PROVIDER Update

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Childhood Lead Poisoning Screening is a Covered Preventive Service

Assembly Bill (AB) 1316, approved on October 5, 2017, updates the Childhood Lead Poisoning Prevention Act of 1991, by adding testing for blood lead levels (BLLs) in arterial or cord blood. The new definition of lead poisoning is that the disease is present when the concentration of lead in whole venous, arterial or cord blood reaches or exceeds levels constituting a health risk.[1]

Health Net Community Solutions, Inc. (Health Net) and CalViva Health are reminding providers that lead poisoning screening for children ages 18 and younger is a covered preventive service and should be included in a child's periodic health assessment.

COMPREHENSIVE PREVENTIVE CARE

Comprehensive pediatric preventive health care provides for periodic health evaluations and lab services[2] related to a health evaluation, immunizations[3] and screening for BLLs in children who are at risk for lead poisoning, as determined by a health care provider. A health care provider is a person licensed to practice medicine, a nurse practitioner or a physician assistant.

LEAD POISONING

A blood test is the best way to measure BLLs. To date, no actual safe level of lead in the blood has been identified, but a measurement of 5 micrograms per deciliter (µg/dL) or less is currently considered an acceptable level.[1,4]

Millions of children are exposed to harmful lead from paint used in their homes or other buildings built before 1978, proximity to freeways or heavily traveled roadways, and industrial facilities, which increase health risks for:

- Damage to the brain and nervous system.
- Slowed growth and development.
- Learning and behavior problems.
- Hearing and speech problems.

Other sources that can contribute to elevated lead exposure include: tableware, cosmetics (such as surma and kohl), candies, jewelry, certain imported items, including clay pots and home remedies, calcium dietary supplements, tap water, and exposure from parents who have been exposed to lead in the workplace.[4]

TREATMENT OPTIONS

There is no treatment that reverses the effects of lead exposure. Treatment options are to prevent or reduce further damage. If lead poisoning is detected at or above 5 µg/dL of lead in the blood, then action is recommended to find and eliminate the source of the

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- Physicians
- Participating Physician Groups
- Hospitals
- Ancillary Providers

PROVIDER SERVICES

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lead.[4] The longer a child is exposed to lead, the longer it takes for BLLs to improve once the exposure is removed due to absorption by bones in the body.

Until recently, children were identified as having elevated BLLs if the test result was 10 µg/dL or greater. Experts now recommend using the new BLL of 5 µg/dL because test results below 10 µg/dL may, or may not, have been considered a level of concern and reported to parents. The new, lower value means that more children can be identified as having lead exposure allowing parents and physicians to take action earlier to reduce the child's future exposure to lead.

- Chelation therapy for 20 to 44 µg/dL can lower BLLs but is not shown to reverse or diminish cognitive impairment or other behavioral or neuropsychological effects of lead. If the BLL is greater than 45 µg/dL, and the exposure has been controlled, consult a pediatrician experienced in managing children with lead poisoning. These physicians may be found through the American Academy of Pediatrics (AAP) Council on Environmental Health, at hospitals that participated in the clinical trial of succimer, at Pediatric Environmental Health Specialty Units, or through lead programs at state health departments.
- Additionally, nutritional deficiencies can affect BLL which may influence health outcomes separate to lead exposure. Attention to treating iron deficiency and ensuring adequate calcium and zinc intake should also be considered.

For more information on potential strategies for managing BLLs within a healthy range, visit the Centers for Disease Control and Prevention (CDC) Advisory Committee on Childhood Lead Poisoning Prevention (ACCLPP) at www.cdc.gov/nceh/lead/acclpp/acclpp_main.htm.

ADDITIONAL INFORMATION

Providers are encouraged to access the provider portal online at provider.healthnet.com for real-time information, including eligibility verification, claims status, prior authorization status, plan summaries, and more.

If you have questions regarding the information contained in this update, contact CalViva Health at 1-888-893-1569.

References
[1]www.cdc.gov/nceh/lead/.
[2]www.aap.org/en-us/Documents/periodicity_schedule.pdf and http://pediatrics.aappublications.org/content/pediatrics/139/4/e20170254.full.pdf.
[3]www.cdc.gov/vaccines/schedules/hcp/child-adolescent.html and www.aap.org/en-us/advocacy-and-policy/aap-health-initiatives/immunizations/Pages/Immunization-Schedule.aspx.
[4]www.aap.org/en-us/advocacy-and-policy/aap-health-initiatives/lead-exposure/Pages/Treatment-of-Lead-Poisoning.aspx.