



A Public Entity

Inland Empire Health Plan



**To:** All IEHP Primary Care Providers (PCPs) & IPAs  
**From:** IEHP – Provider Relations  
**Date:** April 16, 2021  
**Subject:** **APL 20-016 Blood Lead Screenings for PCPs**

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On November 2, 2020 the Department of Health Care Services (DHCS) released an All Plan Letter (APL) 20-016 – Blood Lead Screening of Young Children. This APL supersedes APL 18-017.

APL 20-016 includes updated requirements and responsibilities for IEHP Primary Care Providers (PCPs) and contracted Laboratories (including labs contracted with IEHP Delegates).

### **IEHP Primary Care Providers**

To comply with APL 20-016, as a Primary Care Provider for IEHP, you are required to adhere to the following Blood Lead Screening requirements:

- 1. Provide Blood Lead Screening Tests according to the California Code of Regulations.**
- 2. Provide oral or written anticipatory guidance to the parent(s) or guardian(s) of a child that informs that the child can be harmed by exposure to lead, especially deteriorating or disturbed lead-based paint and the dust from it and are particularly at risk of lead poisoning from the time the child begins to crawl until 72 months of age.**
  - a. Document that this guidance was provided on the child's the medical record.
  - b. This guidance must be provided at each Well Child Visit starting at six (6) months continuing until 72 months.
- 3. Order or perform blood lead screening tests on all Members under the following circumstances:**
  - a. When a child is 12 months and 24 months old
  - b. When it has been identified that there is no blood lead screening evidence on a child between the ages of 12 months and 24 months.
  - c. When it has been identified that a child who is between 24 months to 72 months has no evidence of blood lead screening.
  - d. Any change in environment or situation that leads a Provider to believe there may be lead exposure risk.
  - e. When a parent/guardian requests for the screening test to be completed
- 4. Document the reasons if the screening is not performed in the following circumstances:**
  - a. The risk of the screening causes greater risk to the child than the risk of lead poisoning.

- b. The parent/guardian refuses to provide consent for the screening.
- c. The parent is unable to sign it (e.g., when services are provided via telehealth modality), the Provider must document the reason for not obtaining a signed statement of voluntary refusal in the child's medical record.

**5. Code encounter correctly using the following CPT codes:**

<b>CPT Code for Lead Screening in Children</b>		
<b>Code</b>	<b>Code System</b>	<b>Definition</b>
83655	CPT	Lead, Venous Blood Pediatric
Z0334	HCPCS Local code	Lead screening counseling with blood draw

IEHP is developing Provider-level reports to help practices identify Members with blood lead screening gaps. Information on where to find these reports is forthcoming.

Resources on how to meet the Blood Lead Screening requirement, as well as, how to maintain compliance with the Blood Lead Screening standards of your Medical Record Review are available in the IEHP Provider Manual (see Provider Manual, Section 6, Attachment 6 - DHCS MMCD Medical Record Review Standards) and the IEHP website:

[www.iehp.org](http://www.iehp.org) > Providers > Provider Resources > FSR Training > Medical Record Review Standards

You can view the full APL 20-016 by visiting the DHCS website:

<https://www.dhcs.ca.gov/formsandpubs/Pages/AllPlanLetters.aspx>

As a reminder, all communications sent by IEHP can also be found on our Provider portal at:

[www.iehp.org](http://www.iehp.org) > Providers > Plan Updates > Correspondences.

If you have any questions, please do not hesitate to contact the IEHP Provider Relations Team at (909) 890-2504.