



Tips for Childhood Blood Lead Level Screenings

USE THESE TIPS TO STAY COMPLIANT WITH THE BLOOD LEAD SCREENING REQUIREMENT

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The Department of Health Care Services requires that all providers who conduct periodic health assessments on children provide the following:

- **Verbal or written anticipatory guidance** to the child's legal parent or guardian about the harmful effects of lead exposure for children ages 6 months to 72 months (6 years). At a minimum, the information should include that:
 - Children can be harmed by lead exposure from old or chipping lead-based paint and dust.
 - Children beginning to crawl, through age 72 months, are particularly at risk.
 - Anticipatory guidance must be documented in member record. Providers should use DHCS suggested CPT codes 83655 (lead test) with one of 99401, 99402, 99403, or 99404 (preventive medicine counseling).
- **Blood lead level testing** should be completed on children (finger stick or venous blood draw):
 - At ages 12 months and 24 months.
 - For children between ages 12-24 months who have no record of lead testing.
 - If a child between ages 24-72 months is missing a lead test at 24 months or after.
 - When requested by a child's parent or guardian.
 - When the provider conducting Periodic Health Assessment (PHA) for children ages 12-72 months is aware of increased risk of lead exposure/poisoning due to changes in the child's circumstances.

(continued)



Testing

- Screening for elevated blood levels can be conducted by finger stick test or via venous blood draw.
- Confirming or retesting of blood lead levels should be conducted through the venous blood test.
- Use the California Department of Public Health Guidelines for interpreting blood lead levels and follow-up activities for elevated blood lead levels. The California Management Guidelines on Childhood Lead Poisoning for Health Care Providers is available at https://www.cdph.ca.gov/Programs/CCDC/DCDC/CLPPB/CLPPB%20Document%20Library/Lead_HAGs_Table.pdf.



California Health & Wellness participates in the following lead screening activities to ensure compliance with state requirements:

- Lead screen monitoring.
- Medical record audits.
- Member and provider education.

Codes

- Submit codes as evidence of lead testing. Use the following codes to submit claims/encounters as evidence of lead testing:

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Description	Codes ¹
Venous blood collection	CPT 36415
Capillary blood collection	CPT 36416
Lead test	CPT 83655
Preventive medicine counseling (15-minute intervals)	99401, 99402, 99403, 99404
Abnormal lead level in blood	ICD-10 R78.71
Toxic effect of lead and its compounds, accidental (unintentional), initial encounter	ICD-10 T56.0X1A
Toxic effect of lead and its compounds, accidental (unintentional), subsequent encounter	ICD-10 T56.0X1D
Toxic effect of lead and its compounds, accidental (unintentional), sequela	ICD-10 T56.0X1S
Encounter for routine child health examination without abnormal findings	ICD-10 Z00.129
Encounter for screening for disorder due to exposure to contaminants	ICD-10 Z13.88
Contact with and (suspected) exposure to lead	ICD-10 Z77.011

- Report all lead test results². Health care providers and labs performing blood lead analysis on blood specimens must report all lead test results along with patient demographic, ordering physician, and analysis data on each test performed to the Childhood Lead Poisoning Prevention Branch (CLPPB) via email at EBLRSupport@cdph.ca.gov.

Exceptions

You are not required to perform a lead screening if:

- The legal parent/guardian refuses the lead screening and signs a voluntary refusal statement.
- In your professional judgment, lead testing poses a greater risk for the child than lead poisoning.

You must document reasons for not providing the lead screening or not obtaining the voluntary refusal statement in the child's medical record.

Tools available

We offer the following tools to help you identify children who need a lead test.

- Electronic care gap reports by email.
- Cozeva® web-based care gap reports.

Contact your Health Net representative for information on how to sign up for the care gap report or how to review the reports.

¹Resources available from the 2022 CPT® Professional Edition published by American Medical Association and ICD-10-CM Expert for Physicians published by Optum360®.

²California Health and Safety Code, Section 124130: https://leginfo.ca.gov/faces/codes_displaySection.xhtml?lawCode=HSC§ionNum=124130