



# Blood Lead Level Screening

## Provide critical blood lead level screenings in your office today!

All Medicaid members are required to be tested for lead levels starting at 9 months of age, as well as other ages based on history and risk assessment.

As our members' primary care practitioners (PCPs), you are required (regardless of response to the lead screening questions) to ensure that children are screened for lead toxicity from 9 months to 18 months and again from 2 years to 6 years of age. Risk questions should then be asked at every visit thereafter.

Keystone First recommends, although not indicated on the periodicity schedule, that lead screens be done at 9 months and again at 24 months. Refer to Pennsylvania's Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Program Periodicity Schedule for guidance, or visit [www.keystonefirstpa.com](http://www.keystonefirstpa.com) → Providers → Resources → EPSDT for an electronic copy.

Keystone First has contracted with MEDTOX Laboratories to provide you with the supplies needed to conduct convenient in-office blood level screenings, via finger sticks, as well as the mailing supplies needed to return the samples back to MEDTOX for testing and process. Keystone First will reimburse for blood lead screening services if they are performed in the PCP's office. However, PCPs must use the MEDTOX process in order to receive this added payment.

Submit claims with the following CPT codes for these services:

Billable service	CPT code	Fee
Lead screening	83655	\$10

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Furthermore, Keystone First members with a venous lead draw showing an elevated blood level of  $\geq 5$   $\mu\text{g}/\text{dL}$  are eligible for an environmental lead investigation (ELI).

**Note:** This service is only covered when the above-referenced CMS/DHS guidelines are followed. Our representatives are available if you have questions regarding this problem, its screening details, its diagnosis, or its follow-up by calling the EPSDT Outreach program at **1-888-765-9569**.

### Environmental lead investigation (ELI) process

Keystone First has contracted with Accredited Environmental Technologies (AET) and the Philadelphia Department of Public Health's Lead and Healthy Homes Program (LHHP) to provide ELI services to our members.

**Note:** LHHP is available only to Philadelphia residents.

For more information, contact:

<p><b>Accredited Environmental Technologies (AET)</b> Eric Sutherland <b>1-800-9696-AET</b></p>	<p><b>Lead and Healthy Homes Program (Philadelphia only)</b> 2100 W. Girard Avenue, Building #3 Philadelphia, PA 19130-1400 <b>1-215-685-2788</b>, fax <b>1-215-685-2978</b></p>
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Referral forms for both are available at [www.keystonefirstpa.com](http://www.keystonefirstpa.com) → Providers → Resources → EPSDT → EPSDT forms and administration.

If you have any questions, please contact your provider Account Executive or call Provider Services at **1-800-521-6007**.

**City of Philadelphia Department  
of Public Health Provider Request  
Form for Environmental Lead Investigation**



Please fax this **signed**, completed form to the Lead and Healthy Homes Program (LHHP) at **1-215-685-2978**.

**Dear Patient Care Services Provider,**

The patient named below has had a Blood Lead Level (BLL) test result that indicates an **abnormal lead level in blood** (greater than or equal to 5 µg/dL, diagnosis code R78.71).

<b>Patient name</b>	
<b>Date of birth</b>	
<b>MCO insurer</b>	
<b>Member number</b>	
<b>Blood lead level</b>	

According to the CDC, there is no safe level of lead in children. The CDC advises that a provider offer education related to preventing lead exposure to families with young children. For a child who is found to have an elevated BLL that is greater than or equal to 5 micrograms per deciliter (5 µg/dL), management should include follow-up blood tests and consideration of possible sources of contamination including housing, food, and toys. Locating the source of lead contamination is an integral part of the management and treatment of lead toxicity.

A provider may submit an order to an enrolled Environmental Lead Investigation (ELI) provider for a comprehensive ELI for a Medical Assistance (MA) beneficiary under 21 years of age with a BLL result of at least 5 µg/dL. **The Philadelphia Department of Public Health Lead and Healthy Homes Program (LHHP) is an enrolled Pennsylvania ELI provider and will conduct the ELI free of charge for your patient.**

**At no charge to the family or the PCP, LHHP will:**

- Contact the families of children with dangerous BLLs;
- Provide education, conduct inspections, and assess the risk of lead paint;
- Issue orders to property owners to remediate lead paint hazards; and
- Work with the City of Philadelphia Law Department to bring enforcement actions against property owners who fail to remediate their properties. In addition, when possible, LHHP provides education for families of children with blood lead levels between 5 and 9 µg/dL. This education-driven approach for children with blood lead levels under 10 is consistent with the approach of other jurisdictions.

**Questions? Call 1-215-685-2788.**

**Provider order:** An Environmental Lead Investigation (ELI), CPT Code T1029, PT/Spec 55/225 Comprehensive environmental lead investigation, is requested.

Provider signature and printed name: \_\_\_\_\_  
Signature Printed name

Provider NPI: \_\_\_\_\_ Date signed: \_\_\_\_\_

Date: \_\_\_\_\_

**Child's/children's elevated blood level information**

Child's name:	Child's DOB:	M/F:
All reported EBL levels/date:		

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All reported EBL levels/date:		

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All reported EBL levels/date:		

Child's/children's primary address:		
City/state:	Apartment/unit number:	
Child's/children's secondary address (if applicable):		
Apartment or single-family home:	Number of bedrooms:	Number of floors:

**Parent/guardian information**

Parent/guardian name:	DOB:	
Address (if different than child's):		Phone number:

**Insurance information** (Only required for one child if living in the same household. Please be sure to indicate which child information is for.)

Insurance provider:	
Medical Assistance number/ID number:	Rx number/Authorization number:

**Primary care practitioner (PCP) information**

PCP name:	Phone number:
Fax number:	Email:
Mailing address:	

If PCP would like the final report mailed, please provide mailing address. Otherwise, AET will fax a copy once completed.

**Comments:**