

EPSDT - Early Periodic Screening, Diagnosis and Treatment Exam

Early and periodic screening, diagnostic and treatment services (EPSDT) are preventive and diagnostic services available to most Medicaid recipients under age 21. In Nevada, the Medicaid EPSDT program is known as *Healthy Kids*. The program is designed to identify medical conditions and to provide medically necessary treatment to correct 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.

The actual EPSDT screening exam is designed to evaluate the general physical and mental health, growth, development and nutritional status of infants, children and adolescents.

PERIODICITY SCHEDULE

Age Range

Under 1 year	1-2 years	3-5 years	6-9 years	10-14 years	15-18 years	19-20 years
Newborn Screening 2-3 days after initial hospital discharge	Screening at: 12 months of age	Screening at: 30 months of age	Screening at: 6 years of age	Screening at: 10 years of age	Screening at: 16 years of age	Screening before: 20 years of age
Screening at: 1 month of age	Screening at: 15 months of age	Screening at: 3 years of age	Screening at: 7 years of age	Screening at: 12 years of age	Screening at: 18 years of age	
Screening at: 2 months of age	Screening at: 18 months of age	Screening at: 4 years of age	Screening at: 8 years of age	Screening at: 14 years of age		
Screening at: 4 months of age	Screening at: 24 months of age	Screening at: 5 years of age	Screening at: 9 years of age			
Screening at: 6 months of age						
Screening at: 9 months of age						
TOTAL Number Of Screenings By Age Range Of The Child / AAP Recommended						
6	4	4	4	3	2	1

Interperiodic Screening: In addition, EPSDT screening exams can be requested as needed, on an interperiodic basis. This can occur when a new health problem is suspected, when a previously diagnosed condition has become more severe or changed sufficiently to require a new examination, regardless of whether the request falls into the established periodicity schedule.

EPSDT Screening Exam

An EPSDT screening exam consists of all of the following elements:

- A. Comprehensive Health and Development/ Behavioral History** – A comprehensive family medical and mental health history, patient medical and mental health history, immunization history, developmental/ behavioral, and nutritional history provided by the child’s caregiver or directly from an adolescent when appropriate.
- B. Developmental/Behavioral Assessment** – An assessment of developmental and behavioral status that is completed at each visit by observation, interview, history and appropriate physical

examination. The developmental assessment should include a range of activities to determine whether or not the child has reached an appropriate level of development for age.

1. If mental/behavioral health concerns have developed, the caseworker or foster caregiver can request a mental health screening be done as part of the EPSDT screening exam. Making this request is required because a mental health screening is not a standard component of the Nevada Medicaid EPSDT screening process. The medical provider is then able to refer the child to a mental health professional for the necessary assessment/evaluation through the EPSDT screening process.

- C. Comprehensive Unclothed Physical Exam** – An exam that must be performed at each screening visit and must be conducted using observation, palpation, auscultation and other appropriate techniques and must include all body parts and systems in accordance with the Medicaid Services Manual, Section 1503. This examination should include screening for congenital abnormalities and responses to voices and other external stimuli.
- D. Immunizations** – The child’s immunization status must be reviewed at each screening visit and administered in accordance with the Advisory Committee on Immunization Practices (ACIP) for pediatric vaccines.
- E. Laboratory Procedures** – Age appropriate laboratory procedures including blood lead level assessment appropriate to age, risk, urinalysis, TST, Sickle-cell, hemoglobin or hematocrit and other tests and procedures that are age appropriate and medically necessary, such as Pap smears.
- F. Health Education** – The guidance, including anticipatory, offered to assist in understanding what to expect in terms of a child’s development and to provide information about the benefits of healthy lifestyles and practices as well as accident and disease prevention.
- G. Vision Screening** – A screening to detect potentially blinding diseases and visual impairments such as congenital abnormalities and malformations, eye diseases, color blindness and refractive errors. The screening should include distance visual acuity, color perception and ocular alignment tests and should be given initially by age 3.
- H. Hearing screening** – A screening to detect sensorial and conductive hearing loss, congenital abnormalities, noise-induced hearing loss, central auditory problems, or a history of conditions that may increase the risk for potential hearing loss. The examination must include information about the child’s response to voice and other auditory stimuli speech and language development, and specific factors or health problems that place a child at risk for hearing loss.
- I. Dental Screening** – An oral inspection for a child at any age. Tooth eruption caries, bottle tooth decay, developmental anomalies, malocclusion, pathological conditions or dental injuries should be noted. The oral inspection is not a substitute for a complete dental screening examination provided by a dentist. An initial dental referral should be provided on any child age 3 or older.
- J. Referrals** – The medical provider makes referrals for any additional services and/or evaluations identified as necessary during the EPSDT screening exam.

When scheduling an appointment, please let the scheduler know that you would like the physician or medical professional to complete an EPSDT exam for the child.