



EPSDT Toolkit

Provider Education

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Plan: Nevada Medicaid

Audience: Providers

INTRODUCTION

The purpose of this toolkit is to provide Nevada Medicaid Managed Care providers with comprehensive guidance on delivering Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) services in compliance with federal and state requirements. It reflects contractual expectations outlined by Nevada Medicaid and incorporates references from the Nevada Managed Care Organization (MCO) contract, scope of work (SOW), and state plan.

EPSDT is a federally mandated benefit required for Medicaid beneficiaries under age 21. It ensures timely delivery of preventive services and medically necessary care to promote early identification, intervention, and improved health outcomes.

EPSDT: THE BASICS

EPSDT is composed of:

- **Early:** Identifying and addressing health problems early
- **Periodic:** Checking children's health at regular, age-appropriate intervals
- **Screening:** Conducting comprehensive exams including, physical, developmental, vision and hearing
- **Diagnostic:** Providing testing and evaluation when a risk or concern is identified
- **Treatment:** Delivering all medically necessary services to correct or ameliorate health conditions

EPSDT includes coverage for all medically necessary services to correct or ameliorate physical and mental conditions identified through screening, whether or not such services are covered under the Nevada State Plan, as required under federal Medicaid law (42 U.S.C 1396d).

Nevada Medicaid utilizes the [Bright Futures/American Academy of Pediatrics \(AAP\) periodicity schedule](#) as the standard for EPSDT screenings, consistent with CMS guidelines.

EPSDT IN THE STATE OF NEVADA

Key Goals of EPSDT in Nevada

- Prevent illness and detect issues early
- Reduce long-term complications and healthcare costs
- Support children's physical, behavioral, emotional, and developmental health
- Address comprehensive health needs including mental, emotional, and dental care

Components of an EPSDT Screening Visit

As required by Nevada Medicaid, a comprehensive EPSDT screening includes:

- Unclothed physical exam (unclothed means to the extent necessary to conduct a full, age-appropriate exam)
- Medical and family history
- Height, weight, BMI, and head circumference (as applicable)
- Vision and hearing screening
- Immunizations per Advisory Committee on Immunization Practices (ACIP) schedule
- Developmental and behavioral screening (for postpartum caregivers)
- Lab tests (including lead screening)
- Oral health and nutritional evaluation
- Adolescent risk screenings (tobacco, substance use, depression)
- Health education and anticipatory guidance
- Comprehensive health and developmental history (including physical and mental health)
- Blood pressure screening (per age-specific guidelines)
- Lead screening at age 12 and 24 months and as clinically indicated thereafter
- Tuberculosis risk assessment and testing as indicated
- Age-appropriate hearing screening using objective measures per Bright Future periodicity

Nevada Periodicity Schedule

Providers must follow the Bright Futures/AAP periodicity schedule as adopted and required by Nevada Medicaid.

EPSDT Screening Timeline

Age	Well-Child Visit Recommendation
Newborn	Birth and by 1 month
Infant	2,4,6, and 9 months
Toddler	12, 15, 18, 24 and 30 months
Preschool	3 and 4 years
School-aged & adolescents	Annually from age 5 to 20 years

This table is a high-level summary. Providers must follow the full Bright Futures/AAP periodicity schedule adopted by Nevada Medicaid for complete screening requirements.

Care Coordination Responsibilities

EPSDT providers are expected to:

- Make referrals to specialists
- Coordinate with behavioral health, dental, and community support services
- Share screening results with caregivers
- Communicate with care managers to ensure follow-up care is provided
- Track and ensure completion of referrals and follow-up services

Note: EPSDT service denials are subject to member appeals per CareSource's adverse benefit determination (ABD) process.

Follow-Up and Case Management

When concerns arise during a screening:

- Initiate timely referrals for diagnosis or treatment
- Ensure family understanding of next steps
- Track and document referral status and outcomes
- Coordinate with care/case management teams to ensure access and support

Documentation & Billing

EPSDT providers must:

- Use correct CPT and ICD codes per Nevada Medicaid guidance
- Comply with documentation standards for all EPSDT visit elements
- Retain complete records for each service
- Document referrals and conditions accurately
- Use referral indicators and condition codes as required
- Document all required EPSDT screening components, findings, and follow-up plans

Refer to the Nevada Medicaid Provider Billing Manual for complete instructions:
https://www.medicaid.nv.gov/Downloads/provider/NV_Billing_General_20230523.pdf

Provider Eligibility

Only enrolled and credentialed Medicaid providers may bill for EPSDT services. Providers must:

- Verify enrollment at:
https://dhcfnv.gov/uploadedfiles/dhcfpnv.gov/content/Public/AdminSupport/PW_03_20_18_Presentation_Revised.pdf
- Confirm credentialing with the applicable MCOs
- Contact each MCO for specific enrollment/credentialing process questions

Referrals & Community Coordination

EPSDT responsibilities include:

- Identifying and referring children to early intervention or developmental services
- Connecting families with behavioral, dental, and specialty providers
- Collaborating with local school systems and support programs
- Ensuring timely access to referred services consistent with Medicaid access standards

Dental Services Note: Dental services may be provided by separate vendors but must still be coordinated by the EPSDT provider per periodicity standards.

Key Community Resources:

- Nevada Early Intervention Services (NEIS)
- Nevada Check-Up Program
- Behavioral Health providers
- School-based services and local education agencies

Transportation Services

Non-emergency Medical Transportation (NEMT) is covered for when medically necessary to access EPSDT services. Providers should:

- Inform families of this benefit
- Direct families to their plan's transportation broker for assistance

A list of transportation vendors is available via the Nevada Medicaid site.

PROVIDER SUPPORT

Provider Outreach & Support

Nevada MCOs will support EPSDT performance through:

- Outreach and appointment reminder campaigns
- Member education initiatives
- Collaborating to close gaps in care
- Providing culturally appropriate patient materials

Support Contacts

Providers can contact:

- The CareSource Provider Services Department at: **937-224-3300**
- Assigned Provider Engagement Representative: reach out using CareSource's Provider Relations contact list or via the portal account
- Nevada Medicaid Provider Services
 - General Support Line: 877-638-3472
 - Reno Office: 775-684-3700
 - Enrollment & Resources: <https://www.medicaid.nv.gov/providers/enroll>

RESOURCES

Direct Links & Billing Tools for Nevada EPSDT Providers

Nevada Medicaid EPSDT Overview

<https://adsd.nv.gov/uploadedfiles/adsdnv.gov/content/Boards/Autism/RuralAdult/Medicaid101.pdf>

EPSDT Periodicity Schedule (Bright Futures, Adopted by Nevada Medicaid)

<https://www.aap.org/en/practice-management/care-delivery-approaches/periodicity-schedule/>

Non-Emergency Medical Transportation (NEMT) Vendor – MTM Nevada

<https://www.mtm-inc.net/nevada/>

Early Intervention Services

[https://dhhs.nv.gov/Programs/IDEA/Early Intervention Programs/](https://dhhs.nv.gov/Programs/IDEA/Early_Intervention_Programs/)

School-Based Health Centers in Nevada

[https://dpbh.nv.gov/uploadedFiles/dpbh.nv.gov/content/Programs/AH-Comp/SBHC%20Toolkit_Appendices%20FINAL\(1\).pdf](https://dpbh.nv.gov/uploadedFiles/dpbh.nv.gov/content/Programs/AH-Comp/SBHC%20Toolkit_Appendices%20FINAL(1).pdf)

Billing & Coding Reminders for Nevada EPSDT Providers

EPSDT-related claims must:

- Include referral/condition codes when applicable:
 - **AV** – Available, Not Used
 - **ST** – Scheduled Test
 - **S2** – Under Care of Another Provider
 - **NU** – Not Used
- Enter these in:
 - **Field 24h** on paper claims
 - **Loop 2300 CRC segment** for EDI (electronic claims)
- Use EPSDT modifier **EP** to denote screening services when required per Nevada Medicaid billing guidelines.
- Use modifier **TS** to indicate that a referral or follow-up is indicated.
 - When using modifier **TS**, be sure to complete field 21 on the CMS-1500 claim form with the appropriate diagnosis code to reflect the condition requiring follow up.

Refer to the Nevada Medicaid Provider Billing Manual for complete EPSDT claim submission guidance.

Internal Support Materials

For internal documentation workflows, approved EPSDT screening templates, or procedural guidance:

- Contact your CareSource Provider Engagement Specialist
- Log into the CareSource Nevada Provider Portal at:
<https://www.caresource.com/nv/providers/>

Additional Nevada Resources

Nevada Medicaid EPSDT Program Overview

<https://dhcftp.nv.gov/pgms/cpt/epsdt/>

Bright Futures Guidelines (AAP)

<https://www.aap.org/en/practice-management/bright-futures/bright-futures-materials-and-tools/bright-futures-guidelines-and-pocket-guide/>

Nevada Medicaid Provider Enrollment Portal

<https://flex.medicaid.nv.gov/a/3b8917dc-5086-49c9-8e1b-8c748320d7fd/t/0de061ea-dc68-4cb8-b6c3-e7fb7e8cb2c1/v>

Nevada Medicaid Provider Billing Manual

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MCO Provider Engagement Representatives

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