

Distribution: Local Health Department 01-01

Issued: April 1, 2001

Subject: Blood Lead Poisoning Follow-up Services

Effective: April 1, 2001

Programs Affected: Medicaid, Children's Special Health Care Services

This bulletin transmits information relative to blood lead poisoning follow-up services.

To perform these services and seek Medicaid reimbursement, the local health department must be enrolled with Medicaid specifically for blood lead poisoning follow-up services. If the health department is not currently enrolled to perform these services, the health officer must complete the MSA-1530 (Blood Lead Poisoning Follow-up Services Assurance of Services Provision) form attached to this bulletin.

Effective for dates of service on and after April 1, 2001, the reimbursement rates for the environmental (previously known as epidemiological) investigations are increased as follows:

Procedure Code 300025 (Initial Environmental Investigation) is increased to \$200

Procedure Code 300026 (Follow-up Environmental Investigation) is increased to \$150

Medicaid's maximum allowable amount for reimbursement of in-home health education visits (Procedure Code 300027) remains at \$82.63.

Manual Maintenance

Retain this bulletin for future reference.

Questions

Any questions regarding this bulletin should be directed to: Provider Inquiry, Medical Services Administration, P.O. Box 30479, Lansing, Michigan 48909-7979. Providers may phone toll free 1-800-292-2550 or e-mail ProviderSupport@state.mi.us.

Approval

James K. Haveman, Jr.
Director


Robert M. Smedes
Deputy Director for
Medical Services Administration

BLOOD LEAD POISONING FOLLOW-UP SERVICES ASSURANCE OF PROVISION

This is to certify that as health officer of a local health department, I will assure that environmental investigations provided by this department as blood lead poisoning follow-up services will be conducted by qualified staff according to Medicaid published policies and procedures.

INSTRUCTIONS:

- **Photocopy this form**, complete it, then mail it to the address below:

PROVIDER ENROLLMENT
MICHIGAN DEPARTMENT OF COMMUNITY HEALTH
PO BOX 30238
LANSING MI 48909

Enter all **Medicaid ID Numbers** under which blood lead poisoning follow-up services will be billed: *(Please Type or Print)*

Medicaid ID Number	Physician Name
Medicaid ID Number	Physician Name
Medicaid ID Number	Physician Name

Handwritten Signature of Health Officer	
Printed Name of Health Officer	Date

Name of Local Health Department	Telephone Number ()
Address (Number and Street, City, State, ZIP Code)	

<p>AUTHORITY: Title XIX of the Social Security Act COMPLETION: Is voluntary, but is required if Medical Assistance Program payment is desired.</p>	<p>The Department of Community Health is an equal opportunity employer, services, and programs provider.</p>
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