

## Network Provider Update

To: Medi-Cal Network Providers

January 2021

From: Hugo Florez *H.F.*  
Vice President, Network Management

Subject: **All Plan Letter 20-016, Blood Lead Screening of Young Children**

The Department of Health Care Services (DHCS) recently issued [All Plan Letter \(APL\) 20-016](#), "Blood Lead Screening of Young Children." We are sharing a summary of this APL with you to ensure you are aware of the information, and you can apply the information to your practice or facility operations, where appropriate.

APL 20-016 requires managed care plans (MCPs), such as Blue Shield of California Promise Health Plan, to ensure that their network providers adhere to the California Department of Public Health's Childhood Lead Poisoning Prevention Branch (CLPPB) required blood lead standards of care, as well as other important requirements noted below.

### **Requirements for network providers**

1. **Oral or written anticipatory guidance** – At each child's PHA, from six to 72 months of age, network providers must provide oral or written anticipatory guidance to the child's parent or guardian, which "includes information that children can be harmed by exposure to lead, especially deteriorating or disturbed lead-based paint and the dust from it, and are particularly at risk of lead poisoning from the time the child begins to crawl until 72 months of age."
2. **Blood lead screening tests** – Network providers must order or perform blood lead screening tests on all child members:
  - a. At 12 months and 24 months of age
  - b. When, during a PHA, you become aware that the child between 12 and 24 months of age has no documented evidence of a blood lead screening test taken at 12 months of age or thereafter
  - c. When, during a PHA, you become aware that the child between 24 and 72 months of age has no documented evidence of a blood lead screening test taken
  - d. At any time a change in circumstances has put the child member at risk
  - e. If requested by the parent or guardian

Network providers are not required to perform a blood lead screening test in these cases:

- If, in your professional judgment, the risk of screening poses a greater risk to the child's health than the risk of lead poisoning
  - If the parent, guardian, or other legal authority for the child withdraws consent (documentation required, including a signed statement of voluntary refusal if possible)
3. **Refugee care** – Network providers must follow the Center for Disease Control [Recommendations for Post-Arrival Lead Screening of Refugees](#).
  4. **Implementation** – Providers must follow guidelines issued by the [Childhood Lead Poisoning Prevention Branch](#) (CLPPB) of the Department of Public Health for testing, interpreting results, and

follow-up activities. Though blood lead screening tests may be conducted using either the capillary (finger stick) or venous blood sampling method, the venous method is preferred. All confirmatory and follow-up tests must use the venous blood sampling method.

## 5. Appropriate CPT codes

To support reporting accuracy, network providers including laboratories, must use the appropriate Common Procedure Terminology (CPT) coding.

83655	Blood lead
36416	Collection of capillary blood specimen (e.g., finger, heel, ear stick)
99000	<p>Handling and/or conveyance of specimen for transfer from the [physician's] office to a laboratory</p> <p><u>Code 99000 includes any of the following:</u> Single or multiple venipuncture, capillary puncture or arterial puncture with one or more tubes, centrifugation and serum separation, freezing, refrigeration, preparation for air transportation or other special handling procedures, supplies, registration of patient or specimen and third party billing.</p> <p>Instructions for billing CPT code 99000 are included in the <i>Pathology: Blood Collection and Handling</i> section in the appropriate Part 2, Medi-Cal provider manual.</p> <p>Counseling services associated with blood lead testing are included as part of a preventive medicine health assessment.</p>

### ICD-10 codes

- Diagnosis code for contact with and (suspected) exposure to lead: Z77.011
- Providers may not submit the following non-specific diagnosis codes when ordering billing for laboratory procedures: Z00.00, Z00.5, Z00.6, Z00.8, Z01.00, Z01.10, Z01.89, Z02.1, Z02.3

## 6. Requirements for laboratories and point-of-care testing

California law requires laboratories performing blood lead analysis on blood specimens drawn in California to [electronically report all results to CLPPB](#). This reporting must include specified patient demographic information, the ordering physician, and analysis data on each test performed. MCPs must ensure that this reporting occurs. Healthcare providers using a point-of-care device are considered laboratories and must also report results to CLPPB.

### **What to expect in the future**

Starting January 1, 2021, MCPs must identify on at least a quarterly basis all child members between the ages of six months to 72 months who have no record of receiving a blood lead screening test and the age at which the test was missed. MCPS must then notify the network providers who are responsible for the care of the identified children and inform them of the requirements to test the children and provide written or oral anticipatory guidance to the children's parents or guardians. Also, for no less than 10 years, MCPS must maintain records of all child members identified as having no record of receiving a blood lead screening test.

This summary is only meant as a brief description of the APL. Please see the APL itself for additional background and the complete requirements. The full text of APL 20-016 may be found at this URL: <https://www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/APL2020/APL20-016.pdf> (Links to the DHCS.ca.gov website will take you off of the Blue Shield Promise website.)

We will inform you if, in response to this APL, changes are made to current Blue Shield Promise processes that affect your practice, including monitoring and reporting requirements as needed.

If you have questions about applying any of the information in this notice to Blue Shield Promise members, please call our Provider Customer Care Department at **(800) 468-9935** from 8 a.m. to 5 p.m., Monday through Friday.

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