Section 4: Required HealthWatch/EPSDT Referrals and Screenings

HealthWatch/Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) providers are responsible for making the following required referrals at indicated ages or when screening results indicate a problem:

- Dental, vision, and hearing
- Lead screening

Dental Observation and Screening

Refer children for dental services beginning at 24 months old or as early as 6 months old, if indicated. Refer to the *Indiana Health Coverage Programs EPSDT Dental Periodicity Schedule* in Table 4.1 for timings of required screenings.

An oral screening should be included as part of each HealthWatch/EPSDT physical exam. **This service is not separately billable.** This EPSDT screening component includes an assessment of the following:

- Palate, cheeks, tongue, and floor of mouth
- Dental ridges (including erupting teeth)
- Gums for evidence of infection, bleeding, and inflammation
- Malformation or decay of erupting teeth
- Need for daily fluoride intake
- Need for dental referral regardless of age for a complete examination of all hard and soft tissues within the oral cavity

Poor oral health has been related to decreased school performance, poor social relationships, and less success later in life.

Table 4.1 – Indiana Health Coverage Programs EPSDT Dental Periodicity Schedule, adapted from the American Academy of Pediatric Dentistry (AAPD)

	6-12 months	12-24 months	2-6 years	6-12 years	>12 years
Clinical oral examination[1,2] to include:	■	■	■	■	■
Assess oral growth and development[3]	■	■	■	■	■
Caries-risk assessment[4]	■	■	■	■	■
Anticipatory guidance/counseling[6]	■	■	■	■	■
Injury prevention counseling[7]	■	■	■	■	■

	6-12 months	12-24 months	2-6 years	6-12 years	>12 years
Counseling for nonnutritive habits[8]	■	■	■	■	■
Counseling for speech/language development	■	■	■		
Substance abuse counseling				■	■
Counseling for intraoral/perioral piercing				■	■
Assessment for pit and fissure sealants[9]			■	■	■
Transition to adult dental care			■	■	■
Radiographic assessment[5]	■	■	■	■	■
Prophylaxis and topical fluoride[4,5]	■	■	■	■	■
Assessment and treatment of developing malocclusion			■	■	■
Assessment and/or removal of third molars				■	■

[1] First examination at the eruption of the first tooth and no later than 12 months. Repeat every six 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]Appropriate discussion and counseling should be an integral part of each visit for care.

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

[8]At first, discuss the need for additional sucking: digits versus 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.

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

Required Dental Referral

> *Note: In addition to the oral examination, a referral to a dentist must be a part of every screen, beginning at 24 months of age and continuing through 20 years old.*

Dental referrals can be made as early as 6 months old, if indicated. Children should visit the dentist every six months after the first referral to receive preventive dental care. The first examination by a dentist can reveal decay, unerupted or missing teeth, and the need for prophylaxis or treatment.