



State of New Mexico
Medical Assistance Program Manual
Supplement



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TO: ALL MAD STAFF, PHYSICIANS AND PHYSICIAN GROUPS,
CERTIFIED NURSE PRACTITIONERS, CLINICS, FQHCS, RURAL
HEALTH CLINICS AND INDIAN HEALTH SERVICE CLINICS

FROM: CAROLYN INGRAM, DIRECTOR, MEDICAL ASSISTANCE DIVISION

THROUGH: ROBERT STEVENS, CHIEF, BENEFITS BUREAU

BY: MARIA L. VARELA, BENEFITS BUREAU

**SUBJECT: EARLY PERIODIC SCREENING DIAGNOSTIC AND TREATMENT
(EPSDT) SCREENING SERVICES**

The Medicaid program provides check-ups and preventive health care services for recipients under 21 years of age through the Early Periodic Screening Diagnostic and Treatment (EPSDT) program. Children and adolescents can receive Tot-to-Teen Healthchecks (well child check-ups) when eligible for Medicaid.

Listed below are the ages a child, teen, or young adult should receive a Tot-to-Teen Healthcheck. If an exam is not given at the listed age, it can be scheduled at any other age. A Tot-to-Teen Healthcheck may also be provided if the child is being seen for an illness.

- One check-up for infants and toddlers at 1, 2, 4, 6, 9, 12, 15, 18 and 24 months
- One check up each year from age 3 years to 6 years
- One check-up at 8, 10, 12, 14, 16, 18 and 20 years, at a minimum. However, a Healthcheck every year for this age group is highly recommended.
- Initial dental referral at 3 years, or younger age if needed. Thereafter, a dental referral annually.

An additional Tot-to-Teen Healthcheck may be provided at 30 months of age in order to complete a developmental screening. A developmental screening at 30 months of age is important because there are significant developmental milestones that should occur at this age. A standardized developmental screening may be performed and billed separately on the same day of an EPSDT screening or any other office visit. The CPT developmental screening code is 96110.

The well child check-up should include:

- Medical history
- Unclothed Physical
- Nutrition screening
- Measurements- Height, Weight and BMI
- Vision and hearing screening
- Developmental/Behavioral Assessment
- Physical Exam
- Hematocrit/Hemoglobin at 9 months and 13 years
- Lead Screening at 12 months and 24 months- filter paper test may be used
- Immunizations- According to the most current ACIP schedule
- Anticipatory Guidance
- Any screenings necessary according to risk factors

Please use preventive medicine CPT codes 99381-99385 or 99391-99395 when billing for Tot-to-Teen Healthchecks. For an examination of a normal newborn, please use CPT codes 99431 or 99432. A ICD.9.CM diagnosis code of V20.0 thru V20.2, V70.0 or V70.3 thru V70.9 must be used when submitting a claim for a Tot-to-Teen Healthcheck. If the child is enrolled in SALUD! on the date of service, please submit claims to the appropriate SALUD! organization.

When a provider is seeing a child who is ill and a Tot-To-Teen Healthcheck is due, the provider may perform and bill for the Healthcheck as an additional service if the illness does not interfere with the Healthcheck.

For more information about EPSDT services please refer to the Keeping Kids healthy web page. The webpage can be found at <http://www.hsd.state.nm.us/mad/keepingkidshealthy.html>. The program policy manual can be found at <http://www.hsd.state.nm.us/mad/policymanual.html>.

Thank you for participating in the Medicaid program.

attachments



New Mexico Human Services Department

Bill Richardson, Governor
Pamela S. Hyde, J.D., Secretary

Office of the Secretary
PO Box 2348
Santa Fe, NM 87504-2348
Phone: (505) 827-7750

May 28, 2009

Dear Health Care Provider,

The Centers for Medicare and Medicaid require that all children enrolled in Medicaid have a blood lead screening at 12 months of age and again at 24 months of age. If not previously screened, children must be screened between 36 and 72 months of age.

In order to make childhood lead screening relatively easy for the health care provider, less invasive for the patient, and economical for all parties, the State Medicaid Steering Committee for Early and Periodic Screening, Diagnostic and Treatment Services (EPSDT) has approved a filter paper test for blood lead level screening.

The benefits of using the filter paper lead test are as follows:

- The test utilizes only 2 drops of capillary blood from a finger stick.
- The test is accurate and simple to administer.
- The test causes minimal discomfort for the child.
- The same blood sample may be used to test both the lead and hematocrit levels.
- Only those children with an elevated blood lead level ($\geq 10 \mu\text{g/L}$) must receive a venous test for confirmation.
- At no cost to the provider, two laboratories (Tamarac 1-800-842-7069 and Medtox 1-800-832-3244) will provide the necessary collection materials, requisition forms, and pre-paid mailing envelopes.
- For children in the Medicaid fee-for-service program, the laboratories will bill directly to the Medicaid Program.

For children enrolled in one of New Mexico's Medicaid SALUD! or CoLTS managed care organizations, please see the following laboratory information:

- Lovelace Community Health Plan - contracted with Tamarac 1-800-842-7069 and Medtox 1-800-832-3244.
- Molina Health Care - contracted with Tamarac 1-800-842-7069 and Medtox 1-800-832-3244.
- Presbyterian – contracted with Tricore Lab 800-245-3296 or 505-938-8675.
- Blue Salud – SED 1-800-999-5227 or 505-727-6227 and Tricore 800-245-3296 or 505-938-8675
- Amerigroup – contracted with SED 1-800-999-5227 or 505-727-6227 and Tricore 1-800-245-3296 or 505-938-8675.

- Evercare – contracted with SED.

Another method of blood lead screening is the ***CLIA-waived LeadCare® II Point-of-Care System*** which can be purchased from ESA Inc. Information regarding this testing device can be found on the ESA, Inc. website:

http://www.esainc.com/products/type/blood-lead_analyzers/clia-waived

If the provider uses the ***LeadCare®*** test, the provider may bill the Medicaid Program or the appropriate MCO for the test.

Per the Notifiable Diseases or Conditions in New Mexico (New Mexico Administrative Code 7.4.3.13), *all* blood lead level test results must be reported to the Environmental Health Epidemiology Department (EHEB) of New Mexico Department of Health (DOH). Tamarac or Medtox will automatically report all test results to the EHEB. If a provider uses the ***CLIA-waived LeadCare® II Point-of-Care System*** or a similar system in the office, the provider must report the test to the EHEB.

For your use, enclosed is the “*Child Lead Risk Questionnaire*” and “*Case Management Guidelines*” from the EHEB’s Lead Poisoning Prevention Program. We hope that you will use these guidelines with the parents of your young patients to determine patients who may benefit from blood lead level testing beyond the Medicaid screening requirements. These guidelines are based on recommendations by the Center for Disease Control and consider New Mexico’s diverse cultures, geography, and occupations. The *Questionnaire* is available in Spanish from the EHEB and is posted on the EHEB website (<http://www.health.state.nm.us/eheb/LeadFact.htm>)

If you have questions or need additional information regarding health effects of lead, please contact the New Mexico Lead Poisoning Prevention program at 1-800-879-3421 or 1-505-476-3586. You may also contact Maria Varela of the Medical Assistance Division at 505-827-3113.

Sincerely,

Carolyn Ingram, Director
Medical Assistance Division

Child Lead Exposure Questionnaire

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	Please answer these questions with: “Yes,” “No,” or “Don’t Know” . The answers will help you and your health care provider decide if your child needs a blood test for lead. Reading the attached information will help you answer the questions.	Yes	No	Don't know
1.	Is your child enrolled in or eligible for Salud! Medicaid? Children enrolled in Medicaid are required to be tested for lead at 12 months and <u>again</u> at 24 months of age. Children between the ages of 36 - 72 months of age, must have a blood lead test if they have not been tested at 12 and 24 months.			
2.	Is your child enrolled in any public assistance programs such as WIC or TANF?			
3.	Does your child live in or regularly visit for day-care or babysitting, a house built before 1950? <i>Older houses may have lead-based paint, which breaks down into dust that can be swallowed or inhaled by your child.</i>			
4.	Does your child live in or regularly visit a house that has recently been remodeled? <i>Remodeling in an older house, or even one built as late as 1978, can create dust that contains lead, if lead-based paint is present.</i>			
5.	Does any other child of yours or a child of a relative or friend have an elevated blood lead level?			
6.	Does your child live with or regularly visit an adult whose work or hobby uses lead?			
7.	Do you (or any family members, or a curandera or sobador) give your child orange, red, or yellow powder such as Greta or Azarcon, or use “Navajo” clay for stomach ache, nausea, diarrhea?			
8.	Do you use Kohl, Alkohl, or Surma on your child’s skin? Or use traditional Middle Eastern, Oriental, and Ayurvedic preparations?			
9.	Does your home have imported plastic/vinyl mini-blinds? <i>Some imported plastic mini-blinds made before 1996 have lead in them.</i>			
10.	Does your child eat, put thing in his/her mouth, or chew on things that aren’t food? <i>Dirt, wood (especially window sills), paint chips, jewelry, shell casings, fishing sinkers, lead shot, shoes, or socks can have lead or lead dust on/in them.</i>			
11.	Do you use imported pottery for cooking, storing or serving food? <i>Some Mexican, Chinese, and Italian potteries have lead in the glaze, which can get into the food.</i>			
12.	Does your child live or play near a junkyard, dump, mine, smelter, or busy street or highway? <i>These places can have lead dust in the air or in the dirt. Even if the smelter or mine is closed, lead can still be in the dirt.</i>			
13.	Does your child eat tamarind/chile candy or salt/lemon/chile seasonings or chapulines that are made in Mexico? <i>Some of these products may contain lead.</i>			

If you answered **Yes** to any of these questions, your child may be at risk for being exposed to lead! Your child’s health care provider will need to order a blood test.

Lead Poisoning Prevention Program

Environmental Health Epidemiology Bureau
 1190 St. Francis Dr., Suite N1303; Santa Fe, NM 87502
 505-476-3586 or 1-800-879-3421



Childhood Lead Screening and Case Management Guidelines New Mexico Department of Health (NMDOH)

Lead poisoning continues to be an important, preventable environmental health problem. Approximately 1-2 % of the children who were screened in New Mexico had elevated blood lead levels. However, between 2004 and 2006, only 1.2% of one and two year old children were screened for lead.

Health Effects

- Childhood exposure to lead can result in cognitive impairment, delayed development, changes in behavior, abdominal pain, hearing loss, kidney problems, anemia, and at very high doses convulsions, coma and death.
- Among children, neurotoxicity is greater and lead exposure is more likely to result in a rapid increase of the blood lead level (BLL), than in adults. Recent studies indicate that loss of IQ could occur at BLLs lower than the current CDC action level for intervention (i.e. 10 micrograms per deciliter of whole blood)

Sources of Lead

- Since the elimination of leaded gasoline, deteriorating lead-based paint in homes is the major source of exposure. Remodeling of homes built prior to 1978 releases lead dust into the air if lead paint is present. The dust can be inhaled or picked up on hands and then ingested.
- Many imported toys, children's jewelry, and snaps and buttons on children's clothing contain lead. Household products, including vinyl goods and old imported plastic mini-blinds, can be a source of lead dust. Other sources may include: sucking on or ingesting leaded objects, certain folk remedies, certain Mexican candies, lead-glazed pottery, lead in soil, lead pipes or solder in plumbing, and lead shot or bullets retained in the body.
- Many adults have occupations or hobbies that use lead. Family members can be exposed to lead dust on the hands, clothes and shoes of adults who use lead. A pregnant woman must take care to prevent mobilization of lead stored in her bones from a past exposure, or avoid a new exposure from her current job or a partner's job.

Screening Guidelines

- **Federal Centers for Medicaid and Medicare Services (CMS) regulations require universal screening of all Medicaid eligible children at 12 months and again at 24 months of age, or if not previously screened, once between 36 and 72 months of age.**
- The National Centers for Disease Control and Prevention (CDC, 1997) recommend the screening of all children in public assistance programs (such as WIC, TANF).
- Other at risk children, should be tested based on the judgment of the provider or at the request of the parents. **Please see the Lead Risk Questionnaire for guidance.**
- According to the American Academy of Pediatrics, lead poisoning should also be considered in the differential diagnosis of children with development delays, or unexplained illness such as severe anemia, seizures, lethargy, or abdominal pain.

All BLL tests done on New Mexico residents are reportable to NMDOH. NMDOH in partnership with the health care provider assure that appropriate case management is instituted on all elevated levels as follows.

Protocol for Case Management of Children with Elevated Blood Lead Levels (EBLL) *

Service provided by New Mexico Department of Health					
Blood Lead Level (BLL)					
0-9 µg/dL very low	10 –14µg/dL low	15 – 19µg/dL moderate	20 – 44µg/dL high	45 – 69µg/dL very high	≥ 70µg/dL medical emergency
<p>- There is no "safe" lead level. It is toxic. However, CDC has determined that no action must be taken at this level.</p>	<ol style="list-style-type: none"> 1. Letter to physician 2. Letter to family 3. Provide educational materials** 4. Open case file within 1 month & do follow-up until BLL <10µg/dL 	<ol style="list-style-type: none"> 1. Call & letter to physician 2. Call & letter to family – informal interview about possible sources of exposure 3. Provide educational materials** 4. Open case file within 2 weeks & do follow-up until BLL <10µg/dL 5. Home visit ASAP if BLL remains elevated for 3 months 	<ol style="list-style-type: none"> 1. Proceed according to first 3 actions for 15-19µg/dL 2. Home visit ASAP after referral. 3. Open case file within 1 week & do follow-up until BLL <10µg/dL 	<ol style="list-style-type: none"> 1. Proceed according to first 3 actions for 15-19µg/dL 2. Home visit within 48 hours of referral 3. Open case file within 48 hrs. & do follow-up until BLL <10µg/dL 	<ol style="list-style-type: none"> 1. Call physician & family – child needs immediate hospitalization 2. Home visit within 24 hours of referral. Child not to return to hazardous environment. 3. Open case file within 24 hrs. & do follow-up until BLL <10µg/dL

*Source: "Managing Elevated Blood Lead Levels Among Young Children" CDC, March 2002 - adapted for New Mexico by NMDOH

**Educational material on sources of lead exposure, methods of lead reduction and elimination, dietary and hygiene recommendations

**Recommendations to Health Care Providers
for Management of Children with Elevated Blood Lead Levels (EBLL)***
In all cases, the provider should discuss adequate nutrition and possible sources of lead exposure

Blood Lead Level (BLL)					
0-9 µg/dL very low	10 –14µg/dL low	15 – 19µg/dL moderate	20 – 44µg/dL high	45 – 69µg/dL very high	≥ 70µg/dL medical emergency
-There is no “safe” lead level. It is toxic. However, CDC has determined that no action must be taken at this level. Note: Recent studies indicate that cognitive damage could occur at BLLs lower than 10 µg/dL †	-Re-test to confirm EBLL. <u>See chart A below.</u> -If sibling has EBLL, re-test sooner -Have family monitor for pica behavior	- Re-test to confirm. EBLL. <u>See chart A below.</u> Note: If a follow-up BLL test is still in this range 3 mos. do: - History & physical - Lab work-up a). Hemoglobin b). Iron status* c). FEP or ZPP	- Re-test to confirm EBLL. <u>See chart A below.</u> - History & physical - Lab work-up a). Hemoglobin b). Iron status* c). FEP or ZPP - Neurodevelopmental monitoring - Abdominal X-ray if particulate lead ingestion suspected, with bowel decontamination if indicated. – If BLLs remain elevated after 1-2 visits consider chelation therapy.	- Re-test to confirm EBLL. <u>See chart A below.</u> - Proceed according to other actions for 20-44 µg/dL. - Consider chelation therapy, if no foreign bodies are detected in abdominal x-ray.	- Confirm EBLL immediately as a STAT lab test - Proceed according to actions for 20-44 µg/dL - Hospitalize and commence chelation therapy, if no foreign bodies are detected in abdominal x-ray
After intervention do follow-up testing according to chart B below					
The following actions are not recommended at any BLL: Searching for gingival lead lines Testing of neurophysiologic function Evaluation of renal function (except before & during chelation with EDTA)					
Testing of hair, teeth, or fingernails for lead Radiographic imaging of long bones X-ray fluorescence of long bones					

* Source; “Managing Elevated Blood Lead Levels Among Young Children” CDC, March 2002 - adapted for New Mexico by NMDOH

• Routine tests to evaluate iron stores

† NEJM. R. L. Canfield et.al. Intellectual Impairment in Children with Blood Lead Concentrations Below 10 µg per Deciliter: vol.348 no. 16; 4-17-03; pp.1517-1526

Note: Information on childhood lead exposure should be a part of a child’s permanent medical history and follow the child to the next health care provider. This information should be available for school personnel if the child’s cognitive function is affected and educational intervention is needed. Knowledge of prior EBLL is especially important for girls as they reach childbearing age. Lead can be stored in the bones for 20-30 years and be leached out by the fetus during the third trimester of pregnancy. Special care must be taken to insure adequate calcium supplies.

A. Recommended Schedule for Obtaining a Venous Blood Sample

Screening test result (µg/dL)	Perform a confirmatory test within:
10-19	1-3 months °
20-44	1 week – 1 month°
45-59	48 hours
60-69	24 hours
>70	Immediately as an emergency lab test

° The higher the BLL on the screening test, the more urgent the need for a confirmatory test. Also consider the age of the child.

B. Schedule for Follow-up Blood Lead Testing

Venous BLL (µg/dL)	Early Follow-up (First 2-4 tests after initial)	Late follow-up (After BLL begins to decline)
10-14	3 months°°	6-9 months
15-19	1-3 months°°	3-6 months
20-24	1-3 months°°	1-3 months
25-44	2 weeks - 1 month	1 month
>45	As soon as possible	Chelation with follow-up

°° Provider may choose to repeat BLL tests on all new patients within a month to ensure that their BLL level is not rising

Lead Poisoning Prevention Program
1190 St. Francis Dr. N1320
Santa F, NM 87502-6110
1-505-476-3586 or 1-800-879-3421

