



March 18, 2010

Dear Provider:

AMERIGROUP Community Care appreciates all that you do to help our members be healthy. We would like to share information with you about Blood Lead Level (BLL) screening and associated requirements to ensure you understand them. BLL screening is a required component of a Health Check screen. Since 1989, federal law has required that children enrolled in Medicaid and PeachCare for kids must have their blood lead levels measured at both 12 months and 24 months of age. Children between the ages of 36 and 72 months must receive a blood lead test if they have not been previously tested for lead poisoning regardless of whether the child has been determined to be at low or high risk for lead exposure.

Completing a lead risk assessment questionnaire **DOES NOT** count as a lead screening and does not meet Medicaid and PeachCare for Kids requirements. The child's medical record must also document all lead testing services rendered and the resulting values. If the lead test results are not included in the medical record, the provider's office may receive a request for a Corrective Action Plan (CAP).

A BLL test, capillary or venous, must be used when testing eligible children. A capillary BLL result that is elevated ($\geq 10\mu\text{g}/\text{dL}$) must be confirmed with a venous blood lead level test or with a second capillary test as directed by the Georgia Lead Poisoning Prevention Program guidelines.

The LeadCare II Analyzer (or similar type physician's office blood lead level analyzers) should not be used for BLL testing. Providers can use the filter paper and fingerstick capillary methods in addition to venous BLL testing. For further information on these techniques, please feel free to call the Georgia Lead Poisoning Prevention Program.

There is no Centers for Medicaid and Medicare Services (CMS) requirement or federal regulation requiring all Early Periodic Screening, Diagnosis and Treatment (EPSDT) elements (which include BLL) to be performed the same day the child presents for medical services. However, providers must perform the BLL test to receive credit/payment for a full EPSDT screen.

Testing Scenarios

Below are several scenarios developed by the Department of Community Health with responses from CMS.

1. A child is 48 months old and has never had Medicaid coverage. This child goes to a provider for an EPSDT 4-year-old screening.

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- ◆ **Question:** The child has no risk for lead exposure according to the screening tool. Does the provider do a BLL test that day?

Answer: Even though there is no evidence the child ever received a BLL test screen, nor is there evidence the child is at risk, the provider should perform a BLL test the day the child sees the provider for the EPSDT visit unless the child is sick. See the statement below regarding a sick child's visit.

- ◆ **Question:** The child is at risk for lead exposure according to the screening tool. Does the provider do a BLL test that day?

Answer: Yes, the provider should do the BLL test the same day given that the BLL screening tool indicates the child is at risk for lead exposure. The only exception is for a sick child's visit as described below.

2. A 48-month-old child began receiving Medicaid at 24 months old. This child goes to a provider for an EPSDT 4-year-old screening. The child has no history of a previous BLL test.

- ◆ **Question:** The child has no risk for lead exposure according to the screening tool. Does the provider do a BLL test that day?

Answer: Yes, the child should have a BLL test the day he or she presents to the provider since there is no evidence of a previous BLL screen test. The only exception is for a sick child's visit as described below.

- ◆ **Question:** The child is at risk for lead exposure according to the screening tool. Does the provider do a BLL test that day?

Answer: Yes, the provider should perform the BLL screen test that day because the screening tool indicates the child has been exposed to lead. The only exception is for a sick child's visit as described below.

3. A 48-month-old child began receiving Medicaid at birth. This child goes to a provider for an EPSDT 4-year-old screening. There is no record of the child receiving a BLL test at 12 or 24 months of age.

- ◆ **Question:** The child has no risk for lead exposure according to the screening tool. Does the provider do a BLL test that day?

Answer: Yes, the child should have a BLL test the day he or she sees the provider since there is no record or evidence the child received a test at 24 months of age. The only exception is for a sick child's visit as described below.

- ◆ **Question:** The child is at risk for lead exposure according to the screening tool. Does the provider do a BLL test that day?

Answer: Yes, the child should have a BLL test the day he or she sees the provider especially since the screening tool indicates he or she is at risk for lead exposure. The only exception is for a sick child's visit as described below.

4. A child is 48 months old and began receiving Medicaid at birth. This child goes to a provider for an EPSDT 4-year-old screening. The child has a no record of receiving a BLL test at 12 months of age, but did receive it at 24 months of age.

◆ **Question:** The child has no risk for lead exposure according to the screening tool. Does the provider do a BLL test that day?

Answer: If the child's living circumstances have not changed since he or she received a BLL test at 24 months of age, it is not necessary for him or her to receive a BLL test on that day. However, if the provider determines the living circumstances have changed or there are indicators the child has been exposed to lead, a BLL test should be performed that day. The only exception is for a sick child's visit as described below.

◆ **Question:** The child is at risk for lead exposure according to the screening tool. Does the provider do a BLL test that day?

Answer: Yes, the child should have a BLL test the same day he or she presents to the provider since the screening tool indicates he or she is at risk for lead exposure. The only exception is for a sick child's visit as described below.

If a child has not been screened for EPSDT and presents for a sick visit, you may consider this as an opportunity to do an EPSDT screen. However, if the child is ill, feel free to establish another appointment to complete the immunization and lab portions of the exam. Established office procedures should be in place for the child to return and receive all age-appropriate EPSDT services.

Coding/Billing

The following options for coding and billing (depending on office protocols) are supported by Clinical Laboratory Improvement Amendments (CLIA) certification:

- Scenario 1: EPSDT CPT codes (99381-99383 or 99391-99393) and appropriate diagnosis code, plus blood draw CPT code (36415 for venous and 36416 for capillary) and appropriate diagnosis code (V82.5)
- Scenario 2: EPSDT CPT codes (99381-99383 or 99391-99393) and appropriate diagnosis code, plus blood lead CPT code (83655) with the appropriate diagnosis code (V82.5)*
- Scenario 3: (Sick visit) E&M CPT codes (99201-99205 or 99211-99215) with the appropriate sick visit ICD-9 code, plus blood lead CPT code (83655) with the appropriate diagnosis code (V82.5)*
- Scenario 4: (Sick Visit): E&M CPT codes (99201-99205 or 99211-99215) with the appropriate sick visit ICD-9 code, plus blood draw CPT code (36415 for venous; 36416 for capillary) and appropriate diagnosis code (V82.5)

* Submission of 83655 requires CLIA Lab Certificate Code of (340) Chemistry-Toxicology.

If you need additional information or assistance with billing and claims, please contact AMERIGROUP Provider Services at 1-800-434-3730 or your local Provider Relations Representative.

Coordinating Follow-up Care

AMERIGROUP provides a Lead Case Management Program that works with providers and the Georgia Childhood Lead Poisoning Prevention Program (GCLPPP) to develop and coordinate the appropriate plan of treatment and interventions for pediatric members with elevated BLLs equal to or greater than 10µg/dl. Case management staff works to ensure that members receive appropriate education, counseling and treatment. We work closely with GCLPPP to receive timely notice of members with elevated lead levels, but if you identify a member in need of these services, please feel free to call us locally at 678-587-4758.

Contacting the Georgia Childhood Lead Poisoning Prevention Program

Please call GCLPPP at 1-888-247-9054 if you have questions and/or concerns about lead testing, lead screenings, lead results, surveillance and trainings.

Sincerely,

Dr. Donald Paul, MD
Associate Medical Director
AMERIGROUP Community Care