Rhode Island EPSDT Schedule for Pediatric Oral Health Care

	Infancy								Е	arly Cł	hildho	od		Middle Childhood							Adolescence										
AGE	Newborn ¹	3-5 days ²	By 1 Mo	2 Mo	4 Mo	6 Mo	9 Mo	12 Mo	18 Mo	24 Mo	30 Mo	3 Yrs	4 Yrs	5 Yrs	6 Yrs	7 Yrs	8 Yrs	9 Yrs	10 Yrs	11 Yrs	12 Yrs	13 Yrs	14 Yrs	15 Yrs	16 Yrs	17 Yrs	18 Yrs	19 Yrs	20 Yrs		
Clinical oral examination ^{1,2}						•		*	х	х	х	х	х	х	х	х	х	х	х	х	х	х	х	х	х	х	х	х	Х		
Assess oral growth and development ³						+		†	х	Х	Х	Х	Х	х	х	Х	х	х	Х	х	Х	Х	Х	х	Х	Х	х	х	Х		
Caries-risk assessment ⁴						+		*	х	х	х	х	х	х	х	х	х	х	Х	х	х	х	х	х	х	Х	х	х	х		
Radiographic assessment ⁵						+		*	х	х	х	х	х	х	х	х	х	х	х	х	х	х	х	х	х	Х	х	х	х		
Prophylaxis and topical fluoride treatment ^{4,5}						+		†	х	х	х	х	х	х	х	х	х	х	х	х	х	х	х	х	0	0	0	0	0		
Fluoride supplementation ^{6,7}						+		*	х	х	х	х	х	х	х	х	х	х	х	х	х	х	х	х	х	х	х	х	х		
Anticipatory guidance/counseling ⁸						 			х	х	х	х	х	х	х	Х	х	х	Х	х	х	Х	х	х	Х	х	х	Х	х		
Oral hygiene counseling ⁹						—		•	х	х	х	х	х	х	х	Х	х	х	Х	х	х	Х	х	х	Х	х	х	Х	Х		
Dietary counseling ¹⁰						→			х	х	х	х	х	х	х	Х	х	х	Х	х	х	Х	х	х	Х	х	х	Х	х		
Injury prevention counseling ¹¹						—			х	х	х	х	х	х	х	х	х	х	х	х	х	х	х	х	х	х	х	х	х		
Counseling for nonnutritive habits 12						\blacksquare			х	х	х	х	х	х	х	Х	х	х	Х	х	х	Х	х	х	Х	х	х	Х	Х		
Counseling for speech/language development 13						 			х	х	х	х	х	х	х																
Alcohol and drug use assessment ¹³															х	Х	х	х	Х	х	х	Х	х	х	Х	х	х	Х	х		
Counseling for intraoral/perioral piercing															х	Х	х	х	Х	х	х	Х	х	х	Х	х	х	Х	Х		
Assessment and treatment of developing malocclusion						•			х	х	х	х	х	х	х	Х	х	х	х	х	х	х	х	х	Х	х	х	х	х		
Assessment for pit and fissure sealants 14								Х	х	х	х	х	х	х	х	Х	х	х	х	х	х	х	х	х	Х	х	х	х	х		
Assessment and /or removal of third molars																					х	х	х	х	х	х	х	х	х		
Transition to adult dental care																					+										

Notes:

- x To be performed
- o Perform when clinically necessary
- Perform within indicated timeframe
- 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 of age.
- 8 Appropriate discussion and counseling should be an integral part of each visit.
- 9 Initially, responsibility of parent; as child develops, jointly with parent; then, when indicated, only child.
- 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 learning to walk, sports and routine playing.
- 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 Referral to a Pediatrician, if necessary.
- For caries-susceptible primary molars, permanent molars, premolars, and anterior teeth with deep pits and fissures; placed as soon as possible after eruption.

NOTE: The Rhode Island Department of Human Services has established *RIte Smiles*, a new program for children designed to improve access to dental care. Children born on or after May 1, 2000 are eligible. For more information on *RIte Smiles*, go to www.dhs.ri.gov, and click on RIte Smiles-Dental Care for kids.



EARLY PERIODIC SCREENING DIAGNOSIS AND TREATMENT

RHODE ISLAND MEDICAID PEDIATRIC ORAL HEALTH SCHEDULE

◆ TO BE PERFORMED ■ PERFORM WHEN CLINICALLY NECESSARY			EA	RLY CH	ILDHO		MIDDLE CHILDHOOD							ADOLESCENCE															
PERFORM WITHIN INDICATED TIME FRAME.	NEWBORN	3-5 DAYS	BY 1 MO	2 MO	4 MO	6 MO	9 MO	12 MO	18 MO	24 MO	30 MO	3 YRS	4 YRS	5 YRS	6 YRS	7 YRS	8 YRS	9 YRS	10 YRS	11 YRS	12 YRS	13 YRS	14 YRS	15 YRS	16 YRS	17 YRS	18 YRS	19 YRS	20 YRS
Clinical oral examination						•	-	-	+	+	*	+	•	+	*	*	•	•	+	+	+	•	•	•	+	+	•	+	•
Assess oral growth and development						~		-	•	•	•	•	•	•	*	•	•	•	•	*	•	•	•	•	•	•	•	•	•
Caries-risk assessment						⋖	-	-	•	•	•	•	•	•	•	•	•	•	•	*	•	•	•	•	•	•	•	•	•
Radiographic assessment						•	-	-	•	•	•	•	•	•	+	•	•	•	+	•	•	+	•	•	•	•	•	+	•
Prophylaxis and topical fluoride treatment						⋖	-	-	•	•	•	•	•	•	+	•	•	•	+	•	•	+	•	•		•	•	•	-
Fluoride supplementation						-	-	-	•	•	•	•	•	•	+	•	•	•	+	•	•	•	•	•	•	•	•	•	•
Anticipatory guidance/counseling						-	-	-	•	•	•	•	•	•	•	+	•	•	+	*	•	+	+	•	•	+	•	+	•
Oral hygiene counseling						-		-	•	•	•	•	•	•	•	+	•	•	+	*	•	+	•	•	•	+	•	+	•
Dietary counseling						-	<u> </u>	-	•	•	•	•	•	•	*	+	•	*	+	*	•	+	+	•	•	+	•	+	•
Injury prevention counseling						<		-	•	•	•	•	•	•	+	+	•	*	+	*	•	+	+	•	•	+	•	+	•
Counseling for nonnutritive habits						-	-	-	•	•	•	•	•	•	•	+	•	•	+	•	•	+	•	•	•	+	•	+	•
Counseling for speech/language development						<		-	•	•	•	•	•	•	*														
Alcohol and drug use assessment															*	+	•	*	+	*	•	+	+	•	•	+	•	+	•
Counseling for intraoral/perioral piercing															*	•	•	•	•	*	•	•	•	•	•	•	•	*	•
Assessment and treatment of developing malocclusion						-		-	•	•	•	•	*	•	*	*	•	*	•	*	+	*	•	•	•	•	•	*	•
Assessment for pit and fissure sealants								*	•	•	•	•	•	•	*	*	•	•	•	*	+	•	•	•	•	•	•	*	•
Assessment and /or removal of third molars																					+	•	•	•	•	•	•	*	•
Transition to adult dental care																					4								

NOTE: RIte Smiles is a Rhode Island Medicaid dental program for children that's designed to improve access to dental care. Children who have Medicaid coverage who were born on or after May 1, 2000 are eligible. For more information on RIte Smiles, go to www.dhs.ri.gov.



