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RECOMMENDATIONS FOR PREVENTIVE PEDIATRIC ORAL HEALTH CARE

The federal Centers for Medicare and Medicaid asked the MaineCare Division at DHHS to select a dental services schedule that meet Early and Periodic Screening, Diagnosis and Treatment (EPSDT) standards. The EPSDT program requires that states offer dental services "at intervals which, after consultation with recognized dental organizations involved in child health care, meet reasonable standards of dental practice."

Maine's DHHS and a committee from the MDA met, discussed the request and selected the American Academy of Pediatric Dentistry's standard of care to meet this requirement. A summary of the AAPD standard is printed below.

Since each child is unique, these recommendations are designed for the care of children who have no contributing medical conditions and are developing normally. These recommendations will need to be modified for children with special health care needs or if disease or trauma manifests variations from normal. The American Academy of Pediatric Dentistry (AAPD) emphasizes the importance of very early professional intervention and the continuity of care based on the individualized needs of the child. Refer to the text of this guideline for supporting information and references.

	6-12 mos.	12-24 mos.	2-6 Yrs.	6-12 Yrs.	12 Yrs. And older
Clinical oral examination (12)	*	*	*	*	*
Assess oral growth and development (3)	*	*	*	*	*
Caries-risk assessment (4)	*	*	*	*	*
Radiographic assessment (5)	*	*	*	*	*
Prophylaxis and topical fluoride (4.5)	*	*	*	*	*
Fluoride supplementation (6.7)	*	*	*	*	*
Anticipatory guidance / counseling (2)	*	*	*	*	*
Oral hygiene counseling (9)	Parent	Parent	Patient/parent	Patient/parent	Patient
Dietary counseling (10)	*	*	*	*	*
Injury prevention counseling (11)	*	*	*	*	*
Counseling for nonnutritive 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 third molars					*
Transition to adult dental care					*

1. First examination at the eruption of the first tooth and no later than 12 months. Repeat every 6 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. 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 parent; as child develops, jointly with parent; then, when indicated, only child.
10. At every appointment; initially discuss appropriate feeding practices, then the role of refined carbohydrates and frequency of snacking in caries development and childhood obesity.
11. Initially play objects, pacifiers, car seats; then when learning to walk, sports and routine playing, including the importance of mouth guards.
12. At first, discuss the need for additional sucking; digits vs. 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.