



## DC Medicaid HealthCheck Dental Periodicity Schedule

Based on recommendations from the American Academy of Pediatric Dentistry



The DC HealthCheck Dental Periodicity Schedule follows the American Academy of Pediatric Dentistry Periodicity Schedule in consultation with the local dental community. These recommendations are designed for the care of children who have no contributing medical conditions and are developing normally. These recommendations will need to be modified for children with special health care needs or if disease/trauma manifests variations from normal. The American Academy of Pediatric Dentistry emphasizes the importance of very early professional intervention and the continuity of care based on the individualized needs of the child.

RECOMMENDED PROCEDURES	AGE				
	6 TO 12 MONTHS	12 TO 24 MONTHS	2 TO 6 YEARS	6 TO 12 YEARS	12 YEARS AND OLDER
Clinical oral examination <sup>1</sup>	•	•	•	•	•
Assess oral growth and development <sup>2</sup>	•	•	•	•	•
Caries-risk assessment <sup>3</sup>	•	•	•	•	•
Radiographic assessment <sup>4</sup>	•	•	•	•	•
Prophylaxis and topical fluoride <sup>3,4</sup>	•	•	•	•	•
Fluoride supplementation <sup>5</sup>	•	•	•	•	•
Anticipatory guidance/counseling <sup>6</sup>	•	•	•	•	•
Oral hygiene counseling <sup>3,7</sup>	Parent   Caregiver	Parent   Caregiver	Patient   Parent   Caregiver	Patient   Parent   Caregiver	Patient
Dietary counseling <sup>3,8</sup>	•	•	•	•	•
Counseling for nonnutritive habits <sup>9</sup>	•	•	•	•	•
Injury prevention and safety counseling <sup>10</sup>	•	•	•	•	•
Assess speech/language development <sup>11</sup>	•	•	•		
Assessment developing occlusion <sup>12</sup>			•	•	•
Assessment for pit and fissure sealants <sup>13</sup>			•	•	•
Periodontal-risk assessment <sup>3,14</sup>				•	•
Counseling for tobacco, vaping and substance misuse				•	•
Counseling for human papilloma virus/vaccine				•	•
Counseling for intraoral/perioral piercing				•	•
Assess third molars					•
Transition to adult dental care					•

*Last updated October 2025; Please check the [HealthCheck website](#) for the most up-to-date resources.*

## NOTES

- <sup>1</sup> 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.
- <sup>2</sup> By clinical examination.
- <sup>3</sup> Must be repeated regularly and frequently to maximize effectiveness.
- <sup>4</sup> Timing, types, and frequency determined by child's history, clinical findings, and susceptibility to oral disease.
- <sup>5</sup> Consider when systemic fluoride exposure is suboptimal. Up to at least 16 years.
- <sup>6</sup> Appropriate discussion and counseling should be an integral part of each visit for care.
- <sup>7</sup> Initially, responsibility of parent; as child matures, jointly with parent; then, when indicated, only child.
- <sup>8</sup> At every appointment, initially discuss appropriate feeding practices, then the role of refined carbohydrates and frequency of snacking in caries development and childhood obesity. Monitor body mass index beginning at age 2.
- <sup>9</sup> At first, discuss the need for nonnutritive sucking: digits vs. pacifiers; then the need to wean from the habit before malocclusion or deleterious effect on the dentofacial complex occurs. For school-aged children and adolescent patients, counsel regarding any existing habits such as fingernail biting, clenching, or bruxism.
- <sup>10</sup> Initially pacifiers, car seats, play objects, electric cords; secondhand smoke; when learning to walk; with sports and routine playing, including the importance of mouthguards; then motor vehicles and high-speed activities.
- <sup>11</sup> Observation for age-appropriate speech articulation and fluency as well as achieving receptive and expressive language milestones.
- <sup>12</sup> Identify: transverse, vertical, and sagittal growth patterns; asymmetry; occlusal disharmonies; functional status including temporomandibular joint dysfunction; esthetic influences on self-image and emotional development.
- <sup>13</sup> For caries-susceptible primary molars, permanent molars, premolars, and anterior teeth with deep pits and fissures; placed as soon as possible after eruption.
- <sup>14</sup> Periodontal probing should be added to the risk-assessment process after the eruption of the first permanent molars.