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# Coverage of Blood Lead Testing

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# Nevada Medicaid Policy

- Medicaid Services Manual Chapter 800 Laboratory Services
  - 803.1A.1h – Coverage and Limitations
    - “Laboratory tests associated with the EPSDT (Healthy Kids Program) screening examination referenced in Medicaid Services Manual (MSM) Chapter 1500. The associated costs of the hematocrit and urine “dip stick” with the exception of metabolic screening (e.g. Phenylketonuria (PKU)) and sickle cell screening fees, are included as part of the fee for EPSDT.”
- Medicaid Services Manual Chapter 1500 Health Kids Program
  - 1503.3A.1e LABORATORY PROCEDURES
    - “Age-appropriate laboratory procedures must be performed at intervals in accordance with the Healthy Kids periodicity schedule. These include blood lead level assessment appropriate to age and risk, urinalysis, Tuberculin Skin Test (TST), Sickle-cell, hemoglobin or hematocrit and other tests and procedures that are age-appropriate and medically necessary, such as Pap smears.”
    - All Bright Futures / Healthy Kids screens are recommended and not required. See Bright Futures Periodicity schedule on next slide.
- CPT Billing Code - 83655





## Bright Futures/American Academy of Pediatrics Recommendations for Preventive Pediatric Health Care

AGE <sup>1</sup>	INFANCY								EARLY CHILDHOOD								MIDDLE CHILDHOOD						ADOLESCENCE									
HISTORY Initial/Interval	Prenatal <sup>2</sup>	Newborn <sup>3</sup>	3-5 d <sup>4</sup>	By 1 mo	2 mo	4 mo	6 mo	9 mo	12 mo	15 mo	18 mo	24 mo	30 mo	3 y	4 y	5 y	6 y	7 y	8 y	9 y	10 y	11 y	12 y	13 y	14 y	15 y	16 y	17 y	18 y	19 y	20 y	21 y
<b>SENSORY SCREENING</b>	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
Vision <sup>5</sup>		★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★
Hearing <sup>6</sup>		• <sup>8</sup>	• <sup>9</sup>	→	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★
<b>DEVELOPMENTAL/BEHAVIORAL HEALTH</b>																																
Developmental Screening <sup>7</sup>								•			•		•																			
Autism Spectrum Disorder Screening <sup>7</sup>											•		•																			
Developmental Surveillance		•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
Psychosocial/Behavioral Assessment <sup>7</sup>		•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
Tobacco, Alcohol, or Drug Use Assessment <sup>7</sup>																						★	★	★	★	★	★	★	★	★	★	★
Depression Screening <sup>7</sup>																						★	★	★	★	★	★	★	★	★	★	★
Maternal Depression Screening <sup>7</sup>				•	•	•	•															•	•	•	•	•	•	•	•	•	•	•
<b>PHYSICAL EXAMINATION<sup>11</sup></b>		•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
<b>PROCEDURES<sup>11</sup></b>																																
Newborn Blood <sup>15</sup>		• <sup>15</sup>	• <sup>16</sup>	→																												
Newborn Bilirubin <sup>17</sup>		•																														
Critical Congenital Heart Defect <sup>21</sup>		•																														
Immunization <sup>22</sup>		•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
Anemia <sup>23</sup>					★				•	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★
Lead <sup>24</sup>					★	★	• or ★ <sup>25</sup>		★	• or ★ <sup>26</sup>		★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★
Tuberculosis <sup>27</sup>			★		★			★		★		★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★
Dyslipidemia <sup>28</sup>											★		★			★		★		★	→	★	★	★	★	★	★	★	★	★	★	★
Sexually Transmitted Infections <sup>29</sup>																						★	★	★	★	★	★	★	★	★	★	★
HIV <sup>30</sup>																						★	★	★	★	★	★	★	★	★	★	★
Cervical Dysplasia <sup>31</sup>																						★	★	★	★	★	★	★	★	★	★	★
<b>ORAL HEALTH<sup>32</sup></b>						• <sup>33</sup>	• <sup>34</sup>	★		★	★	★	★	★	★	★	★	★	★	★	★											•
Fluoride Varnish <sup>35</sup>					→	→	→	→	→	→	→	→	→	→	→	→	→	→	→	→	→											
Fluoride Supplementation <sup>36</sup>					★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★
<b>ANTICIPATORY GUIDANCE</b>	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•

KEY: • – to be performed ★ – risk assessment to be performed with appropriate action to follow, if positive → • → – range during which a service may be provided





## 2019 Legislature Session

### Senate Bill 90

- SB90 passed during the 2019 Legislative session and included revising requirements related to the testing of children for lead. The bill has an effective date of July 1, 2019.

#### Summary

- The DHHS shall encourage qualified providers of health care to conduct blood lead testing of children aged 12 months, 24 months, or at least before the child turns 6 years old; or by providers who conduct EPSDT services and to conduct the test according to the Healthy Kids periodicity schedule.
- Bill requires any result of a blood test which indicates an amount of lead in the blood that is greater than the amount designated by the Council of State and Territorial Epidemiologists, or if that organization ceases to exist, an organization designated by regulation of the State Board of Health, must as soon as reasonably possible after the test is obtained, be confirmed by performing second test.





## SB90, continued

- Each qualified laboratory, office of a provider of health care or other services, or medical facility that conducts a blood test for the presence of lead in a child under the age of 18 years of age, must submit a report of the results of the test to the appropriate health authority in accordance with regulations adopted by the State Board of Health. This report must include, without limitation:
  - The name, sex, race, ethnicity and date of birth of the child
  - The address of the child, including the county and zip code in which the child resides
  - The date on which the sample was collected
  - The name and contact information for the provider of health care who ordered the test
- The passage of SB90 does not directly affect Nevada Medicaid coverage of Lead testing and Nevada Medicaid will continue to reimburse for these services.



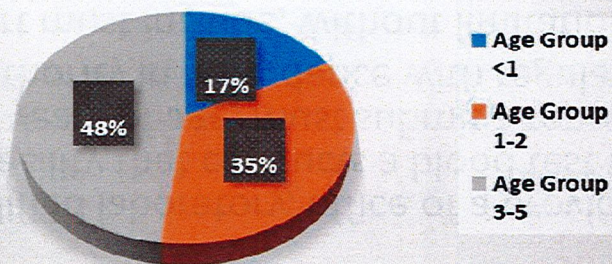


# 2017 Data

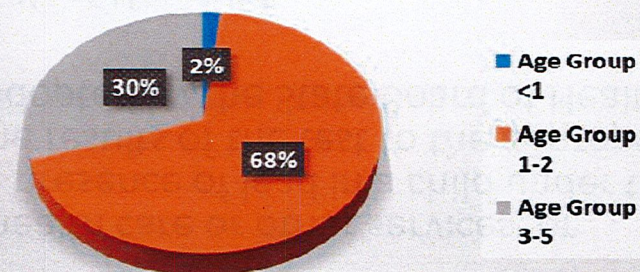
## Annual EPSDT Participation Report 2017

Total individuals eligible for EPSDT	Totals	Age Group <1 year old	Age Group 1-2 years old	Age Group 3-5 years old
	134,488	23,265	46,832	64,391
Total Number of Screening Blood Lead Tests	Totals	Age Group <1	Age Group 1-2	Age Group 3-5
	9,327	168	6,342	2,817

### Total Individuals Eligible for EPSDT 2017



### Total Number of Screening Blood Lead Tests 2017



6.9% of EPSDT children 5 years and younger are tested for blood lead



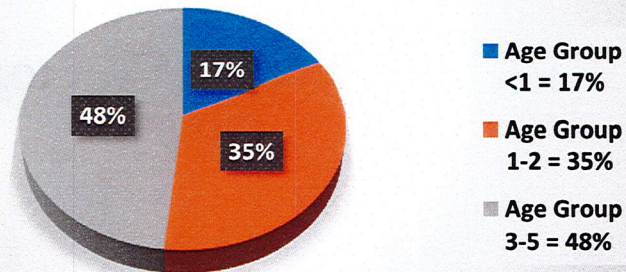


# 2018 Data

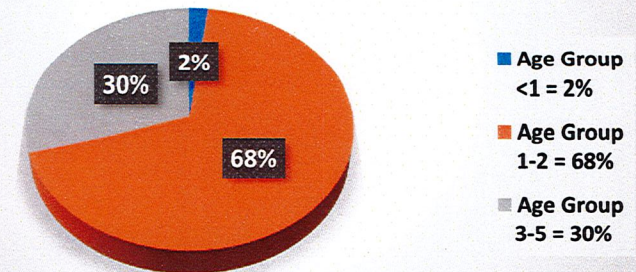
## Annual EPSDT Participation Report 2018

Total individuals eligible for EPSDT	Totals	Age Group <1 year old	Age Group 1-2 years old	Age Group 3-5 years old
	135,227	23,135	46,771	65,321
Total Number of Screening Blood Lead Tests	Totals	Age Group <1	Age Group 1-2	Age Group 3-5
	10,412	214	7,102	3,096

### Total Individuals Eligible for EPSDT 2018



### Total Number of Screening Blood Lead Test 2018



8% of EPSDT children 5 years and younger are tested for blood lead





# QUESTIONS?

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