

Pediatric Blood Lead Testing Frequently Asked Questions

Am I required to conduct blood lead testing?

Federal and state law require clinicians caring for Medi-Cal patients to conduct blood lead testing on *all* children at ages 12 and 24 months, and to talk about potential lead exposures at *every* well child visit from 6 months to 6 years of age.

At the direction of DHCS, **PHC will be auditing compliance** with these requirements as part of our regular Site Review process. The usual progressive discipline options will be exercised for non-compliant sites.

Am I going to receive a report and what do I do with it?

Yes, you will receive a report, each quarter, which includes a list of members and the data will show which members are due for a lead test. You are expected to reach out to these members and remind them of the need to be tested. Your designated Provider Relations representative will be following up with you to confirm receipt of list each quarter.

How do I read the report?

The quarterly report is broken up in categories showing members by age who:

- No prior test as of the report date (6 months-1 y/o; 1-2 y/o)
- Had a prior test done as of the report date (before 18 months [due for a second test]-2 y/o; 2-6 y/o)
- No prior tests and are due for a single testing test (2-6 y/o)
- Had prior tests (2-6 y/o)

Who needs a blood lead test?

All child members in accordance with the following:

- a) At 12 months and at 24 months of age.
- b) When the network provider performing a Periodic Health Assessment (PHA) becomes aware that a child member who is 12 to 24 months of age has no documented evidence of a blood lead test taken at 12 months of age or thereafter.
- c) When the network provider performing a PHA becomes aware that a child member who is 24 to 72 months of age has no documented evidence of a blood lead test taken.
- d) At any time a change in circumstances has, in the professional judgement of the network provider, put the child member at risk.
- e) If requested by the parent or guardian.

What are the options for testing?

- Venous blood sample, usually drawn in lab
- Capillary blood sample, drawn in lab
- Capillary blood sample, drawn in PCP office, sent to lab for analysis
- Capillary blood sample, drawn in PCP office, analyzed in PCP office using point of care device

What forms should be used to bill claims?

Fee-for-service claims and capitated encounters for covered blood lead level testing and treatment services shall be submitted to PHC using appropriate and current claims forms/format (CMS-1500/UB-04 claim forms, or their electronic equivalents (837-P/837-I)). Consistent with DHCS APLs 14-019 and 17-005, capitated encounters shall be validated, by PHC, for completeness and accuracy when making payment and/or submission to DHCS. This includes testing blood lead testing encounters for the use of appropriate indicators.

Do I need to submit any documentation or report to PHC?

No. You do not need to submit any documentation to PHC

Do we need to update our member report?

PHC will update and send you the member report every quarter. The list is based on claims submission. You do not need to return the member list to PHC

What kind of member outreach has PHC conducted?

As part of the Department of Health Care Services (DHCS) mandate, PHC continues to conduct telephonic outreach to families of members aged 0-2 years and 3-6 years to reinforce the importance of well child physical exams, immunizations, and blood lead testing.

Is there any restriction on how we perform outreach to patients and families?

No. There is restriction on how you would like to conduct outreach

Do I have to document reasons for not performing the blood lead testing in the child member's medical record?

Yes, you must document why you did not perform the blood lead screen test in the child member's records. If consent has been withheld, the provider must obtain a signed statement of voluntary refusal. If you are unable to obtain a signed statement of voluntary refusal because the party that withheld consent refuses or declines to sign it, or is unable to sign it (e.g., when services are provided via telehealth modality), then **you must document the reason for not obtaining a signed statement of voluntary refusal in the child's medical record. DHCS will consider the above-**

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mentioned documented efforts that are noted in the child's medical record as evidence of compliance with blood lead testing requirements.

If the provider deems the risk of testing is greater than the benefit, the provider will document this in the medical record

What resources are available for reference?

- **All Plan Letter 20-16:** <https://www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/APL2020/APL20-pdf>
- **AB 2276:** https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=201920200AB2276
- **California State Audit Report:** <https://www.auditor.ca.gov/pdfs/reports/2019-105.pdf>
- **Standard of Care Guidelines on Childhood Lead Poisoning:** https://www.cdph.ca.gov/Programs/CCDPHP/DEODC/CLPPB/CDPH%20Document%20Library/CLPPB-care%20guideline_sources%20of%20lead.pdf
- **PHC Provider Webinar: Pediatric Testing for Elevated Lead Levels:** http://www.partnershiphp.org/Providers/Medi-Cal/Pages/ProviderEducationTraining_Materials.aspx