

Childhood Blood Lead Screening

Lead poisoning prevention and requirements for children enrolled in Medi-Cal

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

Federal law² requires states to screen children enrolled in Medicaid for elevated blood lead levels as part of required prevention services offered through the Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Program. California state regulations and Medi-Cal managed care contracts require health plans to cover and ensure the provision of blood lead screenings. The regulations also impose specific responsibilities on doctors, nurse practitioners and physician assistants conducting periodic health care assessments on children between the ages of six months and six years.

Regal Medical Group/Lakeside Community Healthcare/ADOC Medical Group requires provider to follow the guidelines and requirements listed in this communication.

BLOOD LEAD ANTICIPATORY GUIDANCE AND SCREENING REQUIREMENTS

The Department of Health Care Services (DHCS) requires that all providers who conduct periodic health assessments on Medi-Cal children provide the following:

- **Verbal or written anticipatory guidance** to child's legal parent or guardian of the harmful effects of lead exposure for children starting at ages six months to 72 months (6 years). At a minimum, the information should include that:
 - Children can be harmed by lead exposure from old or chipping lead-based paint and dust.
 - Children that begin to crawl until 72 months of age, are particularly at risk.
- **Blood lead level testing** (finger stick or venous blood draw) on children:
 - At 12 months and 24 months of age.
 - If child between ages 12-24 months have no record of lead testing.
 - If child between ages 24-72 months is missing a lead test at 24 months or after.
 - When requested by child's parent or guardian.

References

¹ CDC's BLL in Children fact sheet can be found at: 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>.

- When provider conducting Periodic Health Assessment (PHA) for child 12-72 months is aware of increased risk of lead exposure/poisoning due to changes in child's circumstances.

Exceptions to providing a lead screening

Providers are not required to perform lead screening if:

- Legal parent/guardian refuses the lead screening and signs a voluntary refusal statement.
- In provider's professional judgement, lead testing poses greater risk for child than lead poisoning.

Providers must document reasons for not providing the lead screening or not obtaining the voluntary refusal statement in the child's medical record.

Providers must follow the [California Department of Public Health Guidelines \(PDF\)](#) for interpreting blood lead levels and follow-up activities for elevated blood lead levels.

- Screening for elevated blood levels can be conducted by finger stick test or via venous blood draw.
- Confirming or retesting of blood lead levels should be conducted through the venous blood test.

Blood lead level screening within the Medi-Cal managed care plans (MCPs) must be reported.

- Encounter or claims data is used to track the administration of blood level screenings. Providers must ensure that encounters are identified using the appropriate CPT codes for blood level screenings.
- Laboratories and health care providers performing blood lead analysis on specimens are to electronically report all results to CLPPB, with specified patient demographics, ordering physician and analysis data on each test performed. Contact EBLRSupport@cdph.ca.gov.

MCPs must have written policies and procedures describing methods of ensuring and monitoring provider, delegate and subcontractor compliance.

For more information on blood lead screening of young children, visit the Department of Health Care Services (DHCS) at: [APL 20-016 Blood Lead Screening of Young Children – English \(PDF\)](#)