

Illinois Department of Healthcare and Family Services

Dental Periodicity Schedule

(Effective July 1, 2014)

The Illinois Department of HealthCare and Family Services (HFS) has based the Dental Health Periodicity Schedule on the American Academy of Pediatric Dentistry Periodicity Schedule oral health recommendations and consultation with the medical and dental communities. This schedule is designed for the care of children who have no contributing medical conditions and should be modified for children with special health care needs or in the event of trauma or disease results in variations from the norm.

As part of the well child visit, the Primary Care Provider (PCP) (medical home) performs an oral health screening, HFS recommends following the American Academy of Pediatrics guidelines, and as detailed in the guidance provided by the HFS Handbook for Providers of Healthy Kids Services in accordance with Bright Futures. An oral screening is part of the well child physical examination but does not replace referral to a dentist. Children should receive an oral health risk screening from their PCP by six months of age that includes: (1) assessing the child's risk factors for developing oral disease; providing education on the importance of oral health; and evaluating and optimizing fluoride exposure. Anticipatory guidance related to oral health provided to the parent, guardian and child should be age appropriate and follow the Bright Futures in Practice: ORAL HEALTH Pocket Guide.

At age one, or earlier as needed, PCP's should refer children to a dentist for routine and periodic preventive dental care. For children under age one, the PCP should perform the oral health screening to identify children who require evaluation by a dentist, and to provide evidence based/informed preventive oral health services, including anticipatory guidance.

A dentist will perform a thorough exam that will include X-rays. The dental hygienist will perform prophylaxis, fluoride and oral health education.

DentaQuest of Illinois, LLC

Illinois Department of HealthCare and Family Services Dental Periodicity Schedule Birth to Age 21

SERVICE	Birth – 12 Months	12-24 Months	24 Months to 3 years	3-6 Years	6-12 Years	12 Years & Older
Anticipatory Guidance/Counseling ¹	•	•	•	•	•	•
Oral Health Screening by PCP (at physical exam)	•	•	•	•	•	•
Clinical Oral Examination ²			•	•	•	•
Assess oral growth and development ³	•	•	•	•	•	•
Caries-risk assessment ³	•	•	•	•	•	•
Fluoride Supplementation/ Topical Fluoride Varnish	•	•	•	•	•	•
Referral to a Dental Home by the PCP ⁴			•	•	•	•
Radiographic Assessment			•	•	•	•
Pit & Fissure Sealants ⁵				•	•	•
Fluoride Supplementation/ Topical Fluoride Varnish	•	•	•	•	•	•
Assessment and possible removal of 3 rd molars						•

Note: While some services are not noted in a certain age category (e.g., birth to 12 months), those services are available, as medically necessary, to those children.

Illinois EPSDT Periodicity Schedule

It is recommended that health screenings be provided to children on the periodicity schedule recommended by the American Academy of Pediatrics' (AAP) *Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents, Third Edition (Bright Futures, 3rd Ed.)*. The following schedule is a minimum guideline and is consistent with *Bright Futures, 3rd Ed.* Illinois adopted these guidelines beginning in CY2015 with the publication of the [Handbook for Providers of Healthy Kids Services](#).

- Under age one:
 - Within 24 hours of birth in hospital
 - 3-5 days of life and within 48-72 hours after discharge
 - 1 month
 - 2 months
 - 4 months
 - 6 months
 - 9 months
- One to three years:
 - 12 months
 - 15 months
 - 18 months
 - 24 months
 - 30 months
- Three to twenty-one years:
 - Annually

The Department of Children and Family Services requires that children in its legal custody between the ages of two years and 21 years receive, at a minimum, annual health screenings.

Vision*:

Ages Three through Six: Annually

Ages 8, 10, 12, 15 and 18

Hearing*:

Newborn (at birth)

Ages 9, 18, 24 and 30 months

***May be more frequent, as medically necessary**

Source: *Handbook for Providers of Healthy Kids Services Chapter HK-200 – Policy and Procedures*

FORM CMS-416: ANNUAL EPSDT PARTICIPATION REPORT



State Code IL	Fiscal Year		Age Group <1	Age Group 1-2	Age Group 3-5	Age Group 6-9	Age Group 10-14	Age Group 15-18	Age Group 19-20
	2019	Totals							
1a. Total individuals eligible for EPSDT	CN:	1,424,879	73,171	152,070	218,811	275,938	352,084	245,759	107,046
	MN:	0							
	Total:	1,424,879	73,171	152,070	218,811	275,938	352,084	245,759	107,046
1b. Total Individuals eligible for EPSDT for 90 Continuous Days	CN:	1,350,546	53,320	146,242	209,942	265,925	339,931	236,523	98,663
	MN:	0							
	Total:	1,350,546	53,320	146,242	209,942	265,925	339,931	236,523	98,663
1c. Total Individuals Eligible under a CHIP Medicaid Expansion	CN:	93,174	0	6	9	24,923	39,406	27,361	1,469
	MN:	0							
	Total:	93,174	0	6	9	24,923	39,406	27,361	1,469
2a. State Periodicity Schedule			6	5	3	4	5	4	2
2b. Number of Years in Age Group			1	2	3	4	5	4	2
2c. Annualized State Periodicity Schedule			6.00	2.50	1.00	1.00	1.00	1.00	1.00
3a. Total Months of Eligibility	CN:	14,926,772	394,591	1,644,667	2,367,035	3,015,828	3,861,361	2,664,402	978,888
	MN:	0							
	Total:	14,926,772	394,591	1,644,667	2,367,035	3,015,828	3,861,361	2,664,402	978,888
3b. Average Period of Eligibility	CN:	0.92	0.62	0.94	0.94	0.95	0.95	0.94	0.83
	MN:	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total:	0.92	0.62	0.94	0.94	0.95	0.95	0.94	0.83
4. Expected Number of Screenings per Eligible	CN:	3.72	2.35	2.35	0.94	0.95	0.95	0.94	0.83
	MN:	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total:	3.72	2.35	2.35	0.94	0.95	0.95	0.94	0.83
5. Expected Number of Screenings	CN:	1,619,149	198,350	343,669	197,345	252,629	322,934	222,332	81,890
	MN:	0	0	0	0	0	0	0	0
	Total:	1,619,149	198,350	343,669	197,345	252,629	322,934	222,332	81,890
6. Total Screens Received	CN:	1,150,916	230,285	288,503	173,580	122,346	201,283	110,019	24,900
	MN:	0							
	Total:	1,150,916	230,285	288,503	173,580	122,346	201,283	110,019	24,900
7. SCREENING RATIO	CN:	0.71	1.00	0.84	0.88	0.48	0.62	0.49	0.30
	MN:	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total:	0.71	1.00	0.84	0.88	0.48	0.62	0.49	0.30
8. Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	CN:	1,276,692	53,320	146,242	197,345	252,629	322,934	222,332	81,890
	MN:	0	0	0	0	0	0	0	0
	Total:	1,276,692	53,320	146,242	197,345	252,629	322,934	222,332	81,890
9. Total Eligibles Receiving at least One Initial or Periodic Screen	CN:	710,995	49,350	115,250	140,953	110,937	176,969	96,093	21,443
	MN:	0							
	Total:	710,995	49,350	115,250	140,953	110,937	176,969	96,093	21,443
10. PARTICIPANT RATIO	CN:	0.56	0.93	0.79	0.71	0.44	0.55	0.43	0.26
	MN:	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total:	0.56	0.93	0.79	0.71	0.44	0.55	0.43	0.26
11. Total Eligibles Referred for Corrective Treatment	CN:	507,948	47,805	99,944	99,211	67,975	110,043	64,966	18,004
	MN:	0							
	Total:	507,948	47,805	99,944	99,211	67,975	110,043	64,966	18,004
12a. Total Eligibles Receiving Any Dental Services	CN:	615,111	360	27,222	104,695	163,254	192,894	102,271	24,415
	MN:	0							
	Total:	615,111	360	27,222	104,695	163,254	192,894	102,271	24,415
12b. Total Eligibles Receiving Preventive Dental Services	CN:	575,328	250	25,920	100,255	156,129	182,789	90,775	19,210
	MN:	0							
	Total:	575,328	250	25,920	100,255	156,129	182,789	90,775	19,210
12c. Total Eligibles Receiving Dental Treatment Services	CN:	211,945	14	996	21,727	57,797	72,214	47,014	12,183
	MN:	0							
	Total:	211,945	14	996	21,727	57,797	72,214	47,014	12,183
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN:	122,069					58,459	63,610	
	MN:	0							
	Total:	122,069					58,459	63,610	
12e. Total Eligibles Receiving Dental Diagnostic Services	CN:	598,062	360	27,063	103,719	160,805	187,711	95,959	22,445
	MN:	0							
	Total:	598,062	360	27,063	103,719	160,805	187,711	95,959	22,445
12f. Total Eligibles Receiving Oral Health Services provided by a Non-Dentist Provider	CN:	18,909	644	13,747	3,707	332	299	140	40
	MN:	0							
	Total:	18,909	644	13,747	3,707	332	299	140	40
12g. Total Eligibles Receiving Any Dental Or Oral Health Service	CN:	629,450	993	38,448	106,715	163,436	193,071	102,349	24,438
	MN:	0							
	Total:	629,450	993	38,448	106,715	163,436	193,071	102,349	24,438
13. Total Eligibles Enrolled in Managed Care	CN:	1,195,436	49,047	137,003	191,804	238,280	298,444	200,425	80,433
	MN:	0							
	Total:	1,195,436	49,047	137,003	191,804	238,280	298,444	200,425	80,433
14a. Total Number of Screening Blood Lead Tests	CN:	180,822	5,858	93,179	81,785				
	MN:	0							
	Total:	180,822	5,858	93,179	81,785				
14b. Methodology used for calculating the Total Number of Screening Blood Lead Tests		CPT Code 83655 within certain diagnoses codes (Method I)	Enter X For Method I	HEDIS (Method II)	Enter X For Method II	Combination Methodology (Method III)	Enter X For Method III		
							X		

* Includes 12-month visit
 Note: "CN"=Categorically Needy, "MN"= Medically Needy

Disclosure Statement - According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0354 (expiration date June 30, 2020). The time required to complete this information collection is estimated to average 28 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop: C7-26-05, Baltimore, Maryland 21244-1850.