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Minnesota Child and Teen Checkups (C&TC) Schedule of Age-Related Screening Standards

C&TC Screening Components by Age C&TC Fact Sheet for each component	Infancy					Early Childhood							Middle Childhood						Adolescence									
	0-1 mo	2 mo	4 mo	6 mo	9 mo	12 mo	15 mo	18 mo	24 mo	30 mo	3 yrs	4 yrs	5 yrs	6 yrs	7 yrs	8 yrs	9 yrs	10 yrs	11 yrs	12 yrs	13 yrs	14 yrs	15 yrs	16 yrs	17 yrs	18 yrs	19 yrs	20 yrs
Anticipatory guidance & health education	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
Measurements:																												
Head circumference	●	●	●	●	●	●	●	●	●																			
Height and weight	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
Weight for length percentile	●	●	●	●	●	●	●	●																				
Body mass index (BMI) percentile									●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
Blood pressure											●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
Health history, including social drivers of health	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
Developmental, social-emotional, mental health:																												
Surveillance	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
Developmental screening					R			R		R	R	→																
Social-emotional or mental health screening				R		R		R	R	R	R	R	R	R	R	R	R	R	R	●	●	●	●	●	●	●	●	●
Suicide risk screening																				R	R	R	R	R	R	R	R	R
Autism spectrum disorder screening								R	R																			
Postpartum depression screening	R	R	R	R	→																							
Physical exam*	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
Immunizations and review	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
Newborn screening follow-up: blood spot and critical congenital heart defect	♓	→																										
Laboratory tests and risk assessments:																												
Blood lead test					←	●	→	←	●	←	If not done at 24 mo	→																
Hemoglobin/hematocrit					←	●	→												←	One time for menstruating adolescents								→
Hepatitis C Virus (HCV) and Syphilis																										R	→	
HIV screening for all youth at least one time*																			X	X	X	X	←		●			→
Sexually transmitted infection (STI) risk assessment, with lab testing for sexually active youth																			X	X	X	X	X	X	X	X	X	X
Tuberculosis risk assessment	X			X		X			X		X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Dyslipidemia risk assessment									X			X		X		X	←	X	→	←		X	→		←	X		→
Tobacco, alcohol or drug use risk assessment																			X	X	X	X	X	X	X	X	X	X
Sudden cardiac arrest (SCA)/sudden cardiac death (SCD) risk assessment*																			←				R					→
Vision screening: distance (3+ years) and near (5+ years) acuity	X	X	X	X	X	X	X	X	X	X	●	●	●	●	●	●	●	●	←	●	→		←	●	→	←	●	→
Hearing screening: add high frequency screening at 11+ years	♓	X	X	X	X	X	X	X	X	X	R	●	●	●	●	●	●	●	←	●	→		←	●	→	←	●	→
Oral health:																												
Dental checkups: Verbal referral to dental provider at eruption of first tooth or no later than 12 months of age and every visit				●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
Fluoride varnish application (FVA) starting at eruption of first tooth				●	●	●	●	●	●	●	●	●	●															
All C&TC visits require a HIPAA-compliant referral condition code: ST, S2, AV or NU*	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●

KEY: ● Required component for the visit
♓ If no Newborn Screening results on file, or did not pass, follow up appropriately
R Recommended component for the visit
←→ Indicates range to provide component at least one time
X Required risk assessment followed by appropriate action
* Refer to back side for more information

Schedule of Age-Related Screening Standards
Early and Periodic Screening, Diagnosis and Treatment (EPSDT)

Screening Schedule:

This document (with active links) is available at www.mn.gov/dhs/periodicity-schedule/ (PDF).

This schedule is a minimum standard; additional C&TC visits or screenings can be done and billed for as medically necessary.

Children in out-of-home placement or foster care should receive C&TC visits more frequently, as recommended by the American Academy of Pediatrics (AAP) Foster Care; refer to Primary Care Tools to Help Care for Children in Foster Care. If a child misses a screening component or visit, or a required screening component was not offered at a previous visit, the missing screening components should be performed at the earliest possible time.

For each screening component, a C&TC Fact Sheet (https:/www.health.state.mn.us/people/childrenyouth/ctc/factsheets.html) describes screening requirements, procedures and resources.

Updates to this schedule are based on recommendations from the American Academy of Pediatrics (AAP), Centers for Disease Control and Prevention (CDC), and U.S. Preventive Services Task Force (USPSTF), as well as Minnesota-specific epidemiology for the pediatric population who are eligible for Medicaid.

Changes to the 2026 C&TC Periodicity Schedule:

Sudden cardiac arrest/sudden cardiac death risk assessment:
Refer to the SCA/SCD Screening Fact Sheet (PDF).

Physical examination:
Medicaid EPSDT services include a comprehensive unclothed physical exam.

HIV screening for all youth at least one time:
The HIV screening blood test upper age range is extended through 20 years.

Policy, Billing and Coding:

Refer to the Child & Teen Checkups (C&TC) section of the MHCP Provider Manual (www.dhs.state.mn.us) for policy, billing and coding information for each component. When a screening or preventive service is contraindicated or refused, the manual has guidance on screening exceptions, including coding information and when to reattempt the screening, if applicable.

HIPAA-compliant referral condition code:
All necessary diagnostic and therapeutic referrals are part of C&TC standards, and a referral code must be indicated on every claim to identify a complete C&TC screening. Use the NU referral code when there is not a referral indicated. Refer to the Child and Teen Checkups (C&TC) section of the MHCP Provider Manual for more information

Referral Code	Definition
ST	One or more referrals for diagnostic or corrective treatment identified during initial or periodic screening. This can be scheduled with another provider or an additional appointment with the screening provider.
S2	Patient currently under treatment for diagnostic or corrective health problems.
AV	Patient or Parent or Guardian declined referral.
NU	No referrals given Only verbal referral for preventive dental care

MINNESOTA

Developed jointly by the Minnesota Department of Human Services and Minnesota Department of Health

Text version of page 1 table

C and TC screening components by age. A link to C and TC fact sheets for each component can be found online at https://www.health.state.mn.us/people/childrenyouth/ctc/factsheets.html.

Note: headings marked with an * have additional information on page 2.

Anticipatory guidance & health education

Required component for all visits.

Measurements:

Head circumference

- **Infancy:** required at zero to 1, 2, 4, 6 and 9 months
- **Early childhood:** required at 12, 15, 18, and 24 months
- **Middle childhood:** not required
- **Adolescence:** not required

Height and weight

Required component for all visits.

Weight for length percentile

- **Infancy:** required at zero to 1, 2, 4, 6 and 9 months
- **Early childhood:** required at 12, 15 and 18 months Assess for every infant up to 2 years old, at which point BMI is assessed instead to monitor growth.
- **Middle childhood:** not required
- **Adolescence:** not required

Body mass index (BMI) percentile

- **Infancy:** not required
- **Early childhood:** required at 24 months, 30 months, 3 years and 4 years
- **Middle childhood:** required at 5, 6, 7, 8, 9 and 10 years
- **Adolescence:** required at 11, 12, 13, 14, 15, 16, 17, 18, 19 and 20 years

Blood pressure

- **Infancy:** not required
- **Early childhood:** required at 3 and 4 years
- **Middle childhood:** required at 5, 6, 7, 8, 9 and 10 years
- **Adolescence:** required at 11, 12, 13, 14, 15, 16, 17, 18, 19 and 20 years

Health history, including social drivers of health

Required component for all visits.

Developmental, social-emotional, mental health:

Surveillance

Required component for all visits.

Developmental screening

- **Infancy:** recommended at 9 months
- **Early childhood:** recommended at 18 months and 30 months and at least once at 3, 4 or 5 years
- **Middle childhood:** not required
- **Adolescence:** not required

Social-emotional or mental health screening

- **Infancy:** recommended at 6 months
- **Early childhood:** recommended at 12 months, 18 months, 24 months, 30 months, 3 years and 4 years
- **Middle childhood:** recommended at 5, 6, 7, 8, 9 and 10 years
- **Adolescence:** recommended at 11 years and required at 12, 13, 14, 15, 16, 17, 18, 19 and 20 years

Suicide risk screening

- **Infancy:** not required
- **Early childhood:** not required
- **Middle childhood:** not required
- **Adolescence:** recommended for all youth at each visit for ages 12, 13, 14, 15, 16, 17, 18, 19, and 20 years.

Autism spectrum disorder screening

- **Infancy:** not required
- **Early childhood:** recommended at 18 and 24 months
- **Middle childhood:** not required
- **Adolescence:** not required

Postpartum depression screening

- **Infancy:** recommended at zero to 1 month, 2, 4, and 6 months and at least once at 9 or 12 months
- **Early childhood:** recommended at least once at 9 months or 12 months
- **Middle childhood:** not required
- **Adolescence:** not required

Physical exam*

Required component for all visits.

Immunizations and review

Immunizations and an immunization review is a required component for all visits.

Newborn screening follow-up

Newborn screening follow-up for blood spot and critical congenital heart defects. If no Newborn Screening results are on file, or the newborn did not pass, follow up appropriately at either zero to 1 month or 2 months.

Laboratory tests and risk assessments:

Blood lead test

- **Infancy:** required least once at 9, 12 or 15 months
- **Early childhood:** required at least once at 9, 12 or 15 months; at least once at 18 or 24 months; and if not done at 24 months, at least once at 30 months, 3 years, 4 years or 5 years
- **Middle childhood:** if not done at 24 months, required at least once at 30 months, 3 years, 4 years or 5 years
- **Adolescence:** not required

Hemoglobin/hematocrit

- **Infancy:** required at least once at 9, 12 or 15 months
- **Early childhood:** required at least once at 9, 12 or 15 months
- **Middle childhood:** not required
- **Adolescence:** required least once in menstruating adolescents at 11, 12, 13, 14, 15, 16, 17, 18, 19 or 20 years

Hepatitis C Virus (HCV) and Syphilis

- **Infancy:** not required
- **Early childhood:** not required
- **Middle childhood:** not required
- **Adolescence:** Hepatitis C virus (HCV) and syphilis screening lab tests recommended at least once at age 18, 19, or 20 years.

HIV screening*

Required for all youth at least one time

- **Infancy:** not required
- **Early childhood:** not required
- **Middle childhood:** not required
- **Adolescence:** a risk assessment for HIV screening followed by appropriate action is required at 11, 12, 13, and 14 years. Screening is required at least one time at 15, 16, 17, 18, 19, or 20 years.

Sexually transmitted infection (STI) risk assessment, with lab testing for sexually active youth

- **Infancy:** not required
- **Early childhood:** not required
- **Middle childhood:** not required
- **Adolescence:** a risk assessment for sexually transmitted infection (STI), with lab testing for sexually active youth, followed by appropriate action is required at 11, 12, 14, 15, 16, 17, 18, 19 and 20 years.

Tuberculosis risk assessment followed by appropriate action

- **Infancy:** required at zero to 1 month and 6 months
- **Early childhood:** required at 12 months, 24 months, 3 years and 4 years
- **Middle childhood:** required at 5, 6, 7, 8, 9 and 10 years
- **Adolescence:** required at 11, 12, 13, 14, 15, 16, 17, 18, 19 and 20 years

Dyslipidemia risk assessment followed by appropriate action*

- **Infancy:** not required
- **Early childhood:** required at 24 months and 4 years
- **Middle childhood:** required at 6 and 8 years, and at least once at 9, 10, or 11 years
- **Adolescence:** required at least once at 9, 10, or 11 years; at least once at 12, 13, 14, 15 or 16 years; and at least once at 17, 18, 19 or 20 years

Tobacco, alcohol or drug use risk assessment followed by appropriate action

- **Infancy:** not required
- **Early childhood:** not required
- **Middle childhood:** not required
- **Adolescence:** required at 11, 12, 13, 14, 15, 16, 17, 18, 19 and 20 years

Sudden cardiac arrest (SCA)/sudden cardiac death (SCD) risk assessment*

- **Infancy:** not required
- **Early childhood:** not required
- **Middle childhood:** not required
- **Adolescence:** Recommended for all youth at least once for ages 11, 12, 13, 14, 15, 16, 17, 18, 19, and 20 years

Vision screening: distance (3+ years) and near (5+ years) acuity

- **Infancy:** a risk assessment followed by appropriate action is required at zero to 1 month and 2, 4, 6 and 9 months
- **Early childhood:** a risk assessment followed by appropriate action is required at 12, 15, 18, 24 and 30 months. A vision screening with distance at 3+ years is required at 3 and 4 years
- **Middle childhood:** a vision screening with distance and at near is required at 5, 6, 7, 8, 9, and 10 years
- **Adolescence:** vision screening with vision and at near is required at least once at 11, 12, 13 or 14 years; at least once at 15, 16, or 17 years; and at least once at 18, 19 or 20 years

Hearing screening

- **Infancy:** hearing screening should be performed at zero to 1 months if no newborn screening results are on file or if the newborn did not pass, follow up appropriately. A hearing screening risk assessment followed by appropriate action is required at 2, 4, 6 and 9 months
- **Early childhood:** a risk assessment followed by appropriate action is required at 12, 15, 18, 24 and 30 months; hearing screening is recommended at 3 years; hearing screening is required at 4 years
- **Middle childhood:** hearing screening is required at 5, 6, 7, 8, 9 and 10 years
- **Adolescence:** hearing screening adding high frequency is required at least once at 11, 12, 13 or 14 years; at least once at 15, 16 or 17 years; and at least once at 18, 19 or 20 years

Oral Health:

Dental checkups

Verbal referral to dental provider at eruption of first tooth or no later than 12 months of age and at every visit.

Fluoride varnish application (FVA)

- **Infancy:** starting at eruption of first tooth and is required at 6 and 9 months
- **Early childhood:** required at 12 months, 15 months, 18 months, 24 months, 30 months, 3 years and 4 years
- **Middle childhood:** required at 5 years
- **Adolescence:** not required

FVA may be applied for children 6 years and older based on their risk factors for dental cavities. An oral health risk assessment (www.aap.org) can be used to determine need for oral fluoride

All C&TC visits require a HIPAA compliant referral condition code (ST, S2, AV or NU) with definitions found online at the Child and Teen Checkups section of the MHCP Provider Manual.