

Manual Section	Section Title	Background and Explanation of Policy Changes, Clarifications and Updates
1500	Healthy Kids Program (EPSDT)	<p>Changed section title from Introduction to Healthy Kids Program (EPSDT).</p> <p>Updated section language to better summarize EPSDT.</p>
1501	Authority	Revised language to align with the Centers for Medicare and Medicaid Services (CMS).
1502	Transportation	<p>Changed section title from Reserved to Transportation.</p> <p>Described how transportation benefits may be utilized.</p>
1503	Comprehensive Early and Periodic Screenings	<p>Changed section title from Policy to Comprehensive Early and Periodic Screenings.</p> <p>Clarified a high-level description of what screenings should include and added the dental periodicity schedule.</p>
1503.1	Coverage and Limitations	<p>Changed section title from Early Periodic Screenings to Coverage and Limitations.</p> <p>Specified each of the required age-appropriate screening components in detail.</p>
1503.1A	Coverage and Limitations	Removed section.
1503.1B	Provider Responsibility	Removed section.
1503.2	Interperiodic Screenings	Removed section.
1503.2A	Coverage and Limitations	Removed section.
1503.3	Comprehensive Screening Examination	Removed section.
1503.3A	Coverage and Limitations	Removed section.
1503.4	Diagnostic Services	Removed section.

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1503.4A	Coverage and Limitations	Removed section.
1503.5	Treatment	Removed section.
1503.5A	Coverage and Limitations	Removed section.
1503.6	Family Planning	Removed section.
1503.6A	Coverage and Limitations	Removed section.
1503.7	Transportation	Removed section.
1503.7A	Coverage and Limitations	Removed section.
1504	Interperiodic Screenings	<p>Changed section title from Hearings to Interperiodic Screenings.</p> <p>Clarified when these screenings are appropriate to conduct.</p>
1505	Diagnostic Services	Added a new section to define and describe when it is applicable to utilize these services.
1506	Treatment	Added a new section to define treatment and when to treat recipients.
1506.1	Coverage and Limitations	Added a new section to clarify the details of covered and non-covered services.
1507	Prior Authorization	Added a new section to communicate when prior authorizations are required.
1508	Provider Responsibility	Added a new section to outline provider requirements when administering EPSDT services.
1509	Case Management	Added a new section to discuss case management and referenced the billing guide for information on accessing services.
1510	Hearings	Added a new section referencing hearings policy and its location in the MSM.

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Attachment A Policy#15-1		Removed section.
Attachment A Policy#15-2		Removed section.

NEVADA MEDICAID

MEDICAID SERVICES MANUAL TABLE OF CONTENTS

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1500

HEALTHY KIDS PROGRAM (EPSDT)

Early and Periodic Screening, Diagnostic and Treatment (EPSDT) services are preventive and comprehensive health care services available to qualified Medicaid-enrolled and Nevada Check-Up (NCU) enrolled infants, children, and adolescents under 21 years of age. In Nevada, the EPSDT Program is known as Healthy Kids. The program is designed to identify medical conditions and to provide medically necessary (see Medicaid Services Manual (MSM) Chapter 100 – Medicaid Program) treatment to correct or ameliorate/improve such conditions.

Healthy Kids offers the opportunity for optimum health status for children through regular, preventive health services and the early detection and treatment of disease. Healthy Kids covers treatment for physical health, behavioral health, and conditions identified through screening, whether or not they are currently a Nevada Medicaid or NCU covered State Plan benefit. Services rendered must adequately treat the condition in amount, duration, or scope determined by medical necessity.

Any request for services for a recipient under 21 years of age is a request for EPSDT services.

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1501 AUTHORITY

- A. Early and Periodic Screening, Diagnostic and Treatment (EPSDT) services are a mandatory benefit under the Medicaid program for categorically needy individuals under age 21 years old.

Services available under the Healthy Kids Program are provided as defined in the following:

1. Social Security Act (SSA), Section 1905(a)(4)(b) – list of services;
2. SSA, Section 1905(r) of SSA – definition of EPSDT benefit (Omnibus Budget Reconciliation Act (OBRA) 1989)
3. SSA 1902 (a)(43) – administrative requirements;
4. SSA, Section 1902(a)(10), following (G) – exception to comparability
5. SSA 1903 (i);
6. 42 Code of Federal Regulations (CFR), Subpart B, 441.50 – 441.62;
7. Centers for Medicare and Medicaid Services (CMS), Part 5 of State Medicaid Manual – services;
8. CMS, Part 2 of State Medicaid Manual – data; and
9. Nevada Medicaid’s State Plan.

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1502 TRANSPORTATION

Nevada Medicaid pays for transportation for any visit, exam, or healthcare that happens between a provider and a recipient for a recipient to receive medically necessary care. Transportation requires prior authorization in all but emergency situations. The guidelines outlined in MSM Chapter 1900 – Transportation Services, must be followed.

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1503 COMPREHENSIVE EARLY AND PERIODIC SCREENINGS

A child's health is assessed as early as possible in the child's life to monitor their growth progression, as well as to identify potential diseases and disabilities in their early stages when they are most effectively treated. Assessment of a child's health at regularly scheduled intervals assures that a condition, illness, or injury is not developing or present that must be referred for further evaluation and/or treatment.

The Healthy Kids Program follows a periodicity schedule for screening various medical, behavioral, vision, hearing, and dental services based upon guidance from the American Academy of Pediatrics (AAP). The periodicity schedule utilized by the Healthy Kids Program can be found at the Bright Futures/AAP website: <http://brightfutures.aap.org>. The dental periodicity schedule utilized by the Healthy Kids Program can be found at the American Academy of Pediatric Dentistry (AAPD) website: <https://www.aapd.org/>. Recipients are sent letters by the Division of Health Care Financing and Policy's (DHCFP) Quality Improvement Organization (QIO)-like vendor reminding them to schedule a screening visit on a periodic basis.

A Healthy Kids screening examination must comply with 1905(r) of the SSA. http://www.socialsecurity.gov/OP_Home/ssact/title19/1905.htm.

1503.1 COVERAGE AND LIMITATIONS

The following is a description of each of the required age-appropriate screening components:

A. Comprehensive Health History and Developmental/Behavioral Health History

At the initial screening, the provider must obtain a comprehensive health, developmental, behavioral health, and nutritional history from the child's parents, others in the child's support system, or directly from an adolescent, when appropriate. This history must be gathered through an interview and/or questionnaire. A comprehensive initial history includes a review of the:

1. Family medical history (health of the parents and current family members, identification of family members with chronic, communicable, or hereditary diseases);
2. Patient medical history (prenatal problems, neonatal problems, developmental milestones, serious illnesses, surgeries, hospitalizations, allergies, current health problems, and medications);
3. Other systems including but not limited to: Respiratory, Cardiovascular, Gastrointestinal, Genitourinary, Musculoskeletal, Skin, Neurologic;
4. Nutritional history;

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5. Vaccination history;
6. Environmental risk;
7. Family background of emotional problems, problems with drinking or drugs, substance use disorder (SUD), physical/emotional abuse, or history of violence;
8. Patient history of emotional problems, problems with drinking or drugs, SUD, physical/ emotional abuse, or history of violence;
9. History of sexual activity, if appropriate; and
10. Menstrual and obstetrical history, if appropriate.

B. Developmental/Behavioral/Mental Assessment

Assessment of developmental, behavioral, and mental status (see MSM Chapter 400 – Mental Health Services, for related policy) must be completed at each visit by observation, interview, history, and appropriate physical examination. This assessment includes a range of activities to determine whether an individual’s developmental processes fall within an average range of achievement according to age group and cultural background. An assessment includes, but is not limited to a review of the following:

1. Self-help and self-care skills;
2. Gross and fine motor development;
3. Communication skills or language development;
4. Social-emotional development;
5. Cognitive skills; and
6. Mental status.

Developmental/behavioral/mental status screenings are done with validated, standardized screening tools (i.e., Parents Evaluation of Developmental Status (PEDS), Ages and Stages, Early Language Milestone Screen). These tools must be utilized with appropriate sensitivity and specificity at strategic intervals according to the periodicity schedule and results must be entered into the child’s health care record. The frequency of standardized testing depends on the clinical setting and the provider’s judgment as to medical necessity. Asking general, informal questions about development is not considered utilizing a validated, standardized screening tool.

C. Comprehensive Unclothed Physical Exam

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A completed unclothed physical examination must be performed at each comprehensive screening visit to check the general appearance of the child and to determine overall health status. The examination must be conducted using observation, palpation, auscultation, and other appropriate techniques. The examination must include:

1. Height and weight measurements;
2. Head circumference in the first year of life;
3. An evaluation of the following systems including but not limited to:
 - a. Respiratory;
 - b. Cardiovascular;
 - c. Gastrointestinal;
 - d. Genitourinary;
 - e. Musculoskeletal;
 - f. Skin;
 - g. Neurologic;
 - h. Congenital abnormalities; and
 - i. Responses to external stimuli.

D. Appropriate Vaccinations

The child's vaccination status must be reviewed each screening visit. Appropriate vaccinations that are due must be administered according to the schedule established by the Advisory Committee on Immunization Practices (ACIP) for pediatric vaccines.

1. Nevada Medicaid cannot reimburse for vaccines (except administration fees) that are available through the Division of Public and Behavioral Health (DPBH) as part of the Vaccines for Children (VFC) Program. Providers and pharmacies must enroll with the VFC Program which provides the VFC vaccines at no cost to eligible children. Medicaid cannot be billed for the cost of a vaccine obtained through VFC, (even if the provider is not enrolled with VFC) unless there is a documented statewide shortage. To become a VFC provider, please access the website via https://dpbh.nv.gov/Programs/VFC/VFC_-_Home/.

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2. NCU provides the same vaccines through a different funding source, but providers must use the same billing guidelines.
3. Refer to MSM Chapter 1200 – Prescribed Drugs, for vaccine information.
4. Vaccines may be administered during any visit, exam, or healthcare that happens between a provider and a recipient at the medical professionals' discretion.

E. Laboratory Procedures

1. Age-appropriate laboratory procedures must be performed at intervals in accordance with the Healthy Kids periodicity schedule. These include but are not limited to:
 - a. Urinalysis,
 - b. Tuberculin Skin Test (TST),
 - c. Sickle-cell,
 - d. Hemoglobin or hematocrit, and
 - e. Other tests and procedures that are age-appropriate and medically necessary, such as Papanicolaou (pap) smears.
2. All children are considered at risk and must be screened for lead poisoning.
 - a. All children are required but not limited to receive a screening blood lead test at 12 months and 24 months.
 - b. Children between the ages of 36 months and 72 months of age must receive a screening blood lead test if they have not been previously screened for lead poisoning.
 - c. A blood lead test result ≥ 10 ug/dL obtained by capillary specimen (fingerstick) must be confirmed using a venous blood sample.

F. Health Education

Health education is designed to help children, and their parent or guardian understand the health status of the child as well as provide information which emphasizes health promotion and preventive strategies. Health education and anticipatory guidance must be provided at each screening visit for the child and parent or guardian. Health education includes but is not limited to:

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1. The benefits of a healthy lifestyle;
2. The prevention of disease and accidents;
3. Normal growth and development;
4. Age-appropriate family planning services;
5. The child's current and next developmental phase;
6. The importance and necessity of dental/oral care;
7. Anticipation of health problems or decisions which may occur before the next periodicity visit; and
8. Summarization of the results of the screening and laboratory tests.

G. Ocular (Vision) Screening

Vision services are outlined in MSM Chapter 1100 - Ocular Services. The ocular screening is part of the complete physical examination and must be given by age three years old. Age-appropriate ocular services can occur at intervals outside the established periodicity schedule when indicated as medically necessary to determine the existence of a suspected illness or condition. At a minimum, services must include diagnosis and treatment for defects in vision, including eyeglasses. Ocular screenings can detect potentially blinding diseases and visual impairments. These screenings must include, but are not limited to:

1. Distance visual acuity;
2. Color perception; and
3. Ocular alignment tests.

H. Audiology (Hearing) Screening

Hearing services are outlined in MSM Chapter 2000 - Audiology Services. The audiology screening is part of the complete physical examination. Age-appropriate audiology services can occur at intervals outside the established periodicity schedule when indicated as medically necessary to determine the existence of a suspected illness or condition. At a minimum, services must include diagnosis and treatment for defects in hearing including hearing aids. These screenings must include, but are not limited to:

1. A history of conditions that may increase the risk for potential hearing loss;
2. Detection of sensorineural and conductive hearing loss;

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3. Detection of congenital abnormalities;
4. Detection of noise-induced hearing loss;
5. Detection of central auditory problems;
6. The child's response to voice and other auditory stimuli; and
7. An assessment of speech and language development and specific factors or health problems that place a child at risk for hearing loss.

I. Dental Screening

Dental services are outlined in MSM Chapter 1000 - Dental. An oral inspection must be performed by the screening provider as part of each physical examination for a child screened at any age. The oral inspection is not a substitute for a complete dental screening examination provided by a dentist. The dental periodicity schedule utilized by the Healthy Kids Program can be found at the AAPD website: <https://www.aapd.org/>. Age-appropriate dental services can occur at intervals outside the established periodicity schedule when indicated as medically necessary to determine the existence of a suspected illness or condition. At a minimum, they must include relief of pain and infection, restoration of teeth, and maintenance of dental health. These screenings must include, but are not limited to:

1. Tooth eruption;
2. Tooth decay (Cavities);
3. Bottle tooth decay;
4. Developmental anomalies;
5. Malocclusion;
6. Pathological conditions; and
7. Dental injuries.

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1504 INTERPERIODIC SCREENINGS

Screenings may include intervals that are outside an established periodicity schedule, when medically necessary, also known as interperiodic screenings. A recipient may request a health care screening or any component of the health screening at any time. Screening services which are medically necessary will be offered, regardless of whether the request falls into the periodicity schedule established by the state. Reasons for such may include but are not limited to:

- A. When a new health problem occurs;
- B. When a previously diagnosed condition has become more severe or changed sufficiently to require a new examination.

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MEDICAID SERVICES MANUAL	Subject: DIAGNOSTIC SERVICES

1505 DIAGNOSTIC SERVICES

Diagnostic services are procedures and tests that help identify a person's disease or condition. When any visit, exam, screening, or healthcare that happens between a provider and a recipient indicates the need for further evaluation, or a condition is discovered, diagnostic services must be provided. If the recipient is receiving care from a continuing care provider, diagnosis may be part of the screening and examination process.

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MEDICAID SERVICES MANUAL	Subject: TREATMENT

1506 TREATMENT

Medically necessary health care services are available for the treatment of all physical and/or behavioral health conditions discovered by screening and diagnostic procedures. Treatment to correct or ameliorate and improve defects, physical and/or behavioral health conditions discovered by the screening and diagnostic services must be available.

1506.1 COVERAGE AND LIMITATIONS

1. Covered services include, but are not limited to:
 - a. All mandatory services that the state covers under the benefit plan.
 - b. All optional services that a state can cover under the benefit plan, whether or not such services are covered for adults. The scope of medical services available are described in the SSA, Section 1905(a).
 - c. Services not covered in the state benefit plan may be covered, if medical necessity is determined.
2. Non-covered services include, but may not be limited to:
 - a. Services that are not medical in nature.
 - b. Experimental or investigational treatments, including clinical trial participation. Refer to MSM 600 – Physician Services, Attachment A, Policy #6-01, Qualifying Clinical Trials (QCT).
 - c. Services or items not generally accepted as effective; and/or not within the normal course and duration of treatment.
 - d. Services for caregivers or providers convenience.
 - e. Services that are not medically necessary.

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MEDICAID SERVICES MANUAL	Subject: PRIOR AUTHORIZATION

1507

PRIOR AUTHORIZATION

1. When diagnostic services or treatments are needed to correct or improve identified conditions, DHCFP's established requirements for prior authorization apply. See the appropriate billing guide by service type for prior authorization requirements.
2. Services not included in the State Plan must be prior authorized. The QIO-like vendor will review to ensure it meets current medical practice standards for the given diagnosis.
3. There is no limit to medically necessary services covered by Healthy Kids including amount, duration, and scope of services. Prior authorization must be utilized to exceed standard policy coverage limitations for these services.

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NEVADA MEDICAID	Section: 1508
MEDICAID SERVICES MANUAL	Subject: PROVIDER RESPONSIBILITY

1508 PROVIDER RESPONSIBILITY

- A. The Healthy Kids Program requires that the provider utilize the Bright Futures periodicity schedule <http://brightfutures.aap.org> and the AAPD periodicity schedule <https://www.aapd.org/>.
- B. The provider must assure the elements listed in Section 1504 are included in all comprehensive screening examinations. The provider must document the date and results of screenings, examinations, diagnosis, treatments, and discussions with the child and family about any findings in the child's medical record. See MSM Chapter 100 for Nevada Medicaid medical record documentation requirements. EPSDT screening forms can be found on the DHCFP website: <https://dhcfp.nv.gov/Pgms/CPT/EPSDT/>.
 1. The provider must document medical contraindication or obtain a written statement from a parent or a guardian of a screened child for whom vaccinations were due and not given and attempts that the screening provider made to bring the child up to date on vaccinations.
 2. The provider must document any screening component not completed due to medical contraindication or other reasons why it could not be completed.
- C. Medicaid-enrolled providers must submit claims using the established billing codes related to the Healthy Kids screening examination. These examination codes are listed in the Medicaid Billing Guidelines for the applicable Provider Types (PT) associated with the services, located at www.medicaid.nv.gov/providers/BillingInfo.aspx.
- D. If the screening provider is not appropriately licensed or if the necessary service is out of the provider's scope of practice, a referral to a qualified provider is necessary. A dated written referral must be given to the recipient, parent, or guardian. The referral must be documented in the recipient's medical record and sent to the provider receiving the referral. The referral must include the following information:
 1. The recipient's name and Medicaid identification number;
 2. The date of the screening;
 3. Indication/reason for referral;
 4. Contact information for the recipient's primary care physician if different from the screening provider; and
 5. Name of the provider who is to perform the referred service.

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MEDICAID SERVICES MANUAL	Subject: CASE MANAGEMENT

1509 CASE MANAGEMENT

Case management is used to describe a range of activities that link individuals to services and can vary in intensity depending on a child and family's needs. Case management services are furnished to assist individuals who reside in a community setting or are transitioning to a community setting in gaining access to needed medical, social, educational, and other services. Not every child needs case management, but every child must have case management available to them when it is necessary. When children qualify for services under SSA 1905(a), it is a requirement to ensure that children receive these services.

See the PT 20, PT 24, and PT 77 billing guide for information on accessing EPSDT case management.

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MEDICAID SERVICES MANUAL	Subject: HEARINGS

1510 HEARINGS

Please reference MSM Chapter 3100 – Hearings, for Medicaid Recipient Hearing process policy.