

ISSUE DATE August 22, 2018	EFFECTIVE DATE August 22, 2018	NUMBER 01-18-10, 08-18-11, 09-18-11, 31-18-11, 33-18-10, 55-18-01
SUBJECT Environmental Lead Investigations		BY  Sally A. Kozak, Deputy Secretary Office of Medical Assistance Programs

IMPORTANT REMINDER: All providers must revalidate the Medical Assistance (MA) enrollment of each service location every 5 years. Providers should log into PROMISe™ to check the revalidation dates of each service location and submit revalidation applications at least 60 days prior to the revalidation dates. Enrollment (revalidation) applications may be found at:
http://www.dhs.pa.gov/provider/promise/enrollmentinformation/S_001994.

PURPOSE:

The purpose of this bulletin is to inform providers enrolled in the Medical Assistance (MA) Program of updated information concerning:

- Payment for Environmental Lead Investigation (ELI) when provided to a MA beneficiary under 21 years of age who has been diagnosed with an elevated blood lead level (EBLL);
- Requirements for ELI referrals;
- ELI provider qualifications and procedures for enrolling in the MA Program; and,
- Procedures for submitting claims for ELIs.

SCOPE:

This bulletin contains information for physicians, Certified Registered Nurse Practitioners, certified nurse midwives, outpatient hospitals and independent medical surgical clinics, who provide blood lead testing to MA beneficiaries under 21 years of age in the Fee-for-Service (FFS) and managed care delivery systems. This bulletin also provides information for ELI providers. Providers rendering services in the managed care delivery system should address any payment related questions to the appropriate MA managed care organization (MCO).

COMMENTS AND QUESTIONS REGARDING THIS BULLETIN SHOULD BE DIRECTED TO:

The appropriate toll free number for your provider type.

Visit the Office of Medical Assistance Programs Web site at:
<http://www.dhs.pa.gov/provider/healthcaremedicalassistance/index.htm>.

BACKGROUND:

Universal lead toxicity testing, by 12 months and at 24 months of age, is a required component of the Early and Periodic Screening, Diagnosis and Treatment (EPSDT) benefit. Providers are also required to test children between the ages of 36 and 72 months of age if they have not been previously tested for lead poisoning. Additionally, the MA Program provides coverage for blood lead testing of all MA enrolled children under 21 years of age at any time, if indicated by risk assessment, or for those children with a history or symptoms of lead exposure. The Centers for Disease Control and Prevention (CDC) recommends that a provider use venous blood samples for the blood lead testing whenever feasible. Any elevated blood lead results obtained on capillary samples are presumptive and must be confirmed using a venous sample.

In 2012, the Advisory Committee on Childhood Lead Poisoning Prevention (ACCLPP) of the CDC recommended the use of a reference level of 5 micrograms per deciliter ($\mu\text{g}/\text{dL}$) as the level at which public health intervention should begin. Its report also indicates there is no safe level of lead in children, and advises providers to offer education related to preventing lead exposure to families with young children. For additional information and resources related to lead poisoning prevention, visit the CDC's lead home page at: <https://www.cdc.gov/nceh/lead/default.htm>.

In accordance with guidance from the CDC, a provider is to manage the condition of a child who is found to have an EBLL that is greater than or equal to 5 $\mu\text{g}/\text{dL}$. 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. To that end, once a medical provider has confirmed the diagnosis of an EBLL with a venous blood sample, he or she shall submit a referral to an enrolled ELI provider for an environmental lead investigation for an MA beneficiary under 21 years of age with a blood lead screening result of at least 5 $\mu\text{g}/\text{dL}$. For a child who is found to have a BLL less than 5 $\mu\text{g}/\text{dL}$, a provider should perform follow-up blood lead monitoring.

The referring provider may contact the local health department or state health center for a list of environmental vendors. The referring provider should verify, through contact with the ELI provider, that the ELI provider is enrolled in the MA Program. The ELI is only compensable through the MA Program when performed by an enrolled ELI provider. For links and additional information on lead poisoning, providers may also refer to the Department of Health website at: <http://www.health.pa.gov/My%20Health/Infant%20and%20Childrens%20Health/Lead%20Poisoning%20Prevention%20and%20Control/>.

Since the September 13, 2016, issuance of MA Bulletin 01-16-29, et al., titled "Environmental Lead Investigations," the Department of Human Services (Department) has considered the impact of federal and state laws that govern the activities of ELI providers. The Department is revising the description of ELI activities and the qualifications for ELI providers to be consistent with federal and state law.

DISCUSSION:

Under federal law, a risk assessment, known in the MA Program as an ELI, is an onsite investigation to determine and report the existence, nature, severity and location of lead-based paint hazards in residential dwellings and includes: information gathering; visual assessment; environmental sampling; and the provision of a report that includes the findings from the risk assessment and recommendations to the owner (15 USC § 2681; 40 CFR § 745.63).

The report explaining results of the investigation and providing recommendations must be completed by an individual certified to collect the additional information designed to determine level of risk to residents, known in Pennsylvania as a lead risk assessor (40 CFR 745.227(d)(11); 34 Pa. Code Chapter 203). A lead inspector technician may be employed by an ELI provider, but may not complete all required ELI activities. As a result, the provider qualifications detailed under Enrollment have been updated to reflect this distinction.

When a MA enrolled medical provider identifies a child with an EBLL, he or she shall refer that child to an ELI provider who can assist in identifying the source of contamination. Information that is required for the referral is described further under Procedure.

PROCEDURE:

The ELI must be performed by a qualified ELI provider (see Enrollment below). A child must first be diagnosed with an EBLL of at least 5 µg/dL before a referring provider can initiate an ELI for the child's primary residence. The Department requires a referral by an MA enrolled provider that includes a primary diagnosis code of abnormal lead level or toxic effect of lead and its compounds to an enrolled ELI provider. The referral shall also include the blood lead level of the child along with the date of the venous lead test confirming that level. In circumstances such as shared custody, up to two locations may be allowed as the child's primary residence, and an ELI may be performed at each location.

The ELI provider shall provide a copy of the ELI report to the referring provider to ensure appropriate management of the child's health condition. The ELI provider shall maintain a copy of the provider's referral for the ELI for a period of at least four years to allow verification of information furnished as a basis for payment under the MA Program.

Billing

Enrolled ELI providers in the FFS delivery system may submit claims for ELIs using procedure code T1029 (Comprehensive environmental lead investigation). ELI providers in the managed care delivery system should address any payment-related questions to the appropriate MA MCO.

CPT Code	PT/Spec	Description	MA Fee
T1029	55/225	Comprehensive environmental lead investigation, not including laboratory analysis, per dwelling.	\$350.00

A primary diagnosis code of toxic effect of lead must be on the claim submission. The following is a list of acceptable primary diagnosis codes:

- R78.71: Abnormal lead level in blood
- T56.0X1A: Toxic effect of lead and its compounds, accidental (unintentional), initial encounter
- T56.0X1D: Toxic effect of lead and its compounds, accidental (unintentional), subsequent encounter
- T56.0X1S: Toxic effect of lead and its compounds, accidental (unintentional), sequela
- T56.0X2A: Toxic effect of lead and its compounds, intentional self-harm, initial encounter
- T56.0X2D: Toxic effect of lead and its compounds, intentional self-harm, subsequent encounter
- T56.0X2S: Toxic effect of lead and its compounds, intentional self-harm, sequela
- T56.0X3A: Toxic effect of lead and its compounds, assault, initial encounter
- T56.0X3D: Toxic effect of lead and its compounds, assault, subsequent encounter
- T56.0X3S: Toxic effect of lead and its compounds, assault, sequela
- T56.0X4A: Toxic effect of lead and its compounds, undetermined, initial encounter
- T56.0X4D: Toxic effect of lead and its compounds, undetermined, subsequent encounter
- T56.0X4S: Toxic effect of lead and its compounds, undetermined, sequela

Payment Limitations

MA payment is limited to one environmental lead investigation per residence for all children living in the residence.

MA payment is not available for removal or abatement of lead sources or to provide alternate housing for the child during abatement.

Enrollment

ELI providers must be enrolled in the MA Program in order to be paid for an ELI. ELI providers may enroll in the MA Program as provider type 55 (Vendor), specialty 225

(Environmental Investigation). To qualify, the ELI provider must employ or contract with at least one health professional who is either a nurse or sanitarian who possesses a current certification from Pennsylvania Department of Labor & Industry as a lead risk assessor.

Information on how to complete and submit an enrollment application is available on the Department's website at:

http://www.dhs.pa.gov/provider/promise/enrollmentinformation/S_001994. ELI providers may enroll online and submit required supporting documentation by uploading them directly to the secure online portal. Providers may also download a paper application and submit it with the required supporting documentation by mail, e-mail, or fax using the instructions in the application. As part of the enrollment process, all providers will undergo the required screening activities prior to enrollment in the MA Program.

OBSOLETE

MA Bulletin 01-16-29, 08-16-27, 09-16-27, 31-16-31, 33-16-26, 55-16-01, titled, "Environmental Lead Investigations", issued September 13, 2016, is obsolete with the issuance of this bulletin.

RESOURCES:

- U.S. Environmental Protection Agency regulations (40 CFR Part 745)
<https://www.gpo.gov/fdsys/pkg/CFR-2004-title40-vol29/pdf/CFR-2004-title40-vol29-part745.pdf>.
- The HUD Guidelines for the Evaluation and Control of Lead-Based Paint Hazards in Housing, 2012 edition.
https://www.hud.gov/program_offices/healthy_homes/lbp/hudguidelines
- HUD's Lead Safe Housing Rule (24 CFR Part 35, as amended January 13, 2017)
Information and Guidance for HUD's Lead Safe Housing Rule | HUD.gov/U.S. Department of Housing and Urban Development (HUD).
https://www.hud.gov/program_offices/healthy_homes/enforcement/lshr
- Commonwealth of Pennsylvania Department of Labor and Industry's Lead-Based Paint Occupation Accreditation and Certification Regulations (34 Pa. Code Chapter 203).
<https://www.dli.pa.gov/laws-regs/regulations/Pages/Lead-Based-Paint-Occupation-.aspx>