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ARCHIVES DIVISION

STEPHANIE CLARK
DIRECTOR

800 SUMMER STREET NE
SALEM, OR 97310
503-373-0701

NOTICE OF PROPOSED RULEMAKING
INCLUDING STATEMENT OF NEED & FISCAL IMPACT

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

FILED

04/29/2024 2:44 PM
ARCHIVES DIVISION
SECRETARY OF STATE

FILING CAPTION: The Public Health Authorities are Made Eligible to Claim for the Reimbursement of Lead Investigation.

LAST DAY AND TIME TO OFFER COMMENT TO AGENCY: 05/21/2024 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.

A public rulemaking hearing may be requested in writing by 10 or more people, or by a group with 10 or more members, within 21 days following the publication of the Notice of Proposed Rulemaking in the Oregon Bulletin or 28 days from the date the Notice was sent to people on the agency mailing list, whichever is later. If sufficient hearing requests are received, the notice of the date and time of the rulemaking hearing must be published in the Oregon Bulletin at least 14 days before the hearing.

CONTACT: Martha Martinez-Camacho
503-559-0830
hsd.rules@oha.oregon.gov

500 Summer Street NE
Salem, OR 97301

Filed By:
Martha Martinez-Camacho
Rules Coordinator

NEED FOR THE RULE(S)

The local public health authorities are currently having difficulty in getting reimbursed for their services for the lead investigation. A minor update is included to allow the local public health authorities claim for reimbursement of lead investigation. There is a need to clarify the reimbursement process in the lead screening rule for the environmental lead investigation to include the local health authorities.

DOCUMENTS RELIED UPON, AND WHERE THEY ARE AVAILABLE

None

STATEMENT IDENTIFYING HOW ADOPTION OF RULE(S) WILL AFFECT RACIAL EQUITY IN THIS STATE

The goal is to positively impact the historically underrepresented population and to increase their representation in the lead screening for the EPSDT population (children age group, 0-21 years).

FISCAL AND ECONOMIC IMPACT:

The rule change brings a positive fiscal impact on the public health authorities, they will be able to get reimbursed for their service for the lead investigation.

The previous version of the rule only included the registered health practitioners as eligible parties for claiming the reimbursement of their services. This resulted in denial of claims by the local public health staff who are conducting any environmental investigation to look for sources of lead poisoning the child. We have collected feedback from the community and included in this version of the rule. Hope is that the issue in the system will be resolved by this rule update.

No fiscal impact on public and on other state agencies.

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).

(1) The local public health authorities will get reimbursement for their service on environmental lead investigation.

(2)

(a) This rule will not impact the small businesses; it will only impact the local public health authorities.

(b) The local public health authorities will be positively impacted; they are currently doing the service and not being reimbursed by Medicaid program. Any administrative activities will be associated with Medicaid billing on the provider side.

(c) No equipment required, the public health authorities will have to enroll as Medicaid providers and fill out the claim forms using correct billing codes for the services.

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

This rule will not impact the small business, it will only impact the local public health authorities.

WAS AN ADMINISTRATIVE RULE ADVISORY COMMITTEE CONSULTED? NO IF NOT, WHY NOT?

No, we plan to engage with the local public health authorities over monthly calls. We have started the process on 4/18/2024, and plan to meet them over the next few calls to educate about this specific rule update.

The rule change was discussed in the monthly calls for the Coalition of Local Public Health Officials (CLHO) and their feedback and comments were considered in the rule update.

ADOPT: 410-151-0040

RULE SUMMARY: All children enrolled in the Oregon Health Plan, including Fee-for-Service and MCEs, must have blood lead screening tests at age 12 months and 24 months. Any child between ages 24 and 72 months who has not had a previous blood lead screening test must receive one. Completion of a risk assessment questionnaire does not meet the lead screening requirement for Medicaid.

CHANGES TO RULE:

410-151-0040

Lead Screening

(1) All children enrolled in the Oregon Health Plan, including Fee-for-Service and MCEs, must have blood lead screening tests at age 12 months and 24 months. Any child between ages 24 and 72 months who has not had a previous blood lead screening test must receive one. Completion of a risk assessment questionnaire does not meet the lead screening requirement for Medicaid.

(2) Method of Blood Collection: A single venous or capillary blood draw is acceptable for the blood lead screening test. A capillary blood lead level equal to or greater than 3.5 micrograms per deciliter must be confirmed with either a venous draw or a second capillary draw within twelve (12) weeks of each other.

(3) Blood lead levels greater than or equal to 3.5 micrograms per deciliter from a venous draw or two capillary blood lead tests drawn within twelve (12) weeks of each other in children under 18 years of age and pregnant or lactating women must be reported to and initiate case management by the local public health authority. See the definition of "Blood lead level at or above the blood lead level" in OAR 017-0000.

(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) Health care providers shall report all cases or suspected cases when blood lead levels are at or above the blood lead reference authority within one (1) working day and within seven (7) days when any blood lead level tests are performed including the 0015(3)(c)(A); OAR 333-018-0015(3)(d)¶
- (6) All children, pregnant and lactating women with lead poisoning are eligible to receive follow up case management services. Oregon Health Authority Public Health Division's Oregon Lead Poisoning Investigative Guidelines at: <https://www.oregon.gov/oha/PH/HealthyEnvironments/HealthyNeighborhoods/LeadPoisoning/CountyHealthDepartment>¶
- (7) The local public health authorities are eligible for investigation reimbursements. To bill for comprehensive lead investigation, Payment for code T1029 includes the home investigation and any follow-up case management services provided after the home investigation. Authority limits reimbursement of T1029 to one time per dwelling. For clients enrolled in Fee-for-Service, the service is paid for service through September 30, 2020. Effective October 1, 2020 for members enrolled in managed care plans, the service is paid for by Statutory/Other Authority: ORS 413.042
Statutes/Other Implemented: ORS 414.025, 414.065, 414.150