

Revised KIDMED RS-O-07 Reports Implemented Effective December 2009 *(pages 1-2)*

Guidelines for Determination of Dates Used In The RS-O-07 Reports *(pages 3-4)*

Louisiana Medicaid has completed additional revisions to the KIDMED series of RS-O-07 screening reports to better reflect the status of screenings for linked providers. These new reports will be posted for December 2009. The reports include:

RS-O-07-1 - Initial Screen Due Now: This report includes only those recipients linked to the provider at the time of the report and no medical screening by any provider is found in claims history. The Next Screen Period has a “begin” date based on the effective date of linkage to the provider receiving the report and an “end” date that includes a “grace” period to perform the Initial Screen as identified in KIDMED policy. (The “grace” periods are indicated below.)

Note: **Initial Screenings** are identified by the **absence** of a **Last Screen Date** and the **Next Screen Period Begin Date** is set to the provider’s linkage begin date.

All Other Screenings are identified by the **presence** of a **Last Screen Date**.

RS-O-07-2 – Screen Overdue: This report includes those recipients whose “end” date for the Next Screen Period has passed, and may include recipients previously reported on the RS-O-07 report.

RS-O-07-3 – Screen Due This Month: This report will include those recipients whose Next Screen Period includes the current month in the range.

RS-O-07-4 – Up To Date: This report includes those recipients whose “begin” date of the Next Screen Period is in the future and does not include the current month.

RS-O-07-5 – Last Month On Report: This report includes only those recipients who are linked to the provider for the current report month but will not be linked to this provider the following month due to: (1) a change in provider linkage; (2) aging out of KIDMED (turning 21years during this month); or (3) loss of Medicaid eligibility.

RS-O-07-6 – Comprehensive Listing of Recipient/Screening: This report includes ALL recipients linked to the provider and includes the Next Screen Period range.

RS-O-07-R – KIDMED Roster: This report includes ALL recipients linked to the provider but DOES NOT include the Next Screen Period range. This report lists on which of the RS-O-07 reports the recipient appears.

Note: With the exception of RHC/FQHC KIDMED encounters, only PAID screenings appear on these reports. Denied screenings must be corrected where appropriate and resubmitted for payment to be captured and included on the RS-O-07 reports.

Grace Periods for Initial Screenings:

Per current KIDMED policy a “grace” period of 45, 60, or 120 days from the date of recipient linkage to the KIDMED provider is included to allow providers time to schedule and perform the **initial** screening and is based on the recipient’s age at the time the KIDMED linkage is made. The ‘grace periods’ are as follows:

| | |
|--|-----------|
| Less Than 2 Years | +45 Days |
| Equal To or Greater Than 2 Years AND Less Than 6 Years | +60 Days |
| Equal To or Greater Than 6 Years | +120 Days |

Guidelines for Date Calculations on the RS-O-07-1 through RS-O-07-5

Initial Screenings – Identified by the absence of a Last Screen Date

1. Next Screen Period Begin Date

Next screen period begin date is set to the providers linkage begin date.

2. Next Screen Period End Date

Next screen period end date is calculated as 45, 60 or 120 days after the next screen period begin date based on the recipients' age on the **next screen period begin date** as follows:

| Age | Days |
|------------------------------|------------|
| < 2 years | + 45 days |
| = or > 2 years and < 6 years | + 60 days |
| = or > 6 years | + 120 days |

All Other Screenings – Identified by the presence of a Last Screen Date

1. Next Screen Period Begin Date

Age at last screening is calculated as the difference in years and months (YYMM) between the recipients DOB and the date of last screening.

The resulting YYMM is compared to the screening periodicity table to determine in what screening period the last screening was performed. The period following the last screen period in the periodicity table is established as the "target period" to be reported.

Next screen period begin date is calculated by adding the number of years of the "target period" to the YYYY portion and of the recipients birth date and adding number of months of the "target period" to the MM portion of the recipients birth date (**next screen period begin date** falls on the recipients year or month birthday).

If the resulting date has an invalid DD (for example 2009/02/30), the date is re-calculated as the first day of the following month (2009/03/01 in this example).

2. Off Schedule Screenings

For children under age 2, there must be at least 30 days between screenings and for children 2 years and older, there must be at least 6 months between screenings.

For children under age 2 on the **next screening period begin date** established above:

If the **next screen period begin date** is less than 30 days greater than the last screen date, the last screening is considered to have been "off schedule" and the **next screen period begin date** is re-calculated as last screen date + 30 days.

For children age 2 years and older on the **next screen period begin date** established above:

If the **next screen period begin date** is less than 6 months greater than the last screen date, the last screening is considered to have been “off schedule” and the **next screen period begin date** is re-calculated by adding 6 to the MM (month) portion of the last screen date.

If the resulting date has an invalid day, DD in the date format YYYY/MM/DD, (for example 2009/02/30), the date is re-calculated as the first day of the following month (2009/03/01 in this example).

3. Next Screen Period End Date

The **next screen period end date** is calculated by calculating the period begin date for the screening period following the “target period”. This calculation is done in the same manner as described in number 1 above.

One day is subtracted from this date resulting in a **next screen period end date** that is the last day of the “target period”.

If the resulting date has an invalid DD (for example 2009/02/30), the date is re-calculated as the last valid day of the month (2009/02/28 in this example).

If the **next screen period end date** is greater than the last day of the month of the recipients 21st birthday, **next screen period end date** is re-calculated as the last day of the month of the recipients 21st birthday.

If the provider has an established linkage end date and the **next screen period end date** is greater than the linkage end date, the **next screen period end date** is re-calculated to be the providers’ linkage end date.

If a recipient has received their 20 year screening, **next screen period begin date** and **next screen period end date** are not printed on the reports, instead a message “20 YR SCREEN COMPLETE” is printed.

EPSDT Screening Claims: Definition by procedure code

| Screening Type | Procedure Codes |
|-------------------|------------------------------------|
| Medical Screening | 99381 thru 99385, 99391 thru 99395 |
| Vision Screening | 99173 |
| Hearing Screening | 92551 |