

## 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.
- 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.
- The CDC recommends the following for blood lead levels greater than 5mcg:

## Recommended Actions Based on Blood Lead Level

<b>Blood Lead Level (BLL)</b>					
<b>&lt;5 µg/dL</b>	<b>5–9 µg/dL</b>	<b>10–19 µg/dL</b>	<b>20–44 µg/dL</b>	<b>45–69 µg/dL</b>	<b>≥70 µg/dL</b>
Routine assessment of nutritional and developmental milestones	Routine assessment of nutritional and developmental milestones	Routine assessment of nutritional and developmental milestones	Complete history and physical exam with neurodevelopmental assessment	Complete history and physical exam with neurodevelopmental assessment and complete neurological exam	Hospitalize and commence chelation therapy in conjunction with consultation with a medical toxicologist or a pediatric environmental health specialty unit
Anticipatory guidance about common sources of lead exposure	Environmental assessment of detailed history to identify potential sources of lead exposure	Environmental assessment of detailed history and environmental investigation** including home visit to identify potential sources of lead exposure	Environmental investigation of the home and lead hazard reduction	Environmental investigation of the home and lead hazard reduction	Environmental investigation of the home and lead hazard reduction; child receiving chelation therapy should not return to home until lead hazard remediation is completed
Follow-up blood lead testing at recommended intervals based on child’s age	Nutritional counseling related to calcium and iron intake	Nutritional counseling related to calcium and iron intake; consider lab work to assess iron status	Follow-up blood lead monitoring at recommended intervals according to schedule below	Follow-up blood lead monitoring at recommended intervals according to schedule below	Follow-up blood lead monitoring at recommended intervals according to schedule below
	Follow-up blood lead testing at recommended intervals based on child’s age	Follow-up blood lead monitoring at recommended intervals	Lab work: – Iron status – Hemoglobin or hematocrit	Lab work: – Iron status – Hemoglobin or hematocrit	Lab work: – Iron status – Hemoglobin or hematocrit
			Abdominal X-ray (with bowel decontamination if indicated)	Abdominal X-ray (with bowel decontamination if indicated)	Abdominal X-ray (with bowel decontamination if indicated)
				Oral chelation therapy may be considered in consultation with a	

				medical toxicologist or a pediatric environmental health specialty unit; consider hospitalization, if lead-safe home environment cannot be assured	
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µg/dL: micrograms per deciliter

**\*Confirmed BLL:** elevated capillary screening results should be confirmed with blood drawn by venipuncture (see Recommended Schedule for Obtaining a Confirmatory Venous Sample below).

**\*\* Environmental investigations** at BLLs 5–19 µg/dL vary according to local conditions based on jurisdictional requirements and available resources

Recommended Schedule for Obtaining a Confirmatory Venous Sample	
Blood Lead Level (µg/dL)	Time to Confirmation Testing
≥5–9	1–3 months
10–44	1 week–1 month*
45–59	48 hours
60–69	24 hours
≥70	Urgently as emergency test

\*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
≥5–9	3 months*	6–9 months
10–19	1–3 months*	3–6 months
20–24	1–3 months*	1–3 months
25–44	2 weeks–1 month	1–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 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:
  - 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.