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***PROVIDER UPDATE***

***October, 2018***  
***#2018-17***

To: IMCare Dental Providers  
From: Faith Keenan, BSN, RN, IMCare Disease Management Coordinator  
Date: October 16, 2018  
RE: Children's Dental Access

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Thank you for your recent efforts to increase dental access and ongoing partnership in serving individuals enrolled in IMCare. According to the most recent 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 in the mouth 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](http://www.aapd.org/media/Policies_Guidelines/G_Periodicity.pdf)) for supporting information and references”.

IMCare would encourage all network dentists to follow the AAPD guidelines. Enclosed is a list of frequently used billable Dental codes for children’s dental services for your reference as well as the most recent Minnesota Child and Teen Checkups (C&TC) Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Schedule of Age-Related Dental Standards. There is no difference in billing based on child’s age.

<b>CPT code</b>	<b>Code description</b>
<b>D1330</b>	Oral hygiene instructions
<b>D1206</b>	Topical application of fluoride varnish
<b>D1208</b>	Topical application of fluoride – excluding varnish

For any questions or comments please contact Faith Keenan at (218) 327-5533 or by email at [faith.keenan@co.itasca.mn.us](mailto:faith.keenan@co.itasca.mn.us)



## 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 in the mouth 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 \(www.aapd.org/media/Policies\\_Guidelines/G\\_Periodicity.pdf\)](http://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 <sup>2</sup>	✓	✓	✓	✓	✓
Prophylaxis and topical fluoride <sup>1,2</sup>	✓	✓	✓	✓	✓
Fluoride supplementation <sup>3</sup>	✓	✓	✓	✓	✓
Anticipatory guidance or counseling <sup>4</sup>	✓	✓	✓	✓	✓
Counseling	Parent	Parent	Parent/parent	Parent/parent	Patient
■ Oral hygiene <sup>5</sup>	✓	✓	✓	✓	✓
■ Dietary <sup>5</sup>	✓	✓	✓	✓	✓
■ Injury prevention <sup>6</sup>	✓	✓	✓	✓	✓
■ Nonnutritive habits <sup>7</sup>	✓	✓	✓	✓	✓
■ Speech or language development	✓	✓	✓	✓	✓
■ Substance abuse				✓	✓
■ Intraoral or perioral piercing				✓	✓
Assessment and treatment of developing malocclusion			✓	✓	✓
Assessment for pit and fissure sealants <sup>8</sup>			✓	✓	✓
Assessment and/or removal of third molars					✓
Transition to adult dental care					✓

\* Must be repeated regularly and frequently to maximize effectiveness.  
<sup>1</sup> Timing, selection and frequency determined by child's history, clinical findings and susceptibility to oral disease. Must be repeated regularly and frequently to maximize effectiveness.  
<sup>2</sup> Consider when systematic fluoride exposure is suboptimal; up to at least 16 years of age.  
<sup>3</sup> Appropriate discussion and counseling should be an integral component of each visit.  
<sup>4</sup> At every visit, initially discuss appropriate feeding practices, then the role of refined carbohydrates and frequency of snacking in caries development and obesity.  
<sup>5</sup> 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.  
<sup>6</sup> 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, drenching and grinding.  
<sup>7</sup> 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. For MCHD dental coverage see the [Children and Adolescent Women Policy](http://www.dhs.state.mn.us).  
<sup>8</sup> Initially, responsibility of parent; as child matures, jointly with parent; then, when indicated, only child.



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