

Mississippi Division of Medicaid  
Dental Periodicity Schedule  
Beneficiaries Ages 0 through 20

The Mississippi Division of Medicaid Dental Periodicity Schedule follows the American Academy of Pediatric Dentistry (AAPD) Guideline on Periodicity of Examination, Preventive Dental Services, Anticipatory Guidance/Counseling, and Oral Treatment for Infants, Children, and Adolescents (revised 2013). Additional services are available for children based on dental necessity and as authorized by the Utilization Management/Quality Improvement Organization (UM/QIO), the Division of Medicaid, or designated entity. Dental providers should refer to the Mississippi Administrative Code Part 204: Dental Service and the dental fee schedule available at [www.medicaid.ms.gov](http://www.medicaid.ms.gov) for specific policy criteria and information on dental codes and fees.

| Dental Service   | 0 – 6 mos           | 6 – 12 mos | 12 – 24 mos    | 2 – 6 years    | 6 – 12 years | 12 – 20 years |
|--|---------------------|------------|----------------|----------------|--------------|---------------|
| Clinical oral examination <sup>1</sup>                           | X                   | X          | X              | X              | X            | X             |
| Assess oral growth and development <sup>2</sup>                  | X                   | X          | X              | X              | X            | X             |
| Caries-risk assessment <sup>2</sup>                              | X<br>(if indicated) | X          | X              | X              | X            | X             |
| Radiographic assessment <sup>3</sup>                             | X<br>(if indicated) | X          | X              | X              | X            | X             |
| Prophylaxis and fluoride treatment <sup>4</sup>                  | X<br>(if indicated) | X          | X              | X              | X            | X             |
| Fluoride supplementation <sup>5</sup>                            | X<br>(if indicated) | X          | X              | X              | X            | X             |
| Anticipatory guidance/counseling <sup>2</sup>                    | X                   | X          | X              | X              | X            | X             |
| Oral hygiene counseling <sup>2</sup>                             | Parent              | Parent     | Patient/parent | Patient/parent | Patient      | Patient       |
| Dietary counseling <sup>2</sup>                                  | X                   | X          | X              | X              | X            | X             |
| Injury prevention counseling <sup>2</sup>                        | X                   | X          | X              | X              | X            | X             |
| Counseling for nonnutritive habits <sup>2</sup>                  | X                   | X          | X              | X              | X            | X             |
| Counseling for speech/language development <sup>2</sup>          |                     |            |                | X              | X            | X             |
| Substance abuse counseling <sup>2</sup>                          |                     |            |                |                | X            | X             |
| Counseling for intraoral/perioral piercing <sup>2</sup>          |                     |            |                |                | X            | X             |
| Assessment and treatment of developing malocclusion <sup>6</sup> |                     |            |                | X              | X            | X             |
| Assessment for pit and fissure sealants <sup>7</sup>             |                     |            |                | X              | X            | X             |
| Assessment and/or removal of third molars <sup>8</sup>           |                     |            |                |                |              | X             |
| Transition to adult care   |                     |            |                |                |              | X             |

<sup>1</sup> Beneficiaries should be referred to a Mississippi Medicaid dental provider at the eruption of the first tooth or by age twelve (12) months of age. Children with obvious dental problems may be referred at an earlier age. Comprehensive oral evaluation is allowed twice per fiscal year (July 1-June 30) and must be at least five (5) months apart. Limited oral evaluation is limited to four (4) times per fiscal year (July 1-June 30). Additional exams may be covered if dentally necessary as approved by DOM.

<sup>2</sup> Should be performed as part of comprehensive oral evaluation.

<sup>3</sup> Full mouth radiographs or panorex are covered every two (2) years. Additional radiographs may be covered if dentally necessary as approved by DOM.

<sup>4</sup> Prophylaxis and fluoride treatment may be paid twice per fiscal year (July 1-June 30) and must be at least five (5) months apart. Additional treatments may be covered if dentally necessary as approved by DOM.

<sup>5</sup> Fluoride supplementation is covered through the pharmacy benefit when prescribed by an approved prescriber.

<sup>6</sup> Orthodontic evaluation is covered. Orthodontic treatment is covered according to dental policy criteria as approved by DOM.

<sup>7</sup> Sealants are indicated for primary and permanent teeth with pits and fissures that are predisposed to plaque retention. Sealants may be placed on primary molars only for those children at highest risk for caries i.e. special needs children and requires a prior authorization. Sealants are allowed once every five (5) years.

<sup>8</sup> Removal of unerupted third molars is covered when there is radiographic evidence of severe impaction or there is evidence of chronic infection.