471-000-39 Dental Periodicity Schedule for Children

Early and periodic screening, diagnostic and treatment (EPSDT) services are required services under the Medicaid program for most individuals under age 21. EPSDT is defined in section 1905(r) of the Social Security Act (the Act) and includes periodic screening, vision, dental, and hearing services and other necessary health services. Schedules specifying the content and periodicity of these services are to be established by each state after consultation with recognized medical organizations involved in child health care (in the case of screening, vision and hearing services) and dental organizations (in the case of dental services). The State of Nebraska uses the American Academy of Pediatric Dentists Periodicity Schedule. 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 emphasizes the importance of very early professional intervention and the continuity of care based on the individualized needs of the child. Refer to the link below for the current American Academy of Pediatric Dentistry periodicity schedule, https://www.aapd.org/research/policy-center/state-dental-periodicity-schedules/.

[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 mouth guards.

[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, clinching, 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.