

# Requirements for blood lead screening of young children

UnitedHealthcare Community Plan of California

Per California Department of Health Care Services (DHCS) Policy Letter 20-016, 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:

1. Provide oral or written anticipatory guidance to the parent(s) or guardian(s) of a child member that, at a minimum, includes information that children can be harmed by exposure to lead, especially deteriorating or disturbed lead-based paint and the dust from it, and are particularly at risk of lead poisoning from the time the child begins to crawl until 72 months (age 6)<sup>1</sup>. This anticipatory guidance must be provided to the parent or guardian at each periodic health assessment (PHA), starting at 6 months of age and continuing until 72 months (age 6).
2. Order or perform blood lead screening tests on all child members, in accordance with the following:
  - a. At ages 12 and 24 months
  - b. 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
  - c. When the care provider performing a periodic health assessment becomes aware that a child between 24 and 72 months (age 6) has no documented evidence of BLL testing performed when the child was 24 months, or thereafter
  - d. When the care provider performing a PHA of a child between 12 and 72 months (age 6) becomes aware that a change in circumstances has placed a child at increased risk of lead poisoning
  - e. When requested by a parent or guardian
3. Follow the Centers for Disease Control and Prevention (CDC) recommendations<sup>2</sup> for Post-Arrival Lead Screening of Refugees contained in the Childhood Lead Poisoning Prevention Branch (CLPPB)-issued guidelines.

<sup>1</sup> For more information on EPSDT, see APL 19-010, titled: Requirements for Coverage of Early and Periodic Screening, Diagnostic, and Treatment Services for Medi-Cal Members Under the Age of 21, which can be accessed at [dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/APL2019/APL19-010.pdf](https://dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/APL2019/APL19-010.pdf).

<sup>2</sup> For more information on EPSDT, see APL 19-010, titled: Requirements for Coverage of Early and Periodic Screening, Diagnostic, and Treatment Services for Medi-Cal Members Under the Age of 21, which can be accessed at [dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/APL2019/APL19-010.pdf](https://dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/APL2019/APL19-010.pdf)

<sup>3</sup> CDC's Childhood Lead Poisoning Prevention information can be found at [cdc.gov/nceh/lead/about/program.htm](https://cdc.gov/nceh/lead/about/program.htm).

## **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 judgment of the care 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. The care provider must help ensure that documents indicate the reason(s) for not performing the blood lead screening test in the child member's medical record. In cases where consent has been withheld, the care provider must document this in the child member's medical record by obtaining a signed statement of voluntary refusal. If the care provider is unable to obtain a signed statement of voluntary refusal because the party that withheld consent declines to sign or is unable to sign (e.g., when services are provided by a telehealth modality), the care provider must document the reason for not obtaining a signed statement in the child's medical record.

If the care provider is unable to obtain a signed statement of voluntary refusal because the party that withheld consent declines to sign or is unable to sign (e.g., when services are provided by a telehealth modality), the care provider must document the reason for not obtaining a signed statement of voluntary refusal in the child's medical record. UnitedHealthcare Community Plan of California has developed a Refusal Form you may opt to use when documenting voluntary refusal of the screening. The Refusal Form is included at the end of this document.

## **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 CLPPB guidelines when interpreting BLL test results and determining appropriate follow-up activities.

## **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.
- Help ensure that blood lead screening encounters are identified using the appropriate CPT® codes
- Electronically report all results to CLPPB

Suggested CPT code for the test is 83655.

### **Quarterly monitoring requirements**

Starting Jan. 1, 2021, UnitedHealthcare Community Plan of California will identify, on at least a quarterly basis, all child members under age 6 (i.e., 72 months) who have no record of receiving a blood lead screening test, as required by Title 17 CCR section 37100.

Beginning February 2021, the UnitedHealthcare Community Plan of California Clinical Practice Consultant will email a secure list to network provider offices identifying members who require blood lead screenings. The list will be emailed to the primary contact at each provider office and will identify all members, ages 12 months to age 6, without a blood lead screening claim on file. Upon receipt of the list, network providers should:

1. Review the list
2. Recall members as needed
3. Conduct the blood lead screening
4. Document required written or oral anticipatory guidance to the parent/guardian of that child member

UnitedHealthcare Community Plan of California will continuously monitor the Lead Screening in Children HEDIS® measure specifically reporting rates of compliance with lead screening per practice. Your individual rates will be reported in the Patient Care Opportunity Reports on a monthly basis. Please review your monthly screening rate and assess for opportunities to improve blood lead screening.

### **Learn more**

More information is available in the [California Department of Public Health Anticipatory Guidance](#).

### **We're here to help**

If you have questions, please email our Quality department at [uhccscaqualitydepartment\\_dl@ds.uhc.com](mailto:uhccscaqualitydepartment_dl@ds.uhc.com). Thank you.

## Evidence of blood lead testing refusal

Please retain this form and include it in the patient's medical record.

Parent/Guardian refusal of blood lead testing

I verify that I have been made aware of the serious and long-term health effects of lead poisoning on children under 6 years of age. I refuse blood lead testing for my child.

Reason for refusal \_\_\_\_\_

Print child's name: \_\_\_\_\_ Child's date of birth: \_\_\_\_\_

Signed \_\_\_\_\_ Relation to child: \_\_\_\_\_ Date: \_\_\_\_\_  
(parent or guardian)

Signed \_\_\_\_\_ Practice name: \_\_\_\_\_ Date: \_\_\_\_\_  
(Clinician)

The anticipatory guidance below was provided (check box)

Lead may be in...	What can you do?
<b>Old paint inside or outside the home — most lead paint is in homes built before 1978</b>	Move cribs, high chairs, and playpens away from cracked or peeling paint. Do not allow your child to chew on windowsills or other painted surfaces. Call your local lead poisoning prevention program about testing paint for lead.
<b>Dust on windowsills, floors, and toys</b>	Wet mop floors and wet wipe windowsills and other surfaces. Wash toys often. Wash children's hands before eating and sleeping.
<b>Dirt outside your home</b>	Cover bare dirt with stones, grass, plants, or gravel. Wipe shoes or take them off BEFORE going in the house.
<b>Clothing or hair if you work around lead</b>	Shower and change clothes BEFORE coming home from work and BEFORE holding your child.
<b>Pottery and dishes made outside of the US, in places such as Mexico or China</b>	Call your local lead poisoning prevention program for more information about testing pottery and dishes for lead.
<b>Natural Remedies</b> • Azarcon — orange or yellow powder • Greta — orange or yellow powder • Payloohah — red powder	Do not let anyone give natural remedies to your child. Ask your doctor to help you find other remedies.
<b>Some cosmetics</b> • Surma • Kohl • Khali	Do not use these on children. Call your local lead poisoning prevention program about testing cosmetics for lead.
<b>Inexpensive jewelry for children</b>	Do not allow young children to play with or touch these items.
<b>Some candies from Mexico</b>	Choose healthy snacks for your child, like fresh fruits, vegetables, lean meats, and dairy products.
<b>Other items, like:</b> • Fishing sinkers • Bullets • Stained glass-making kits	Keep these items away from your child. Wash hands well after touching these items.

More information is available in the [California Department of Public Health Anticipatory Guidance](#).