



## Importance of blood lead screening for children in Minnesota Health Care Programs (MHCP)

The Minnesota Departments of Human Services and Health along with the American Academy of Pediatrics support universal blood lead testing for children eligible for Medicaid (Medical Assistance). Blood lead screening is required by the State for children enrolled in Minnesota Health Care Programs (Medical Assistance and MinnesotaCare). Under Federal guidelines, all children between the ages of 1 and 2 in these programs are considered to be at-risk for elevated blood lead levels, based on national data.

Health care providers have worked with Blue Plus to increase testing rates greatly over the last few years, but gaps still exist. Blue Plus wants to remind providers that we value your continued efforts to ensure that all children enrolled in MHCP receive blood lead screenings at the appropriate ages. We also want to ensure that providers receive the appropriate reimbursement when they perform these tests.

### Billing for blood lead screening

The most appropriate code to be used when billing for a blood lead screening is 83655. This code should be billed separately when provided, the same as the clinic would bill for any other lab performed.

### Using an external lab for the lead screening (code 83655)

- Determine whether the clinic or the lab will be billing for the services. Once the decision is made, make sure that it is clearly communicated to all parties.
- If the lab is billing for the services, submit the claim with a charge of 0.00 for code 83655 and either code 36416 or 36415 for the collection, so that Blue Plus will record the lead screening and that the lab will bill for the services.
- If the clinic is billing for the services, use procedure code 83655-90 with the charge amount. The -90 modifier indicates to Blue Plus that the blood lead screening was sent to an outside laboratory. The clinic may also submit a code and charge for the collection of the blood.

### Primary/secondary insurance

- If the blood lead screening is performed as a component of a complete Child & Teen Checkup (C&TC) and is paid by the primary insurance, submit the entire claim with all of the charges, along with the Explanation of Benefits (EOB) from the primary insurance to Blue Plus as a secondary insurer. This will allow Blue Plus to have information regarding the services provided and for the clinic to realize additional reimbursement for the bump-up code S0302.
- If a blood lead screening is performed independently of a C&TC and is paid in full by the primary insurer, the clinic must still submit the claim for the blood lead screening along with the EOB from the primary insurer for Blue Plus to document the screening.
- Remember to submit a separate charge for code 83655 (lead screening).

## Reminders

- Despite many years of work on this issue, children in MHCP are still most at risk for elevated blood lead levels.
- Children should first be tested between 9-15 months of age, and again a year later before they reach 30 months of age. At least one test should be done by 6 years of age.
- Parents may be reluctant to have their child screened. They may refuse what they do not understand. Blue Plus relies on its providers to explain how much damage lead poisoning can cause to a child. Parents rely on their providers for advice and guidance.
- When parents bring children, ages 9 through 30 months old, for lead screening they receive a gift card (only one gift card per calendar year). In order for Blue Plus to send the gift card the blood lead screening claim needs to be in our claims processing system.
- For more information on sources of lead and lead screening guidelines, please visit the following websites:  
**[www.dhs.state.mn.us/main/groups/business\\_partners/documents/pub/dhs\\_id\\_016647.pdf](http://www.dhs.state.mn.us/main/groups/business_partners/documents/pub/dhs_id_016647.pdf)**  
**[www.health.state.mn.us/divs/eh/lead/reports/index.html](http://www.health.state.mn.us/divs/eh/lead/reports/index.html)**

## Coding requirements reminder

All coding and reimbursement is subject to changes, updates, or other requirements of coding rules and guidelines. All codes are subject to federal HIPAA rules, and in the case of medical code sets (for example, HCPCS, CPT, ICD-9-CM), only valid codes for the date of service may be submitted or accepted.

## Questions?

If you have questions, please contact provider services at **(651) 662-5200** or toll free at **1-800-262-0820**.