EPSDT

EARLY PERIODIC SCREENING, DIAGNOSIS, AND TREATMENT RHODE ISLAND MEDICAID PEDIATRIC ORAL HEALTH SCHEDULE

| | Infancy | | | | | | | | Early Childhood | | | | | | | Middle Childhood | | | | | | Adolescence | | | | | | | |
|---|---------|-------------|------|--|---------|---------|---------|----------|-----------------|----|----|---|----------|----------|----------|------------------|----------|----------|---|-----------|-----------|-------------|----|-----------|----|-----------|-----------|-----------|-----------|
| X To be performed 0 Perform when clinically necessary ✓ Perform within indicated time frame | Newborn | 3-5 days | By 1 | | 4 Mo | 6 Mo | 9 Mo | 12 Mo | 18 | 24 | 30 | 3 | 4 Yrs | 5 Yrs | 6 Yrs | 7 Yrs | 8 Yrs | 9 Yrs | | 11 Yrs | 12 Yrs | 13 Yrs | 14 | 15 Yrs | 16 | 17 Yrs | 18 Yrs | 19 Yrs | 20 Yrs |
| Clinical oral examination ¹ | | | | | | ♦ | | ♠ | Х | Х | Х | Х | Х | Х | Х | Х | Х | Х | Х | Х | Х | Х | Х | Х | Х | Х | Х | Х | Х |
| Assess oral growth and development ² | | | | | | ♦ | | + | Х | Х | Х | Х | Х | Х | Х | Х | Х | Х | Х | Х | Х | Х | Х | Х | Х | Х | Х | Х | Х |
| Caries-risk assessment ³ | | | | | | ♦ | | ۴ | Х | Х | Х | Х | Х | Х | Х | Х | Х | Х | Х | Х | Х | Х | Х | Х | Х | Х | Х | Х | Х |
| Radiographic assessment ⁴ | | | | | | ► | | + | Х | Х | Х | Х | Х | Х | Х | Х | Х | Х | Х | Х | Х | Х | Х | Х | Х | Х | Х | Х | Х |
| Prophylaxis and topical fluoride 4,5 | | | | | | • | | ♠ | Х | Х | Х | Х | Х | Х | Х | Х | Х | Х | Х | Х | Х | Х | Х | Х | 0 | 0 | 0 | 0 | 0 |
| Fluoride supplementation ⁵ | | | | | | • | | 4 | Х | Х | Х | Х | Х | Х | Х | Х | Х | Х | Х | Х | Х | Х | Х | Х | Х | Х | Х | Х | Х |
| Anticipatory guidance/counseling ⁶ | | | | | | ← | | 4 | Х | Х | Х | Х | Х | Х | Х | Х | Х | Х | Х | Х | Х | Х | Х | Х | Х | Х | Х | Х | Х |
| Oral hygiene counseling ⁷ | | | | | | ┥ | | 4 | Х | Х | Х | Х | Х | Х | Х | Х | Х | Х | Х | Х | Х | Х | Х | Х | Х | Х | Х | Х | Х |
| Dietary counseling ⁸ | | | | | | ← | | • | Х | Х | х | х | Х | Х | Х | Х | Х | Х | Х | Х | Х | Х | Х | Х | Х | Х | Х | Х | Х |
| Injury prevention counseling ⁹ | | | | | | ← | | • | Х | Х | х | х | Х | Х | Х | Х | Х | Х | Х | Х | Х | Х | Х | Х | Х | Х | Х | Х | Х |
| Counseling for nonnutritive habits ¹⁰ | | | | | | ← | | • | Х | Х | х | х | Х | Х | Х | Х | Х | Х | Х | Х | Х | Х | Х | Х | Х | Х | Х | Х | Х |
| Counseling for speech/language development ¹¹ | | | | | | ◀ | | • | Х | Х | х | х | Х | Х | Х | | | | | | | | | | | | | | |
| Substance abuse assessment ¹¹ | | | | | | | | | | | | | | | Х | Х | Х | Х | Х | Х | Х | Х | Х | Х | Х | Х | Х | Х | Х |
| Counseling for intraoral/perioral piercing | | | | | | | | | | | | | | | Х | Х | Х | Х | Х | Х | Х | Х | Х | Х | Х | Х | Х | Х | Х |
| Counseling for HPV Vaccination ¹¹ | | | | | | | | | | | | | | | | | | | | Х | Х | Х | Х | Х | Х | Х | Х | Х | Х |
| Assessment and treatment of developing malocclusion | | | | | | • | | • | Х | Х | Х | Х | Х | Х | Х | Х | Х | Х | Х | Х | Х | Х | Х | Х | Х | Х | Х | Х | Х |
| Assessment for pit and fissure sealants ¹² | | | | | | | | Х | Х | Х | Х | Х | Х | Х | Х | Х | Х | Х | Х | Х | Х | Х | Х | Х | Х | Х | Х | Х | Х |
| Assessment and /or removal of third molars 11 | | | | | | | | | | | | | | | | | | | | | Х | Х | Х | Х | Х | Х | Х | Х | Х |
| Transition to adult dental care | | | | | | | | | | | | | | | | | | | | | - | | | | | | | | |

NOTE: RIte Smiles is a Rhode Island dental program for children that's designed to improve access to dental care. Children who have Medicaid coverage who were born on or after May 1, 2000 are eligible. For more information on RIte Smiles, go to

http://www.eohhs.ri.gov/Consumer/DentalServices/ChildrenYoungAdults.aspx

Rhode Island Executive Office of Health and Human Services, Rhode Island Department of Health www.eohhs.ri.gov• www.health.ri.gov



Footnotes:

- First examination at the eruption of the first tooth and no later than 12 months. Repeat every 6 months or as indicated by child's risk status/susceptibility to disease. Includes assessment of pathology and injuries.
- 2- By clinical examination.
- 3- Must be repeated regularly and frequently to maximize effectiveness.
- **4-** Timing, selection, and frequency determined by child's history, clinical findings, and susceptibility to oral disease.
- **5-** Consider when systemic fluoride exposure is suboptimal. Up to at least 16 years.
- 6- Appropriate discussion and counseling should be an integral part of each visit for care.

- 7- Initially, responsibility of parent; as child develops, jointly with parent; then, when indicated, only child.
- 8- At every appointment; initially discuss appropriate feeding practices, then the role of refined carbohydrates and frequency of snacking in caries development and childhood obesity.
- **9-** Initially play objects, pacifiers, car seats; then learning to walk; then with sports and routine playing, including the importance of mouthguards.
- 10- At first discuss the need for additional sucking: digits vs pacifiers; then the need to wean from the habit before malocclusion or skeletal dysplasia occurs. For school-aged children and adolescent patients, counsel regarding any existing habits such as fingernail biting, clenching, or bruxism.
- 11- Referral to a Pediatrician or specialist, if necessary.
- 12- For caries-susceptible primary molars, permanent molars, premolars, and anterior teeth with deep pits and fissures; placed as soon as possible after eruption.