



June 22, 2009

RE: Unison MedPLUS - Implementation of the Pediatric Dental Periodicity Schedule

Dear Dental Provider:

Effective May 1, 2009, the Department of Public Welfare implemented a pediatric dental periodicity schedule: "Recommendations for Preventive Pediatric Oral Health Care." The periodicity schedule applies to all Medical Assistance (MA) recipients under 21 years of age, including those in managed care delivery systems.

Unison supports the American Academy of Pediatric Dentistry's recommendation related to establishing a child's dental home no later than 12 months of age. This dental home is responsible for referrals to dental specialists when appropriate.

Effective immediately, dental providers should use the attached pediatric dental periodicity schedule which details appropriate age screening components relating to pediatric dental services, as guidelines for providing preventive pediatric oral health care.

Please contact Unison's Provider Services Department at 1-800-600-9007 with questions related to this initiative or the attached periodicity schedule.

Sincerely,

Unison Health Plan

**RECOMMENDATIONS FOR PREVENTIVE PEDIATRIC ORAL HEALTH CARE**  
Commonwealth of Pennsylvania, Department of Public Welfare, Office of Medical Assistance Programs  
(Adapted from the American Academy of Pediatric Dentistry)  
EFFECTIVE MAY 1, 2009

<b>Periodicity Recommendations</b>					
<b>Age</b>	<b>Infancy 6-12 Months</b>	<b>Late infancy 12-24 Months</b>	<b>Preschool 2-6 Years</b>	<b>School Aged 6-12 Years</b>	<b>Adolescence 12-20 Years</b>
<b>Clinical Oral Examination: **</b> First examination at the eruption of the first tooth and no later than 12 months and every six months thereafter.	X	X	X	X	X
<b>Prophylaxis/ Topical Fluoride Treatment</b> Especially for children at high risk for caries and periodontal disease.	X	X	X	X	X
<b>Radiographic Assessment</b> As per Food and Drug Administration/American Dental Association Guidelines on Prescribing Dental Radiographs.	X	X	X	X	X
<b>Assessment for Pit and Fissure Sealants</b>			X First permanent molars as soon as possible after eruption	X Premolars, first and second permanent molars as soon as possible after eruption	X Second permanent molars and premolars as soon as possible after eruption
<b>Treatment of Dental Disease/ Caries Risk Assessment</b>	X	X	X	X	X

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**\*\*Anticipatory Guidance**

Appropriate discussion and counseling should be an integral part of each visit for care. Topics for counseling when appropriate should cover Oral Hygiene counseling (1), Injury, Prevention Counseling (2), Dietary counseling (3), Counseling for non-nutritive habits (4), Fluoride Supplementation (5,6), Assessment of oral growth and development (7), Counseling for speech/language development, Assessment and treatment of developing malocclusion, Counseling for intraoral/perioral piercing, Substance abuse counseling, Assessment and/or removal of third molars and Referral for regular periodic dental care/transition to adult dental care.

1. Initially, responsibility of parent; as child develops jointly with parents, and then by age 12 responsibility of the child only.
2. Initially play objects, pacifiers, car seats; then when learning to walk: sports, routine playing and intraoral/perioral piercing.
3. At every appointment discuss role of refined carbohydrates; frequency of snacking.
4. At first discuss need for additional sucking; digits vs. pacifiers; then the need to wean from habit before eruption of a permanent incisor.
5. As per American Academy of Pediatrics/American Dental Association guidelines and the water source.
6. Up to at least 16 years.
7. By clinical examination.