

# Blood lead level screening requirements and environmental lead investigations

## Blood lead level screening requirements

Protecting children from exposure to lead is important to lifelong good health. No safe blood lead level in children has been identified. Even low levels of lead in blood have been shown to affect IQ, ability to pay attention, and academic achievement. Effects of lead exposure cannot be corrected and frequently goes unrecognized because there are no obvious symptoms. According to the Centers for Disease Control (CDC), at least 4 million households have children being exposed to high levels of lead. There are approximately half a million U.S. children ages 1-5 with blood lead levels above the reference level at which the CDC recommends public health actions be initiated. All Medicaid eligible children are considered at risk for lead poisoning.

## Primary Care Provider (PCP) requirements

As part of the Early and Periodic Screening, Diagnostic and Treatment (EPSDT) guidelines set forth by the Department of Human Services (DHS) and the Centers for Medicare and Medicaid Services (CMS), PCPs participating with GHP Family are required to abide by the following:

- Ensure children enrolled in GHP Family, or eligible for Medicaid, receive blood lead level screenings beginning at nine months and again before their second birthday.
- Ensure children who did not receive lead screenings at nine months and again before their second birthday are tested at the next screening of 30 months, 3, 4, 5, or 6 years old.
- Ask lead risk assessment questions and discuss childhood lead poisoning intervention with parents and/or guardians during every visit.
- The initial blood lead testing may be by capillary or venous samples and that elevated blood lead results from a capillary sample must be confirmed by a venous blood sample.
- Submit claims with the CPT code 83655.
- If the blood lead screening is **not performed** at the required visit report CPT code 83655 along with **modifier 52** and a \$0 charge.
- If the member was referred to an outside laboratory to have the lead screening done report CPT code 83655 along with **modifier 90** and a \$0 charge.
- The CDC uses a blood lead reference value (BLRV) of 3.5 micrograms per deciliter ( $\mu\text{g}/\text{dL}$ ). This reference level helps identify children with BLLs higher than most children's levels.
- The CDC recommends the following for blood lead levels greater than  $\geq 3.5\mu\text{g}/\text{dL}$

## Recommended actions based on blood lead level

<b>Blood Lead Level (BLL) by micrograms per deciliter (µg/dL)</b>			
<b>&lt; 3.5 µg/dL</b>	<b>3.5 – 19 µg/dL</b>	<b>20 – 44 µg/dL</b>	<b>≥ 45 µg/dL</b>
Provide education about common sources of lead exposure and information on how to further prevent exposure.	Follow the recommendations above for BLL < 3.5 µg/dL.	Follow the recommendations above for BLL is 3.5–19 µg/dL.	Follow recommendations for BLL 20–44 µg/dL.
During well-child visits, check development to make sure age-appropriate milestones are being met.	Report the test result to your state or local health department.	Perform a complete history and physical exam, assessing the child for signs and symptoms related to lead exposure.	Perform a complete history and physical exam including a detailed neurological exam.
During well-child visits, discuss diet and nutrition with a focus on iron and calcium intake.	Obtain an environmental exposure history to identify potential sources of lead.	Arrange for or refer the family for an environmental investigation of the home and a lead hazard reduction program.	Perform an abdominal X-ray and, if needed, initiate bowel decontamination.
Conduct follow-up blood lead testing at recommended intervals based on the child's age.	Arrange for an environmental investigation of the home to identify potential sources of lead, as required.	Consider performing an abdominal X-ray to check for lead-based paint chips and other radiopaque foreign bodies. This is important for young children who tend to swallow or eat non-food items. Children may also put their mouths on surfaces that could be covered with lead dust. Initiate bowel decontamination if indicated.	If the patient exhibits signs or symptoms of lead poisoning, including, confusion, weakness, seizures, coma, nausea, vomiting, and abdominal pain, admit them to a hospital as soon as possible.
	Ensure the child does not have iron deficiency using testing and treatment. Follow testing and treatment guidelines from the American Academy of Pediatrics (AAP).	Contact a <a href="#">Pediatric Environmental Health Specialty Unit (PEHSU)</a> or the Poison Control Center (1-800-222-1222) for guidance. PEHSUs provide information on protecting children and reproductive-age adults from environmental hazards. PEHSUs work with healthcare professionals, parents, schools, and community groups.	Consider admitting the patient to a hospital if one of these conditions exists: <ul style="list-style-type: none"> <li>• The patient's home is not lead-safe, and they are unable to find a lead-free living space.</li> <li>• The source of lead exposure has not been identified, and the potential for further lead exposure is still possible.</li> </ul>

< 3.5 µg/dL	3.5 – 19 µg/dL	20 – 44 µg/dL	≥ 45 µg/dL
	<p>Discuss the child's diet and nutrition with a focus on calcium and iron intake. Refer caregivers to supportive services, as needed (e.g., Special Supplemental Nutrition Program for Women, Infants and Children).</p>		<p>The healthcare provider is consulting with a medical toxicologist or pediatrician with experience in treating lead poisoning to initiate:</p> <ul style="list-style-type: none"> <li>• Gastrointestinal decontamination (removal of swallowed lead using laxatives) or</li> <li>• Chelation therapy (a treatment that uses a medication to remove lead from the body when BLLs are very high).</li> </ul>
	<p>Check the child's <a href="#">development</a> to ensure appropriate milestones are being met per <a href="#">AAP guidelines</a>. Refer caregivers to supportive services, as needed (e.g., developmental specialists, Early Intervention Program).</p>		<p>Contact a PEHSU or Poison Control Center (1-800-222-1222) for assistance.</p>
	<p>Provide follow-up BLL testing at recommended intervals.</p>		

## Schedule for Obtaining a Confirmatory Venous Sample

Blood Lead Level (µg/dL)	Time to Confirmation Testing*
≥ 3.5 – 9	Within 3 months
10 – 19	Within 1 month
20 – 44	Within 2 weeks
≥ 45	Within 48 hours

*\*The higher the BLL on the screening test, the more urgent the need for confirmatory testing.*

## Schedule for Follow-Up Blood Lead Testing<sup>a</sup>

Venous Blood lead Levels (µg/dL)	Early follow up testing (2-4 tests after identification)	Later follow up testing after BLL declining
≥ 3.5 – 9	3 months*	6 – 9 months
10 – 19	1 – 3 months*	3 – 6 months
20 – 44	2 weeks – 1 month	1 – 3 months
≥ 45	As soon as possible	As soon as possible

*<sup>a</sup>Seasonal variation of BLLs exists and may be more apparent in colder climate areas. Greater exposure in the summer months may necessitate more frequent follow ups.*

*\*Some case managers or healthcare providers may choose to repeat blood lead tests on all new patients within a month to ensure that their BLL level is not rising more quickly than anticipated.*

## Environmental lead Investigations (ELI)

Environmental Lead Investigation (ELI) is an onsite investigation to determine and report the existence, nature, severity and location of lead-based paint hazards in residential dwellings and includes: information gathering; visual assessment; environmental sampling; and the provision of a report that includes the findings from the risk assessment and recommendations to the owner. (15 USC § 2681; 40 CFR § 745.63).

The report explaining results of the investigation and providing recommendations must be completed by an individual certified to collect the additional information designed to determine level of risk to residents, known in Pennsylvania as a lead risk assessor (40 CFR 745.227(d)(11); 34 Pa. Code Chapter 203). A lead inspector technician may be employed by an ELI provider, but may not complete all required ELI activities.

When a MA enrolled medical provider identifies a child with an EBLL, he or she shall refer that child to an ELI provider who can assist in identifying the source of contamination.

## Procedure:

- The ELI must be performed by a qualified ELI provider.
- A child must first be diagnosed with an EBLL of at least  $< 3.5 \mu\text{g/dL}$  before a referring provider can initiate an ELI for the child's primary residence.
- The Department requires a referral by an MA enrolled provider that includes:
  - Primary diagnosis code of abnormal lead level or toxic effect of lead and its compounds blood.
  - Lead level of the child along with the date of the venous lead test confirming that level.
- In circumstances such as shared custody, up to two locations may be allowed as the child's primary residence, and an ELI may be performed at each location.
- The ELI provider shall provide a copy of the ELI report to the referring provider to ensure appropriate management of the child's health condition.
- The ELI provider shall maintain a copy of the provider's referral for the ELI for a period of at least four years to allow verification of information furnished as a basis for payment under the MA Program.

## Billing

Enrolled ELI providers in the FFS delivery system may submit claims for ELIs using procedure code T1029 (Comprehensive environmental lead investigation). ELI providers in the managed care delivery system should address any payment-related questions to the appropriate MA MCO.

CPT Code	PT/Spec	Description
T1029	55/225	Comprehensive environmental lead investigation, not including laboratory analysis, per dwelling.

A primary diagnosis code of toxic effect of lead must be on the claim submission. The following is a list of acceptable primary diagnosis codes:

- R78.71: Abnormal lead level in blood
- T56.0X1A: Toxic effect of lead and its compounds, accidental (unintentional), initial encounter
- T56.0X1D: Toxic effect of lead and its compounds, accidental (unintentional), subsequent encounter
- T56.0X1S: Toxic effect of lead and its compounds, accidental (unintentional), sequela
- T56.0X2A: Toxic effect of lead and its compounds, intentional self-harm, initial encounter
- T56.0X2D: Toxic effect of lead and its compounds, intentional self-harm, subsequent encounter
- T56.0X2S: Toxic effect of lead and its compounds, intentional self-harm, sequela
- T56.0X3A: Toxic effect of lead and its compounds, assault, initial encounter
- T56.0X3D: Toxic effect of lead and its compounds, assault, subsequent encounter
- T56.0X3S: Toxic effect of lead and its compounds, assault, sequela
- T56.0X4A: Toxic effect of lead and its compounds, undetermined, initial encounter
- T56.0X4D: Toxic effect of lead and its compounds, undetermined, subsequent encounter
- T56.0X4S: Toxic effect of lead and its compounds, undetermined, sequela

## Payment Limitations

MA payment is limited to one environmental lead investigation per residence for all children living in the residence.

MA payment is not available for removal or abatement of lead sources or to provide alternate housing for the child during abatement.

## Enrollment

- ELI providers must be enrolled in the MA Program in order to be paid for an ELI
- ELI providers may enroll in the MA Program as provider type 55 (Vendor), specialty 225 (Environmental Investigation)
- To qualify, the ELI provider must employ or contract with at least one health professional who is either a nurse or sanitarian who possesses a current certification from Pennsylvania Department of Labor & Industry as a lead risk assessor.

Information on how to complete and submit an enrollment application click [here](#).

ELI providers may enroll online and submit required supporting documentation by uploading them directly to the secure online portal. Providers may also download a paper application and submit it with the required supporting documentation by mail, e-mail, or fax using the instructions in the application. As part of the enrollment process, all providers will undergo the required screening activities prior to enrollment in the MA Program.