

# Lead Testing

## Importance of Lead Testing

- There is no safe level of lead for the body
- Effects of lead poisoning are irreversible
  - IQ deficits, attention-related behaviors, and poor academic achievement
- Less than 50% of MDwise children receive lead testing
- Lead testing for children 24 months and younger is a MDwise Pay for Outcomes (P4O) Measure

## Testing Requirements

- Lead testing for all children enrolled in Medicaid is a federal requirement
- Test all HHW (Hoosier Health Wise) children at 12 months and again by 24 months of age
- Test all HHW children ages three through six years if not previously tested

## Testing Options

- Filter paper test kits from Indiana State Department of Health (ISDH) or LabCorp / Medtox
  - In-house test
  - All needed supplies for a capillary lead test are shipped directly to provider office
  - No cost to provider
  - Test results are automatically reported to ISDH
- Lead analyzer machine
  - In-house test
  - Same day test results
- Provider order for the lead test to be done by a third-party lab

## Best Practices

1. Test in-house
  - Removes barriers – easy for providers and parents
  - Guarantees test is completed
2. Always submit a claim
  - CPT code 83655 – Includes tests administered using filter paper (UI modifier) and handheld testing devices (U2 modifier) in the office setting, per the Early Periodic Screening Diagnosis & Treatment/Health Watch Provider Reference Module
3. Utilize online MDwise Quality Reports
  - Reports are posted to the provider portal (<https://secure.healthx.com/mymdwiseprovider.aspx>) and updated monthly to reflect members in need of services
4. Report test results timely to ISDH
  - ISDH requires providers to report all lead blood test results within one week of the test date
5. Establish a relationship with your local health department
6. Include an alert in electronic medical record (EMR) system for needed testing
7. If you must use a third-party lab, then follow up and confirm the lead test was completed

## Frequently Asked Questions

### **Is lead screening the same thing as lead testing?**

No. Screening is evaluating the risk for potential lead poisoning, and often consists of a questionnaire, such as the questions listed on ISDH's Requirements and Medical Management Recommendations guide. Testing is the collection of blood, either capillary or venous, to evaluate the amount of lead in the body.

### **If there are no identified risks, then is a lead test required?**

Yes. It is a federal requirement to test all children enrolled in Medicaid at the recommended ages even if there are no identified risks.

### **If a child is tested at 12 months and does not have an elevated lead level, then should they be tested again by 24 months of age?**

Yes. It is a federal requirement to test all children enrolled in Medicaid receive lead testing at 12 months and again at 24 months of age.

### **If a child is older than two years, then do we need to test for lead?**

The most at risk children for lead poisoning are young children. It is a federal requirement that all children ages three through six should be tested if not ever previously tested.

### **Who is required to report lead testing results to the state?**

It is a federal requirement for all blood lead test results to be reported to ISDH. Per Indiana Administrative Code 410 IAC 29-3-1, the person who examines blood for the presence of lead must report the results to ISDH no later than one week after the test date. This includes results from in-house lead analyzer machines. If blood specimens are sent to a laboratory for analysis, then that person is responsible for reporting the results to ISDH. However, Indiana Health Coverage Programs (IHCP) and ISDH ask providers to report complete testing data to laboratories to facilitate case management and surveillance activities.

### **What lead test levels are required to be reported to ISDH?**

ALL lead test results must be reported to ISDH within one week of the test date.

### **If I use a lead analyzer machine, then how do I report test results to ISDH?**

ISDH utilizes the Lead Data Flow application for lead test result reporting. An account setup is required and is free. A User Guide is available here: <http://www.in.gov/isdh/files/March%20202018%20Lead%20Brochure%20Final.pdf>

It might be possible to establish a direct link with an EMR to ISDH so lead testing results are automatically sent ISDH once they are entered in to the EMR. Visit <https://eportal.isdh.in.gov/MeaningfulUse/> for additional information.

### **What data elements need to be reported?**

Please refer to IHCP BANNER BR201640 on the required data elements. ISDH recently reported that many healthcare providers and laboratories are not reporting demographic information needed for case management and surveillance activities. The top four missing required elements are: full address (street address, city, state and zip code); blood specimen sample type; guardian name and gender of the patient.

### **What should a provider do if a child's lead level is elevated?**

ISDH outlines medical and case management action recommendations in ISDH's Requirements and Medical Management Recommendations guide. The local county health department should implement case management services, conduct a home visit or ensure retesting as indicated per protocol. For specific details, contact your local health department. You can also refer a member to MDwise Care Management (CM) for any concerns.

### **At what lead test level should Care Management be initiated?**

Based on the U.S. Centers for Disease Control and Prevention (CDC) guidelines, MDwise will implement care management for all children with an Estimated Blood Lead Level (EBLL) of 5 or greater.


**LEAD SCREENING REQUIREMENTS and  
MEDICAL MANAGEMENT RECOMMENDATIONS  
For children ages 6 months to 84 months**
**RISK FACTORS ASSESSMENT QUESTIONNAIRE**

--- ask at each well child visit ---

1. Is your child living in or regularly visiting, or has your child lived in or regularly visited, a house or child care center built before 1978?
2. Does your child have a sibling or playmate who has or who has had an elevated blood lead level?
3. Does your child frequently come in contact with an adult who works in an industry or has a hobby using lead (battery factory, steel smelter, stained glass)?
4. Is your child a recent immigrant or a member of a minority group?
5. Does anyone in your family use ethnic or folk remedies or cosmetics?

**If the answer is YES or UNKNOWN to any of the questions, a blood lead test is necessary!**
**HOOSIER HEALTHWISE**

Test all children at 1 and 2 years of age, and children 3 to 6 years of age if never tested regardless of their risk factors!

**IT IS A FEDERAL REQUIREMENT**

Blood Lead Levels (BLL)	Recommended Medical and Case Management Actions							
	Confirmatory Blood Lead Test (A)	Hospitalization	Chelation Therapy (B)	Blood Lead Level Retest	Referrals (C)	History and Physical (D)	Elevated BLL Education (E)	Reducing Exposure and Absorption (F)
0-9.9 µg/dL	No	No	No	within 6 months if BLL ≥ 5 µg/dL	No	No	YES	YES
10-19.9 µg/dL	within 3 months, venous or capillary	No	No	see Retest Chart below	YES	YES	YES	YES
20-44.9 µg/dL	within 1 month, venous or capillary							
45-59.9 µg/dL	within 48 hours, venous or capillary	No, if home is lead-safe	YES	see Retest Chart below	YES	YES	YES	YES
60-69.9 µg/dL	within 24 hours, venous or capillary							
≥ 70 µg/dL	Immediate emergency lab test, venous only	YES <b>MEDICAL EMERGENCY</b>	YES	see Retest Chart below	YES	YES	YES	YES

**THERE IS NO SAFE LEVEL OF LEAD- DAMAGE CAUSED BY AN ELEVATED BLOOD LEAD LEVEL IS PERMANENT AND IRREVERSIBLE!**
**Explanation of Recommended Medical and Case Management Actions**

- (A) **Confirmatory blood lead test:** 2 consecutive capillary blood tests, not more than 12 weeks apart, OR, single venous blood lead test
- (B) **Chelation Therapy:** if chelation therapy is indicated, the child should be immediately removed from the hazardous environment until the child's environment is made lead-safe; however, if the home is already lead-safe, the child may remain in the home unless hospitalization is indicated
- (C) **Referrals:** contact local health department and/or LHHP to assist in case management and environmental investigations
- (D) **History and physical:** take medical, environmental, and nutritional histories; test for anemia and iron deficiency; assess neurological, psychosocial, and language development; screen all siblings under age 7; evaluate risk of other family members, especially pregnant/lactating women
- (E) **EBLL (Elevated Blood Lead Level) education:** discuss sources, effects of lead, and hazards associated with living in/or renovating a pre-1978 home, during prenatal care and well child care at 3, 6, and 12 months; explain what blood lead levels mean; contact LHHP for materials
- (F) **Reducing exposure and absorption:** discuss damp cleaning to remove lead dust on surfaces; eliminating access to deteriorating lead paint surfaces, and ensuring regular meals which are low in fat and rich in calcium and iron; contact LHHP for materials

**Retest Chart**

Use this chart to determine when to retest children who are confirmed with elevated blood lead levels.

 Venous testing is **strongly preferred**, but capillary testing is acceptable.

If the child's last confirmed BLL was...	Test the child again within...
0-9.9 µg/dL	6 months
10-24.9 µg/dL	3 months
25-44.9 µg/dL	1 month
≥ 45 µg/dL	1 month after chelation therapy, venous method only

A child with an elevated blood lead level will most likely not have his or her BLL reduced to zero; however, this retesting schedule should be followed regardless of the BLL to ensure the BLL is decreasing rather than remaining the same or increasing, which would indicate continued exposure. Retesting should occur until the blood lead level is less than 10 µg/dL for six months, all lead hazards have been removed, housing is made lead-safe, and no new exposure exists.

## Provider Resources

Advisory Committee for Childhood Lead Poisoning Prevention -Low Level Lead Exposure Harms Children: A Renewed Call of Primary Prevention.

[https://www.cdc.gov/nceh/lead/acclpp/acclpp\\_main.htm](https://www.cdc.gov/nceh/lead/acclpp/acclpp_main.htm)

Bright Futures/American Academy of Pediatrics Periodicity Schedule

[https://www.aap.org/en-us/Documents/periodicity\\_schedule.pdf](https://www.aap.org/en-us/Documents/periodicity_schedule.pdf)

CDC – Lead Tools and Training

<https://www.cdc.gov/nceh/lead/toolstraining.htm>

Early, Periodic, Screening, Diagnosis and Treatment (EPSDT)/ Health Watch Provider Reference Module

<http://provider.indianamedicaid.com/media/155529/epsdt.pdf>

Environmental Protection Agency (EPA) – Learn About Lead

<https://www.epa.gov/lead/learn-about-lead>

Improving Kids' Environment (IKE)

<http://ikecoalition.org/>

ISDH - Lead & Healthy Homes Division

<http://www.in.gov/isdh/26550.htm>

ISDH- Requirements and Medical Management Recommendations Guide

<http://www.in.gov/isdh/26552.htm>

MDwise HEDIS and Quality Initiatives

<http://www.mdwise.org/for-providers/quality/hedis>

Supply Order Form - Indiana Lead and Health Homes Program

<http://www.in.gov/isdh/19144.htm>

## Resources for Members and Families\*

CDC – Lead Information for Parents

<https://www.cdc.gov/nceh/lead/parents.htm>

CDC – Five Things You Need to Know About Lead

<https://www.cdc.gov/nceh/lead/tools/5things.pdf>

CDC – Lead: Are you Pregnant?

<https://www.cdc.gov/nceh/lead/tips/pregnant.htm>

CDC – Lead Poisoning: Know the Facts

[https://www.cdc.gov/nceh/lead/tools/know\\_the\\_facts.pdf](https://www.cdc.gov/nceh/lead/tools/know_the_facts.pdf)

CDC- Lead Poisoning: Words to Know from A to Z

[https://www.cdc.gov/nceh/lead/tools/leadglossary\\_508.pdf](https://www.cdc.gov/nceh/lead/tools/leadglossary_508.pdf)

EPA – Lead Poisoning Home Checklist

<https://www.epa.gov/lead/lead-poisoning-home-checklist>

\*Resources are available in several languages.