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.
- Submit claims with the CPT code 83655 and use modifier EP for reimbursement.
- Perform developmental screening when a high lead level is identified & at follow-up appointments.

Blood Lead Levels in Children

Reference Level

Experts now use a reference level of 5 micrograms per deciliter to identify children with blood lead levels that are much higher than most children’s levels. This new level is based on the U.S. population of children ages 1-5 years who are in the highest 2.5% of children when tested for lead in their blood.

This reference value is based on the 97.5th percentile of the National Health and Nutrition Examination.
Survey (NHANES)'s blood lead distribution in children. The current reference value is based on NHANES data from 2007-2008 and 2009-2010. CDC will assess the reference value every 4 years using the two most recent NHANES surveys.

Once new NHANES data are released, CDC will analyze the last two sets of NHANES data to find the 97.5th percentile of blood lead distribution in children. Once we know that number we can determine whether to change the reference value.

NHANES is a population-based survey to assess the health and nutritional status of adults and children in the United States and determine the prevalence of major diseases and risk factors for diseases.

**Previous Terminology**
Until 2012, children were identified as having a blood lead “level of concern” if the test result is 10 or more micrograms per deciliter of lead in blood. CDC is no longer using the term “level of concern” and is instead using the reference value to identify children who have been exposed to lead and who require case management.

In the past, blood lead level tests below 10 micrograms per deciliter of lead in blood may, or may not, have been reported to parents. The new lower value means that more children will likely be identified as having lead exposure allowing parents, doctors, public health officials, and communities to take action earlier to reduce the child’s future exposure to lead.

**What Has Not Changed**
What has not changed is the recommendation for when medical treatment is advised for children with high blood lead levels. The new recommendation does not change the guidance that chelation therapy be considered when a child has a blood lead test result greater than or equal to 45 micrograms per deciliter.

Children can be given a blood test to measure the level of lead in their blood. These tests are covered by Medicaid and most private health insurance.

**Environmental lead Investigations**

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 of the investigation.
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 5 µg/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:
  o Primary diagnosis code of abnormal lead level or toxic effect of lead and its compounds blood.
  o 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.

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