

LeadCare® II

In-Office Lead Testing



CODING AND REIMBURSEMENT GUIDE

Coverage, coding, and payment are critical components to the delivery of health care today. This guide has been developed to provide clinicians and staff with key information to assist with the billing of in-office lead testing. The coding information discussed in this document is provided for informational purposes only, is subject to change, and should not be construed as legal advice. The codes listed below may not apply to all patients or to all health plans; providers should exercise independent clinical judgment when selecting codes and submitting claims to accurately reflect the services and products furnished to a specific patient.

Coverage

An estimated 1 in 38 children under 6 in the U.S. suffer from elevated lead levels. Because of this, there is widespread coverage of lead testing for children in the U.S. today. All state Medicaid agencies and managed care organizations typically consider lead screening a medically necessary preventive health care service for children according to guidelines from the Centers for Disease Control and Prevention (CDC), the U.S. Preventive Services Task Force (USPSTF), the American Academy of Pediatrics (AAP), and the American Academy of Neurology (AAN). There are state mandates requiring testing at specific ages. In addition, there are national HEDIS guidelines that managed care plans seek to adhere to that promote lead testing.

In-office lead testing is frequently covered as an alternative to sending samples to a lab or a patient for off-site blood draw. To determine if an individual plan covers the in-office lead test, you can contact the plan provider line or send a letter requesting authorization (www.magellandx.com/reimbursement) to learn the coverage status and reimbursement amount.

Coding

Coding for physician in-office lead testing may utilize the following CPT code:

CPT Code	Description
83655	Lead Test

Some insurers may require a modifier be appended to the CPT code when billed in the office setting:

Modifier	Description
QW	CLIA Waived Test

Some insurers may require additional CPT codes for in-office testing. These may be necessary for claims processing, although the procedure may not necessarily describe the lead test:

CPT Code	Description
36416	Collection of capillary blood specimen (e.g., finger, heel, ear stick)

Plans often allow lead testing to be billed for a variety of diagnosis codes. The primary ICD-10 diagnosis codes most commonly accepted include:

ICD-10 Code	Description
Z00.129	Encounter for routine child health examination without abnormal findings
Z00.121	Encounter for routine child health examination with abnormal findings
Z13.88	Encounter for screening for disorder due to exposure to contaminants
Z77.011	Contact with and (suspected) exposure to lead

Disclaimer: The information provided herein reflects Magellan Diagnostics' understanding of the procedure(s) and/or device(s) from sources that may include, but are not limited to, the CPT, ICD-10 and MS-DRG coding systems; Medicare payment systems; commercially available coding guidelines; professional societies; and research conducted by independent coding and reimbursement consultants. This information should not be construed as authoritative. The entity billing Medicare and/or third party payers is solely responsible for the accuracy of the codes assigned to the services and items in the medical record. Magellan Diagnostics does not, and should not, have access to medical records, and therefore cannot recommend codes for specific cases. When you are making coding decisions, we encourage you to seek input from the AMA, AHA, relevant medical societies, CMS, your local Medicare Administrative Contractor and other health plans to which you submit claims. Magellan Diagnostics does not promote the off-label use of its devices.



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LOINC codes are universal identifiers for laboratory and other clinical observations that are specific to the analyte, sample type and units of measure:

LOINC Code	Description
5671-3	Lead in blood
10368-9	Lead in capillary blood

Some additional diagnosis codes that may also be acceptable include, but are not limited to:

Code	Description
D50.0 - D50.9	Iron deficiency anemia
F98.3	Pica of infancy and childhood
F81.0 - F81.81	Delays in reading and written expression
F80.1	Expressive language disorder
H90.0 - H91.90	Hearing loss
K59.00-K59.09	Constipation
R40.20	Coma
R40.4	Transient alteration of awareness
R56.1	Post traumatic seizures
R56.9	Unspecified convulsions
R53.81; R53.83	Other malaise; other fatigue
R27.0 - R27.9	Lack of coordination [ataxia]
R63.0	Anorexia
R62.50 - R62.0	Lack of expected normal physiological development in childhood
R51	Headache
R11.2 - R11.12	Nausea and vomiting
R10.9 - R10.30	Abdominal pain
T56.0X1A - T56.0X4A	Toxic effect of lead and its compounds
T74.02XA, T76.02XA	Child neglect

Payment

There are national fee schedule payment amounts associated with CPT code 83655 for lead testing in the office setting. However, Medicaid agencies and managed care plans will have contract and location specific amounts. Providers should always check with their third party payer to confirm payment amount.

CPT Code	Description	Office-Payment ¹
83655	Lead Test	\$14.95