BadgerCare+
BadgerCare Plus Information for Providers

Update
April 2008

No. 2008-27

To: HealthCheck Providers, Nurse Practitioners, Physician Assistants, Physician Clinics, Physicians, and HMOs and Other Managed Care Programs

Guidelines for Reimbursement for On-Site Blood Lead Testing

This *BadgerCare Plus Update* gives guidelines for reimbursement for on-site blood lead testing. This *Update* also gives information about successful participation in proficiency testing and requirements for reporting blood lead testing.

Guidelines for On-Site Blood Lead Testing

Effective immediately, providers may be reimbursed for on-site blood lead testing using LeadCare II or similar Clinical Laboratory Improvement Amendment (CLIA)-waived instruments if the following guidelines are met:

- Providers are successfully participating in the proficiency testing (PT) program as administered by the Wisconsin State Lab of Hygiene (WSLH) or another Centers for Medicare and Medicaid Services-approved proficiency testing program.
- Providers must report all lead testing results, regardless of the lead level, to the Wisconsin Childhood Lead Poisoning Prevention Program (WCLPPP).

To be reimbursed for the on-site blood lead test, providers should indicate on the claim procedure code 83655 (Lead). Procedure code 99000 (Handling and/or conveyance of specimen for transfer from the physician's office to a laboratory) is not separately reimbursable when procedure code 83655 is billed. Providers are eligible to be reimbursed for an appropriate office visit.

On-site blood lead testing is covered under these guidelines for both the BadgerCare Plus Standard Plan and the Benchmark Plan. There is no copayment for on-site blood lead testing in either plan.

Proficiency Testing

Reimbursement for on-site blood lead testing of BadgerCare Plus members is conditional on successful participation in the WSLH or other approved PT program. The WSLH program is currently available at no cost to participants. Performance must be consistent with 1988 CLIA regulatory requirements, regardless of the test method employed.

The CLIA regulations require three test events each year, each consisting of five test samples. Labs must obtain an 80 percent or better score for satisfactory performance in an individual event and are required to attain satisfactory event performance in two of every three consecutive events. For additional information about PT, contact the WSLH at (608) 224-6252.

Reporting of Results

Providers are required to report all on-site blood lead test results to the WCLPPP, regardless of the lead level. For reporting requirements, refer to HFS 181, Wis. Admin. Code. Refer to the Attachment of this *BadgerCare Plus Update* for the Blood Lead Lab Reporting form, DPH 7142 (01/07). To establish a mechanism for reporting results, providers may call the WCLPPP at (608) 266-5817 and ask for the data manager.

The *BadgerCare Plus Update* is the first source of program policy and billing information for providers. All information applies to Medicaid and BadgerCare Plus unless otherwise noted in the *Update*.

Wisconsin Medicaid and BadgerCare Plus are administered by the Division of Health Care Access and Accountability, Wisconsin Department of Health and Family Services, P.O. Box 309, Madison, WI 53701-0309.

For questions, call Provider Services at (800) 947-9627 or (608) 221-9883 or visit our Web site at *dhfs.wisconsin.gov/medicaid/*.

PHC 1250

ATTACHMENT
Blood Lead Lab Reporting

(A copy of the Blood Lead Lab Reporting form is on the following page.)

DEPARTMENT OF HEALTH AND FAMILY SERVICES
Division of Public Health
DPH 7142 (01/07)

STATE OF WISCONSIN
Bureau of Environmental & Occupational Health
Chapter HFS 181
(608) 266-5817

BLOOD LEAD LAB REPORTING

This form is authorized under sections 250.04(3) and 254.13, Wis. Stats. and Chapter HFS 181, Wis. Admin. Code. Completion of this form is mandatory for health care providers and laboratories in reporting of blood lead test results of Wisconsin residents. Failure to report the required information is subject to a forfeiture of up to $1,000 per day of violation or a fine of up to $5,000. Personally identifiable information about the patient will be kept confidential and will be used only for providing services to the patient and for lead hazard reduction.

Patient's Name (Last, First, Middle Initial)	Medical Assistance Number (If applicable)

Date of Birth (mm/dd/yyyy)	Gender	Ethnicity (Check appropriate)
	☐ Male ☐ Female	☐ Hispanic/Latino ☐ Non-Hispanic/Non-Latino ☐ Unknown

Race (Check appropriate box)

☐ Native American ☐ Black ☐ Unknown
☐ Asian/Pacific Islander ☐ White ☐ Other, Specify

Patient's Street Address	Apartment Number

City	County	State	Zip Code

Parent / Guardian (Last, First, Middle Initial) (If patient is under 18 years of age)

Telephone Number of Patient or Parent / Guardian (If patient is under 18 years of age)
Home ( ) Work ( )

Patient's Employer Name (If patient is 16 years of age or older)	Occupation

Employer's Address (Street, City, State, Zip Code)

Name of Health Care Provider	Telephone Number ( )

Address of Provider (Street, City, State, Zip Code)

Name of Physician (If different than Health Care Provider)	Telephone Number ( )

Address (Street, City, State, Zip Code)

Date Blood Collected (mm/dd/yyyy)	Blood Collection Type (Check One) ☐ Venous ☐ Capillary

ADDITIONAL INFORMATION TO BE PROVIDED BY THE LABORATORY

Laboratory Name	Clinical Laboratory Improvement Amendment Number:

Address(Street, City, State, Zip Code)	Telephone Number ( )

Date of Analysis (mm/dd/yyyy)	

***Results of 45 or more micrograms lead per 100 milliliters of blood must be faxed within 24 hours to Fax No. (608) 267-0402.**

Return to:
WISCONSIN DEPARTMENT OF HEALTH & FAMILY SERVICES
Division of Public Health
CLPPP/ABLES, Rm 145
P. O. BOX 2659
Madison, WI 53701-2659