SCDHHS DENTAL PERIODICITY SCHEDULE

South Carolina Department of Health and Human Services (SCDHHS) Dental Periodicity Schedule is based on the American Academy of Pediatric Dentistry (AAPD) recommendations on *Periodicity of Examination, Preventive Dental Services, Anticipatory Guidance and Oral Treatment for Infants, Children and Adolescents,* who have no contributing medical conditions and are developing normally.

The Schedule recommends a set of dental procedures and services that are applicable at each stage of beneficiary's life with appropriate intervals of care that meet reasonable standards of dental practice.

Dental services are defined as those diagnostic, preventive, or corrective procedures provided by or under the supervision of a dentist in the practice of his profession, which include treatment of (1) teeth and associated structures of oral cavity; and (2) disease, injury or impairment that may affect the oral or general health of the beneficiary.

Procedures and Services	0-5 months	6-23 months	2- 4 years	5-11 years	12-15 years	16-20 years
Clinical oral evaluation and assessment [1] (every 6 months)	*	•	•	•	•	•
Assess oral growth & development [2]	•	•	•	•	•	•
Prophylaxis		•	•	•	•	•
Topical fluoride (every 6 months) [3]	*	•	•	•	•	•
Fluoride supplements[4]		*	*	*	*	
Radiographic assessment [5]		•	•	•	•	•
Treatment of dental disease/ injury or referral for treatment[6]	•	•	•	•	•	•
Anticipatory Guidance/ Counseling[7]						
Nutritional counseling [7, 8, 9]	•	•	•	•	•	•
Oral Hygiene Education[7, 8]	•	•	•	•	•	•
Counseling for non-nutritive habits, including the drinking water source [7,8,10]	•	•	•	•	•	•
Injury prevention counseling [7, 8, 11]	•	•	•	•	•	•
Counseling for speech and language development [7]	•	•	•	•		
Substance abuse counseling [7]					•	•
Counseling for intraoral/ perioral piercing [7]					•	•
Assessment for pit & fissure sealants[12]				•	•	
Assessment and treatment of developing malocclusion [13]			*	*	*	*
Assessment of removal of third molars [14]						*
Transition to adult care/ referral for regular and periodic dental care [15]						•

• to be performed * Assessing Risk

1. Dentist should perform the first/initial comprehensive oral examination following AAPD guidelines at the eruption of first tooth and no later than 12 months of age. The oral examination should include assessment of general health/growth; pain; extraoral soft tissue; temporomandibular joint; intraoral soft tissue; oral health and periodontal health; intraoral hard tissue; developing occlusion; behavior of child. The oral examination should also include an assessment of pathology and injuries., as well as an assessment of patient's risk for developing decay. Oral examinations are repeated every 6 months or as indicated by child's risk status/susceptibility to disease. Providers can use validated Risk Assessment tools developed by American Dental Association (ADA) or American Academy of Pediatric Dentistry (AAPD).

2. By clinical examination.

3. Repeat every six months from the eruption of first tooth through age 20 (through the month of their 21st birthday).

4. Consider when systemic fluoride exposure is suboptimal. Up to age 16. To check on the levels of fluoride in drinking water by each Community Water System go to Centers for Disease Control and Prevention (CDC) website at: https://nccd.cdc.gov/DOH_MWF/Default/CountyList.aspx. For the appropriate dosage of fluoride supplements refer to American Academy of Pediatric Dentistry (AAPD) Dietary Fluoride Supplementation Schedule at: http://www.aapd.org/media/Policies_Guidelines/G_FluorideTherapy.pdf.

5. Timing, selection and frequency determined by child's history, clinical findings, susceptibility to oral disease and the child's ability to cooperate with the procedure.

6. Health care providers who diagnose oral disease or trauma should either provide therapy or refer the patient to an appropriately-trained individual for treatment. Immediate intervention is necessary to prevent further dental destruction, as well as more widespread health problems.

7. Appropriate oral health discussion and counseling should be an integral part of each visit for care.

8. Initially, responsibility of parent; as child develops, joint responsibility with parent; then when indicated, responsibility lies with child.

9. At every appointment; initially discuss appropriate feeding practices, the role of refined carbohydrates and frequency of snacking in caries development and childhood obesity.

10. 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 parafunctional habits such as fingernail biting, clenching or bruxism.

11. Initial discussions should include play objects, pacifiers and car seats; when learning to walk, include injury prevention. For school-age children and adolescent patients, counsel regarding routine playing and sports, including the importance of mouthguards.

12. For caries-susceptible permanent molars with deep pits and fissures, place as soon as possible after eruption.

13. SCDHHS contracts with Department of Health and Environmental Control (DHEC) to provide medically necessary orthodontic treatment to the Medicaid beneficiaries through the Children's Rehabilitative Services (CRS) Program.

14. Assess the need for removal of third molars based on the risk of developing or presence of pathologic conditions that adversely affect the patient's oral and/or systemic health.

15. Proper communication and record transfer allow for consistent and continuous care for the patient. Until the new dental home is established, the patient should maintain a relationship with the current care provider and have access to emergency services.