

Policy: MP313

Section: Medical Benefit Policy

Subject: Environmental Lead Testing

Applicable Lines of Business

Commercial		CHIP	X
Medicare		ACA	
Medicaid	X		

I. Policy: Environmental Lead Testing

II. Purpose/Objective:

To provide a policy of coverage regarding Environmental Lead Testing

III. Responsibility:

- A. Medical Directors
- B. Medical Management

IV. Required Definitions

1. Attachment – a supporting document that is developed and maintained by the policy writer or department requiring/authoring the policy.
2. Exhibit – a supporting document developed and maintained in a department other than the department requiring/authoring the policy.
3. Devised – the date the policy was implemented.
4. Revised – the date of every revision to the policy, including typographical and grammatical changes.
5. Reviewed – the date documenting the annual review if the policy has no revisions necessary.

V. Additional Definitions

Medical Necessity or Medically Necessary means Covered Services rendered by a Health Care Provider that the Plan determines are:

- a. appropriate for the symptoms and diagnosis or treatment of the Member's condition, illness, disease or injury;
- b. provided for the diagnosis, and the direct care and treatment of the Member's condition, illness disease or injury;
- c. in accordance with current standards of good medical treatment practiced by the general medical community.
- d. not primarily for the convenience of the Member, or the Member's Health Care Provider; and
- e. the most appropriate source or level of service that can safely be provided to the Member. When applied to hospitalization, this further means that the Member requires acute care as an inpatient due to the nature of the services rendered or the Member's condition, and the Member cannot receive safe or adequate care as an outpatient.

Medicaid Business Segment

Medically Necessary — A service, item, procedure, or level of care that is necessary for the proper treatment or management of an illness, injury, or disability is one that:

- Will, or is reasonably expected to, prevent the onset of an illness, condition, injury or disability.
- Will, or is reasonably expected to, reduce or ameliorate the physical, mental or developmental effects of an illness, condition, injury or disability.
- Will assist the Member to achieve or maintain maximum functional capacity in performing daily activities, taking

into account both the functional capacity of the Member and those functional capacities that are appropriate for Members of the same age.

DESCRIPTION:

For MEDICAID Business Segment Only

INDICATIONS:

is considered medically necessary when documented evidence of any of the following is present:

1. An elevated blood lead level defined as ≥ 3.5 $\mu\text{g}/\text{dL}$ confirmed by repeat serum testing in a member under age 21 years; or
2. Qualifying elevated lead level and documentation of potential exposure to lead by:
 - eating and drinking food or water containing lead or from dishes or glasses that contain lead
 - lead pipes or non-plastic plumbing in the home installed before 1986
 - spending time in areas where lead-based paint is deteriorating, and during renovation or repair work that disturbs painted surfaces in older homes and buildings
 - toys and household items painted before 1976 or made and painted outside the United States
 - employment or engagement in hobbies where lead is used
 - use of traditional ethnic remedies containing lead
 - soil polluted by car exhaust or chipping house paint

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.

LIMITATIONS:

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

EXCLUSIONS:

Environmental lead testing is **NOT COVERED** for business segments other than Medicaid.

Lead abatement of the home's structure, plumbing, and surrounding property is the responsibility of the property owner, and therefore **NOT COVERED**.

Medicaid Business Segment:

Any requests for services, that do not meet criteria set in the PARP, may be evaluated on a case by case basis.

Note: A complete description of the process by which a given technology or service is evaluated and determined to be experimental, investigational or unproven is outlined in MP 15 - Experimental Investigational or Unproven Services or Treatment.

CODING ASSOCIATED WITH: Environmental lead testing

The following codes are included below for informational purposes and may not be all inclusive. Inclusion of a procedure or device code(s) does not constitute or imply coverage nor does it imply or guarantee provider reimbursement. Coverage is determined by the member specific benefit plan document and any applicable laws regarding coverage of specific services.

T1029 Comprehensive environmental lead investigation, not including lab analysis, per dwelling

Current Procedural Terminology (CPT®) © American Medical Association: Chicago, IL

LINE OF BUSINESS:

Eligibility and contract specific benefits, limitations and/or exclusions will apply. Coverage statements found in the line of business specific benefit document will supersede this policy. For PA Medicaid Business segment, this policy applies as written.

REFERENCES:

United States Environmental Protection Agency. Lead. <https://www.epa.gov/lead>

PA Dept. of Human Services, Medical Assistance Bulletin. Environmental Lead Investigations 01-18-01
https://www.dhs.pa.gov/docs/Publications/Documents/FORMS%20AND%20PUBS%20OMAP/c_278395.pdf)

PA Dept. of Human Services, Medical Assistance Bulletin. Updates to Blood Lead Reference Value and Environmental Lead Investigation (ELI) Provider Qualifications Requirements. 06-06-2022

This policy will be revised as necessary and reviewed no less than annually.

Devised: 1/17

Revised: 9/18 (added clarification and limitation per DHS bulletin), 11/19 (remove prior auth), 6/22 (revise lab value)

Reviewed: 1/18, 9/19, 11/20, 11/21, 6/23, 6/24

CMS UM Oversight Committee Approval: 12/23, 7/24

Geisinger Health Plan may refer collectively to health care coverage sponsors Geisinger Health Plan, Geisinger Quality Options, Inc., and Geisinger Indemnity Insurance Company, unless otherwise noted. Geisinger Health Plan is part of Geisinger, an integrated health care delivery and coverage organization.

Coverage for experimental or investigational treatments, services and procedures is specifically excluded under the member's certificate with Geisinger Health Plan. Unproven services outside of an approved clinical trial are also specifically excluded under the member's certificate with Geisinger Health Plan. This policy does not expand coverage to services or items specifically excluded from coverage in the member's certificate with Geisinger Health Plan. Additional information can be found in MP015 Experimental, Investigational or Unproven Services.

Prior authorization and/or pre-certification requirements for services or items may apply. Pre-certification lists may be found in the member's contract specific benefit document. Prior authorization requirements can be found at <https://www.geisinger.org/health-plan/providers/ghp-clinical-policies>

Please be advised that the use of the logos, service marks or names of Geisinger Health Plan, Geisinger Quality Options, Inc. and Geisinger Indemnity Insurance Company on a marketing, press releases or any communication piece regarding the contents of this medical policy is strictly prohibited without the prior written consent of Geisinger Health Plan. Additionally, the above medical policy does not confer any endorsement by Geisinger Health Plan, Geisinger Quality Options, Inc. and Geisinger Indemnity Insurance Company regarding the medical service, medical device or medical lab test described under this medical policy.