



## PERMANENT ADMINISTRATIVE ORDER

### DMAP 20-2021

CHAPTER 410  
OREGON HEALTH AUTHORITY  
HEALTH SYSTEMS DIVISION: MEDICAL ASSISTANCE PROGRAMS

**FILED**

05/17/2021 2:50 PM  
ARCHIVES DIVISION  
SECRETARY OF STATE  
& LEGISLATIVE COUNSEL

FILING CAPTION: Removes Rule Language Regarding Blood Lead Screening That Is Inaccurate and Conflicts With Other Rule

EFFECTIVE DATE: 06/01/2021

AGENCY APPROVED DATE: 05/17/2021

CONTACT: Nita Kumar  
503-847-1357  
hsd.rules@state.or.us

500 Summer St. NE  
Salem, OR 97301

Filed By:  
Nita Kumar  
Rules Coordinator

AMEND: 410-130-0245

REPEAL: Temporary 410-130-0245 from DMAP 5-2021

NOTICE FILED DATE: 02/26/2021

RULE SUMMARY: This rule makes permanent, OAR 410-130-0245 which describes the Early and Periodic Screening, Diagnostic and Treatment (EPSDT) program. This program ensures the right of children to have certain screenings and treatments under the Oregon Health Plan. This amended rule removes outdated language and now references a distinct promulgated rule, OAR 410-130-0246 which outlines the requirements for blood lead screening and case management services.

CHANGES TO RULE:

410-130-0245

Early and Periodic Screening, Diagnostic and Treatment Program ¶¶

(1) The Early and Periodic Screening, Diagnostic and Treatment (EPSDT) program, formerly called Medichex, offers "well-child" medical exams with referral for medically appropriate comprehensive diagnosis and treatment for all children (birth through age 20) covered by the Oregon Health Plan (OHP) Plus benefit package.¶¶

(2) Screening Exams:¶¶

(a) Physicians (MD or DO), nurse practitioners, licensed physician assistants and other licensed health professionals may provide EPSDT services. Screening services are based on the definition of "Preventive Services" in Oregon Health Plan OAR 410-141-0000, Definitions;¶¶

(b) Periodic EPSDT screening exams must include:¶¶

(A) A comprehensive health and developmental history including assessment of both physical and mental health development;¶¶

(B) Assessment of nutritional status;¶¶

(C) Comprehensive unclothed physical exam including inspection of teeth and gums;¶¶

(D) Appropriate immunizations;¶¶

(E) Lead testing for children under age 6 as required. See the "Blood Lead Screening" section of this rule as required by OAR 410-130-0246;¶

(F) Other appropriate laboratory tests (such as anemia test, sickle cell test, and others) based on age and client risk;¶

(G) Health education including anticipatory guidance;¶

(H) Appropriate hearing and vision screening.¶

(c) The provider may bill for both lab and non-lab services using the appropriate Current Procedural Terminology (CPT) and Health care Common Procedure Coding System (HCPCS) codes. Immunizations must be billed according to the guidelines listed in OAR 410-130-0255;¶

(d) Inter-periodic EPSDT screening exams are any medically appropriate encounters with a physician (MD or DO), nurse practitioner, licensed physician assistant, or other licensed health professional within their scope of practice.¶

(3) Referrals:¶

(a) If, during the screening process (periodic or inter-periodic), a medical, mental health, substance abuse, or dental condition is discovered, the client may be referred to ~~medical providers, Addictions and Mental Health Division (AMH), or dental~~ an appropriate providers for further diagnosis and/or treatment;¶

(b) The screening provider shall explain the need for the referral to the client, client's parent, or guardian;¶

(c) If the client, client's parent, or guardian agrees to the referral, assistance in finding an appropriate referral provider and making an appointment should be offered;¶

(d) ~~The caseworker or local branch will assist in making other necessary arrangements.~~¶

(4) ~~Blood Lead Screening: All children ages 12 months to 72 months are considered at risk for lead poisoning. Children ages 12 months to 72 months with Medical Assistance Program coverage must be screened for possible exposure to lead poisoning. Because the prevalence of lead poisoning peaks at age two, children screened or tested at age one should be re-screened or re-tested at age two. Screening consists of a Lead Risk Assessment Questionnaire (Division form 9033) and/or blood lead tests as indicated.~~¶

(5) ~~Lead Risk Assessment Questionnaire: Complete the Lead Risk Assessment Questionnaire (Division form 9033) found in the Medical-Surgical Services Supplemental Information. Beginning at 1 year of age, the questionnaire must be used at each EPSDT exam to assess the potential for lead exposure. Retain this questionnaire in the client's medical record. Do not attach the Division 9033 form to the claim for reimbursement. The Division does not stock this form; photocopy the form and the instructions from the Medical-Surgical Services Supplement Information.~~¶

(6) ~~Blood Lead Testing: Any "yes" or "don't know" answer in Part B, questions 1-8 on the Lead Risk Assessment Questionnaire (Division 9033) means that the child should receive a screening blood lead test. An elevated blood lead level is defined as greater than or equal to 10  $\mu$ g/dL. Children with an elevated blood lead screening test should have a confirmatory blood lead test performed according to the schedule described in Table 130-0245-1 of this rule. If the confirmatory blood lead test is elevated, follow-up blood lead tests should be performed approximately every three months until two consecutive test results are less than 10  $\mu$ g/dL. Comprehensive follow-up services based on the results of the confirmatory blood lead test are described in Table 130-0245-2 and section (7) of this rule.~~¶

(7) ~~Children with a confirmatory blood lead level test of greater than or equal to 10  $\mu$ g/dL are eligible for a one-time comprehensive environmental lead investigation, not including laboratory analysis, of the child's home. The child may also receive follow-up case management services.~~¶

(a) ~~The investigation of the child's home and follow-up case management services must be provided by a Division-enrolled medical-surgical provider who has received Oregon Public Health Division training to perform these services. Refer to Medical-Surgical Services rule 410-130-0000 for a list of the medical-surgical providers Division enrolls.~~¶

(b) ~~To bill for these services, use HCPCS code T1029. Payment for code T1029 includes the home investigation and any follow-up case management services provided after the home investigation is completed. The Division limits reimbursement of T1029 to one time per dwelling. For clients enrolled in managed care plans, the service is~~

payable by the Division; do not bill the managed care plan.¶¶

~~(8) Method of Blood Collection: Either venipuncture or capillary draw is acceptable for the screening blood lead test. All confirmatory blood lead tests must be obtained by venipuncture. Erythrocyte protoporphyrin (EP) testing is not a substitute for either a screening or a confirmation blood lead test.¶¶~~

~~(9) Additional Lead-Related Services: Families should be provided anticipatory guidance and lead education prenatally and at each well-child visit, as described in Tables 130-0245-3 and 130-0245-4 of this rule.¶¶~~

~~(10) Table 130-0245-1.¶¶~~

~~(11) Table 130-0245-2.¶¶~~

~~(12) Table 130-0245-3.¶¶~~

~~(13) Table 130-0245-4.¶¶~~

~~(14) Table 130-0245-5.¶¶~~

~~[ED. NOTE: Tables referenced are available from the agency.]¶¶~~

~~[Publications: Publications referenced are available from the agency.]~~child's CCO or the FFS program will also make available care coordination as needed.

Statutory/Other Authority: ORS 413.042

Statutes/Other Implemented: ORS 414.025, 414.065, 414.150