

Affected Programs: BadgerCare Plus, Medicaid

To: Dentists, Dental Hygienists, Federally Qualified Health Centers, HealthCheck, Nurse Practitioners, Nurse Services, Physician Assistants, Physician Clinics, Physicians, Rural Health Clinics, HMOs and Other Managed Care Programs

New, Separate Dental Periodicity Table for HealthCheck

The Department of Health Services is issuing a new Dental Periodicity Table for HealthCheck, separate from the current HealthCheck Periodicity Table, to reflect the adoption of the American Academy of Pediatric Dentistry recommendations for dental services.

Dental Periodicity Table for HealthCheck

Wisconsin Medicaid and BadgerCare Plus are issuing a new Dental Periodicity Table based on the American Academy of Pediatric Dentistry recommendations for dental services. The new Dental Periodicity Table recommends additional dental services and increased frequencies of dental services. The recommendations are consistent with reasonable standards of medical and dental practice. The objective of the Dental Periodicity Table is to ensure early professional intervention and continuity of dental care. The Department of Health Services emphasizes the importance of very early professional intervention and continuity of care based on the individualized needs of the child.

The new Dental Periodicity Table, shown in the Attachment of this *ForwardHealth Update* is separate from the current HealthCheck Periodicity Table. The current HealthCheck Periodicity Table (12/92) will be revised to reflect the information of the new table.

As a result of the new Dental Periodicity Table, Wisconsin Medicaid and BadgerCare Plus have increased

the allowed frequency of clinical oral exams for children. Refer to the future *Update*, titled “Changes to Dental Services for Members Enrolled in Medicaid and BadgerCare Plus,” for a full description of this policy change.

Information in this *Update* applies to providers of services for Medicaid, BadgerCare Plus Standard Plan, and Benchmark Plan members.

Reimbursement

Counseling and assessment services identified in the Dental Periodicity Table are included as part of the clinical oral exam and thus are not separately reimbursed.

Information Regarding Managed Care

This *Update* contains fee-for-service policy and applies to services for members who receive their dental benefits on a fee-for-service basis. For managed care policy, contact the appropriate managed care organization. Managed Care Organizations are required to provide at least the same benefits as those provided under fee-for-service arrangements.

The *ForwardHealth Update* is the first source of program policy and billing information for providers.

Wisconsin Medicaid, BadgerCare Plus, SeniorCare, and Wisconsin Chronic Disease Program are administered by the Division of Health Care Access and Accountability, Wisconsin Department of Health Services (DHS). The Wisconsin Well Woman Program is administered by the Division of Public Health, Wisconsin DHS.

For questions, call Provider Services at (800) 947-9627 or visit our Web site at www.forwardhealth.wi.gov/.

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ATTACHMENT

Dental Periodicity Table for HealthCheck

(The Dental Periodicity Table for HealthCheck is on the following pages.)

Dental Periodicity Table for HealthCheck

The Dental Periodicity Table for HealthCheck below contains the following information:

- The dots indicate recommended services at age-specific intervals.
- Because each child is unique, the recommendations in the table are designed for the care of children who have no contributing medical conditions and are developing normally. Recommendations will require modifications for children with special needs or variations from normal.
- Dental examinations should be performed every six months or as indicated by the child's risk status/susceptibility to disease.
- Many services, such as anticipatory guidance and counseling, may be provided by either the dentist or the HealthCheck screener.

Age	Infancy 6-12 Months	Late Infancy 12-24 Months	Preschool 2-6 Years	School-Age 6-12 Years	Adolescence 12-18 Years
Clinical oral exam ^{1, 2}	•	•	•	•	•
Assess oral growth and development ³	•	•	•	•	•
Caries-risk assessment ⁴	•	•	•	•	•
Radiographic evaluation ⁵	•	•	•	•	•
Prophylaxis and topical fluoride treatment ^{4, 5}	•	•	•	•	•
Fluoride supplementation ^{6, 7}	•	•	•	•	•
Anticipatory guidance ⁸	•	•	•	•	•
Oral hygiene counseling ⁹	Parents/Guardians/ Caregivers	Parents/Guardians/ Caregivers	Patient/Parents/ Guardian/Caregivers	Patient/Parents/ Guardian/Caregivers	Patient
Dietary counseling ¹⁰	•	•	•	•	•
Injury prevention counseling ¹¹	•	•	•	•	•
Counseling for non-nutritive habits ¹²	•	•	•	•	•
Counseling for speech/language development	•	•	•		
Substance abuse counseling				•	•
Counseling for intraoral/perioral piercing				•	•
Assessment and treatment of developing malocclusion			•	•	•
Assessment for pit and fissure sealants ¹³			•	•	•
Assessment and/or removal of 3 rd molars					•
Transition to adult dental care					•

1. First exam at the eruption of the first tooth and no later than 12 months.

2. Includes assessment of pathology and injuries.

3. By clinical examination.

4. 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. Consider when systemic fluoride exposure is suboptimal.

7. Up to at least 16 years.

8. Appropriate discussion and counseling should be an integral part of each visit for care.

9. Initially, responsibility of the parent; as child develops jointly with parents; then when indicated, only child.

10. At every appointment, discuss the role of refined carbohydrates, frequency of snacking, and childhood obesity.

11. Initially play objects, pacifiers, care seats; then when learning to walk, sports and routine playing, including the use of mouth guards.

12. 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.

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

* Table is adopted from the American Academy of Pediatric Dentistry.