



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 (AAPD) recommendations, a child's first examination should be completed at the eruption of the first tooth or no later than 12 months of age. Repeat every six months, or more often, as indicated by the child's risk status or susceptibility to disease. AAPD emphasizes the importance of very early professional intervention and the continuity of care based on the individualized needs of the child. Refer to the Guideline on Periodicity of Examination, Preventive Dental Services, Anticipatory Guidance, and Oral Treatment for Infants, Children, and Adolescents (www.aapd.org/media/Policies_Guidelines/G_Periodicity.pdf) for supporting information and references.*

Components	6 – 12 mo	12 – 24 mo	2 – 6 yrs	6 – 12 yrs	12 – 20 yrs
Clinical oral examination	✓	✓	✓	✓	✓
Assessments or screening					
■ Oral growth and development	✓	✓	✓	✓	✓
■ Caries risk ^{*1}	✓	✓	✓	✓	✓
■ Radiographic ^{1,2}	✓	✓	✓	✓	✓
Prophylaxis and topical fluoride ^{1,2}	✓	✓	✓	✓	✓
Fluoride supplementation ³	✓	✓	✓	✓	✓
Anticipatory guidance or counseling ⁴	✓	✓	✓	✓	✓
Counseling	Parent	Parent	Patient/parent	Patient/parent	Patient
■ Oral hygiene ⁹	✓	✓	✓	✓	✓
■ Dietary ⁵	✓	✓	✓	✓	✓
■ Injury prevention ⁶	✓	✓	✓	✓	✓
■ Nonnutritive habits ⁷	✓	✓	✓	✓	✓
■ Speech or language development	✓	✓	✓		
■ Substance abuse				✓	✓
■ Intraoral or perioral piercing				✓	✓
Assessment and treatment of developing malocclusion			✓	✓	✓
Assessment for pit and fissure sealants ^{8,10}			✓	✓	✓
Assessment and/or removal of third molars ¹⁰					✓
Transition to adult dental care					✓

¹ Must be repeated regularly and frequently to maximize effectiveness.

² Timing, selection and frequency determined by child's history, clinical findings and susceptibility to oral disease.

³ Consider when drinking water fluoride exposure is suboptimal; up to at least 16 years of age.

⁴ Appropriate discussion and counseling should be an integral component of each visit.

⁵ At every visit; initially discuss appropriate feeding practices, then the role of refined carbohydrates and frequency of snacking in caries development and obesity.

⁶ Should include counseling on play objects, pacifiers, car seats; when learning to walk; then with sports and routine playing, including the importance of mouth guards.

⁷ 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.

⁸ For caries susceptible molars with deep pits and fissures; placed as soon as possible after eruption. Coverage for sealants is limited to once every 5 years per permanent molar.

⁹ Initially, responsibility of parent: as child matures, jointly with parent; then, when indicated, only child.

¹⁰ For Minnesota Health Care Programs (MHCP) dental coverage for third molar removal visit [Children and Pregnant Women policy](#).