

Lead Level Testing

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, and effects of lead exposure cannot be corrected.

The goal is to prevent lead exposure to children before they are harmed. There are ways physicians can reduce a child's exposure to lead. The most important is stopping children from coming into contact with lead. Lead hazards in a child's environment must be identified and controlled or removed safely.



Who is at Risk?

Children under the age of 6 years old are at risk because they are growing so rapidly and because they tend to put their hands or other objects, which may be contaminated with lead dust, into their mouths.

Children living at or below the poverty line who live in older housing are at greatest risk. Additionally, children of some racial and ethnic groups and those living in older housing are disproportionately affected by lead.



Lead Level Testing

The incidence in asymptomatic lead absorption in children 6 months to 6 years old is much higher than generally anticipated. The Centers for Medicare & Medicaid Services (CMS) and West Virginia Bureau for Medical Services (BMS) have stringent requirements for lead toxicity screening for ALL Medicaid-eligible children.

- ALL Medicaid-eligible children are considered at risk for lead toxicity and must receive blood lead level screening tests for lead poisoning.
- Primary care practitioners (PCPs) are required (regardless of responses to the lead screening questions) to ensure that children be tested for lead toxicity at 12 months old and again at 2 years old.
- Children new to Medicaid and outside of these ages should also receive a lead toxicity test.
- Risk questions should be asked at every appointment thereafter.



Billing

All EPSDT screening services must be reported with age-appropriate evaluation and management code along with the EP modifier.

- Members are considered to have Elevated Blood Lead Levels (EBLL) at >3.5 mg/dl.
- Members whose level was achieved via capillary testing should have a venous draw to confirm the level.

Service	CPT Code
1 month to 11 months EPSDT visit	99381/99391
12 months to 4 years EPSDT visit	99382/99392
Lead Test	83655

Modifier	
EP	Indicates a complete EPSDT visit with all associated screenings.
90	The laboratory procedures are performed by a party other than the treating or reporting physician.



Elevated Blood Level Care Coordination and Management

Members with an EBLL of >3.5 mg/dl will be enrolled in our Lead Program. An initial call will be made to the member's parent or guardian to:

- Provide education on lead.
- Assist with appointment scheduling for retesting.
- Educate on early intervention.
- Assist with transportation needs if identified.
- Refer for Early Intervention if not already done.

If the blood level is >3.5 mg/dl:

- Siblings of the member who have an EBLL should also receive consideration for testing, even if previous tests showed lead levels to be within normal limits.
- Members should receive additional developmental screenings to monitor for developmental delays.

Initial calls will also be made to the member's PCP to:

- Verify the most recent lead level.
- Assist with scheduling the follow-up testing appointment.
- Assist with referral for early intervention if needed.
- Assist with contacting the parent/guardian for follow up.

Care Coordinators will continue to follow up with the case until the lead level is below 3.5 mg/dl.



Member Outreach Form

Providers may utilize the Member Outreach Form to refer members for Care Coordination Services for the following reasons:

- Test results such as elevated lead levels.
- Member education.
- Chronic no shows for appointments.

The Member Outreach Form can be found on the **Highmark Health Options website**.

Once completed, fax the Member Outreach Form to **1-833-559-2849**.