District of Columbia Department of Health
Medical Assistance Administration
Dental Periodicity Schedule

The District of Columbia Department of Health Medical Assistance Administration (DC DOH MAA) Dental Health Periodicity Schedule follows the American Academy of Pediatric Dentistry Periodicity Schedule oral health recommendations in consultation with local medical communities. This schedule is designed for the care of children who have no contributing medical conditions and are developing normally. The DC DOH MAA Dental periodicity schedule will be modified for children with special health care needs or if disease or trauma manifests variations from normal.

Age	**Birth - 12 months**	**12 - 24 months**	**24 months – 3 years**	**3 - 6 years**	**6 - 12 years**	**12 years & Older**
Clinical Oral screening[1]	•	•	•	•		
Assess oral growth and development[2]	•	•	•	•	•	•
Referral for Regular & Periodic Dental care[3]		If at risk	•	•	•	•
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 and Removal of 3rd molars						•
Substance Abuse Counseling					•	•
Anticipatory Guidance[11]	•	•	•	•	•	•

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1. The Primary Care Physician/Pediatrician should perform the first/initial oral health screening following AAP guidelines.
2. An oral assessment can be done by the Primary Care Physician/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 should be referred to a dentist for the establishment of a dental home no later than age 3. 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 ag (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 a 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 the Dentist every six months.
4. At first discussion of 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 12 years and older, counseling need only be done with the child/patient if the 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, counsel regarding sports and routine playing.
8. Fluoride supplementation as indicated including a topical 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. Appropriate oral health discussion and counseling should be an integral part of each visit for care. (Performed by dental professional only)

REFERENCES FOR DENTAL PERIODICITY SCHEDULE

1. American Academy of Pediatrics, "Policy Statement on Oral Health Risk Assessment Timing and Establishment of the Dental Home", Pediatrics, 111(5):1113-16 (2003).
2. *Guide to Children's Dental Care in Medicaid,* U.S. Department of Health & Human Services, Centers for Medicare and Medicaid Services (Oct. 2004)
3. Cruz GG, Rozier RG, and Slade G, "Dental Screening and Referral of Young Children by Pediatric Primary Care Providers," Pediatrics, 114(5):642-52 (Nov. 2004)
4. Scale NS and Casamassimo PS, "Access to dental care for children in the United States: a survey of general practitioners," JADA, 134:1630-1640 (dec. 2003)
5. American Academy of Pediatric Dentistry, *Policy on Use of a Caries-risk Assessment Tool (CAT) for Infants, Children and Adolescents* Originating Council, Council on Clinical Affairs, Adopted 2002