

# Oregon Health Plan – Recommended Dental Periodicity Schedule

## Age Birth through 6 years

Examination/ Assessment	Counseling/ Parent or Patient Education	Treatment may include, but is not limited to:	Treatment Frequency:
<ul style="list-style-type: none"> <li>◆ The first dental examination is recommended at the time of the eruption of the first tooth and no later than 12 months of age.</li> <li>◆ Clinical oral assessment and appropriate diagnostic tests and radiographs to assess oral growth and development and/or pathology</li> <li>◆ Assess the patient’s systemic and topical fluoride status</li> <li>◆ Assess patient’s risk for oral disease</li> <li>◆ Determine interval for periodic reevaluation</li> </ul> <p>(Oral screening included during an office visit by medical practitioners is encouraged.)</p>	<ul style="list-style-type: none"> <li>◆ Age-appropriate oral hygiene instructions, including implications of the oral health of the caregiver</li> <li>◆ Dietary and feeding practices counseling related to oral health</li> <li>◆ Non-nutritive oral habits such as pacifiers</li> <li>◆ Age-appropriate injury prevention</li> <li>◆ Anticipatory guidance</li> </ul>	<ul style="list-style-type: none"> <li>◆ Prophylaxis</li> <li>◆ Topical fluoride</li> <li>◆ Sealants for permanent teeth as indicated by individual patient’s needs</li> <li>◆ Diagnosis and required treatment and/or appropriate referral for any oral disease</li> </ul> <p>(Topical fluoride application by medical practitioner is encouraged)</p>	<ul style="list-style-type: none"> <li>◆ Exams (D0120, D0145, D0150) once every 6 months</li> <li>◆ Prophylaxis once every 6 months, additional prophylaxis available for high risk oral conditions</li> <li>◆ Topical fluoride application once every 6 months, or up to 4 treatments within 12-month period for high-risk conditions or oral health factors</li> <li>◆ Sealants (per permanent tooth) once every five years except for visible evidence of clinical failure</li> </ul> <p><b>Note: See OAR 410-123-1260 for reimbursement limitations.</b></p>

## Age 7 through 15 years

Examination/ Assessment	Counseling/ Parent or Patient Education	Treatment may include, but is not limited to:	Treatment Frequency:
<ul style="list-style-type: none"> <li>◆ Appropriate diagnostic tests and radiographic assessment of pathology and/or abnormal growth and development</li> <li>◆ Assess the patient's systemic and topical fluoride status</li> <li>◆ Assess patient's risk for oral disease</li> <li>◆ Determine interval for periodic reevaluation</li> </ul>	<ul style="list-style-type: none"> <li>◆ Age-appropriate oral hygiene instructions</li> <li>◆ Dietary counseling related to oral health</li> <li>◆ Age-appropriate injury prevention</li> <li>◆ Anticipatory guidance</li> <li>◆ Tobacco counseling</li> </ul>	<ul style="list-style-type: none"> <li>◆ Prophylaxis</li> <li>◆ Topical fluoride</li> <li>◆ Sealants for permanent teeth as indicated by individual patient's needs</li> <li>◆ Diagnosis and required treatment and/or appropriate referral for any oral disease</li> </ul>	<ul style="list-style-type: none"> <li>◆ Exams (D0120, D0150) once every 6 months</li> <li>◆ Prophylaxis once every 6 months, additional prophylaxis available for high risk oral conditions</li> <li>◆ Topical fluoride application once every 6 months, or up to 4 treatments within 12-month period for high-risk conditions or oral health factors</li> <li>◆ Sealants (per permanent tooth) once every five years except for visible evidence of clinical failure</li> </ul> <p><b>Note: See OAR 410-123-1260 for reimbursement limitations.</b></p>

## Age 16 through 21 years

Eligibility rules determine if covered through 18, 19, or 20 years.

Examination/ Assessment	Counseling/ Parent or Patient Education	Treatment may include, but is not limited to:	Treatment Frequency:
<ul style="list-style-type: none"> <li>◆ Appropriate diagnostic tests and radiographic assessment of pathology and/or abnormal growth and development</li> <li>◆ Assess the patient's systemic and topical fluoride status</li> <li>◆ Assess patient's risk for oral disease</li> <li>◆ Determine interval for periodic reevaluation</li> </ul>	<ul style="list-style-type: none"> <li>◆ Age-appropriate oral hygiene instructions</li> <li>◆ Dietary counseling related to oral health</li> <li>◆ Age-appropriate injury prevention</li> <li>◆ Anticipatory guidance</li> <li>◆ Tobacco counseling</li> </ul>	<ul style="list-style-type: none"> <li>◆ Prophylaxis</li> <li>◆ Topical fluoride</li> <li>◆ Diagnosis and required treatment and/or appropriate referral for any oral disease</li> </ul>	<ul style="list-style-type: none"> <li>◆ Exams (D0120, D0150) once every 6 months (through age 18) or once every year (age 19 and older)</li> <li>◆ Prophylaxis once every 6 months (through age 18) or once every year (age 19 and older), additional prophylaxis available for high risk oral conditions</li> <li>◆ Topical fluoride application once every 6 months (through age 18) or once every year (age 19 and older), or up to 4 treatments within 12-month period for high-risk conditions or oral health factors</li> </ul> <p><b>Note: See OAR 410-123-1260 for reimbursement limitations.</b></p>