



JENNIFER KENT
DIRECTOR

State of California—Health and Human Services Agency
Department of Health Care Services



EDMUND G. BROWN JR.
GOVERNOR

DATE: October 22, 2018

ALL PLAN LETTER 18-017
SUPERSEDES POLICY LETTER 02-01

TO: ALL MEDI-CAL MANAGED CARE HEALTH PLANS

SUBJECT: BLOOD LEAD SCREENING OF YOUNG CHILDREN

PURPOSE:

The purpose of this All Plan Letter (APL) is to clarify blood lead screening and reporting requirements for Medi-Cal managed care health plans (MCPs). This APL supersedes Policy Letter (PL) 02-01.

BACKGROUND:

According to the Centers for Disease Control and Prevention (CDC),¹ 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.

While lead paint has historically been the greatest source of lead exposure, children can be exposed to lead from additional sources such as lead smelters, leaded pipes, solder, plumbing fixtures, and consumer products. Lead can also be present in air, food, water, dust, and soil.

Federal law² 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. Accordingly, the Centers for Medicare and Medicaid Services (CMS) released an informational bulletin³

¹ CDC's BLL in Children fact sheet can be found at: <https://www.cdc.gov/nceh/lead/about/program.htm>.

² 42 U.S. Code Section 1396d(r) can be found at: <http://uscode.house.gov/browse.xhtml>.

³ The 2016 CMS informational bulletin can be found at: <https://www.medicare.gov/federal-policy-guidance/downloads/cib113016.pdf>.

in November 2016 that provides an overview of blood lead screening requirements for children enrolled in Medicaid.

In addition, MCPs are contractually required to cover and ensure the provision of blood lead screenings in accordance with California state regulations.⁴ These regulations impose specific responsibilities on doctors, nurse practitioners, and physician's assistants conducting periodic health care assessments on children between the ages of six months and six years. The California Department of Public Health's California Childhood Lead Poisoning Prevention Branch (CLPPB) issues guidance⁵ for all California providers pursuant to these regulations and required blood lead standards of care, including guidance related to children enrolled in Medi-Cal.

POLICY:

Blood Lead Anticipatory Guidance and Screening Requirements

MCPs must ensure that their contracted providers (i.e. physicians, nurse practitioners, and physician's assistants), who perform periodic health assessments on children between the ages of six months to six years (i.e. 72 months), comply with current federal and state laws and industry guidelines for health care providers issued by CLPPB, including any future updates or amendments.

MCPs must ensure that their contracted providers:

- 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

⁴ Title 17, Division 1, Chapter 9, Articles 1 and 2, commencing with Section 37000 of the California Code of Regulations can be found at:

[https://govt.westlaw.com/calregs/index?_lrTS=20170821184818998&transitionType=Default&contextData=\(sc.Default\)](https://govt.westlaw.com/calregs/index?_lrTS=20170821184818998&transitionType=Default&contextData=(sc.Default))

⁵ CLPPB guidance for health care providers can be accessed at the following link:

<https://www.cdph.ca.gov/Programs/CCDC/DEOD/CLPPB/Pages/prov.aspx>

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 confirmatory and follow-up BLL testing must be performed using blood samples taken through the venous blood sampling method. Since no level of lead in the body is known to be safe and clinical guidelines are subject to change, MCPs must ensure their contracted providers follow the CLPPB guidelines when interpreting BLLs and determining appropriate follow-up activities. When there is a discrepancy in requirements between this APL and CLPPB guidelines, MCPs must ensure their contracted providers follow CLPPB guidelines.

Reporting Requirements

According to a November 2016 CMS informational bulletin, there is concern that not all blood lead screening tests conducted in provider's offices are coded in a way to be included in Medicaid screening data. In an effort to improve reporting of blood lead screenings, MCPs are required to educate providers about appropriate Common Procedure Terminology (CPT) coding of blood lead screenings.

Previously, MCPs were contractually required to report EPSDT data to DHCS using the PM-160 confidential screening/billing report form. MCPs were required to submit the PM-160 to DHCS and to the local children's preventive services program within 30 calendar days of the end of each month for all encounters during that month. However, in 2017, in order to comply with Health Insurance Portability and Accountability Act requirements, the PM-160 claim form was discontinued and replaced with the CMS-1500/UB-04 claim forms or their electronic equivalents (837-P/837-I).

DHCS currently utilizes encounter data for tracking the administration of blood lead screenings. MCPs must ensure that blood lead screening encounters are identified using the appropriate indicators (such as CPT codes) as outlined in the most recent DHCS Companion Guide for X12 Standard File Format, which can be obtained by emailing the Encounter Data mailbox at: MMCDEncounterData@dhcs.ca.gov. MCPs are required to submit complete, accurate, reasonable, and timely encounter data consistent with the MCP contract and APLs 14-019⁶ and 17-005.

In addition, California law⁷ requires laboratories and health care providers performing blood lead analysis on blood specimens drawn in California to electronically report⁸ all results to CLPPB, along with specified patient demographic, ordering physician, and analysis data on each test performed. MCPs must ensure that applicable contracted providers are reporting blood lead results to CLPPB, as required.

MCPs are required to have written policies and procedures describing methods of ensuring and monitoring provider compliance with the requirements detailed in this APL. MCPs are responsible for ensuring that their delegates and subcontractors comply with all applicable state and federal laws and regulations, contract requirements, and other DHCS guidance, including APLs and PLs. These requirements must be communicated by each MCP to all delegated entities and subcontractors.

If you have any questions regarding this APL, please contact your Managed Care Operations Division Contract Manager.

Sincerely,

Original signed by

Sarah Brooks, Deputy Director
Health Care Delivery Systems

⁶ APLs are available at: <http://www.dhcs.ca.gov/formsandpubs/Pages/AllPlanLetters.aspx>.

⁷Health and Safety Code Section 124130 can be found at: http://leginfo.legislature.ca.gov/faces/codes_displaySection.xhtml?lawCode=HSC§ionNum=124130.

⁸Information on how to report blood lead test results to CLPPB can be found at: https://www.cdph.ca.gov/Programs/CCDPHP/DEODC/CLPPB/Pages/report_results.aspx