

**Distribution:** Local Health Departments 03-04

**Issued:** December 1, 2003

**Subject:** Blood Lead Testing

**Effective:** January 1, 2004

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

## Purpose

Effective January 1, 2004, Local Health Departments (LHDs) will no longer be required to obtain a referral or prior authorization from Medicaid Fee for Service (FFS) or health plan providers to obtain a blood lead sample from Medicaid children up to six years of age. The policy change is in response to Michigan Department of Community Health (MDCH) efforts to increase access to blood lead testing for all Medicaid children.

This bulletin provides information regarding the changes related to LHD reimbursements for blood lead draws and discusses the LHD role in assuring communication of test results to the primary care provider (PCP). Blood lead draws completed in accordance with this policy will be reimbursed by MDCH. Providers should refer to the Medicaid EPSDT periodicity table for guidelines regarding appropriate age interval for blood lead testing.

Prior to obtaining a blood lead specimen for either a FFS or health plan beneficiary, reasonable efforts must be made by the LHD to assure that a blood lead test has not been obtained by the child's PCP or other provider. It is important that the LHD addresses this issue in an effort to prevent duplication of services.

The LHD may complete a maximum of one blood lead draw per child, per year. The LHD must instruct the laboratory completing the blood lead analysis to send the blood lead test results to the child's PCP and health plan (if enrolled in managed care). Should a positive result be found, the LHD must collaborate with the child's PCP to assure appropriate follow-up care is provided. The PCP will be responsible for any additional blood lead testing.

The LHD must obtain an order or a referral from the child's PCP or health plan (if enrolled in managed care) for subsequent blood lead draws completed during the year. Health plans will be responsible for providing reimbursement for the subsequent blood lead draws for their managed care enrollees.

### **Capillary Draw Billing and Reimbursement (Fee for Service and Health Plan Beneficiaries)**

If a capillary blood specimen is obtained, the LHD may bill MDCH using procedure code 36416, "Collection of capillary blood specimen (e.g., finger, heel, ear stick)." Providers must use the 837 Professional (ASCX12N 837P, version 4010A1) for electronic submission or the CMS 1500 (12-90) for paper claim submission. Your Medicaid provider manual details documentation requirements for blood handling.

For policy information regarding Cost Reports/Federal Financial Participation or venipuncture draw billing and reimbursement using procedure code 36415, refer to bulletin MSA 03-01.

### **Blood Lead Analysis**

The LHD may send the sample to the MDCH Blood Lead Laboratory for analysis, or to any clinical laboratory that is CLIA-certified to perform blood lead analysis. The information accompanying the sample to the laboratory must include the name of the PCP, if known, and the name of the health plan for those children enrolled in managed care. The LHD must assure that the results of the blood lead analysis are sent to the primary care provider and health plan.

The LHD may complete the blood lead analysis if they are CLIA-certified to do so. (**Note:** If the LHD completes the blood lead analysis, procedure code 83655 should be billed. The reimbursement for 83655 includes payment for the capillary or venipuncture blood lead draw.)

For policy information regarding blood lead analysis billing and reimbursement, refer to bulletin MSA 03-01.

### **Manual Maintenance**

Retain this bulletin for future reference.

### Questions

Any questions regarding this bulletin should be directed to: Provider Support, Department of Community Health, P.O. Box 30731, Lansing, Michigan 48909-8232, or e-mail at [ProviderSupport@michigan.gov](mailto:ProviderSupport@michigan.gov). When you submit an e-mail, be sure to include your name, affiliation, and a phone number so you may be contacted if necessary. Providers may phone toll free: 1-800-292-2550.

**Approved**



Paul Reinhart, Director  
Medical Services Administration