

Understanding the Dental Periodicity Schedule and Oral Exam

A Guide for Head Start Staff



This guide can help Head Start program directors, health managers/specialists, family service coordinators, home visitors, and other staff understand what a dental periodicity schedule is. The guide provides background on the Head Start program performance standard that addresses an oral exam, describes elements of an oral exam, and offers information on the timing of oral exams and who can conduct them.

What Is Head Start's Program Performance Standard to Determine Whether a Child's Health Care Is Up to Date?

Head Start established program performance standard [45 CFR §1302.42\(b\)\(1\)\(i\)](#) to obtain a determination from a health professional and an oral health professional on whether a child's health care is up to date on a schedule of age-appropriate preventive and primary medical and oral health care. This determination is based on well-child periodicity and dental periodicity schedules as prescribed by the [Early and Periodic Screening, Diagnostic, and Treatment \(EPSDT\)](#) program of the Medicaid agency of the state where the Head Start program operates.¹

If the child's health care is not up to date, then Head Start staff should help parents arrange to bring the child's health care up to date as quickly as possible. If necessary, staff should facilitate the provision of oral health services (with parental consent) (see [45 CFR §1302.42\(b\)\(1\)\(ii\)](#)).²



What Is a Dental Periodicity Schedule?

A dental periodicity schedule describes the recommended services and timing of developmental assessments, oral exams, diagnostic tests, counseling, preventive services, and periodic re-evaluations by qualified oral health professionals.² These recommendations usually call for procedures to be repeated every 6 months or as indicated by each child's needs or risk for developing oral disease.³

Most states follow the American Academy of Pediatric Dentistry's (AAPD's) [recommendations for pediatric oral health assessment, preventive services, and anticipatory guidance/counseling](#) (also called the dental periodicity schedule).⁴ Other states have worked with dental organizations involved in children's oral health care to develop their own dental periodicity schedule. AAPD maintains a webpage with [state dental periodicity schedules](#).

Is the Well-Child Periodicity Schedule the Same as the Dental Periodicity Schedule?

The Bright Futures/American Academy of Pediatrics' (BF/AAP) [recommendations for preventive pediatric health care](#) (also called the well-child periodicity schedule) is not the same as a dental periodicity schedule. The well-child periodicity schedule is a schedule of screenings and assessments recommended for each visit during infancy through adolescence to be performed by health professionals (for example, physicians or nurse practitioners).⁵

Because of the importance of providing preventive oral health care early in the child's life and because well-child visits happen frequently, important oral health services are included in the well-child periodicity schedule. These services



include determining if a child has a dental home, providing an oral health risk assessment, applying fluoride varnish, and determining whether fluoride supplementation is needed.⁵

Table 1 compares the oral health services recommended during an oral exam under AAPD's periodicity schedule to those recommended under BF/AAP's well-child visit.

Table 1: Oral Health Services Recommended Under BF/AAP's Well-Child Periodicity Schedule vs. AAPD's Dental Periodicity Schedule for Children Ages 6 Months to 5 Years

BF/AAP Well-Child Periodicity Schedule ^o	AAPD Dental Periodicity Schedule [*]
<ul style="list-style-type: none"> • Determine whether a child has a dental home • Assess risk for developing tooth decay • Apply fluoride varnish • Determine whether fluoride supplements are needed 	<ul style="list-style-type: none"> • Conduct clinical oral exam • Assess growth and development • Assess risk for developing tooth decay and other oral diseases • Perform X-rays[§] • Perform cleaning and apply topical fluoride • Determine whether fluoride supplements are needed • Provide anticipatory guidance and counseling (e.g., oral hygiene, dietary practices, nonnutritive habits, injury prevention, speech/language development)

^o BF/AAP: First assessment at age 6 months followed by assessments at 9, 12, 18, 24, and 30 months and at ages 3, 4, and 5 years.

^{*} AAPD: First exam at the eruption of the first tooth and no later than age 12 months. Repeat every 6 months or as needed based on child's risk status and susceptibility to oral disease. Includes assessment of pathology and injuries.

[§] X-rays: Timing (when), selection (what tooth/teeth to X-ray), and frequency (how often) is determined by the child's history, clinical findings, and risk for developing oral disease.

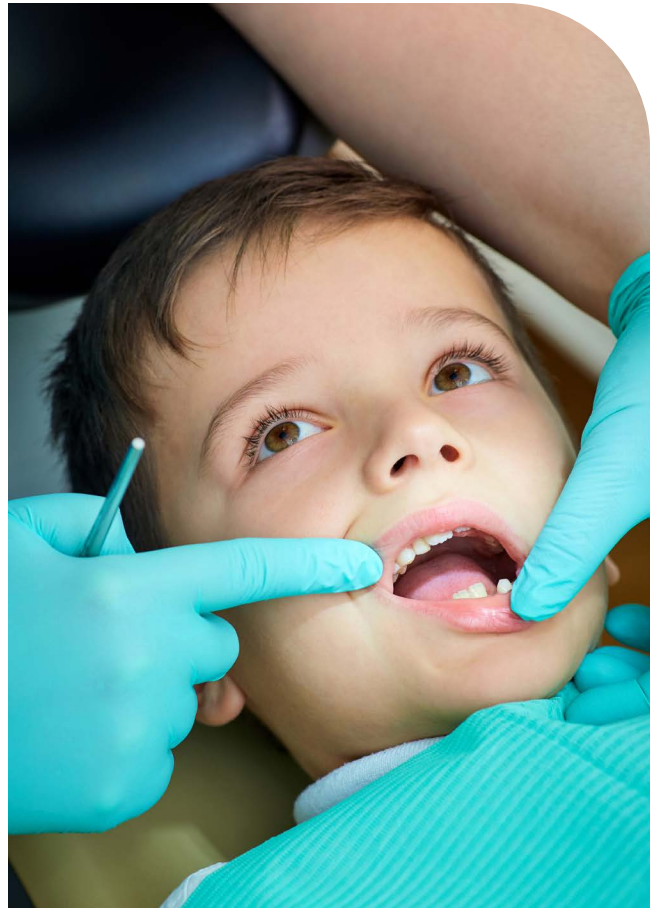
What Is an Oral Exam?

Oral exams help promote overall health as well as oral health. In addition to identifying oral health problems early, oral exams can detect signs of other diseases such as oral cancer. An oral exam gives the oral health team a chance to provide education on oral hygiene techniques and eating practices and on ways to lower risk for developing oral diseases. During the exam, the team can also answer questions that parents may have.

An oral exam includes determining whether oral diseases or other oral conditions are present in the mouth. This determination is known as a diagnosis. An oral exam includes the following: (1) a dental history and a health history; (2) clinical assessment of the lips, tongue, teeth, gums, inside of the cheeks, roof of the mouth, and throat; (3) diagnostic procedures, such as X-rays; (4) assessment of risk for developing oral diseases; and (5) establishment of a prevention and/or treatment plan.³

X-rays monitor growth patterns and enable detection of decay between teeth and any problems with the roots of teeth and the supporting bone. Typically, X-rays are not taken during every oral exam unless a problem is suspected and/or more information is needed.³ The oral exam may also include additional diagnostic aids such as photographs, laboratory tests, and mouth models.

After the oral exam is completed, a signed record of planned treatment is generated. The child's parents should be informed of all findings. The oral health professional who performed the exam should provide treatment to the child or provide a referral to an oral health specialist such as an oral surgeon or orthodontist, if needed.



When Should a Child's First Oral Exam Occur?

Most state dental periodicity schedules recommend that a child's first oral exam should occur at least 6 months after eruption of the first tooth or by age 12 months (see Table 2. Age for First Oral Exam According to the State's Dental Periodicity, 2019).⁶ The first oral exam is a foundation for building a lifetime of good oral health. By having oral exams early, children learn that dental visits are usually not associated with pain or fear. It is also an important opportunity to determine a child's risk for developing tooth decay and for the oral health professional and parents to discuss strategies to lower the child's risk.

Table 2: Age for First Oral Exam According to the State’s Dental Periodicity Schedule, 2019

State	1st Oral Exam	State	1st Oral Exam	State	1st Oral Exam
AK	6–12 months	KY	12–18 months	NY	6–12 months
AL	6–12 months	LA	6–12 months	OH	36 months
AR	6–12 months	MA	6–12 months	OK	6–12 months
AZ	12–24 months	MD	6–12 months	OR	Birth–12 months
CA	6–12 months	ME	6–12 months	PA	6–12 months
CO	6–12 months	MI	6–12 months	RI	6–12 months
CT	6–12 months	MN	6–12 months	SC	Birth–12 months
DC	6–12 months	MO	12 months	SD	12 months
DE	6–12 months	MS	6–12 months	TN	6–12 months
FL	6–12 months	MT	12 months	TX	6–12 months
GA	6–12 months	NC	Birth–12 months	UT	6–12 months
HI	6–12 months	ND	6–12 months	VA	6–12 months
IA	6–12 months	NE	6–12 months	VT	6–12 months
ID	6–12 months	NH	6–12 months	WA	NA*
IL	6–12 months	NJ	Birth–12 months	WI	6–12 months
IN	6–12 months	NM	NA*	WV	NA*
KS	6–12 months	NV	6–12 months	WY	Birth–6 months

* State has not established an EPSDT dental periodicity schedule.

Who Can Perform an Oral Exam?

State practice acts vary, and they determine which health professionals can legally conduct an oral exam and provide a diagnosis. Each state has a dental board, while some may have separate boards for dentistry and dental hygiene. Boards set the education and license standards to practice dentistry, dental hygiene, and dental assisting. They also define what oral health services each member of the oral health team can perform. These requirements are listed in the state dental practice act, which aligns with who can legally bill Medicaid for the oral health service. For example, most dental practice acts allow only a dentist to conduct an oral exam and bill Medicaid for the service.

There are some exceptions to state dental practice acts that legally allow mid-level oral health professionals (e.g., advanced dental hygiene

practitioners, advanced dental therapists, dental health aide therapists) to conduct oral assessments and/or evaluations that qualify as an oral exam under state dental practice acts. For example, Oregon allows an expanded practice dental hygienist who has a collaborative agreement with a licensed dentist or an oral health care organization to conduct assessments in public health settings. Minnesota allows a licensed dental therapist or advanced dental therapist who has a collaborative management agreement with a dentist to conduct oral assessments and evaluations under general supervision. Several states, including Alaska, Idaho, Montana, Oregon, and Washington, allow dental therapists to provide oral health care on tribal lands only.



Can Teledentistry Be Used to Conduct Oral Exams and Bill Medicaid?

Some states allow the use of teledentistry to conduct oral exams. Teledentistry provides a virtual dental visit for children who live in areas where it may be difficult to access oral health care. It uses video conferencing, digital images, and other technologies to identify oral health problems and develop a plan for treating the problem. Often a dental hygienist working in rural areas and public health settings will check a child's mouth for possible signs of oral disease or other oral conditions, take digital X-rays or photos of teeth, and chart areas of concern. The information is forwarded to a legally sanctioned oral health professional, usually a dentist, for evaluation, establishment of a prevention and/or treatment plan, and scheduling an appointment for treatment, if needed.

To learn which states allow Medicaid reimbursement for teledentistry, visit the Center for Connected Health Policy's [Current State Laws and Reimbursement Policies](#) webpage. Click the "search by keyword" tab and type in "teledentistry." You can also contact your state Medicaid agency for the information.

Steps for Determining When Oral Exams Should Occur and Who Can Conduct Them in Your State

Step 1: Review your state's dental periodicity schedule

- Check AAPD's [webpage](#), [State Dental Periodicity Schedules](#). Select your state from the list on the page. The schedule should provide the recommended age for the first oral exam, how frequently oral exams should occur, and what oral health services are recommended for each visit.
- If you have trouble finding or understanding your state's dental periodicity schedule, ask your [state dental hygienist liaison](#) (DHL) or your state oral health program staff within the state health agency for assistance.

Step 2: Determine who can legally conduct an oral exam in your state

- Check the Dental Assisting National Board's webpage, [State Dental Practice Acts](#). Select your state from the pull-down menu on the webpage.
- Contact the [American Academy of Dental Therapy](#) to determine if your state practice act allows mid-level oral health professionals licensed in your state to conduct oral assessments and/or evaluations that fulfill the oral exam requirement of Head Start's program performance standard.
- Ask your state DHL or [state oral health program](#) within the health agency about who can conduct oral exams.

References

1. Centers for Medicare & Medicaid Services. 2014. *EPSDT—A Guide for States: Coverage in the Medicaid Benefit for Children and Adolescents*. Baltimore, MD: Centers for Medicare & Medicaid Services.
2. Office of Head Start. 2016. *Head Start Program Performance Standards*. Washington, DC: Office of Head Start.
3. American Academy of Pediatric Dentistry, Council on Clinical Affairs. 2018. *Periodicity of Examination, Preventive Dental Services, Anticipatory Guidance/Counseling, and Oral Treatment for Infants, Children, and Adolescents*.
4. American Academy of Pediatric Dentistry. 2018. *Recommendations for Pediatric Oral Health Assessment, Preventive Services, and Anticipatory Guidance/Counseling*.
5. American Academy of Pediatrics, Bright Futures. 2019. *Recommendations for Preventive Pediatric Health Care*. Itasca, IL: American Academy of Pediatrics.
6. American Academy of Pediatric Dentistry. No date. *State Dental Periodicity Schedules*. Chicago, IL: American Academy of Pediatric Dentistry.



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