

Policy and Procedure			
Policy Name:	Dental Periodicity Schedule for Children	Policy ID:	QM.004.01
Approved By:	Dental Director (signature on file)	Effective Date:	11/04/2011
States:	All States	Revision Date:	N/A
Application:	Government programs and Commercial DHMO		

This policy applies for operations under Premier Access Insurance Company and Access Dental Plan. For the purposes of this Policy, Premier Access Insurance Company and Access Dental Plan shall be collectively referred to as "Premier Access".

Purpose

To aid in providing preventive dental services based on reasonable guidelines in accordance with a standard dental periodicity schedule.

Policy

Premier Access conducted a review of the periodicity schedule recommended by the American Academy of Pediatric Dentistry (AAPD) and adopted by the California Medi-Cal Dental Program. These standards are endorsed and recommended for use by Premier Access network dentists providing treatment for members. Although Premier Access supports the Periodicity Schedule recommended of the AAPD; the provider is advised to observe the plan's benefits under which the member is covered.

Frequencies should be based on the patient's risk assessment and individual treatment planning:

General Categories	General Recommended Timing <i>Based on risk assessment, patients may benefit from greater frequency; however, plan frequency limitations may or may not cover recommended services.</i>
First Examination	At the time of the eruption of the first tooth and no later than 12 months of age
Risk Assessment	At the time of the first examination and repeated at subsequent examinations
Preventive Examination	1 per 6 months/ 2 per year
Prophylaxis and Topical Fluoride	1 per 6 months/ 2 per year
Treatment of Dental Disease or Injury	Immediately treat or refer upon identification, as appropriate and within related plan guidelines
Radiographic Assessment	Timing should not be based on age and should be evaluated based on the patient's need, within standard professional guidelines for optimizing patient treatment while minimizing radiation exposure
Anticipatory Guidance	At the time of the first examination and repeated at subsequent examinations. This should be an integral part of every examination.
Sealant Placement	Appropriate Placement assessment and reassessment at each periodic examination. *Note that plans may or may not cover sealants or primary and/or permanent teeth.
Third Molars	Generally evaluated in late adolescence.
Intervention in Developing Malocclusions	Early diagnosis and intervention is recommended.

	*Note that plans may or may not cover orthodontic care.
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General Age Guidelines

Age Range	Recommended
Ages 6 to 12 Months	<ul style="list-style-type: none"> • Clinical oral examination • Complete Caries Risk Assessment • Determine risk-based treatment planning • Oral hygiene counseling for parents/ caregivers • Remove supragingival and subgingival stains or deposits as indicated • Assess systemic and topical fluoride status and treatment needs • Assess and counsel for appropriate feeding practices • Dietary counseling related to oral health • Age-appropriate injury prevention counseling • Counseling for non-nutritive oral habits (e.g., digit, pacifiers) • Anticipatory guidance • Provide required treatment and/or referral for any oral disease or injuries, in accordance with plan guidelines • Consult with pediatrician/ physician, as necessary <p>*Note that specific plan benefits may not provide coverage for greater frequency or specific treatments..</p>
Ages 12 to 24 Months	<ul style="list-style-type: none"> • Repeat the elements of the Age 6 to 12 month procedures every 6 months or as indicated by the individual patient's risk assessment • Assess and counsel for appropriate feeding practices, including no-spill cup training • Review fluoride status and treatment needs • Provide fluoride treatment every 6 months or as indicated by the individual patient's risk assessment <p>*Note that specific plan benefits may not provide coverage for greater frequency or specific treatments.</p>
Ages 2 to 6 Years	<ul style="list-style-type: none"> • Repeat the elements of the Age 12 to 24 months procedures every 6 months or as indicated by the individual patient's risk assessment • Age appropriate oral hygiene instructions • Scale and clean teeth every 6 months or as indicated by the individual patient's risk assessment • Provide pit and fissure sealants for caries-susceptible teeth • Provide counseling and services as necessary for orofacial trauma prevention • Provide required treatment and/or referral for any oral disease, developing malocclusion, or injuries, in accordance with plan guidelines • Assess speech and language development and provide appropriate referral as indicated <p>*Note that specific plan benefits may not provide coverage for greater frequency or specific treatments..</p>

Ages 6 to 12 Years	<ul style="list-style-type: none"> • Repeat the elements of the Age 2 to 6 Years procedures every 6 months or as indicated by the individual patient's risk assessment • Provide substance abuse counseling • Provide counseling on intraoral/ perioral piercing <p>*Note that specific plan benefits may not provide coverage for greater frequency or specific treatments..</p>
Age 12 and Older	<ul style="list-style-type: none"> • Repeat the elements of the Age 6 to 12 Years procedures every 6 months or as indicated by the individual patient's risk assessment • During late adolescence, assess the status of third molars • As appropriate, plan for appropriate adult dental home transition <p>*Note that specific plan benefits may not provide coverage for greater frequency or specific treatments..</p>

Procedure

Periodicity guidelines will be provided in the Premier Access Provider Manual. Provider communication shall be conducted through the Premier Access newsletter.

References

Guidelines on Periodicity of Examination, Preventive Dental services, Anticipatory Guidance/Counseling, and Oral Treatment for Infants, Children, and Adolescents, American Academy of Pediatric Dentistry, Reference Manual, Vol 32\No 6 10/11

California Denti-Cal Bulletin Volume 26, Number 7, March 2010

Revision History

Date:	Description
11/01/2011	Original policy developed.
01/01/2013	Annual review, no recommended changes.