Nevada Part C: Medical/Auto Eligible list for Nevada Early Intervention Services

The below categories represent a comprehensive list of diagnostic categories which are considered automatic eligibility for Part C Early Intervention Services for certain infants/toddlers. However, it is the Nevada Early Intervention Services (NEIS) physicians who make the final determinations based on diagnosis, observation, and other supporting documentation. Any referral coming into the System Point of Entry (SPOE) must be reviewed by an NEIS physician to support and document auto-eligibility.

**Auto Eligible Categories (not all inclusive):**

**Arthrogryposis/Major Limb Malformations** – Rare condition characterized by stiff joints and abnormally developed muscles and not a specific diagnosis but a clinical finding:
- Amniotic Band Syndrome (with major limb malformation)
- Amputations
- Arthrogryposis
- Limb Malformations (e.g., club foot)

**Central Nervous System Disorders/Diseases** – Affect brain, spinal cord, and nervous system tissues:
- Bacterial or Herpes Meningitis
- Encephalopathy
- Fetal Stroke with Abnormal Neurologic Examination
- Holoprosencephaly
- Hydrocephalus
- Infantile Spasms
- Intraventricular Hemorrhage in babies (IVH) Grade II, III or IV with atypical tone
- Kernicterus Neurodegenerative Disorder
- Major brain malformations
- Periventricular Leukomalacia
- Seizure Disorder
- Sensory feeding Issues
- Shaken Baby Syndrome
- Spinal Malformations
- Spina Bifida (All Variants)
- Traumatic Brain Injury

**Chromosomal Abnormalities** – Existing in the genetic structure of the infant’s chromosomes:
- Aneuploidy
- Angelman Syndrome
- CHARGE Syndrome/Association
- Cri-du-chat Syndrome
- Down Syndrome
- Fragile X Syndrome
- 22q11.2 Deletion Syndrome* (DiGeorge Syndrome or Velocardiofacial Syndrome)
- Klinefelter Syndrome
- Prader-Willi Syndrome
- Syndromic Chromosomal Disorders
- Turner Syndrome
- Williams Syndrome

**Craniofacial Malformations** – Diverse group of deformities in the growth of the head and facial bones:
- Cleft Palate (with or without cleft lip)
- Congenital Aural Atresia/Microtia
- Goldenhar Syndrome
- Pierre-Robin Sequence
- Treacher-Collins Syndrome

**Neurocutaneous Syndromes** – Genetic disorders leading to tumor growth in the body which affects development:
- Neurocutaneous Overgrowth Syndromes
- Neurofibromatosis
- Sturge-Weber Syndrome
- Tuberous Sclerosis
Neuromuscular Disorders – Affects nerves and impairs functioning of muscles:

- Cerebral Palsy
- Connective Tissue Disorders
- Diaphragmatic Hernia
- Erb’s Palsy/Brachial Plexus Injury
- Hemiplegia
- Mitochondrial Disorders
- Muscular Dystrophies
- Myopathies
- Skeletal Dysplasias
- Spinal Muscular Atrophy
- Tracheoesophageal Fistulae

Sensory Impairment – Vision and hearing loss which may lead to learning and other delays:

- Central Visual Impairment (Cortical–Cerebral)
- Legal Blindness (visual acuity of <20/200 in the better eye with corrective glasses or contact lenses)
- Ocular Albinism
- Optic Nerve Hypoplasia (ONH)
- Retinopathy of prematurity (with laser treatment)
- Septo-Optic Dysplasia (SOD)
- Unilateral or Bilateral Hearing Loss

*NOTE: Failing the newborn hearing screening is not a Part C referral until hearing loss is confirmed.

TORCH Infections and Other Perinatal Infections – Perinatal infections which can lead to fetal anomalies:

- Congenital Cytomegalovirus (CMV)
- Herpes
- Human Immunodeficiency Virus (HIV)
- Rubella (German Measles)
- Rubeola (Measles)
- Syphilis
- Toxoplasmosis

Other Disorders or Conditions Associated with Developmental Delay:

- Autism Spectrum Disorder (ASD)
- Childhood Cancers
- Cool Cap/Total Body Cooling
- Cyanotic Heart Disease
- Cystic Fibrosis
- Extracorporeal Membrane Oxygenation (ECMO)
- Hypoxic Ischemic Encephalopathy
- Inborn Errors of Metabolism (e.g., PKU, Fatty Acid Disorders)
- Neonatal Abstinence Syndrome (NAS)
- Nasogastric (NG)-tube/Gastrostomy (G)-tube feeding with or without IV-TPN infusion
- Single Gene Mutations associated with Rare Genetic Disorders
- Tracheostomy

FURTHER DISTINCTIONS:
The above categories are not an all-inclusive list of auto-eligible conditions. Physicians are encouraged to make decisions using prudent clinical judgement. If you have additional questions, or need further clarification, please consult with the NEIS physicians. NOTE: At any point when a child is no longer considered eligible for early intervention services, due to lack of supporting documentation and/or determination of informed clinical opinion, the child may be exited from the program through the Individualized Family Service Plan (IFSP) review process.