

CHAPTER 16: DENTAL SERVICES**APPENDIX F: DENTAL PERIODICITY SCHEDULE****PAGE(S) 2****DENTAL PERIODICITY SCHEDULE**

The Louisiana Department of Health and Hospitals Medicaid Program recommends enrolled dental providers to follow the Dental Periodicity Schedule. The Centers for Medicare and Medicaid Services (CMS) requires that dental services be provided at intervals determined to meet reasonable standards of dental practice.

The Louisiana Medicaid Program follows the American Academy of Pediatric Dentistry (AAPD) Periodicity Schedule oral health recommendations. These recommendations are designed for care of children who have no contributing medical conditions are developing normally. These recommendations may require modification for children with special health needs.

The Louisiana Department of Health and Hospitals Medicaid Program follows the American Academy of Pediatric Dentistry (AAPD) Periodicity Schedule oral health recommendations in consultation with local dental communities. These recommendations are designed for care of children who have no contributing medical conditions are developing normally. These recommendations may require modification for children with special health needs.

AGE	6-12 MTHS	12-24 MTHS	2-6 YEARS	6-12 YEARS	12 YEARS AND OLDER
Clinical oral exam including but not limited to the following: ¹	x	x	x	x	x
❖ Assess oral growth & development	x	x	x	x	x
❖ Caries-risk assessment	x	x	x	x	x
❖ Anticipatory guidance/counseling ^{2,7}	x	x	x	x	x
❖ Oral hygiene counseling	x	x	x	x	x
❖ Dietary counseling ²	x	x	x	x	x
❖ Assessment for the need of fluoride supplementation ³	x	x	x	x	x
❖ Injury prevention counseling ¹⁰	Parent	Parent	Patient/Parent	Patient/Parent	Patient
❖ Counseling for non-nutritive habits ¹¹	x	x	x	x	x
❖ Assessment for the need of substance abuse counseling ^{2,3}				x	x
❖ Counseling for intraoral/perioral piercing				x	x
❖ Assessment for pit and fissure sealants ¹³				x	x
❖ Assessment of developing malocclusion ¹²			x	x	x
Radiographic assessment ⁴	x	x	x	x	x
Prophylaxis and topical fluoride ^{4,6}	x	x	x	x	x
Assessment and/or removal of third molars					x
Transition to adult dental care					x

- (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) Required components of Louisiana KIDMED Screening
- (3) Begins with a developmental assessment during the KIDMED Screen, then the child must be referred to a licensed physician for treatment if he or she meets the criteria needed for referral
- (4) Timing, selection, and frequency determined by child's history, clinical findings, and susceptibility to oral disease.
- (5) Fluoride supplementation as indicated including a topical fluoride varnish, as indicated by the child's risk for caries and periodontal disease and the water source
- (6) Repeat every 6 months or as indicated by child's risk status
- (7) Appropriate discussion and counseling should be an integral part of each visit for care.
- (8) Initially, responsibility of parent; as child develops, jointly with parent; then when indicated, only child.
- (9) At every appointment; initially discuss appropriate feeding practices, then the role of refined carbohydrates and frequency of snacking in caries development and childhood obesity.

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- (10) Initially play objects, pacifiers, car seats; then when learning to walk, sports and routine playing, including the importance of mouth guards.
- (11) 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.
- (12) For caries-susceptible primary molars, permanent molars, premolars, and anterior teeth with deep pits and fissures; placed as soon as possible after eruption.
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