OHP Recommended Dental Periodicity Schedule

This schedule, effective for services rendered on or after 2/1/2022, is incorporated by reference in OAR 410-123-1260(2)(d) (see this rule for reimbursement limitations).

- See OAR 410-130-0245 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.
- 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 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:
● = *To be performed as part of EPSDT periodicity or inter-periodicity exams*
▲ = *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 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 1	● ▲			
Fluoride varnish/ topical fluoride, as indicated	● ▲ Twice every 12 months; more frequent treatment available for high-risk conditions			● ▲ Once every 12 months
Prophylaxis / teeth cleaning	● ▲ Twice every 12 months; more frequent treatment available for high-risk conditions			● ▲ Once every 12 months

[1] First oral assessment is commonly performed by pediatric physician upon the eruption of infant's first tooth. 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

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▲ = *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
Sealants for permanent teeth[4]	● ▲ Once every 5 years except for visible evidence of clinical failure			
Medically necessary treatment for any oral disease[5]	● ▲	● ▲	● ▲	● ▲
Dentist referral to specialists, as needed[6]	● ▲	● ▲	● ▲	● ▲
Counseling and anticipatory guidance				
Oral hygiene counseling	● ▲	● ▲	● ▲	● ▲
Substance abuse counseling		● ▲	● ▲	● ▲
Dietary practices[7]	● ▲	● ▲	● ▲	● ▲
Speech/ language development	● ▲			
Non-nutritive habits[8]	● ▲			
Injury prevention	● ▲	● ▲	● ▲	● ▲
Anticipatory guidance[9]	● ▲	● ▲	● ▲	● ▲
Tobacco counseling		● ▲	● ▲	● ▲

[4] For caries-susceptible primary molars, permanent molars, premolars, and anterior teeth with deep pits and fissures; place as soon as possible after eruption.

[5] Tooth decay, periodontal disease, cracked or broken teeth, oral cancer, malocclusions, etc.

[6] Orthodontists, endodontists, prosthodontists, and oral/maxillofacial surgeons

[7] Discuss appropriate feeding practices, then the role of the refined carbohydrates and frequency of snacking in caries development and childhood obesity.

[8] Discuss the need for additional sucking with pacifiers. For school aged patients, counsel regarding any existing habits such as finger biting, clenching, or bruxism.

[9] Appropriate discussion and counseling should be an integral part of each visit for care.