

RECOMMENDATIONS FOR PREVENTIVE PEDIATRIC ORAL HEALTH CARE

Delaware Medical Assistance Program

(adapted from the American Academy of Pediatric Dentistry)

These recommendations are designed for children with no contributing medical conditions and who have normal development. They are subject to the frequency limitations established in the policies of the Delaware Medical Assistance Program. This schedule may be adapted for children with special health care needs, within the policy requirements of the Delaware Medical Assistance Program.

	6 - 12 months	12 - 24 months	2 - 6 years	6-12 years	12-20 years
Clinical oral examination ¹	•	•	•	•	•
Assess oral growth and development ²	•	•	•	•	•
Oral hygiene/dietary/injury prevention counseling ²	•	•	•	•	•
Caries risk assessment ³		•	•	•	•
Radiographic assessment ⁴			•	•	•
Prophylaxis and topical fluoride ⁵		•	•	•	•
Fluoride supplementation ⁶		•	•	•	•
Pit and fissure sealants ⁷			•	•	•
Tobacco counseling				•	•
Assessment and treatment of developing malocclusion ⁸				•	•
Assessment and/or removal of third molars ⁹					•
Anticipatory guidance ²	•	•	•	•	•

¹ First examination at the eruption of the first tooth but no later than 12 months of age. Continue with oral examination once every six months. Additional examinations subject to prior authorization/medical necessity determination.

² Ongoing at each patient visit. Not billable as separate procedure code.

³ Ongoing at each patient visit. Restoration type and frequency subject to program policy.

⁴ Timing, selection, and frequency determined by child's history, clinical findings, and susceptibility to oral disease, within the frequency limitations of program policy. More frequent radiographs subject to prior authorization/medical necessity determination.

⁵ Every six months, in conjunction with oral examination. More frequent treatment subject to prior authorization/medical necessity determination.

⁶ Consider when systemic fluoride exposure is suboptimal. Performed by a dental professional only.

⁷ For caries-susceptible primary molars, permanent molars, and premolars with deep pits and/or fissures; placed as soon as possible after eruption. Performed by a dental professional only.

⁸ Comprehensive orthodontics limited to treatment of permanent dentition. Interceptive orthodontics limited to correction of crossbites. All orthodontics subject to prior authorization/medical necessity.

⁹ Removal of bony-impacted wisdom teeth considered a medical procedure, subject to the approval requirements of the individual's medical insurance.