



PROVIDER *bulletin*

April 10, 2019

RE: Blood Lead Screening

Dear Provider:

According to the Centers for Disease Control and Prevention (CDC), 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 law requires states 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.

The California Department of Public Health's California Childhood Lead Poisoning Prevention Branch (CLPPB) issues guidance for all California providers pursuant to these regulations and required blood lead standards of care, including guidance related to children enrolled in MediCal.

Guidelines are as follows:

- 1) Provide oral or written anticipatory guidance to the parent(s) or guardian(s) of a child that at a minimum, includes information that children can be harmed by exposure to lead. This anticipatory guidance must be performed at each periodic health assessment, starting at 6 months of age and continuing until 72 months of age.
- 2) Perform BLL testing on all children in accordance with the following:
 - a) At 12 months and at 24 months of age.
 - b) When the health care provider performing a periodic health assessment becomes aware that a child 12 to 24 months of age has no documented evidence of BLL test results taken at 12 months of age or thereafter.
 - c) When the health care provider performing a periodic health assessment

becomes aware that a child 24 to 72 months of age has no documented evidence of BLL test results taken when the child was 24 months of age or thereafter.

- d) Whenever the health care provider performing a periodic health assessment of a child 12 to 72 months of age becomes aware that a change in circumstances has placed the child at increased risk of lead poisoning, in the professional judgement of the provider.
- e) When requested by the parent or guardian.
- f) The health care provider is not required to perform BLL testing if:
 - i) A parent or guardian of the child, or other person with legal authority to withhold consent, refuses to consent to the screening.
 - ii) 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.
 - iii) Providers must document the reasons for not screening in the child's medical record.

Screenings may be conducted using either the capillary (finger stick) or venous blood sampling methods; however, the venous method is preferred because it is more accurate and less prone to contamination. All blood lead screenings should be billed using appropriate and current CPT coding.

Additional resources:

<https://www.cdph.ca.gov/Programs/CCDPHP/DEODC/CLPPB/Pages/prov.aspx>

For additional information, please contact your KHS Provider Relations Representative at (661) 664-5000.

Thank you,

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