

PM160 DENTAL GUIDE

CHILD HEALTH AND DISABILITY PREVENTION (CHDP) PROGRAM

PERIODICITY SCHEDULE FOR DENTAL REFERRAL BY AGE

Age (years)	Routine Dental Referral	Suspected Dental Problem
1 - 20	<input checked="" type="checkbox"/> Refer every 6 months (Children with special needs may need more frequent referrals.)	Refer at any age if a problem is suspected or detected

- A dental screening/oral assessment is required at every CHDP health assessment regardless of age.
- Refer children directly to a dentist:
 - **Beginning at age one** as required by CA SB75
 - **At any age** if a problem is suspected or detected - see Dental Referral Classifications (page 2)
 - **Every six (6) months for maintenance of oral health**
 - **Every three (3) months** for children with documented special health care needs when medical or oral condition can be affected; and for other children at high risk for dental caries
- 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/WSI/Bene.jsp?fname=ProvReferral>
 - For families with or without Medi-Cal, the local CHDP program can assist in finding a dentist. <http://www.dhcs.ca.gov/services/chdp/Pages/CountyOffices.aspx>

PM160 EXAMPLE

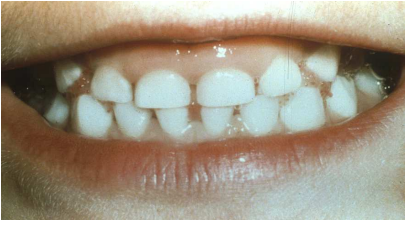


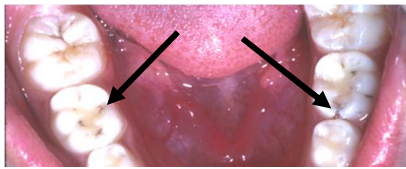
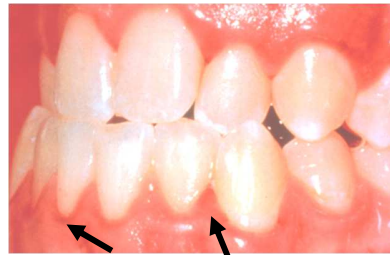
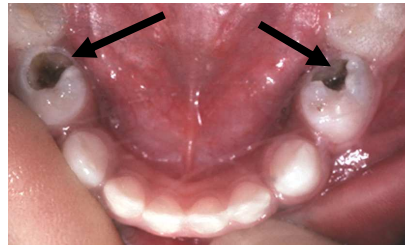
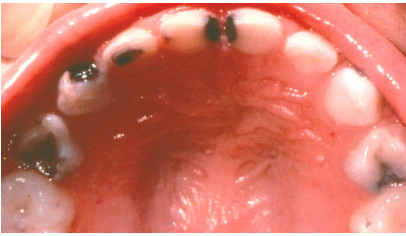
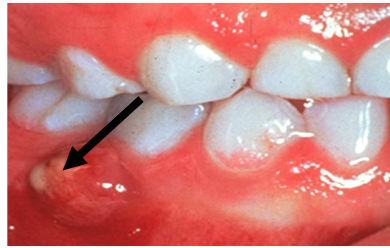




CHDP ASSESSMENT <small>Indicate outcome for each screening procedure</small>	NO PROBLEM SUSPECTED ✓A	REFUSED, CONTRA-INDICATED, NOT NEEDED ✓B	PROBLEM SUSPECTED Enter Follow Up Code In Appropriate Column		DATE OF SERVICE Mo. Day Year 01 15 97	FEES	FOLLOW UP CODES	
			NEW C	KNOWN D			1. NO DX/RX INDICATED OR NOW UNDER CARE	4. DX PENDING/RETURN VISIT SCHEDULED
01 HISTORY and PHYSICAL EXAM							REFERRED TO: I.M. Painless, DDS	TELEPHONE NUMBER (916) 123-4567
02 DENTAL ASSESSMENT/REFERRAL			5				REFERRED TO:	TELEPHONE NUMBER
03 NUTRITIONAL ASSESSMENT							COMMENTS/PROBLEMS IF A PROBLEM IS DIAGNOSED THIS VISIT, PLEASE ENTER YOUR DIAGNOSIS IN THIS AREA <i>02 - Class II - gingivitis and tooth decay (5)</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		
							ROUTINE REFERRAL(S) (✓) <input type="checkbox"/> BLOOD LEAD <input type="checkbox"/> DENTAL	PATIENT IS A FOSTER CHILD (✓) <input type="checkbox"/>

- Routine Referral(s) (✓)
Enter check mark in this box only when no dental problem is suspected or detected. Dental referrals are **required** beginning at age one (1). Dental referrals should be made every six (6) months for maintenance of oral health.
- 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.

DENTAL REFERRAL CLASSIFICATIONS

The CHDP classification of treatment needs is a tool for referring children for dental services.

If a problem is suspected or detected, 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.

<p>CLASS I: NO VISIBLE DENTAL PROBLEMS (no decalcification, caries, or gingivitis)</p> <p>If child has not seen a dentist in the last 6 months, check box "Routine Referral-Dental".</p> <p><i>Referrals required beginning at age one (1).</i> Refer every six (6) months for maintenance of oral health.</p>		
<p>CLASS II: MILD DENTAL PROBLEMS (white decalcification/initial decay, small carious lesions, or gingivitis)</p> <p>The patient is asymptomatic. Condition is not urgent, yet requires a dental referral. Write "02-Class II" and describe in the "Comments/Problems" section of PM160.</p>	 <p>White Decalcification/Initial Decay</p>  <p>Small Carious Lesions</p>	 <p>Mild Gingivitis</p>
<p>CLASS III: SEVERE DENTAL PROBLEMS (large carious lesions, abscess, extensive gingivitis, or pain)</p> <p>Urgent dental care is needed. If abscess suspected ensure that child is seen within 24 hours. Conditions can progress rapidly to an emergency. Write "02-Class III" and describe in the "Comments/Problems" section of PM160.</p> <p>For a <u>severe</u> medically handicapping malocclusion or craniofacial anomaly refer child to a dentist or California Children's Services (CCS). Write "02-Class III" and describe condition in "Comments/Problems" section.</p>	 <p>Large Carious Lesions</p>  <p>Early Childhood Caries (ECC)</p>	 <p>Abscess</p>  <p>Extensive Gingivitis</p>
<p>CLASS IV: EMERGENCY DENTAL TREATMENT REQUIRED (acute injury, oral infection, or other painful condition)</p> <p>Immediate dental referral is required. Write "02-Class IV Emergency" and describe in "Comments/Problems" section of PM160.</p>	 <p>Acute Injuries</p> 	 <p>Oral Infection/Cellulitis</p>