OHP Dental Periodicity Schedule

The Oregon Health Plan (OHP) Dental Periodicity Schedule is required by Early Periodic Screening, Diagnosis and Treatment (EPSDT), and is designed to align with evidence-based best practices to promote the oral health of children and adolescents. Providers are strongly encouraged to refer to the American Academy of Pediatric Dentistry (AAPD) Periodicity Schedule and the Bright Futures/American Academy of Pediatrics Periodicity Schedule for additional clinical guidance and recommendations to ensure comprehensive, patient-centered care.

The OHP Dental Periodicity Schedule, effective January 1, 2025 incorporates EPSDT guidelines, found in Chapter 410, Division 151.

- See Medical-Surgical Services, Chapter 410, Division 130, for service delivery guidance and limitations. Practitioners must adhere to the scopes of practice specified by their licensing bodies.
- Primary care providers may deliver oral assessments, oral health counseling, and topical fluoride, but must refer patients to dental care professionals for dental exams and treatment.

For each service listed in the following table, document a “Yes” or “No” in the patient’s record for the questions below:

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

OHP Periodicity Schedule				
Age	**Birth through 6**	**7 through 15 years**	**16 through 18 years**	**19 through 21 years**
Assessment of oral growth, development and/or pathology				
Clinical oral examination[1]	●	●	●	●
Caries-risk assessment[2]	●	●	●	●
Radiographic assessment / X-rays	●	●	●	●
Assess oral growth and development[3]	●	●	●	●
Prevention and treatment				
Medical provider referral to dentist to establish dental home by age one	●			
Fluoride Supplementation[4]	●	●		
Fluoride varnish / topical fluoride, as indicated	Twice every 12 months; more frequently for high-risk conditions			Once every 12 months
Prophylaxis / teeth cleaning, as indicated	Twice every 12 months; more frequently for high-risk conditions			Once every 12 months
Dental sealants[5]	Once per 5 years except for visible evidence of clinical failure			
Medically necessary treatment for any oral diseases[6]	●	●	●	●
Dentist referral to specialist, as needed[7]	●	●	●	●
Transition to Adult Dental Care[8]		●	●	●
Assessment and/or removal of third molars[9]			●	●
Counseling and anticipatory guidance				
Oral health counseling	●	●	●	●
Substance abuse counseling		●	●	●
Dietary practices[10]	●	●	●	●
Speech / language development	●			
Non-nutritive habits[11]	●			
Injury prevention	●	●	●	●
Anticipatory guidance[12]	●	●	●	●
Tobacco counseling		●	●	●
Counseling for Intraoral/Perioral Piercing[13]		●	●	●

1. The first dental examination should occur at the eruption of the first tooth and no later than 12 months of age, with subsequent visits every 6 months or as indicated by the child's risk status. The first oral assessment is commonly performed by pediatric physician. Repeat during each well-child health exam through five years of age. Refer patients to dental home for dental care and treatment. Oral assessments by medical providers do not count in maximum number of exams allowed by a dental provider.
2. Assess risk for caries and oral disease based upon evaluation and history. Must be repeated regularly to maximize effectiveness.
3. Stages of dental development and chronological age.
4. Fluoride Supplementation should be considered for children and adolescents in areas where systemic fluoride exposure (e.g., fluoridated water) is suboptimal, continuing until at least 16 years of age.
5. Sealants should be assessed and placed for caries-susceptible primary molars starting at age 2 years, as well as for permanent teeth upon eruption. For caries-susceptible primary molars, permanent molars, premolars, and anterior teeth with deep pits and fissures; place as soon as possible after eruption.
6. Tooth decay, periodontal disease, cracked or broken teeth, oral cancer, malocclusions, etc.
7. Orthodontists, endodontists, prosthodontists, and oral/maxillofacial surgeons.
8. Beginning at age 12, providers should prepare patients and their families for the transition to adult dental care by identifying adult dental homes and reinforcing the importance of continued preventive care.
9. Assessment of third molars should be conducted during adolescence (ages 16–21), with consideration for removal if clinically indicated to prevent impaction, infection, or orthodontic issues.
10. Discuss appropriate feeding practices, then the role of the refined carbohydrates and frequency of snacking in caries development and childhood obesity.
11. Discuss the need for additional sucking with pacifiers. For school aged patients, counsel regarding any existing habits such as finger biting, clenching, or bruxism.
12. Appropriate discussion and counseling should be an integral part of each visit for care.
13. Providers should counsel adolescents about the risks of intraoral and perioral piercings, including infection, soft tissue trauma, tooth fractures, and gum recession, and provide guidance on safe practices.