

Mississippi Division of Medicaid  
Dental Periodicity Schedule  
Beneficiaries Ages 0 through 20

The Mississippi Division of Medicaid Dental Periodicity Schedule follows the American Academy of Pediatric Dentistry (AAPD) Guideline on Periodicity of Examination, Preventive Dental Services, Anticipatory Guidance/Counseling, and Oral Treatment for Infants, children, and Adolescents (revised 2007). Additional services are available for children based on dental necessity and as authorized by the Division of Medicaid (DOM). Dental providers should refer to the Medicaid Provider Policy Manual and dental fee schedule available at [www.dom.state.ms.us](http://www.dom.state.ms.us) for specific policy criteria and information on dental codes and fees.

Dental Service	0 – 6 mos	6 – 12 mos	12 – 24 mos	2 – 6 years	6 – 12 years	12 – 20 years
Clinical oral examination <sup>1</sup>	X	X	X	X	X	X
Assess oral growth and development <sup>2</sup>	X	X	X	X	X	X
Caries-risk assessment <sup>2</sup>	X (if indicated)	X	X	X	X	X
Radiographic assessment <sup>3</sup>	X (if indicated)	X	X	X	X	X
Prophylaxis and fluoride treatment <sup>4</sup>	X (if indicated)	X	X	X	X	X
Fluoride supplementation <sup>5</sup>	X (if indicated)	X	X	X	X	X
Anticipatory guidance/counseling <sup>2</sup>	X	X	X	X	X	X
Oral hygiene counseling <sup>2</sup>	Parent	Parent	Patient/parent	Patient/parent	Patient	Patient
Dietary counseling <sup>2</sup>	X	X	X	X	X	X
Injury prevention counseling <sup>2</sup>	X	X	X	X	X	X
Counseling for nonnutritive habits <sup>2</sup>	X	X	X	X	X	X
Counseling for speech/language development <sup>2</sup>	X	X	X	X		
Substance abuse counseling <sup>2</sup>					X	X
Counseling for intraoral/perioral piercing <sup>2</sup>					X	X
Assessment and treatment of developing malocclusion <sup>6</sup>				X	X	X
Assessment for pit and fissure sealants <sup>7</sup>				X	X	X
Assessment and/or removal of third molars <sup>8</sup>						X
Transition to adult care						X

<sup>1</sup> Beginning at age three (3), children not already under the care of a dentist should be referred. Children with obvious dental problems may be referred at an earlier age. Comprehensive oral evaluation is covered every six (6) months. Limited oral evaluation for specific oral health problems are covered four (4) times per year. Additional exams may be covered if dentally necessary as approved by DOM.

<sup>2</sup> Should be performed as part of comprehensive oral evaluation.

<sup>3</sup> Full mouth radiographs or panorex are covered every two (2) years. Additional radiographs may be covered if dentally necessary as approved by DOM.

<sup>4</sup> Prophylaxis and fluoride treatment is covered every six (6) months. Additional treatments may be covered if dentally necessary as approved by DOM.

<sup>5</sup> Fluoride supplementation is covered through the pharmacy benefit when prescribed by an approved prescriber. Refer to the Medicaid Provider Policy Manual Section 31 for pharmacy benefit information.

<sup>6</sup> Orthodontic evaluation is covered. Orthodontic treatment is covered according to dental policy criteria as approved by DOM.

<sup>7</sup> Sealants are covered for primary teeth as approved by DOM, for first and second permanent molars or first and second pre-molars. Sealants are covered once every five (5) years.

<sup>8</sup> Removal of unerupted third molars is covered when there is radiographic evidence of severe impaction or there is evidence of chronic infection.