



HEALTH PLAN OF NEVADA
A UnitedHealthcare Company

Dear Health Plan of Nevada Medicaid Provider,

Health Plan of Nevada Inc. (HPN) is committed to working with you to provide the highest quality care to our members. In our efforts to provide you and your team with the most accurate plan information we are providing the information below.

HPN allows reimbursement for Medicaid members' well-child visits and limited sick visits on the same day with appropriate billing. When a child presents for a sick visit and is due for a preventive visit, you may complete a well-child assessment, in addition to rendering care for the presenting problem.

What guidelines should be followed?

Early Periodic Screening, Diagnosis and Treatment (EPSDT) criteria apply:

- Comprehensive health and developmental assessment and history
- Unclothed physical exam
- Immunizations (use all visits, preventive and sick, if medically appropriate)
- Laboratory tests, as appropriate for the age of the child
- Health education and age-appropriate anticipatory guidance
- A vision examination
- A hearing examination
- A dental examination
- And many other medically-needed services.

Allowable Sick Visits When Billing with a Wellness Visit	Allowable Sick Visit
CPT Codes with Required Modifier	
99201, 99202, 99203, 99204* , 99205* , 99211, 99212, 99213, 99214* , 99215*	

*If using these billing codes, HPN requires a copy of the chart/progress note to accompany the billing.

Bill the age appropriate EPSDT visit ICD-10-CM codes (i.e. Z00.00, Z00.01, Z00.110, Z00.111, Z00.121, Z00.129, Z00.5, Z00.8, Z02.0 - Z02.6, Z02.71, Z02.79 - Z02.83, Z02.89, Z02.9) and the age appropriate CPT codes (99381-99385 and 99391-99395) using one of the appropriate sick visit Evaluation and Management (E&M) codes with the modifier 25.

Note: Modifier 25 must be billed with the applicable E&M code for the allowed sick visit. When modifier 25 is not billed appropriately, the sick visit is denied. Appropriate diagnosis codes must also be documented for both wellness and sick visits. Appropriate diagnosis codes must be billed for respective visits.

What if I need more information or assistance?

If you have questions about this communication, received it in error or need assistance with any other item, contact your Provider Advocate or call Provider Services at (702) 242-7088 or (800)745-7065.

Good health takes a good plan.SM