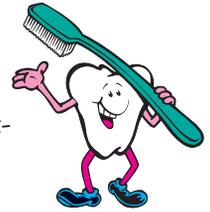




Minnesota Child and Teen Checkups (C&TC) Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Schedule of Age-Related Dental Standards



In keeping with the American Academy of Pediatric Dentistry recommendations, a child's first examination should be completed at the eruption of the first tooth in the mouth or no later than 12 months of age. Repeat every 6 months or as indicated by the child's risk status/susceptibility to disease. http://www.aapd.org/media/policies_guidelines/p_cariesriskassess.pdf *

See FACT Sheets in C&TC Provider Guide

| Components | Age | 6 – 12 mo | 12 – 24 mo | 2 – 6 yrs | 6 – 12 yrs | 12 – 20 yrs |
|---|-----|-----------|------------|----------------|----------------|-------------|
| Oral health history | | ✓ | ✓ | ✓ | ✓ | ✓ |
| Clinical oral examination | | ✓ | ✓ | ✓ | ✓ | ✓ |
| Assessments/screening | | | | | | |
| ■ Oral growth and development | | ✓ | ✓ | ✓ | ✓ | ✓ |
| ■ Caries risk* | | ✓ | ✓ | ✓ | ✓ | ✓ |
| ■ Radiographic ¹ | | ✓ | ✓ | ✓ | ✓ | ✓ |
| Prophylaxis and topical fluoride ¹ | | ✓ | ✓ | ✓ | ✓ | ✓ |
| Fluoride supplementation ² | | ✓ | ✓ | ✓ | ✓ | ✓ |
| Anticipatory guidance/counseling ³ | | ✓ | ✓ | ✓ | ✓ | ✓ |
| Counseling | | Parent | Parent | Patient/parent | Patient/parent | Patient |
| ■ Oral hygiene | | ✓ | ✓ | ✓ | ✓ | ✓ |
| ■ Dietary ⁴ | | ✓ | ✓ | ✓ | ✓ | ✓ |
| ■ Injury prevention ⁵ | | ✓ | ✓ | ✓ | ✓ | ✓ |
| ■ Nonnutritive habits ⁶ | | ✓ | ✓ | ✓ | ✓ | ✓ |
| ■ Speech/language development | | ✓ | ✓ | ✓ | | |
| ■ Substance abuse | | | | | ✓ | ✓ |
| ■ Intraoral/perioral piercing | | | | | ✓ | ✓ |
| Assessment and treatment of developing malocclusion | | | | ✓ | ✓ | ✓ |
| Assessment for sealants ⁷ | | | | ✓ | ✓ | ✓ |
| Assessment and /or removal of third molars | | | | | | ✓ |
| Transition to adult care | | | | | | ✓ |

1. The child's history, clinical findings and susceptibility to oral disease should determine the timing, selection and frequency.
2. When systemic fluoride exposure is suboptimal; up to at least 16 years of age.
3. Appropriate discussion and counseling should be an integral component of each visit.
4. At every visit; initially discuss appropriate feeding practices, then the role of refined carbohydrates and frequency of snacking in caries development and obesity.

5. Should include counseling on toys, pacifiers, car seat use and passenger restraints, routine playing, sports and mouthguards.
6. Should include counseling on the additional need for sucking; fingers vs pacifiers, then the need to wean from the habit before malocclusion or skeletal dysplasia occurs. For school-aged children and adolescents, counsel regarding habits such as nail biting, clenching and grinding.
7. For caries susceptible posterior teeth with deep pits and fissures; placed as soon as possible after eruption. Coverage for sealants is limited to recipients through age 18 on first and second permanent molars.



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