

# PM160 DENTAL GUIDE

## CHILD HEALTH AND DISABILITY PREVENTION (CHDP) PROGRAM

### PERIODICITY SCHEDULE FOR DENTAL REFERRAL BY AGE

Age (years)	12 Month Dental Referral	6 Month Dental Referral
1 - 20	<input checked="" type="checkbox"/> Once a year <u>minimum</u>	<input checked="" type="checkbox"/> Most CHDP children are moderate to high caries risk. Refer every 6 months. Children with special needs may need more frequent referrals.

- A dental screening/oral assessment is required at every CHDP health assessment regardless of age.
- Refer children directly to a dentist:
  - **At least annually** beginning at age one for maintenance of oral health (mandated beginning at age 3)
  - **At any age** if a problem is suspected or detected
  - **Every six (6) months** if moderate to high risk for caries
  - **Every three (3) months** for children with documented special health care needs when medical or oral condition can be affected
- To help find a dentist for a child with Medi-Cal, contact Denti-Cal at 1-800-322-6384 or <http://www.denti-cal.ca.gov>. For families with or without Medi-Cal, the local CHDP program can assist in finding a dentist.

### PM160 EXAMPLE

CHDP ASSESSMENT <small>Indicate outcome for each screening procedure</small>	NO PROBLEM SUSPECTED  ✓A	REFUSED, CONTRA-INDICATED, NOT NEEDED  ✓B	PROBLEM SUSPECTED Enter Follow Up Code In Appropriate Column		DATE OF SERVICE			FOLLOW UP CODES	
			NEW C	KNOWN D	Mo.	Day	Year	1. NO DX/RX INDICATED OR NOW UNDER CARE	4. DX PENDING/RETURN VISIT SCHEDULED
01 HISTORY and PHYSICAL EXAM	.	.							2. QUESTIONABLE RESULT RECHECK SCHEDULED 3. DX MADE AND RX STARTED 5. REFERRED TO ANOTHER EXAMINER FOR DX/RX 6. REFERRAL REFUSED
02 DENTAL ASSESSMENT/REFERRAL			5						REFERRED TO: <b>M. Painless, DDS</b> TELEPHONE NUMBER <b>(916) 123-4567</b>
03 NUTRITIONAL ASSESSMENT									<b>COMMENTS/PROBLEMS</b> <b>IF A PROBLEM IS DIAGNOSED THIS VISIT, PLEASE ENTER YOUR DIAGNOSIS IN THIS AREA</b>  <i>02 - Class II - gingivitis and possible tooth decay</i>
04 ANTICIPATORY GUIDANCE HEALTH EDUCATION									
05 DEVELOPMENTAL ASSESSMENT									
06 SNELLEN OR EQUIVALENT							06		
07 AUDIOMETRIC							07		
08 HEMOGLOBIN OR HEMATOCRIT							08		
09 URINE DIPSTICK							09		
10 COMPLETE URINALYSIS							10		
12 TB MANTOUX							12		
CODE	OTHER TESTS <small>PLEASE REFER TO THE CHDP LIST OF TEST CODES</small>				CODE	OTHER TESTS			
								<b>ROUTINE REFERRAL(S) (✓)</b> <input type="checkbox"/> BLOOD LEAD <input checked="" type="checkbox"/> <b>DENTAL</b>	
								<b>PATIENT IS A FOSTER CHILD (✓)</b> <input type="checkbox"/>	

- **Routine Referral(s) (✓)**  
Enter a check mark in this box only when no dental problem is detected or suspected, and you have referred parents to a dentist to obtain any needed dental care. Annual dental referrals are recommended beginning at one (1) year of age and are mandatory beginning at three (3) years of age.
- **Follow-up codes for use in columns C and D**
  - 1) **NO DX/RX INDICATED OR NOW UNDER CARE:** Enter code 1 if no treatment is indicated or the patient is now under care, e.g. dental problem now under care.
  - 2) **REFERRED TO ANOTHER EXAMINER FOR DX/RX:** Enter code 5 if a dental problem is suspected and enter name and telephone number of the dentist in the "Referred To" area.
  - 3) **REFERRAL REFUSED:** Enter code 6 if patient or responsible person refused referral/follow-up for any reason.

# DENTAL CLASSIFICATIONS

The American Dental Association's "Classification of Treatment Needs" is a tool for referring children for dental services. If a problem is detected or suspected, on line 02 - "DENTAL ASSESSMENT/REFERRAL" enter code 5 in "Problem Suspected" columns C or D. In "Comments/Problems" section, describe the condition and classify using Class II, III, or IV. Enter dentist's name/phone number in "Referred To" box.

## CLASS I: NO VISIBLE DENTAL PROBLEM

No problem visualized. If child has not seen a dentist in the last 6 -12 months, check box "Routine Referral-Dental".

Annual referrals recommended beginning at one (1) year of age and mandatory beginning at three (3) years of age.



Appears Healthy But Needs Routine Referral

## CLASS II: MILD DENTAL PROBLEMS

Small carious lesions (including decalcifications) and/ or gingivitis. The patient is asymptomatic.

Condition is not urgent, yet requires a dental referral. Write "02-Class II" and describe in the "Comment/Problems" section of PM160.



Beginning Decay-white decalcification



Small Carious Lesion



Mild Gingivitis

## CLASS III: SEVERE DENTAL PROBLEMS

Large carious lesions, chronic abscess, extensive gingivitis, or a history of pain. The need for dental care is urgent.

Refer for treatment as soon as possible. Write "02-Class III" and describe in the "Comments/Problems" section of PM160.

If a severe (medically handicapping) malocclusion or craniofacial anomaly is detected or suspected, the child should be referred to a dentist. Write "02-Class III" and describe condition in "Comments/Problems" section of PM160".



Large Carious Lesions



Chronic Abscess



Early Childhood Caries (ECC)



Extensive Gingivitis

## CLASS IV: EMERGENCY DENTAL TREATMENT REQUIRED

Acute injury, oral infection, or other painful condition. An immediate dental referral is indicated. Write "02-Class IV" and describe in "Comments/Problems" section of PM160.



Acute Injuries



Oral Infection/Cellulitis