DC Medicaid HealthCheck Dental Periodicity Schedule

Based on recommendations from the American Academy of Pediatric Dentistry

The DC HealthCheck Dental Periodicity Schedule follows the American Academy of Pediatric Dentistry Periodicity Schedule 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. These recommendations will need to be modified for children with special health care needs or if disease or trauma manifests variations from normal.

RECOMMENDED PROCEDURES	AGE				
	6-11 MONTHS	12-23 MONTHS	2-5 YEARS	6-11 YEARS	12 YEARS AND OLDER
Clinical oral examination[1]	•	•	•	•	•
Assess oral growth and development[2]	•	•	•	•	•
Caries-risk assessment[3]	•	•	•	•	•
Radiographic assessment[4]	•	•	•	•	•
Oral Prophylaxis and topical fluoride[5]	•	•	•	•	•
Fluoride supplementation[6]	•	•	•	•	•
Anticipatory guidance/counseling[7]	•	•	•	•	•
Oral hygiene counseling[8]	Parent/guardian/ caregiver	Parent/guardian/ caregiver	Patient/parent/guardian/ caregiver	Patient/parent/guardian/ caregiver	Patient
Dietary counseling[9]	•	•	•	•	•
Injury prevention counseling[10]	•	•	•	•	•
Counseling for nonnutritive habits[11]	•	•	•	•	•
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[12]			•	•	•
Assessment and/or removal of third molars					•
Transition to adult dental care					•

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NOTES

[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. Includes assessment of pathology and injuries.

[2] By clinical examination

[3] Must be repeated regularly and frequently to maximize effectiveness

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

[5] Must be repeated regularly and frequently to maximize effectiveness. Timing, selection, and frequency determined by child's history, clinical findings, and susceptibility to oral disease.

[6] Consider when systemic fluoride exposure is suboptimal. Up to at least 16 years.

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

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

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

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

[11] 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.

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

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