



UnitedHealthcare Community Plan of California Requirements for Blood Lead Screening of Young Children

Overview

Per [California Department of Health Care Services \(DHCS\) Policy Letter 18-017](#), federal law requires care providers to screen children enrolled in Medicaid for elevated blood lead levels (BLLs) as part of required prevention services offered through the Early and Periodic Screening, Diagnosis and Treatment (EPSDT) program. Here's what you need to know about BLL screening requirements:

When to Perform BLL Testing

Care providers must perform BLL testing on all children enrolled in Medicaid in accordance with these guidelines:

- At ages 12 and 24 months
- When the care provider performing the periodic health assessment becomes aware that a child between 12 and 24 months has no documented evidence of BLL test results taken at 12 months or thereafter
- When the care provider performing a periodic health assessment becomes aware that a child between 24 and 72 months has no documented evidence of BLL testing performed when the child was 24 months, or thereafter
- When the care provider performing a periodic health assessment of a child between 12 and 72 months becomes aware that a change in circumstances has placed a child at increased risk of lead poisoning
- When requested by a parent or guardian

Exceptions to BLL Testing Requirements

Care providers are **not** required to perform BLL testing if:

- The child's parent or guardian, or another person with legal authority to withhold consent, refuses to consent to the screening
- 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

The reasons for not screening should be documented in the child's medical record.

How to Perform BLL Testing

Care providers must use either the capillary (finger stick) or venous blood sampling methods, though the venous method is preferred because it's more accurate and less prone to contamination.

Interpreting BLL Test Results

Care providers are required to follow [Childhood Lead Poisoning Prevention Branch \(CLPPB\)](#) guidelines when interpreting BLL test results and determining appropriate follow-up activities.

Anticipatory Guidance for Parents and Guardians

When screening children for BLLs, care providers must give parents or guardians oral or written anticipatory guidance indicating that children can be harmed by exposure to lead. This anticipatory guidance must be given at each periodic health assessment, starting at 6 months until 72 months.

Coding and Reporting Requirements

When reporting BLL results and submitting claims, care providers must:

- Report EPSDT data to DHCS and the local children's preventive services using the CMS1500/UB-04 claim forms or their electronic equivalents (837-P/837-I). This must be done within 30 calendar days of the end of each month for all encounters during that month.
- Ensure that blood lead screening encounters are identified using the appropriate CPT[®] codes.
- Electronically report all results to CLPPB.

We're Here to Help

If you have questions, please email our Quality Department at uhccscaqualitydepartment_dl@ds.uhc.com. Thank you.