

November 4, 2021

## **Blood Lead Screening APL 20-016**

Federal law requires children to be screened 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.

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





# PROVIDER *bulletin*

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. For further guidance on billing, please refer to KHS Pay for Performance Program located under the Provider Practice section of the provider portal.

Additional resources:

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

[APL 20-016 \(ca.gov\)](#)

<https://res.cloudinary.com/dpmykpsih/image/upload/kern-site-353/media/4d6b7ff38c7a401fa103a594086c7dcc/dhcs-blood-lead-screening-gi-postcard.pdf>

California law requires health care providers and laboratories performing blood lead analysis on blood specimens drawn in California report all results electronically to the California Department of Public Health (CDPH) Childhood Lead Poisoning Prevention Branch. For more information on how to electronically report results, please visit:

[https://www.cdph.ca.gov/Programs/CCDPHP/DEODC/CLPPB/Pages/report\\_results.aspx](https://www.cdph.ca.gov/Programs/CCDPHP/DEODC/CLPPB/Pages/report_results.aspx)

Kern Health Systems has added Blood Lead Screening as a measure available to view in the Provider Practice section of the Provider Portal. One you click on Provider Practice, you will select MCAS. The measure is labeled LCS. When you click on “your rate” you will be able to see the eligible population for your practice and be able to download a list of members who are non-compliant for follow up. The information available via the provider portal will be updated on a quarterly basis.

If you have any questions, please feel free to contact Provider Relations at 661-664-5000.

Thank you,

Melissa Lopez  
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