February 23, 2009

CHDP Program Letter No.: 09-02

TO:       ALL COUNTY CHILD HEALTH AND DISABILITY PREVENTION (CHDP) PROGRAM DIRECTORS, DEPUTY DIRECTORS, STATE CHILDREN'S MEDICAL SERVICES (CMS) BRANCH STAFF AND REGIONAL OFFICE STAFF

SUBJECT:   CHDP HEALTH ASSESSMENT PROVIDERS WHO ARE LEAD PROFICIENT WITH CLINICAL LABORATORY IMPROVEMENT AMENDMENTS (CLIA) CERTIFICATE OF WAIVER

This CHDP Program Letter SUPERCEDES CHDP PL No.: 07-03

The Federal Food and Drug Administration has granted Clinical Laboratory Improvement Amendments (CLIA) waived status for the LeadCare II Blood Lead Test System, a point-of-care device for blood-lead testing. Previously, all blood-lead testing was characterized as of moderate or high complexity and required a State clinical laboratory license and a CLIA certificate for non-waived testing.

In collaboration with the California Department of Public Health, Environmental Health Laboratory Branch (EHLB) and Childhood Lead Poisoning Prevention Branch (CLPPB), the CMS Branch is making it possible for CHDP health assessment providers, who have obtained lead proficiency with a CLIA certificate of waiver for blood lead testing, to be reimbursed for lead testing in their offices.

Policy
The EHLB will notify the State CMS Branch when a provider has obtained blood lead proficiency. State staff will verify the active CHDP status as a health assessment provider and verify the CLIA certificate of waiver.

To reimburse health assessment providers for blood lead tests at the laboratory rate of $22.45, State staff will add a lead laboratory provider type (CHDP provider type 26) to the providers existing record. It is not necessary for local CHDP programs to submit a PM 177 to create the new provider type. A letter (see enclosure) will be generated to the CHDP provider to identify the provider as lead proficient and provide instructions for
billing CHDP procedure code 15-Lead: Blood lead level types. This code must be billed on a separate Confidential Screening/Billing Report (PM 160) Claim Form using the provider’s National Provider Identifier number and place of service (POS) code 81 (lab) in the two digit POS field.

If you have any questions, please contact your Regional Nurse Consultant.

Original signed by Harvey Fry for Luis R. Rico

Luis R. Rico, Acting Chief
Children’s Medical Services Branch

Enclosure
Date

Name
Address
City, State Zip

Dear ______:

The California Department of Public Health’s Environmental Health Laboratory Branch (EHLB) has notified the Children’s Medical Services (CMS) Branch that your facility or office has been deemed “Proficient” in blood lead testing. Our records indicate that you are currently an active Child Health and Disability Prevention (CHDP) Program Health Assessment Provider.

To ensure you are appropriately reimbursed by the CHDP program for the analysis of blood lead levels (procedure code 15) at the laboratory rate of $22.45, you must bill the procedure separately on a CHDP Confidential Screening/Billing Report (PM 160) using your National Provider Identifier (NPI) number. Additionally, you must indicate a place of service code of 81 (lab) in the two digit place of service field on the PM 160.

You have only been approved to bill as a laboratory provider for procedure code 15. You cannot claim for any other health assessment services on the same PM 160 as blood lead analysis as this will result in non-payment of those services. It is necessary to complete a separate PM 160 for all other services you provide as part of a CHDP health assessment. For example, if you bill for code 23 (lead counseling and blood drawing for lead testing) you would complete a separate PM 160 using your NPI number with a place of service code 11 (office) in the two digit place of service field on the PM 160.

After you receive the provider approval notification from Electronic Data Systems, you may begin submitting claims for blood lead tests using your NPI number XXXXXXX, effective for dates of service on or after XXXX XX, 200X. You should receive this notification letter in approximately two-to-three weeks. Instructions for completing the PM 160 for blood lead analysis can be found in the CHDP Provider Manual, Section “Confidential Screening/Billing Report (PM 160) Claim Form: Completion Instructions, for labs”, (Conf clm comp lab) page 6.
Please feel free to contact your local CHDP program if you have any questions.

Sincerely,

Luis R. Rico, Acting Chief
Children’s Medical Services Branch

cc: Director/Deputy Director
     _______ County CHDP Program
     Address
     City, State Zip

Name
Regional Nurse Consultant, CHDP
Children’s Medical Services Branch
Address
City, State Zip