale supporting the procedures recommended in the periodicity schedule can be found on the AAPD Web site at http://www.aapd.org/media/Policies_Guidelines/G_Periodicity.pdf. Although Denti-Cal supports the intervals recommended in the AAPD Periodicity Schedule, please be aware that the Manual of Criteria contained in the Provider Handbook governs Denti-Cal policy with respect to which procedures are benefits and the frequency at which they are allowable.

For questions, please contact the Denti-Cal Telephone Service Center at (800) 423-0507.

RECOMMENDATIONS FOR PREVENTIVE PEDIATRIC ORAL HEALTH CARE

Since each child is unique, these recommendations are designed for the care of children who have no contributing medical conditions and are developing normally. These recommendations will need to be modified for children with special health care needs or if disease or trauma manifests variations from normal. The American Academy of Pediatric Dentistry (AAPD) emphasizes the importance of very early professional intervention and the continuity of care based on the individualized needs of the child. Refer to the text of this guideline for supporting information and references.

AGE	6–12 MONTHS	12–24 MONTHS	2–6 YEARS	6–12 YEARS	12 YEARS AND OLDER
Clinical oral examination [1,2]	•	•	•	•	•
Assess oral growth and development [3]	•	•	•	•	•
Caries-risk assessment [4]	•	•	•	•	•
Radiographic assessment [5]	•	•	•	•	•
Prophylaxis and topical fluoride [4,5]	•	•	•	•	•
Fluoride supplementation [6,7]	•	•	•	•	•
Anticipatory guidance/ counseling [8]	•	•	•	•	•
Oral hygiene counseling [9]	Parent	Parent	Patient/parent	Patient/parent	Patient
Dietary counseling [10]	•	•	•	•	•
Injury prevention counseling [11]	•	•	•	•	•
Counseling for nonnutritive habits [12]	•	•	•	•	•
Counseling for speech/language development	•	•	•		
Substance abuse counseling				•	•
Counseling for intraoral/perioral piercing				•	•
Assessment and treatment of developing malocclusion			•	•	•
Assessment for pit and fissure sealants [13]			•	•	•
Assessment and/or removal of third molars					•
Transition to adult dental care					•

[1] First examination at the eruption of the first tooth and no later than 12 months. Repeat every 6 months or as indicated by child's risk status/ susceptibility to disease.

[2] Includes assessment of pathology and injuries.

[3] By clinical examination.

[4] Must be repeated regularly and frequently to maximize effectiveness.

[5] Timing, selection, and frequency determined by child's history, clinical findings, and susceptibility to oral disease.

[6] Consider when systemic fluoride exposure is suboptimal.

[7] Up to at least 16 years.

[8] Appropriate discussion and counseling should be an integral part of each visit for care.

[9] Initially, responsibility of parent; as child develops, jointly with parent; then, when indicated, only child.

[10] At every appointment; initially discuss appropriate feeding practices, then the role of refined carbohydrates and frequency of snacking in caries development and childhood obesity.

[11] Initially play objects, pacifiers, car seats; then when learning to walk, sports and routine playing, including the importance of mouthguards.

[12] At first, discuss the need for additional sucking: digits vs pacifiers; then the need to wean from the habit before malocclusion or skeletal dysplasia occurs. For school-aged children and adolescent patients, counsel regarding any existing habits such as fingernail biting, clenching, or bruxism.

[13] For caries-susceptible primary molars, permanent molars, premolars, and anterior teeth with deep pits and fissures; placed as soon as possible after eruption.