pennsylvania
DEPARTMENT OF HUMAN SERVICES

MEDICAL ASSISTANCE BULLETIN

ISSUE DATE	EFFECTIVE DATE	NUMBER
October 7, 2025	October 1, 2025	27-25-42

SUBJECT

Adoption of the American Academy of Pediatric Dentistry's Dental Periodicity Schedule

BY

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IMPORTANT REMINDER: All providers must revalidate the Medical Assistance (MA) enrollment of each service location every 5 years. Providers should log into PROMISe to check the revalidation dates of each service location and submit revalidation applications at least 60 days prior to the revalidation dates. Enrollment (revalidation) applications may be found at: https://www.pa.gov/en/agencies/dhs/resources/for-providers/promise/promise-provider-enrollment.html

PURPOSE:

The purpose of this bulletin is to advise providers that the Department of Human Services (Department) is adopting the American Academy of Pediatric Dentistry's (AAPD) dental periodicity schedule.

SCOPE:

This bulletin applies to Medical Assistance (MA) enrolled dental providers who render services to MA beneficiaries under 21 years of age. Providers rendering services to MA beneficiaries in the managed care delivery systems should contact the appropriate managed care organization with any billing questions.

BACKGROUND/DISCUSSION:

The American Academy of Pediatrics and the AAPD develop and update pediatric dental guidelines related to children's access to dental services. The AAPD recommends that a child have a first examination at the eruption of the first tooth and no later than 12 months of age. Examinations should be repeated every 6 months or as indicated by the child's risk status/susceptibility to disease. The establishment of a child's dental home is to begin no later than 12 months of age. Additional information about the pediatric dental guidelines may be found in the document titled, "Periodicity of Examination, Preventive Dental Services,

Anticipatory Guidance/Counseling, and Oral Treatment for Infants, Children, and Adolescents," by accessing the AAPD's website link: http://www.aapd.org/media/Policies_Guidelines/G_Periodicity.pdf.

Historically, the Department maintained and periodically updated its own dental periodicity schedule, titled "Recommendations for Preventive Pediatric Oral Health Care," in accordance with the AAPD's recommendations, with the last update issued on October 3, 2023, via MA Bulletin 27-23-15. The Department continues to support the AAPD's recommendations regarding the establishment of a pediatric dental home and provides guidance on preventive dental care to MA beneficiaries under 21 years of age.

Following a clinical review and to ensure that children enrolled in the MA Program receive dental care that conforms to nationally recognized standards, the Department is adopting the AAPD's dental periodicity schedule titled, "Recommended Dental Periodicity Schedule for Pediatric Oral Health Assessment, Preventive Services, and Anticipatory Guidance/Counseling."

The Department will continue to monitor the AAPD's schedule and will issue updated provider guidance as the AAPD updates its dental periodicity recommendations.

PROCEDURE:

Effective with the issuance of this bulletin, dental providers are to refer to the AAPD's dental periodicity schedule as a guideline for providing pediatric oral health care, which is available at: https://www.aapd.org/research/oral-health-policies--recommendations/periodicity-of-examination-preventive-dental-services-anticipatory-guidance-counseling-and-oral-treatment-for-infants-children-and-adolescents/periodicity-chart/.

ATTACHMENT:

Recommended Dental Periodicity Schedule for Pediatric Oral Health Assessment, Preventive Services, and Anticipatory Guidance/Counseling

Recommended Dental Periodicity Schedule for Pediatric Oral Health Assessment, Preventive Services, and Anticipatory Guidance/Counseling

Since each child is unique, 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 or 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. Refer to the text of this best practice for supporting information and references.

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

1 First examination at the eruption of the first tooth and no later than 12 months. Repeat every six 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, types, 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 matures, 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. Monitor body mass index beginning at age two.

9 At first, discuss the need for nonnutritive sucking: digits vs. pacifiers; then the need to wean from the habit before mal-occlusion 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.

10 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.

11 Observation for age-appropriate speech articulation and fluency as well as achieving receptive and expressive language milestones.

12 Identify: transverse, vertical, and sagittal growth patterns; asymmetry; occlusal disharmonies; functional status including temporomandibular joint dysfunction; esthetic influences on self-image and emotional development.

13 For caries-susceptible primary molars, permanent molars, premolars, and anterior teeth with deep pits and fissures; placed as soon as possible after eruption.

14 Periodontal probing should be added to the risk-assessment process after the eruption of the first permanent molars.