

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 the 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 way 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 of 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 the Pennsylvania Department of Human Services (DHS) 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 9 months old and again at 2 years old.
- Children new to Medicaid, regardless of age, should also receive a lead toxicity test.
- A risk assessment should be conducted at every visit thereafter.

Billing

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

Service	CPT Code	Modifier	
EPSDT visit: 1 month to 11 months	99381/99391	EP	Indicates a complete EPSDT visit with all associated screenings.
EPSDT visit: 12 months to 4 years	99382/99392	90	The laboratory procedures are performed by a party other than the treating or reporting physician.
Lead Test	83655		

- Members are considered to have Elevated Blood Lead Levels (EBLL) at ≥ 3.5 $\mu\text{g}/\text{dl}$.
- Members whose level was achieved via capillary testing should have a venous draw to confirm the level.

Elevated Blood Level Management

If a member's EBLL $\geq 3.5 \mu\text{g}/\text{dl}$ via venous draw.

- Siblings should also receive consideration for testing, even if previous tests showed Lead Levels to be within normal limits.
- Refer to Early Intervention / CONNECT via the CONNECT Helpline at 1-800-692-7288.
- Conduct additional developmental screenings to assess for developmental delays.
- Refer for an Environmental Lead Investigation (ELI).
- Retesting should be completed following the CDC guidelines.

Members with a venous lead draw showing an Elevated Blood Lead Level of $\geq 3.5 \mu\text{l}/\text{dl}$, should be referred for an Environmental Lead Investigation.

Environmental Lead Investigation (ELI) Process

You should refer a patient for an Environmental Lead Investigation.

The process to refer for an Environmental Lead Investigation is quick and easy:

- Complete the appropriate referral form.
- Form can be found on the Highmark Wholecare website:
HighmarkWholecare.com > Provider Resources > EPSDT Information > Environmental Lead Investigation.

Elevated Blood Level Care Coordination

Members with an EBLL of $\geq 3.5 \mu\text{g}/\text{dl}$ will be enrolled in our Lead Program. Initial calls will 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 of ELI if needed.
- Assist with contacting the parent/guardian for follow up.

An initial call will also be made to the member's parent or guardian to:

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

Care Navigators will continue to follow up with the case until the lead level is below 3.5.

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 appointment.
- Providers using labs other than Kirby, Quest, or LabCorp.

The Member Outreach form can be found on the Highmark Wholecare website:

HighmarkWholecare.com > Provider Resources > EPSDT Information > Member Outreach Form.

Once completed fax the Member Outreach form to: **(888) 225-2360**.

For questions regarding the EPSDT program, please contact the EPSDT Coordinator at EPSDTInfo@HighmarkWholecare.com

Health benefits or health benefit administration may be provided by or through Highmark Wholecare, coverage by Gateway Health Plan, an independent licensee of the Blue Cross Blue Shield Association (“Highmark Wholecare”).