NOTICE OF PROPOSED RULEMAKING
INCLUDING STATEMENT OF NEED & FISCAL IMPACT

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

FILING CAPTION: Establishes Permanent Distinct Rule For Blood Lead Testing
LAST DAY AND TIME TO OFFER COMMENT TO AGENCY: 04/17/2020 5:00 PM
The Agency requests public comment on whether other options should be considered for achieving the rule's substantive goals while reducing negative economic impact of the rule on business.

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Filed By:
Brean Arnold
Rules Coordinator

HEARING(S)
Auxiliary aids for persons with disabilities are available upon advance request. Notify the contact listed above.
DATE: 04/15/2020
TIME: 10:00 AM
OFFICER: Brean Arnold
ADDRESS:
500 Summer St. NE*
Rm 373
Salem, OR 97301
SPECIAL INSTRUCTIONS:
Submit written comments by April 17, 2020 at 5:00pm to: HSD.Rules@dhsoha.state.or.us.

*Please note if Hearing date or format must change due to building closure, an announcement will be made via the HSD Rulemaking email list. The link to sign up for this list is here: http://bit.ly/ohp-rule-updates

NEED FOR THE RULE(S):
Prior to the establishment of the temporary rule, the Medical-Surgical Programs administrative rules (Chapter 410, Division 130) had included lead screening as part of Early and Periodic Screening, Diagnostic and Treatment Program rules (410-130-0245). The Division established a temporary distinct lead testing rule to comply with Center for Medicaid and CHIP (Children’s Health Insurance Program) Coverage Guidelines for Blood Lead Testing.

DOCUMENTS RELIED UPON, AND WHERE THEY ARE AVAILABLE:
FISCAL AND ECONOMIC IMPACT:

No significant fiscal impact is anticipated with this rule change. Comprehensive lead investigations have been covered as fee-for-service (FFS) and not from CCO budgets. With this rule change, CCOs will assume responsibility for covering this service for their enrolled members. Overall utilization of this service has been low. It is anticipated that a shift in numbers between FFS and CCO will be very slight and will not have a significant fiscal impact.

COST OF COMPLIANCE:

(1) Identify any state agencies, units of local government, and members of the public likely to be economically affected by the rule(s). (2) Effect on Small Businesses: (a) Estimate the number and type of small businesses subject to the rule(s); (b) Describe the expected reporting, recordkeeping and administrative activities and cost required to comply with the rule(s); (c) Estimate the cost of professional services, equipment supplies, labor and increased administration required to comply with the rule(s).

Blood lead testing may continue to be completed by individual medical practices or clinics which may be considered to be a small business. These tests are billable by laboratories and the collection of venous or capillary blood samples is billable (no change). Therefore, there is no anticipated additional cost of compliance on small businesses.

DESCRIBE HOW SMALL BUSINESSES WERE INVOLVED IN THE DEVELOPMENT OF THESE RULE(S):

Invitation to participate as a RAC member was distributed to health care providers and Public Health Clinics via an email list serv group from OHA Public Health Division.

WAS AN ADMINISTRATIVE RULE ADVISORY COMMITTEE CONSULTED? YES

ADOPT: 410-130-0246

RULE SUMMARY: This rule establishes a permanent distinct rule that complies with Center for Medicaid and CHIP (Children's Health Insurance Program) Coverage Guidelines for Blood Lead Testing. This rule requires coverage of lead investigation by managed care plans for members enrolled in managed care plans.

CHANGES TO RULE:

410-130-0246

Lead Screening

(1) All children enrolled in the Oregon Health Plan, including Fee-for-Service and MCEs, must have blood lead screening tests. Children with Medical Assistance Program coverage must have blood lead screening tests at age 12 months and 24 months. Any child between ages 24 and 72 months with no record of a previous blood lead screening test must receive one. Completion of a risk assessment questionnaire does not meet the lead screening requirement for children under Medicaid.

(2) Method of Blood Collection: A single venous or capillary blood draw is acceptable for the blood lead screening test. A result of less than 5 micrograms per deciliter from either method is considered a negative result. A capillary blood lead level greater than or equal to 5 micrograms per deciliter must be confirmed with either a venous draw or a second capillary draw within 12 weeks.

(3) Lead poisoning in children under 18 years of age and pregnant or lactating women is defined as a blood lead level greater than or equal to 5 micrograms per deciliter from a venous draw or two capillary blood lead tests greater than or equal to 5 micrograms per deciliter drawn within 12 weeks of each other. See OAR 333-017-0000(18).

(4) Billing of laboratory services is covered in: OAR 410-130-0680.

(a) For the collection of blood, use CPT 36415 for a venipuncture sample or CPT 36416 for capillary puncture samples;
(b) To bill for venipuncture or capillary blood lead screening, use Current Procedural Terminology (CPT) code 83655.

(5) All children, pregnant and lactating women with lead poisoning are eligible to receive follow up case management services. See OAR 333-019-0000 and Oregon Health Authority Public Health Division’s Oregon Lead Poisoning Investigative Guidelines at: https://www.oregon.gov/oha/PH/HealthyEnvironments/HealthyNeighborhoods/LeadPoisoning/CountyHealthDepartments/Documents/Diseaseguidelines.pdf.

(6) To bill for comprehensive lead investigation, 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 Fee-for-Service, the service is payable by the Division for dates of service through September 30, 2020. Effective October 1, 2020 for members enrolled in managed care plans, the service is payable by the managed care plan.

Statutory/Other Authority: ORS 413.042
Statutes/Other Implemented: ORS 414.025, 414.065 & 414.150

History:
DMAP 47-2019, temporary adopt filed 11/08/2019, effective 11/12/2019 through 05/09/2020