

**Government Business Division  
Policies and Procedures**

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|---|----------------------------|--|--|
| <b>Section (Primary Department)</b><br>Quality Management |                            | <b>SUBJECT (Document Title)</b><br>Blood Lead Screening of Young Children - CA |  |
| <b>Effective Date</b><br>05/14/2024                       | <b>Date of Last Review</b> | <b>Date of Last Revision</b>   | <b>Dept. Approval Date</b><br>05/14/2024 |
| <b>Department Approval/Signature:</b>                     |                            |  |  |

Policy applies to health plans operating in the following State(s). Applicable products noted below.

|   |  |                                    |   |  |
|---|--|------------------------------------|---|--|
| <b>Products</b>                                   | <input type="checkbox"/> Arkansas              | <input type="checkbox"/> Iowa      | <input type="checkbox"/> Nevada         | <input type="checkbox"/> Tennessee     |
| <input checked="" type="checkbox"/> Medicaid/CHIP | <input checked="" type="checkbox"/> California | <input type="checkbox"/> Kentucky  | <input type="checkbox"/> New Jersey     | <input type="checkbox"/> Texas         |
| <input type="checkbox"/> Medicare/SNP             | <input type="checkbox"/> Colorado              | <input type="checkbox"/> Louisiana | <input type="checkbox"/> New York       | <input type="checkbox"/> Virginia      |
| <input type="checkbox"/> MMP/Duals                | <input type="checkbox"/> District of Columbia  | <input type="checkbox"/> Maryland  | <input type="checkbox"/> New York (WNY) | <input type="checkbox"/> Washington    |
|   | <input type="checkbox"/> Florida               | <input type="checkbox"/> Minnesota | <input type="checkbox"/> North Carolina | <input type="checkbox"/> West Virginia |
|   | <input type="checkbox"/> Georgia               | <input type="checkbox"/> Missouri  | <input type="checkbox"/> Ohio           | <input type="checkbox"/> Wisconsin     |
|   | <input type="checkbox"/> Indiana               | <input type="checkbox"/> Nebraska  | <input type="checkbox"/> South Carolina |  |

**POLICY:**

To comply with Federal laws, Anthem Blue Cross Medicaid (Anthem or Plan) ensures that network providers screen children enrolled in Medicaid for elevated blood lead levels (BLL) as part of the required prevention services in accordance with Requirements for Coverage of Early and Periodic Screening, Diagnostic, and Treatment Services (EPSDT) for Medi-Cal Members Under the Age of 21 (APL 23-005).

According to the Centers for Disease Control and Prevention (CDC), protecting children from lead exposure is important to lifelong good health. Studies have shown that 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 behavior problems, and hearing and speech problems. The most important step that can be taken is to prevent lead exposure before it occurs.

California Code of Regulations (CCR): Title 17, Division 1, Chapter 9, Articles 1 and 2, section 37100, Department of Health Care Services All-Plan Letter 20-016 (revised) requires network providers conducting periodic health assessments (PHAs) on children between the ages of six months and six years of age (72 months), provide blood lead screening tests. The California Department of Public Health’s Childhood Lead Poisoning Prevention Branch (CLPPB) issues guidance for all California providers pursuant to the CCR. The CLPPB sets forth required blood lead standards of care, including Blood Lead and Anticipatory Guidance developed by the Department of Health Care Services (DHCS) related to children enrolled in Medi-Cal.

**DEFINITIONS:**

**Blood Lead Level (BLL):** the concentration of lead found in a capillary or venous blood sample expressed in micrograms per deciliter (mcg/dL).

**Screening:** Testing an asymptomatic child for lead poisoning by analyzing the child’s blood for concentration of lead

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**PROCEDURE:**

Providers must provide oral or written anticipatory guidance to the parent or guardian of a child that, at a minimum, includes information that children can be harmed by exposure to lead, especially from deteriorating or disturbed lead-based paint and the dust from it, and are particularly at risk of lead poisoning from the time a child begins to crawl until 72 months of age. While lead paint has historically been the greatest source of lead exposure, children can be exposed to lead from additional sources such as lead smelters, leaded pipes, solder, plumbing fixtures, and consumer products. Lead can also be present in air, food, water, dust, and soil. 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 BLL screening tests on all children:

- At 12 months and at 24 months of age
- When the health care provider performing a periodic health assessment becomes aware that a child 12 to 24 months of age has no documented evidence of BLL screening test taken at 12 months of age or thereafter.
- When the health care provider performing a periodic health assessment becomes aware that a child 24 to 72 months of age has no documented evidence of BLL screening test taken.
- Whenever the health care provider performing a periodic health assessment of a child 12 to 72 months of age becomes aware of a change in circumstances that has placed the child at increased risk of lead poisoning, in the professional judgement of the provider.
- When requested by the parent or guardian.
- When following CDC Recommendations for Post-Arrival Lead Screening of Refugees contained in the CLPPB issued Guidelines.

The health care provider is not required to perform BLL screening tests if:

- A parent or guardian of the child, or other person with legal authority to withhold consent for the child refuses to consent to the screening.
- If 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 performing a BLL screening test in the child's medical record. In cases where consent has been withheld, the Plan ensures that the network provider documents this in the child's medical record by obtaining a signed statement of voluntary refusal. If the network provider is unable to obtain a signed statement of voluntary refusal because the party that withheld consent 1) refuses or declines to sign it or 2) is unable

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to sign it (e.g., when services are provided via a telehealth modality), the network provider must document the reason for not obtaining the signed statement of voluntary refusal in the child's medical record. DHCS will consider the above-mentioned documented efforts that are noted in the child's medical record as evidence of the Plan's compliance with the blood lead screening test requirements.

Screening may be conducted using either the capillary (finger stick) or venous blood sampling methods; however, the venous method is preferred because it is more accurate and less prone to contamination. All confirmatory and follow-up BLL testing must be performed using blood samples taken through the venous blood sampling method. Providers must follow the CLPPB guidelines when interpreting BLLs and determining appropriate follow-up activities. When there is a discrepancy in requirements between DHCS APL 20-016 and CLPPB guidelines, providers must follow CLPPB guidelines.

**The Plan:**

- Ensures that all child members under the age of 6 years (i.e., 72 months) who have no record of receiving a BLL screening test as required by Title 17 CCR Section 37100 will be identified on a quarterly basis. The Plan will identify the age at which the required BLL screenings were missed, including children without any record of a completed BLL screening test at each age.
- Will notify the network provider responsible for the care of an identified child member of the regulatory requirements to test that child and provide the required written or oral anticipatory guidance to the parent or guardian of, or other person with legal authority for the child.
- Will maintain records, for no less than 10 years, of all child members identified quarterly as having no record of receiving a required BLL screening test and will provide those records to DHCS upon request.
- Will educate network providers, including laboratories, about the appropriate Common Procedure Terminology (CPT) coding to ensure accurate reporting of all BLL screening tests.
- Will utilize the CMS-1500/UB-04 claim forms, or their electronic equivalents (837-P837I), to report confidential screening/billing to comply with Health Insurance Portability and Accountability (HIPAA) requirements.
- Will submit complete, accurate, reasonable, and timely encounter data per its contract with DHCS and APL 14-019, APL 17-005 and APL 20-016.

Current CLPPB-issued guidelines include minimum standards of care a network provider must follow when conducting blood lead screening tests, interpreting blood lead levels, and determining appropriate follow-up. The Plan must ensure their network providers follow these CLPPB-issued guidelines. According to current CLPPB guidelines, blood lead screening tests may be conducted using either the capillary (finger stick) or venous blood sampling

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methods; however, the venous method is preferred because it is more accurate and less prone to contamination. All confirmatory and follow-up blood lead level testing must be performed using blood samples taken through the venous blood sampling method. While the minimum requirements for appropriate follow-up activities, including referral, case management and reporting, are set forth in the CLPPB guidelines, a provider may determine additional services that fall within the EPSDT benefit are medically necessary. The Plan must ensure that members under the age of 21 receive all medically necessary care as required under EPSDT.

California law requires laboratories and health care providers performing blood lead analysis on blood specimens in California to electronically report all results to CLPPB along with specified patient demographics, ordering physician and analysis data on each test performed. The Plan will ensure that network providers report all BLL screening test results to CLPPB, as required.

Assembly Bill (AB) 2276 (Chapter 216, Statutes of 2020) added blood lead related requirements to state law to impose various contractual requirements on the Plan; require DHCS to develop and implement procedures to ensure Plan compliance with the requirements; authorize DHCS to impose sanctions for any violation of the requirements; provide DHCS with express authority to implement, interpret, or make specific the requirements of the bill by means of plan or county letters, information notices, plan or provider bulletins, or other similar instructions without taking any further regulatory action.

**REFERENCES:**

- CA DHCS [APL 17-005](#) Certification of Document and Data Submissions
- CA DHCS [APL 20-016](#) Blood Lead Screening of Young Children
- CA DHCS [APL 23-005](#) Requirements for Coverage of Early and Periodic Screening, Diagnostic, and Treatment Services for Medi-Cal Members Under the Age of 21
- CA DHCS Provider Bulletin ([CA CAID GuidanceBLLScreening.pdf \(anthem.com\)](#)) Blood Lead Screening
- CA\_PCXX\_009 - EPSDT - Requirements for Coverage of Early Periodic Screening, Diagnostic, and Treatment Services for Medi-Cal Members Under the Age of 21 - CA

**RESPONSIBLE DEPARTMENTS:**

**Primary Department:**  
Quality Management

**Secondary Department(s):**  
Health Care Management

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**EXCEPTIONS:**

None

**REVISION HISTORY:**

| Review Date | Changes  |
|-------------|--|
| 05/14/2024  | <ul style="list-style-type: none"><li>• New Policy</li></ul> |
|             | <ul style="list-style-type: none"><li>•</li></ul>            |
|             | <ul style="list-style-type: none"><li>•</li></ul>            |
|             | <ul style="list-style-type: none"><li>•</li></ul>            |