# PM160 DENTAL GUIDE

## CHILD HEALTH AND DISABILITY PREVENTION (CHDP) PROGRAM

### PERIODICITY SCHEDULE FOR DENTAL REFERRAL BY AGE

<table>
<thead>
<tr>
<th>Age (years)</th>
<th>Routine Dental Referral</th>
<th>Suspected Dental Problem</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 - 20</td>
<td>Refer every 6 months</td>
<td>Refer at any age if a problem is suspected or detected (Children with special needs may need more frequent referrals.)</td>
</tr>
</tbody>
</table>

- 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

<table>
<thead>
<tr>
<th>CHDP ASSESSMENT</th>
<th>NO PROBLEM SUSPECTED</th>
<th>REFUSED, CONTRA-INDICATED, NOT NEEDED</th>
<th>PROBLEM SUSPECTED Enter Follow Up Code In Appropriate Column</th>
<th>DATE OF SERVICE</th>
<th>FOLLOW UP CODES</th>
<th>COMMENTS/PROBLEMS</th>
</tr>
</thead>
<tbody>
<tr>
<td>01 HISTORY and PHYSICAL EXAM</td>
<td>✓A</td>
<td>✓B</td>
<td>NEW C</td>
<td>KNOWN D</td>
<td>FEES</td>
<td>1. NO DX/RX INDICATED OR NOW UNDER CARE</td>
</tr>
<tr>
<td>02 DENTAL ASSESSMENT/REFERRAL</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>5</td>
<td></td>
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<tr>
<td>03 NUTRITIONAL ASSESSMENT</td>
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</tr>
<tr>
<td>04 ANTICIPATORY GUIDANCE</td>
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<tr>
<td>05 DEVELOPMENTAL ASSESSMENT</td>
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<tr>
<td>06 SNELLER OR EQUIVALENT</td>
<td></td>
<td>06</td>
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<tr>
<td>07 AUDIOMETRIC</td>
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<td>07</td>
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</tr>
<tr>
<td>08 HEMOGLOBIN OR HEMATOCRIT</td>
<td></td>
<td>08</td>
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</tr>
<tr>
<td>09 URINE DIPSTICK</td>
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<td>09</td>
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</tr>
<tr>
<td>10 COMPLETE URINALYSIS</td>
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<tr>
<td>12 TB MANTOUX</td>
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<td>12</td>
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</tbody>
</table>

#### CODE OTHER TESTS

- PLEASE REFER TO THE CHDP LIST OF TEST CODES

#### 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.

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*California Department of Health Care Services, Child Health and Disability Prevention (CHDP) Program Oral Health Subcommittee Revised 08/04/15*
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.

**CLASS I:**

**NO VISIBLE DENTAL PROBLEMS**
(no decalcification, caries, or gingivitis)

If child has not seen a dentist in the last 6 months, check box “Routine Referral-Dental”.

*Refferrals required beginning at age one (1).* Refer every six (6) months for maintenance of oral health.

*Appears Healthy But Needs Routine Referral*

**CLASS II:**

**MILD DENTAL PROBLEMS**
(white decalcification/initial decay, small carious lesions, or gingivitis)

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.

**White Decalcification/Initial Decay**

**Small Carious Lesions**

**Mild Gingivitis**

**CLASS III:**

**SEVERE DENTAL PROBLEMS**
(large carious lesions, abscess, extensive gingivitis, or pain)

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.

*Early Childhood Caries (ECC)*

**Large Carious Lesions**

**Abscess**

**Extensive Gingivitis**

For a severe 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.

**CLASS IV:**

**EMERGENCY DENTAL TREATMENT REQUIRED** (acute injury, oral infection, or other painful condition)

Immediate dental referral is required. Write “02-Class IV Emergency” and describe in “Comments/Problems” section of PM160.

*Acute Injuries*

*Oral Infection/Cellulitis*