

A Guide to the Dental Periodicity Schedule and Oral Exam



This guide can help Head Start program directors, health managers/specialists, family service coordinators, home visitors, and other staff understand how to use the dental periodicity schedule to know when a child should receive an oral exam.

The guide provides background on the Head Start Program Performance Standard (HSPPS) 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 the HSPPS Regarding Children’s Oral Health Care?

Head Start programs are required 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 (45 CFR §1302.42(b)(1)(i)). This determination must be based on the 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.

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 (45 CFR §1302.42(b)(1)(ii)).



What Is a Dental Periodicity Schedule?

A dental periodicity schedule describes the recommended services and timing of oral exams, diagnostic tests, counseling, preventive services, and periodic reevaluations by qualified oral health professionals. 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.

Most states follow the American Academy of Pediatric Dentistry’s (AAPD’s) recommended [dental periodicity schedule](#). Other states have worked with dental organizations involved in children’s oral health care to develop a state-specific dental periodicity schedule. AAPD maintains a webpage that indicates [which schedule each state uses](#).

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](#) provide a well-child periodicity schedule for recommended health supervision visits from infancy through adolescence to be performed by health professionals (e.g., physicians, nurse practitioners).

Important oral health services are included in the well-child periodicity schedule. These 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. These services are included in the well-child periodicity schedule because many children under age 3 are seen by a health professional more frequently than by an oral health professional, and it is important for



children to begin to receive preventive health care after eruption of their first tooth (at approximately age 6 months).

The well-child periodicity schedule is not the same as the dental periodicity schedule. The table below compares the oral health services recommended under BF/AAP's well-child periodicity schedule to those recommended under AAPD's dental periodicity schedule.

BF/AAP Well-Child Periodicity Schedule*

- Determine whether a child has a dental home
- Assess risk for developing tooth decay
- Apply fluoride varnish
- Determine whether fluoride supplements are needed

AAPD Dental Periodicity Schedule^o

- Conduct clinical oral exam
- Assess growth and development
- Assess risk for developing tooth decay and other oral diseases
- Perform X-rays^s
- 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)

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

^oAAPD: 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.

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

What Is an Oral Exam?

An oral exam determines 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:

- A dental history and a health history
- Clinical assessment of the lips, tongue, teeth, gums, inside of the cheeks, roof of the mouth, and throat
- Diagnostic procedures, such as X-rays
- Assessment of risk for developing oral diseases
- Establishment of a prevention and/or treatment plan

X-rays are used to monitor growth patterns. They also 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 or more information is needed. In addition to X-rays, the oral exam may also include additional diagnostic aids such as photographs, laboratory tests, and mouth models.

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.

Based on the oral exam results, the oral health professional develops a treatment plan and shares it with the child's parents. The oral health professional who performed the exam should provide treatment to the child or 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 occur after eruption of the first tooth (at approximately age 6 months) and by age 12 months. The table below presents the recommended age for a first oral exam, by state.

State	1st Oral Exam	State	1st Oral Exam	State	1st Oral Exam
AK	6–12 months	KY	6–12 months	NY	6–12 months
AL	6–12 months	LA	6–12 months	OH	6–12 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	Birth–12 months	RI	6–12 months
CT	6–12 months	MN	6–12 months	SC	Birth–12 months
DC	6–12 months	MO	6–12 months	SD	6–12 months
DE	6–12 months	MS	Birth–12 months	TN	6–12 months
FL	6–12 months	MT	6–12 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	24 months–3 years	NJ	Birth–12 months	WI	6–12 months
IN	6–12 months	NM	NA*	WV	6–12 months
KS	6–12 months	NV	6–12 months	WY	Birth–12 months

*State has not established an EPSDT dental periodicity schedule.

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. The first oral exam 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.

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?

Teledentistry provides a virtual dental visit for children who live in areas where it may be difficult to access oral health care. Some states allow the use of teledentistry to conduct oral exams. With teledentistry, the oral health professional uses video conferencing, digital images, and other technologies to identify oral health problems and develop a plan for treating them.

During a teledentistry visit, 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 dental hygienist will forward the information via phone or internet to a legally sanctioned oral health professional, usually a dentist, for evaluation and establishment of a treatment plan.

To learn which states allow Medicaid reimbursement for teledentistry, visit [Mouthwatch](#) or contact your state Medicaid agency.

Steps for Determining the Rules for Oral Exams in Your State

Step 1: Review your state's dental periodicity schedule.

- Check AAPD's [State Dental Periodicity Schedules](#). Select your state from the list on the page.
- Or, ask your [state dental hygienist liaison \(DHL\)](#) or oral health program staff in your [state health agency](#) about the dental periodicity schedule for your state.

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](#), and select your state from the pull-down menu.
- Or, 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 or evaluations that fulfill the HSPPS oral exam requirement.
- Or, ask your state DHL or [oral health program staff in your state health agency](#) about who can conduct oral exams.

Additional Resource

Periodicity of Examination, Preventive Dental Services, Anticipatory Guidance/Counseling, and Oral Treatment for Infants, Children, and Adolescents produced by AAPD.



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