

OHP Recommended Dental Periodicity Schedule

This schedule, effective for services rendered on or after 4/1/2018, is incorporated by reference in [OAR 410-123-1260\(1\)\(a\)\(B\)\(ii\)](#) (see this rule for reimbursement limitations).

- See [OAR 410-141-1260](#) for service delivery guidance and limitations. Practitioners shall adhere to the scopes of practice specified by their licensing bodies.
- Frequency is based on the [American Academy of Pediatric Dentistry's guideline](#) and the [Bright Futures/American Academy of Pediatrics Periodicity Schedule](#).
- Eligibility rules determine the dental services covered through ages 18, 19 and 20 years.

For each service listed below, document the following in the patient's record:

- Did the rendering provider offer or recommend the service to the patient? (Yes/No)
- Did the patient accept and receive the service? (Yes/No)
- Did the patient decline the service? (Yes/No)

Legend:

- * = *Strongly encouraged in the medical practice for children under age 7*
- = *To be performed*
- ▲ = *Document whether the service was offered and/or recommended, **and** accepted or declined*

| Age | Birth through 6 years | 7 through 15 years | 16 through 18 years | 19 through 21 years |
|--|-----------------------|--------------------|---------------------|---------------------|
| Assessment of oral growth, development and/or pathology | | | | |
| * Clinical oral assessment and appropriate diagnostic tests to assess oral growth and development and/or pathology. An assessment may be completed in a medical oral health setting. | ● ▲ | ● ▲ | ● ▲ | ● ▲ |
| Systemic and topical fluoride status | ● ▲ | ● ▲ | ● ▲ | ● ▲ |
| Based on evaluation and history, assess risk for oral disease. | ● ▲ | ● ▲ | ● ▲ | ● ▲ |
| Determine interval for periodic evaluation. | ● ▲ | ● ▲ | ● ▲ | ● ▲ |
| Referral to a dentist in order to establish a dental home ¹ by age 1 and 18 months through 6 years. | ● ▲ | | | |
| Prevention | | | | |
| Establish a dental home by age 1 and 18 months through 6 years. | ● ▲ | | | |

¹ Assess whether the child has a dental home. If no dental home is identified, perform a risk assessment and refer to a dental home. Recommend brushing with fluoride toothpaste in the proper dosage for age.

Legend:

* = Strongly encouraged in the medical practice for children under age 7

● = To be performed

▲ = Document whether the service was offered and/or recommended, **and** accepted or declined

| Age | Birth through 6 years | 7 through 15 years | 16 through 18 years | 19 through 21 years |
|--|---|--------------------|---------------------|--------------------------|
| * Fluoride varnish/ topical fluoride indicated ² | ● ▲ Twice every 12 months; more frequent treatment available for high-risk conditions | | | ● ▲ Once every 12 months |
| Comprehensive oral examination (including oral cancer screening) | ● ▲ Twice every 12 months; more frequent treatment available for high-risk conditions | | | ● ▲ Once every 12 months |
| As indicated by the individual patient's needs, treatment may include, but is not limited to: | | | | |
| Prophylaxis | ● ▲ Twice every 12 months; more frequent treatment available for high-risk conditions | | | ● ▲ Once every 12 months |
| * Sealants for permanent teeth | ● ▲ Once every 5 years except for visible evidence of clinical failure | | | |
| Treatment or referral for any oral disease | ● ▲ | ● ▲ | ● ▲ | ● ▲ |
| Counseling and anticipatory guidance | | | | |
| Oral hygiene instructions | ● ▲ | ● ▲ | ● ▲ | ● ▲ |
| Implications of the caregiver's oral health | ● ▲ | | | |
| Dietary practices | ● ▲ | ● ▲ | ● ▲ | ● ▲ |
| Feeding practices | ● ▲ | | | |
| Non-nutritive habits (e.g., pacifiers) | ● ▲ | | | |
| Injury prevention | ● ▲ | ● ▲ | ● ▲ | ● ▲ |
| Anticipatory guidance | ● ▲ | ● ▲ | ● ▲ | ● ▲ |
| Tobacco counseling | | ● ▲ | ● ▲ | ● ▲ |

² Once teeth are present, fluoride varnish may be applied to all children every 3 to 6 months in the primary care or dental office setting.