

Childhood Blood Lead Screening

Lead poisoning prevention and requirements for children enrolled in Medi-Cal

According to the Centers for Disease Control and Prevention (CDC),¹ protecting children from lead exposure is important to lifelong good health. Even low levels of lead in the blood have been shown to affect IQ, the ability to pay attention and academic achievement. Lead exposure can cause damage to the brain and nervous system, slowed growth and development, learning and behavior problems, and hearing and speech problems. The most important step that can be taken is to prevent lead exposure before it occurs.

Federal law² requires states to screen children enrolled in Medicaid for elevated blood lead levels as part of required prevention services offered through the Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Program. California state regulations and Medi-Cal managed care contracts require health plans to cover and ensure the provision of blood lead screenings. The regulations also impose specific responsibilities on doctors, nurse practitioners and physician assistants conducting periodic health care assessments on children between the ages of six months and six years.

Health Net* and CalViva Health require providers to follow the guidelines and requirements listed in this communication.

BLOOD LEAD ANTICIPATORY GUIDANCE AND SCREENING REQUIREMENTS

Providers must follow guidelines issued by the California Childhood Lead Poisoning Prevention Branch (CLPPB) of the Department of Public Health, and also:

- Provide oral or written guidance to the parents or guardians of a child that includes information that children can be harmed by exposure to lead. The guidance must be provided at each periodic health assessment for ages 6–72 months.
- Perform blood lead level (BLL) testing on all children as follows:
 - At ages 12 months and 24 months.
 - When the provider performing the periodic health assessment becomes aware that a child age 12–24 months has no documented evidence of a BLL test taken at age 12 months or thereafter.
 - When the provider becomes aware that a child age 24–72 months has no documented evidence of BLL test results taken at age 24 months or thereafter.
 - Whenever the provider becomes aware that a child age 12–72 months has had a change in circumstances that places the child at increased risk of lead poisoning, in the provider's professional judgement.
 - When requested by the parent or guardian.

THIS UPDATE APPLIES TO
MEDI-CAL PROVIDERS:

- Physicians
- Participating Physician Groups
- Hospitals
- Ancillary Providers

PROVIDER SERVICES

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- The health care provider is not required to perform BLL testing in the following cases. The reasons for not screening must be documented in the child's medical record.
 - The parent or guardian refuses consent for the screening.
 - If in the professional judgement of the provider, the risk of screening poses a greater risk to the child's health than the risk of lead poisoning.

Blood lead level screening within the managed care plan (MCP) must be reported.

- Encounter or claims data is used to track the administration of blood level screenings. Providers must ensure that encounters are identified using the appropriate CPT codes for blood level screenings.
- Laboratories and health care providers performing blood lead analysis on specimens are to electronically report all results to CLPPB, with specified patient demographics, ordering physician and analysis data on each test performed.

MCPs must have written policies and procedures describing methods of ensuring and monitoring provider, delegate and subcontractor compliance.

For more information on blood lead screening of young children, visit the Department of Health Care Services (DHCS) at www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/APL2018/APL18-017.pdf.

ADDITIONAL INFORMATION

Relevant sections of the provider operations manuals have been revised to reflect the information contained in this update as applicable. Provider operations manuals are available electronically in the Provider Library, located on the provider website at provider.healthnet.com.

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

¹CDC's BLL in Children fact sheet can be found at: www.cdc.gov/nceh/lead/about/program.htm.

²42 U.S. Code Section 1396d(r) can be found at: <http://uscode.house.gov/browse.xhtml>.