

**219.000      Lead Toxicity Screening**

**10-13-03**

All children from age six (6) months to six (6) years of age are considered to be at risk and must be screened for blood lead poisoning. Blood lead tests are required for all children at twelve (12) months of age and again at twenty-four (24) months of age, regardless of the child's risk assessment level. A screening blood test also is required for any Medicaid-eligible child 36 to 72 months of age who has not previously been screened for lead poisoning. The blood lead test is required when screening children for lead poisoning (Section 215.270.)

**A.    Risk Assessment**

Beginning at six (6) months of age and at each visit thereafter, the CHS/EPSTD provider must discuss childhood lead poisoning interventions with the child's parents or guardian and must verbally ask the following questions as part of an EPSTD screen:

1. Does your child live in or regularly visit a house built before 1960? Was your child's daycare, preschool, Head Start center or babysitter's home built before 1960? Does the house or building have peeling or chipping paint?
2. Does your child live in a house built before 1960 with recent, on-going or planned renovation or remodeling?
3. Have any of your children or their playmates had lead poisoning?
4. Does your child frequently come in contact with an adult who works with lead, e.g., construction, welding, pottery or other trades practiced in the child's community where lead is used?
5. Does your child live near a lead smelter, battery recycling plant or other industry likely to release lead, such as ... (give any examples in your community)?
6. Do you give your child any home or folk remedies that may contain lead?
7. Does your child live near a heavily traveled major highway where soil and dust may be contaminated with lead?
8. Does your home's plumbing have lead pipes or copper with lead solder joints?
9. Ask any additional questions which may be specific to situations that exist in a particular community.

The child's EPSTD record must be documented to reflect that these questions were verbally asked at each complete periodic screen between ages six (6) months and six (6) years.

**B.    Determining Risk**

Risk is determined from the response to the questions on the verbal risk assessment.

If the answers to all questions are negative, a child is considered low-risk for high doses of lead exposure. Children considered as low-risk must receive blood lead screenings at twelve (12) months and twenty-four (24) months of age.

If the answer to any question is positive, a child is considered high-risk for high doses of lead exposure. A blood test must be obtained at the time the child is determined to be high-risk.



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Subsequent verbal risk assessments may re-determine a child's risk category. In the event a child previously categorized as low-risk is re-determined as high-risk, the child must be given a blood lead test.

C. Screening Blood Tests

Screening blood tests are blood tests for children who have not previously been tested for lead poisoning with a blood lead test or who have previously been tested and found not to have an elevated blood level.

Children determined to be low-risk must be given screening blood tests at twelve (12) months and twenty-four (24) months of age.

Children determined to be high-risk must be given screening blood tests beginning at six (6) months of age. A screening blood test is required at every visit prescribed in the CHS/EPSTD periodicity schedule through age 72 months (unless the child received a blood lead test within the last six (6) months of the periodic visit) when initial blood lead test results are less than 10 micrograms per deciliter ( $\mu\text{g}/\text{dl}$ ). Blood lead test results equal to or greater than 10  $\mu\text{g}/\text{dl}$  obtained by a capillary specimen must be confirmed by a venous blood sample.

Children between the ages of twenty-four (24) months and six (6) years who have not received a screening blood lead test must receive one immediately regardless of their risk level.

D. Diagnosis, Treatment and Follow-up

In the event a child is found to have blood lead levels  $\geq 10 \mu\text{g}/\text{dl}$ , providers are to use their professional judgment with reference to Centers for Disease Control recommendations for preventing lead poisoning in young children.

See Section 240.000 for specific billing instructions.