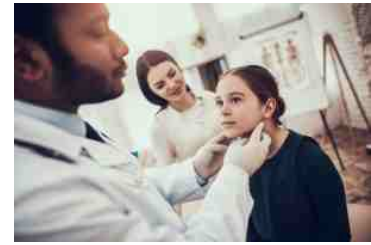




Your office may get calls from Medicaid members asking for a Well Baby/Well Child Check Up

This is part of the Healthy Kids Program, also known as the Early and Periodic Screening, Diagnostic and Treatment (EPSDT) program. Physicians, nurse practitioners, physician assistants, dentists, hygienists, physical/speech/occupational therapists, and mental health professionals provide comprehensive and preventive healthcare services for children under the age of 21 years old who are enrolled in Nevada Medicaid or CheckUp. The program is intended to ensure that children and adolescents receive appropriate preventive, dental, behavioral health, and developmental services. If you know of Medicaid members with children, please talk to them about the program. EPSDT stands for:



- **Early** assessment and identification of problems.
- **Periodically** checking children's health at age-appropriate intervals.
- **Screening and Diagnosis** of physical, behavioral, developmental, dental, hearing, and vision.
- **Treatment** to control, correct, or reduce health problems.

Provider responsibility

For more information regarding provider responsibilities, please see [MSM Chapter 1500](#) (<https://dchcfp.nv.gov/Resources/AdminSupport/Manuals/MSM/C1500/Chapter1500/>)

- Follow the schedule as recommended by the [American Academy of Pediatrics](#). (<http://brightfutures.aap.org/>) and offer medically appropriate services.
- Determine if a screening request is medically necessary when it falls outside the schedule.
- Conduct interventions to address suspected medical problems.
- Seek and incorporate information regarding the child's usual behavior from parents, teachers, and others familiar with the child when conducting an exam.
- Document the assessments and significant positive and negative findings in medical records.
- Advise members of resources for obtaining testing.
- Discuss and document the discussion of the findings with the child & family in every examination.
- Make referrals to Medicaid providers to perform screening, diagnostic, and/or treatment component after discussing the need with the member/parent/legal guardian.
- Provide a dated, written referral the member/parent/legal guardian or forward it to the provider and provide clear instructions to the member/parent/legal guardian.
- Complete the appropriate forms and reports: <https://dchcfp.nv.gov/Pgms/CPT/EPSDT/>.
- Submit claims using billing codes and modifiers for Healthy Kids screening examination for Provider Types 20, 24 and 77, located at: <https://www.medicaid.nv.gov/providers/BillingInfo.aspx>.

More information

Providers can email: MedicalPrograms@dchcfp.nv.gov (Please write "EPSDT" in the subject line)

Members can email: DHCFFP@dchcfp.nv.gov (Please write "EPSDT" in the subject line)

Website: <https://dchcfp.nv.gov/Pgms/CPT/EPSDT/>