

Guidance for blood lead level screening of young children

The California Department of Health Care Services (DHCS) has issued an *All Plan Letter (APL 20-016)* to clarify blood lead screening, monitoring, and reporting requirements for members enrolled in Medi-Cal Managed Care (Medi-Cal).

According to the Centers for Disease Control and Prevention (CDC), protecting children from lead exposure is important to lifelong good health. Even low levels of lead in the blood can 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 behavioral problems, and hearing and speech problems. The most important step to take is to prevent lead exposure before it occurs.

Requirements for providers:

- Providers must conduct oral or written anticipatory guidance to the parent(s) or guardian(s) of a child that includes, at a minimum, information on the sources of lead exposure and that children can be harmed by any exposure to lead. This anticipatory guidance must be performed at *each* periodic health assessment from 6 months until 72 months of age. It must be documented in the medical record for the child.
- Providers must order or perform and document in medical records blood lead level (BLL) screening tests (capillary or venous sample) on all children:
 - At 12 months and at 24 months of age.
 - Whenever the provider is aware the child has not had a BLL test performed up to 72 months of age.
 - Whenever an increased risk for lead exposure is identified.
 - When requested by the parent or guardian.
 - Refugees:
 - Who are ages birth to 16 years according to CDC guidelines
 - Who are older than age 16 who are at high risk
 - Who are pregnant or lactating
 - <https://www.cdc.gov/immigrantrefugeehealth/guidelines/lead-guidelines.html>
- Elevated capillary BLL results should be followed up with a venous BLL to confirm result.
- The health care provider is *not* required to perform BLL testing if:
 - A parent or guardian of the child, or other person with legal authority to withhold consent, refuses to consent to the screening.
 - In the professional judgment of the provider, the risk of screening poses a greater risk to the child's health than the risk of lead poisoning.
 - Providers *must* document the reasons for not screening in the child's medical record and include a signed statement of voluntary refusal of BLL test by parent or guardian who refuses this service or document reason the signed statement was not obtained.
- Laboratories and providers who perform point-of-care (POC) BLL test must report *all* results and patient demographic information to the California Childhood Lead Poisoning Prevention Branch (CLPPB).

<https://mediproviders.anthem.com/ca>

- Providers who perform POC BLL tests should use **CPT® code 83655** to indicate the BLL test was performed on data submitted to Anthem Blue Cross.
- DHCS requires all Managed Care Plans (MCP) to ensure that network providers are following all required components listed above and the CLPPB guidelines for conducting BLL screening tests, interpreting the blood lead level, and determining the appropriate follow-up based on the result.

California Childhood Lead Poisoning Prevention Branch:

<https://www.cdph.ca.gov/Programs/CCDPHP/DEODC/CLPPB/Pages/CLPPBhome.aspx>

DHCS *All Plan Letter on Blood Lead Screening of Young Children:*

<https://www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/APL2020/APL20-016.pdf>