



Policy: GG.1717
Title: **Blood Lead Screening of Young Children**
Department: Medical Management
Section: Quality Analytics

CEO Approval: /s/ Michael Hunn 06/26/2024

Effective Date: 12/01/2020

Revised Date: 06/01/2024

Applicable to: ☒ Medi-Cal
☐ OneCare
☐ PACE
☐ Administrative

I. PURPOSE

This policy outlines the process by which CalOptima Health, or a Health Network ensure the provision of Blood Lead Screening to Members six (6) months of age and continuing until seventy-two (72) months of age, in accordance with the requirements and guidelines below.

II. POLICY

- A. CalOptima Health and its Health Networks shall ensure the provision of Blood Lead Screening of young children six (6) months of age and up to seventy-two (72) months of age in compliance with this Policy and applicable statutory, regulatory, and contractual requirements, as well as Department of Health Care Services (DHCS), Department of Public Health Childhood Lead Poisoning Prevention Branch (CLPPB), and Centers for Disease Control and Prevention (CDC) guidance.
- B. Primary Care Practitioners/Physicians (PCPs) shall provide Pediatric Preventative Services and Blood Lead Screenings in accordance with CalOptima Health Policies GG.1110: Primary Care Practitioner Definition, Role, and Responsibilities and GG.1116: Pediatric Preventative Services.
- C. CalOptima Health and its Health Networks shall ensure that PCPs document in the Member's Medical Record refusals or the reason(s) for not performing the Blood Lead Screening as specified in Section III.E. of this Policy and in accordance with CalOptima Health Policies GG.1110: Primary Care Practitioner Definition, Role, and Responsibilities, GG.1116: Pediatric Preventative Services, and GG.1603: Medical Records Maintenance.
- D. CalOptima Health and Health Network Providers performing blood lead analysis on blood specimens drawn in California shall electronically report all results to CLPPB. Providers shall include specified patient demographic information, the ordering physician, and analysis data on each test performed.
- E. On at least a quarterly basis, CalOptima Health shall identify all child Members under seventy-two (72) months of age who have no record of receiving Blood Lead Screening, including identification of age at which the required Blood Lead Screening(s) were missed, and child Members without any record of a completed Blood Lead Screening at each age in accordance with Title 17 of the California Code of Regulations section 37100 and Section III.F. of this Policy.

- F. CalOptima Health and its Health Networks shall coordinate Pediatric Preventative Services and Blood Lead Screenings with Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) services, as appropriate, in accordance with CalOptima Health Policy GG.1121: Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) Services.

III. PROCEDURE

A. A PCP shall:

1. Provide oral or written anticipatory guidance to the parents(s) or legal guardian(s) of a child Member that, at a minimum, 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 seventy-two (72) months of age.
 - a. This anticipatory guidance shall be provided to the parent(s) or legal guardian(s) at each periodic preventative health assessment, starting six (6) months of age and continuing until seventy-two (72) months of age; and
 - b. This anticipatory guidance shall be documented in the child Member's Medical Record.
2. Order or perform Blood Lead Screening on all child Members as follows:
 - a. At twelve (12) months and at twenty-four (24) months of age;
 - b. When the PCP performing the periodic preventative health assessment becomes aware that the child Member who is twelve (12) to twenty-four (24) months of age has no documented evidence of a Blood Lead Screening taken at twelve (12) months of age or thereafter;
 - c. When the PCP performing a periodic preventative health assessment becomes aware that a child Member who is twenty-four (24) to seventy-two (72) months of age has no documented evidence of a Blood Lead Screening taken;
 - d. At any time a change in circumstances has, in the professional judgement of the PCP, put the child Member at risk; or
 - e. If requested by the parent or legal guardian.
3. Follow CDC Recommendations for Post-Arrival Lead Screenings of Refugees contained in the CLPPB-issued guidelines.

B. A PCP is not required to perform a Blood Lead Screening if either of the following applies:

1. In the professional judgement of the PCP, the risk of screening poses a greater risk to the child Member's health than the risk of lead poisoning; or
2. If a parent, legal guardian, or other person with legal authority to withhold consent for the child refuses to consent to the screening.

C. A PCP shall follow the CLPPB-issued guidelines and conduct Blood Lead Screenings using either the capillary (finger stick) or venous blood sampling methods. The venous method is preferred as it is more accurate and less prone to contamination. All confirmatory and follow-up blood lead level testing shall be performed using blood samples taken through the venous blood sampling method.

- D. A PCP shall use the appropriate CMS-1500 or UB-04 claim form and standard Common Procedure Terminology (CPT) Codes, Healthcare Common Procedure Coding System (HCPCS) Codes, or the electronic equivalents to report Child Health and Disability Prevention Program (CHDP) and Pediatric Preventative Services in accordance with CalOptima Health Policy FF.2001: Claims Processing for Covered Services for which CalOptima Health is Financially Responsible.
- E. Provider Documentation and Reporting of a Blood Lead Screening
1. A PCP shall document administration of and refusals for Blood Lead Screening in the child's Medical Record.
 2. A PCP shall use the Anticipatory Guidance and Blood Lead Refusal form to obtain a signed statement of voluntary refusal to document the parental/guardian refusal in the child's Medical Record and provide records of voluntary refusal to CalOptima Health upon request.
 3. If the PCP is 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., services provided via Telehealth); the Provider/PCP must document the reason for not obtaining a signed statement of voluntary refusal on the Anticipatory Guidance and Blood Lead Refusal form and maintain it in the child's Medical Record.
- F. Education, Monitoring, and Reporting of Blood Lead Screenings
1. CalOptima Health or a Health Network shall provide training and education on Blood Lead Screening requirements to Providers and PCPs in accordance with CalOptima Health Policy EE.1103: Provider Network Training, including but not limited to the following:
 - a. Regulatory requirements to perform and document Blood Lead Screening and to provide and document written or oral anticipatory guidance to the parent(s) or legal guardian (s) of the child Members at each periodic preventive health assessment in the child Member's Medical Record;
 - b. CPT codes to ensure accurate reporting of all Blood Lead Screenings; and
 - c. For Providers performing blood lead analysis on blood specimens, the requirement to report to CLPPB Blood Lead Screening all test results.
 2. The Quality Analytics Department shall utilize claims and encounter data to identify all child Members under seventy-two (72) months of age who have no record of receiving Blood Lead Screening, including identification of age at which the required Blood Lead Screening(s) were missed, and child Members without any record of a completed Blood Lead Screening at each age. Member will be identified by current assigned PCP. CalOptima Health shall post this report to the CalOptima Health secure FTP site on the first (1st) Tuesday of each month.
 - a. Health Networks are required to retrieve this report, review and distribute the data to their Providers/PCPs as appropriate and attest to the completion of this process.
 - b. Health Networks must attest to notifying Providers/PCPs of the regulatory requirements to perform a Blood Lead Screening to child Members identified by the report and provide the written or oral anticipatory guidance to the parent(s) or legal guardian(s) of that child member.
 - c. CalOptima Health Community Network (CCN) Providers are required to retrieve this report from the in-house provider portal and attest to the completion of this process.

- d. CCN Providers must attest to understanding the regulatory requirements to perform a Blood Lead Screening to child Members identified by the report and provide the written or oral anticipatory guidance to the parent(s) or legal guardian(s) of the child member via the in-house provider portal.
 - e. CalOptima Health shall monitor the Health Network's submission of the signed attestation titled DHCS All Plan Letter (APL) 20-016 Health Network/Delegate Attestation in accordance with CalOptima Health Policy HH.2003: Health Network and Delegated Entity Reporting.
 - f. CalOptima Health shall monitor CCN Provider attestation submissions.
3. CalOptima Health shall monitor Blood Lead Screening encounters using the appropriate indicators as outlined in the most recent DHCS Companion Guide.
 4. CalOptima Health shall monitor the provision of Blood Lead Screening and anticipatory guidance in accordance with the DHCS Medical Record Review Tool and CalOptima Health Policy GG.1608: Full Scope Site Reviews.
 5. CalOptima Health shall maintain records for a period of no less than ten (10) years, of all child Members under the age of (6) years or seventy-two (72) months identified quarterly as having no record of receiving a required Blood Lead Screening and provide those records to DHCS, at least annually, as well as upon request.
 6. CalOptima Health shall submit complete, accurate, reasonable, and timely encounter data consistent with its contract with DHCS, as well as DHCS APL 14-019: Encounter Data Submission Requirements and DHCS APL 17-005: Certification of Document and Data Submissions and in accordance with CalOptima Health Policy AA.1270: Certification of Document and Data Submissions.

IV. ATTACHMENT(S)

- A. Anticipatory Guidance and Blood Lead Refusal Form
- B. DHCS All Plan Letter 20-016 Health Network/Delegate Attestation

V. REFERENCE(S)

- A. CalOptima Health Contract with the Department of Health Care Services (DHCS) for Medi-Cal
- B. CalOptima Health Contract for Health Care Services
- C. CalOptima Health Policy AA.1270: Certification of Document and Data Submissions
- D. CalOptima Health Policy EE.1103: Provider Network Training
- E. CalOptima Health Policy FF.2001: Claims Processing for Covered Services for which CalOptima Health is Financially Responsible
- F. CalOptima Health Policy GG.1110: Primary Care Practitioner Definition, Role, and Responsibilities
- G. CalOptima Health Policy GG.1116: Pediatric Preventative Services
- H. CalOptima Health Policy GG.1121: Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) Services
- I. CalOptima Health Policy GG.1603: Medical Records Maintenance
- J. CalOptima Health Policy GG.1608: Full Scope Site Reviews
- K. CalOptima Health Policy HH.2003: Health Network and Delegated Entity Reporting
- L. Department of Health Care Services (DHCS) All Plan Letter 14-019: Encounter Data Submission Requirements

- M. Department of Health Care Services (DHCS) All Plan Letter 17-005: Certification of Document and Data Submissions
- N. Department of Health Care Services (DHCS) All Plan Letter 20-016: Blood Lead Screening of Young Children (Supersedes APL 18-017)
- O. Health and Safety Code §§ 105285 and 105301
- P. Welfare and Institutions Code § 17197.08
- Q. Title 17, California Code of Regulations (C.C.R.), §§37000 – 37100
- R. Centers for Disease Control and Prevention (CDC) Recommendations for Post-Arrival Lead Screenings of Refugees

VI. REGULATORY AGENCY APPROVAL(S)

Date	Regulatory Agency	Response
12/29/2020	Department of Health Care Services (DHCS)	Approved as Submitted
01/07/2021	Department of Health Care Services (DHCS)	Approved as Submitted
01/17/2023	Department of Health Care Services (DHCS)	Approved as File & Use
06/20/2024	Department of Health Care Services (DHCS)	Approved as File & Use

VII. BOARD ACTION(S)

None to Date

VIII. REVISION HISTORY

Action	Date	Policy	Policy Title	Program(s)
Effective	12/01/2020	GG.1717	Blood Lead Screening of Young Children	Medi-Cal
Revised	11/01/2021	GG.1717	Blood Lead Screening of Young Children	Medi-Cal
Revised	01/01/2023	GG.1717	Blood Lead Screening of Young Children	Medi-Cal
Revised	06/01/2024	GG.1717	Blood Lead Screening of Young Children	Medi-Cal

IX. GLOSSARY

Term	Definition
Blood Lead Screening	Testing an asymptomatic child for lead poisoning by analyzing the child's blood for concentration of lead.
Child Health and Disability Prevention (CHDP) Program	California's Early Periodic Screening, Detection, and Treatment (EPSDT) program as defined in the Health and Safety Code, Section 12402.5 et seq. and Title 17 of the California Code of Regulations, Sections 6842 through 6852, that provides certain preventive services for persons eligible for Medi-Cal. For CalOptima Health Members, the CHDP Program is incorporated into CalOptima Health's Pediatric Preventive Services Program.
Contracted Provider	A Provider who is obligated by written contract to provide Covered Services to Members on behalf of CalOptima Health, its contracted Health Networks or Physician Groups.
Health Network	A Physician Hospital Consortium (PHC), physician group under a shared risk contract, and Health Maintenance Organization (HMO) that contracts with CalOptima Health to provide Covered Services to Members assigned in that particular Health Network.
Medical Record	The record of a Member's medical information including but not limited to, medical history, care or treatments received, test results, diagnoses, and prescribed medications.
Member	A Medi-Cal eligible beneficiary as determined by the County of Orange Social Services Agency, the California Department of Health Care Services (DHCS) Medi-Cal Program, or the United States Social Security Administration, who is enrolled in the CalOptima Health program.
Pediatric Preventive Services (PPS)	Regular preventive health assessments, as recommended by the American Academy of Pediatrics or the CHDP Program. These include, but are not limited to, health and developmental history, physical examination, nutritional assessment, immunizations, blood lead screens, vision testing, hearing testing, selected laboratory tests, health education, and anticipatory guidance.
Primary Care Practitioner/Physician (PCP)	A Practitioner/Physician responsible for supervising, coordinating, and providing initial and primary care to Members and serves as the medical home for Members. The PCP is a general practitioner, internist, pediatrician, family practitioner, or obstetrician/gynecologist (OB/GYN). For Members who are Seniors or Persons with Disabilities or eligible for the Whole Child Model program, "Primary Care Practitioner" or "PCP" shall additionally mean any Specialty Care Provider who is a Participating Provider and is willing to perform the role of the PCP. A PCP may also be a Non-physician Medical Practitioner (NMP) (e.g., Nurse Practitioner [NP], Nurse Midwife, Physician Assistant [PA]) authorized to provide primary care services under supervision of a physician. For SPD or Whole Child Model beneficiaries, a PCP may also be a Specialty Care Provider or clinic.
Provider	Any individual or entity that is engaged in the delivery of services, or ordering or referring for those services, and is licensed or certified to do so.
Telehealth	A method of delivering health care services by using information and communication technologies to facilitate the diagnosis, consultation, treatment, education, care management, and self-management of a Member's health care while the Member is at a separate location from the Provider.