



MSDA
MEDICAID / SCHIP
DENTAL ASSOCIATION

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Dear Colleague:

A letter was recently sent to State Medicaid Directors from the American Academy of Pediatric Dentistry (AAPD) concerning an EPSDT requirement to establish a distinct dental periodicity schedule separate from any medical periodicity schedule. Section 1905(r)(3)(A) of the Social Security Act requires states to provide dental services at intervals which meet reasonable standards of dental practice, as determined by the state after consultation with recognized dental organizations involved in child health care. Noting this requirement, the AAPD referenced its own guidelines (see www.aapd.org/media/Policies_Guidelines/G_Periodicity.pdf) on periodicity, which recommend that children have periodic dental examinations, preventive services, and necessary oral health follow-up services starting at one year of age, and thereafter at intervals based on risk assessments, and offered its assistance to work with states to develop their dental periodicity schedules.

The Board of Directors of the Medicaid/SCHIP Dental Association (MSDA) believes there may still be some confusion about the age requirement for a dental periodicity schedule as a result of language differences in older federal EPSDT regulations and more recent statutory language. Prior to enactment of the Omnibus Budget Reconciliation Act of 1989 (OBRA89), dental screening was one of the minimum requirements of the EPSDT child health screen generally conducted by a medical provider. In addition, federal regulations (42CFR441.56b) required "dental screening services furnished by direct referral to a dentist for children beginning at 3 years of age." The regulations also allowed additional two-year delay periods (within an outer limit of age 5) if a state could demonstrate that there was a shortage of dentists that prevented their meeting the age 3 requirement.

The enactment of OBRA89 changed these requirements. In OBRA89 "dental screening" was changed to "dental services," which was included as a separate section, equal in rank and importance to "screening services" (revised to require, at a minimum, a health history, unclothed physical exam, appropriate immunizations, laboratory tests and health education), vision services, and hearing services. In addition, dental services were required to be provided "at intervals which meet reasonable standards of dental practice, as determined by the State after consultation with recognized dental organizations involved in child health care." Unfortunately, the regulations that existed prior to OBRA89 were never changed to reflect the new statutory requirements, and some states continue to believe that the "age 3" requirement is still in effect. However, because the OBRA89 statutory language supersedes the older regulatory language, it is the OBRA89 language that governs EPSDT services.

HCFA updated the State Medicaid Manual in April 1990, the effective date of the OBRA89 provision, to provide guidance to states on how they were to implement the

new law, because Manual issuances relating the most recent policy could be cleared and released much more quickly than a regulation could be published. The Manual clearly discusses what happened before OBRA89, how the "age 3" requirement no longer holds and that the state periodicity schedule is the new standard for deciding the appropriate age and interval for dental services (State Medicaid Manual, Part 5, Section 5123.2 G "Dental Screening Services"). Section 5140 of the Manual ("Periodicity Schedule") also clearly states that "distinct periodicity schedules must be established for screening services, vision services, hearing services, and dental services (i.e., each of these services must have its own periodicity schedule).

In summary, the old requirement for a dental referral beginning at age 3 has been replaced by whatever each state's separate dental periodicity schedule says the initiation age should be, as determined by the state after consultation with recognized dental organizations involved in child health care. The AAPD, American Dental Association, state dental associations, and state pediatric dentistry organizations all satisfy the requirement for "recognized dental organizations involved in child health care."

Additional information on this issue can be found in a technical brief referenced below [1]. Note that the sections of this brief that speak to EPSDT periodicity schedules are applicable to all children covered by EPSDT, not just those in Head Start. The CMS Guide to Children's Dental Care in Medicaid [2] also contains much useful information.

MSDA believes it is important for states to comply with the provisions of OBRA89 and the State Medicaid Manual to maintain a separate dental periodicity schedule. We further believe that the AAPD guidelines recommending that children have periodic dental examinations, preventive services, and necessary oral health follow-up services starting at one year of age, and thereafter at intervals based on risk assessments, represent current best practice with respect to a dental periodicity schedule.

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1. Schneider D, Crall J. EPSDT Periodicity Schedules and their Relation to Pediatric Oral Health Standards in Head Start and Early Head Start. National Oral Health Policy Center. June 2005. Available at <http://www.healthychild.ucla.edu/nohpc/National%20Oral%20Health%20Policy%20Center/OralCenterPubs/EPSDT%20Periodicity%20Schedule%20Brief%20-%20Final.pdf>
 2. Centers for Medicare & Medicaid Services. Guide to Children's Dental Care in Medicaid, October 2004. Available at <http://www.cms.hhs.gov/MedicaidDentalCoverage/Downloads/dentalguide.pdf>