

PROVIDER MEMO

To: Santa Clara Family Health Plan Providers
From: Provider Network Operations
Date: April 22, 2021
Subject: APL 20-016 - Blood lead screening of young children and provider expectations

Dear providers,

Lead toxicity can negatively impact the cognitive, motor, behavioral, and physical abilities of young children. The only way to determine lead exposure is through a blood lead screening. California state statutes and regulations impose specific responsibilities on health care providers doing periodic health care assessments on children between the ages of six months and six years. The California Department of Health Care Services (DHCS) released an All Plan Letter (APL) on November 2, 2020 on Blood Lead Screening of Young Children (<https://bit.ly/BLscreening>).

Santa Clara Family Health Plan (SCFHP) network providers must follow the requirements listed in APL 20-016 Blood Lead Screening in Children. The following is a summary of the APL and expectations set out by DHCS and SCFHP:

1. Lead screening guidelines for children

Providers must comply with the following lead screening guidelines:

- Childhood Lead Poisoning Prevention Branch – Guidance for health care providers
<http://bit.ly/CLPPBleadguidance>
- California Department of Health Care Services blood lead test and anticipatory guidance
<http://bit.ly/DHCSleadguidance>
- CDC Guidelines – Screening for lead during the domestic medical examination for newly arrived refugees
https://bit.ly/CDCleadguidelines_refugee

Providers must order or perform blood lead screening tests on all children in accordance with the following:

- At 12 months and at 24 months of age.
- When the provider performing a PHA becomes aware that a child who is 12 to 24 months of age has no documented evidence of a blood lead screening test taken at 12 months of age or thereafter.
- When the provider performing a PHA becomes aware that a child who is 24 to 72 months of age has no documented evidence of a blood lead screening test taken.
- At any time a change in circumstances has, in the professional judgment of the provider, put the child at risk.
- If requested by the parent or guardian.

2. Anticipatory guidance to caregivers

Providers must provide written or oral anticipatory guidance to caregivers. The state has provided an example that can be used:

- English: <http://bit.ly/CLPPBantguideE>
- Spanish: <http://bit.ly/CLPPBantguideS>

3. Documentation of offering lead screening and refusal

Providers must document when a blood lead screening is offered to patients, whether the screening was refused and the reason for refusal. Providers must have the caregiver sign off indicating refusal of the screening. Medical record documentation is adequate if the appointment is completed through telehealth.

SCFHP will audit medical records during initial health assessment (IHA) reviews for evidence of documentation for offerings and refusals of lead screening.

4. Common procedural terminology

Providers must use appropriate Common Procedure Terminology (CPT) coding to ensure accurate reporting of all blood lead screening tests.

SCFHP expects providers to use CPT code 83655 for blood lead screening. If a capillary blood sampling (CPT code 36416) is used, the provider must submit an Online Blood Lead Reporting Form to the Childhood Lead Poisoning Prevention Branch and report their findings along with other information. More information on capillary blood sampling for lead screening can be found here: <http://bit.ly/CLPPBleadtesting>

5. Provider notification of missed blood lead testing

SCFHP is required to provide quarterly notifications to providers with patients who have missed a blood lead screening. SCFHP will display this information on Provider Link, providerportal.scfhp.com, in the Gaps in Care section. If you do not have access to Provider Link or need help accessing it, please contact ProviderServices@scfhp.com.

SCFHP providers are expected to follow the current guidelines related to Blood Lead Screening for Children. These guidelines are also available on the SCFHP website, www.scfhp.com.

Should you have any questions regarding this APL or SCFHP's expectations of providers, please contact ProviderServices@scfhp.com.