

Collecting Capillary Blood Lead Samples in the Office

Designed by the Wisconsin Childhood Lead Poisoning Elimination Plan
Blood Lead Testing Subcommittee



Hello and thank you for your interest in testing patients in your office for lead poisoning! This packet contains the information needed to initiate capillary blood lead sampling. We hope you find it helpful as you begin capillary testing procedures in your office.

Enclosed you will find training and reference materials for your use as needed. One of the enclosures is a list of contact persons should you have questions regarding the procedure or other issues related to testing children for lead poisoning.

ENCLOSURES

- ✎ Wisconsin Blood Lead Screening Recommendations
- ✎ Wisconsin Medicaid Update: May, 2007
- ✎ Wisconsin State Laboratory of Hygiene Procedure for the Collection & Shipment of Fingertick Blood Lead Specimens
- ✎ Micro-Collection Blood Containers – examples
- ✎ Sample Blood Lead Lab Reporting Form
- ✎ Wisconsin Blood Lead Testing Laboratories
- ✎ Contact List

ADDITIONAL RESOURCE:

CDC Guidelines for Collecting and Handling Blood Lead Samples (available in DVD or VHS) – a step-by-step demonstration of the capillary collection procedure. To obtain a copy contact Wendy Potochnik, Manager, Quality Improvement, UnitedHealthcare/AmeriChoice, 414-443-4566 or wendy_1_potochnik@uhc.com.



WISCONSIN BLOOD LEAD SCREENING RECOMMENDATIONS

<p>Ask each family the “4 Easy Questions” at each well-child visit between the ages of 6 months through 5 years.</p> <p>A clinic site that serves many children who are enrolled in Medicaid or WIC, are uninsured or underinsured may choose not to ask the "4 Easy Questions" and simply obtain a blood lead test on all children at the recommended ages (see below). If a child that does not routinely receive preventive health care is seen for any reason at a clinic site, include an assessment for lead and immunization status and provide needed services.</p>	<p>"4 Easy Questions":</p> <ol style="list-style-type: none"> 1. Does the child now live in or visit a house or building built before 1950? Have they ever in the past? (include places such as day care, home of friends, grandparents or other relatives)? Answer of “yes” or “don’t know” indicates risk of exposure. 2. Does the child now live in or visit a house or building built before 1978 with recent or ongoing renovations? Have they lived in such a building in the past (include places such as day care, home of friends, grandparents or other relatives)? Answer of “yes” or “don’t know” indicates risk of exposure. 3. Does the child have a brother, sister, or playmate who has been diagnosed with lead poisoning? Answer of “yes” indicates risk of exposure. 4. Is the child enrolled in (or eligible for) Medicaid or WIC? Answer of “yes” indicates risk of exposure. State and federal Medicaid policies require lead testing of all Medicaid children at around ages 12 and 24 months and between 36-72 months if no previous test documented.
<p>Obtain a blood lead test at ages 1 and 2 years</p>	<p>✓ If any answer to the 4 Easy Questions indicates a risk of exposure</p>
<p>Obtain a blood lead test if at ages 12, 18, & 24 months</p>	<p>✓ If the child lives in the cities of Milwaukee or Racine.</p>
<p>Obtain a blood lead test from a child between the ages of 3-5 years with no documented blood lead test</p>	<p>✓ If any answer to the 4 Easy Questions indicates a risk of exposure</p> <p>✓ If the child is enrolled in Medicaid or WIC</p>
<p>Obtain a blood lead test annually from a child at ages 3, 4, and 5 years of age.</p>	<p>✓ If the child is enrolled in Medicaid, WIC, or is uninsured and lives in the cities of Milwaukee or Racine</p>

Source: "A Wisconsin Physician's Guide to Blood Lead Screening & Treatment of Lead Poisoning in Children", November, 2000

To:

County

Departments of
Community
Programs,
Human
Services, Social
Services

HealthCheck
Providers

Nurse Midwives

Nurse
Practitioners

Physician
Assistants

Physicians

HMOs and Other
Managed Care
Programs

Blood Lead Testing Requirements

The Centers for Medicare and Medicaid Services, through Early and Periodic Screening, Diagnosis, and Treatment guidelines, requires that all children who are enrolled in Wisconsin Medicaid receive a blood lead test at about 12 months and again at about 24 months. In addition, children between the ages of three and five must receive a blood lead test if they have never been tested before. This requires the testing of all children enrolled in Wisconsin Medicaid regardless of the presence or absence of recognized lead exposure risks.

Medicaid Requirements for Blood Lead Testing

According to the Centers for Medicare and Medicaid Services, all Medicaid children are considered at high risk for lead poisoning. Therefore, all children who are enrolled in Wisconsin Medicaid must receive a blood lead test at about the following ages:

- 12 months *and* 24 months.
- Three to five years, if not previously tested.

Providers are responsible for assuring that children receive blood lead tests at the required ages. Testing of all children enrolled in Wisconsin Medicaid applies regardless of the presence or absence of recognized lead exposure risks. According to the American Academy of Pediatrics, a low blood lead concentration in a one-year-old does not preclude elevation later. Therefore, providers are required to repeat blood lead testing at

about two years of age, regardless of the results of the one-year test.

A capillary fingerstick can be done for a blood lead screening test. A confirmatory venous blood test is required only if the capillary blood lead level is 10 mcg/dL or greater.

Wisconsin's Blood Lead Testing Results

In 2006, 2,117 children in Wisconsin were found to be lead poisoned. From 1997 through 2006, 34,730 children in Wisconsin were found to be lead poisoned¹ and 78 percent of these children were enrolled in Wisconsin Medicaid. Unfortunately, only about one third of all Medicaid children entering school have received the required testing for lead poisoning.

Refer to the Attachment of this *Wisconsin Medicaid and BadgerCare Update* for locations of Wisconsin Lead Poisoned Children from 1997 through 2006.

Medicaid Blood Lead Testing Summary Report

Providers who annually see 25 or more Medicaid-eligible children that fall within the required testing age range recently received a Medicaid Blood Lead Testing Report from the Department of Health and Family Services through the Division of Health Care Financing and the Division of Public Health. The report allows the provider to evaluate his or her

compliance with Medicaid lead testing requirements.

Providers who did not receive a report and are interested in receiving one may contact the Wisconsin Childhood Lead Poisoning Prevention Program at (608) 266-5817.

Blood Testing at WIC Clinics

Approximately 75 percent of all children seen in Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) clinics in Wisconsin are Wisconsin Medicaid recipients. The WIC clinics do some blood lead testing of Medicaid-enrolled children when performing routine blood tests for hemoglobin or hematocrit. Confusion often exists when a fingerstick is performed at the WIC clinic for hemoglobin or hematocrit as parents may assume that their child was also tested for lead. To validate that a blood lead test was performed on a particular child and to obtain the result of the test, providers may contact the Wisconsin Childhood Lead Poisoning Prevention Program at (608) 266-5817 or the Milwaukee Childhood Lead Poisoning Prevention Program at (414) 286-5987.

Office-Based Blood Lead Testing

Wisconsin Medicaid encourages providers to draw capillary (fingerstick) blood lead samples within their office or clinic. Performing the fingerstick in the clinic ensures the test is completed. If the child is referred to an outside area, the test may not be done.

Providers wanting to provide blood lead testing in their office should refer to provider handbooks for information on the Clinical Laboratory Improvement Amendment. The Clinical Laboratory Improvement Amendment requires laboratories and providers performing tests for health assessment or for the diagnosis,

prevention, or treatment of disease or health impairment to comply with specific federal quality standards.

Online Resources for Information on the Treatment and Prevention of Lead Poisoning

The following information regarding lead poisoning is available online.

- The American Academy of Pediatrics delivered a policy statement in 2005 that reiterates the Medicaid blood lead testing mandate because most children with lead poisoning are Medicaid recipients and most have not been tested (*pediatrics.aappublications.org/cgi/content/full/116/4/1036#SEC6*).
- The Centers for Disease Control and Prevention's (CDC) August 2005 statement titled "Preventing Lead Poisoning in Young Children," includes a review of scientific evidence for adverse effects in children at blood lead levels below 10 mcg/dL (*www.cdc.gov/nceh/lead/publications/PrevLeadPoisoning.pdf*).
- Information on medical assessment and interventions for lead poisoning, including chelation treatment protocols include the following:
 - ✓ The CDC's March 2002 report titled "Managing Elevated Blood Lead Levels in Young Children: Recommendations from the Advisory Committee on Childhood Lead Poisoning Prevention" (*www.cdc.gov/nceh/lead/CaseManagement/caseManage_main.htm*).
 - ✓ "Protocols for Clinical Management of Lead Poisoned Children," Margaret Layde, M.D., Medical College of Wisconsin (*dhfs.wisconsin.gov/lead/doc/laydeprotocol.pdf*).

Approximately 75 percent of all children seen in Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) clinics in Wisconsin are Wisconsin Medicaid recipients.

- Lead poisoning risk factors in Wisconsin, such as Medicaid versus non-Medicaid status, racial and ethnic disparities, age of child, and age of housing (dhfs.wisconsin.gov/lead/lpsurveillance/index.HTM).
- Early and Periodic Screening, Diagnosis, and Treatment program requirements, including the blood lead testing requirement (www.cms.hhs.gov/MedicaidEarlyPeriodicScrnl02_Benefits.asp#TopOfPage).
- Information that can be provided to families include the following:
 - ✓ The brochure titled, “Look Out for Lead” (dhfs.wi.gov/lead/doc/ParentsLeadEng.pdf).
 - ✓ “Lead Paint Safety: A Field Guide for Painting, Home Maintenance and Renovation Work” (www.hud.gov/offices/lead/training/LBPguide.pdf).
 - ✓ A list of consumer products that contain dangerous levels of lead (dhfs.wi.gov/lead/LSources_Products.HTM).

For more information on educational materials for preventing lead poisoning, providers may contact the Wisconsin Childhood Lead Poisoning Prevention Program at (608) 266-5817.

Requirements Apply to All Medicaid Children

The requirements discussed in this *Update* apply to all Medicaid children, regardless of whether they are in fee-for-service or an HMO.

¹Defined as a blood lead level equal to or greater than 10 mcg/dL, which the Centers for Disease Control and Prevention (CDC) considers a blood lead level of concern.

The *Wisconsin Medicaid and BadgerCare Update* is the first source of program policy and billing information for providers.

Although the *Update* refers to Medicaid recipients, all information applies to BadgerCare recipients also.

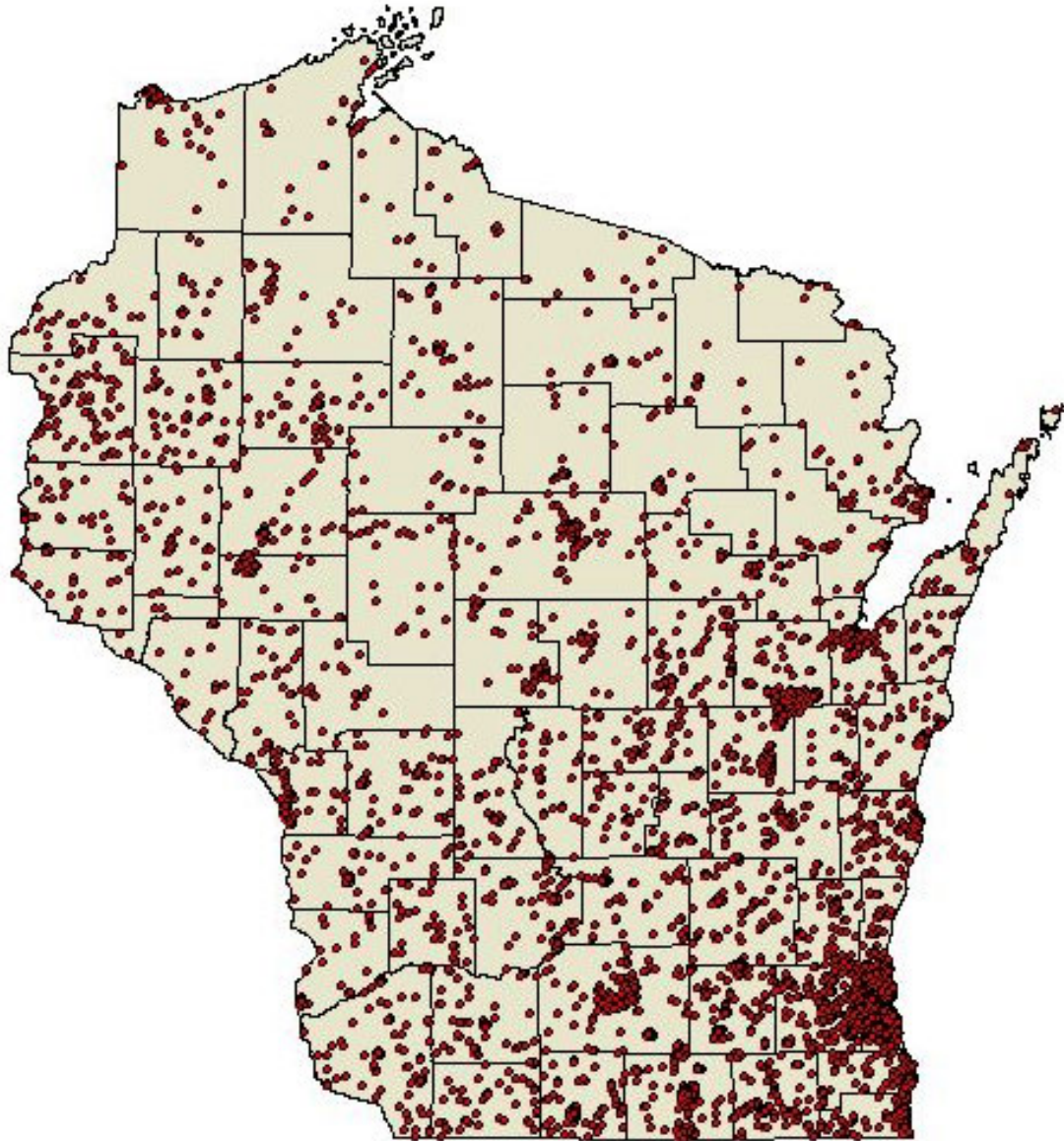
Wisconsin Medicaid and BadgerCare are administered by the Division of Health Care Financing, Wisconsin Department of Health and Family Services, P.O. Box 309, Madison, WI 53701-0309.

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

Locations of Wisconsin Lead Poisoned Children* 1997 Through 2006



* According to statistics provided by the Division of Public Health, a total of 34,730 Wisconsin children less than six years old were found to be lead poisoned during that time period.

**PROCEDURE FOR THE COLLECTION & SHIPMENT OF
FINGERSTICK BLOOD LEAD SPECIMENS**

This is an abbreviated procedure for the collection, shipment, and other aspects of blood lead specimen sampling by fingerstick. The information has been generalized from instructions provided by the Wisconsin State Laboratory of Hygiene for use with their collection materials.

A. REQUIRED MATERIALS

- soap or waterless cleanser
- powder-free examination gloves and other personal protective equipment
- trash bags suitable for medical waste
- sharps container
- alcohol swabs*
- sterile gauze pads*
- safety lancets*
- Multivettes® or other suitable blood microcontainer with caps*
- Labels for specimens*
- adhesive bandages*
- absorbent material*
- ziplock or glue-sealed sample bags (secondary container) w/biohazard label*
- test request forms*
- Appropriate outer shipment containers and labels*

*denotes items provided for samples submitted to WSLH for blood lead analysis

If not provided by the testing laboratory, most of these materials are readily available through medical or scientific equipment vendors, e.g. Cardinal Health, Medix, Fisher Scientific, VWR, The choice of blood container is the most critical component. A wide array of containers are available, and in many cases the laboratory will provide a suitable container for use. Some characteristics to consider when seeking a collection container include:

- Whole blood is required. EDTA anticoagulant is optimal for specimen integrity and stability in storage. Heparin is an acceptable alternative anticoagulant.
- Devices that work via capillary action are generally preferred to “scoop” type containers for ease of use and possibly lower risk of sample contamination.
- Recessed caps for the containers. This lowers the risk of sample contamination because the cap does not contact environmental surfaces.
- Though rare, containers can be contaminated with lead when manufactured. The use of containers that have not been tested for lead content prior to use consequently have a small risk of giving false positive results. Many laboratories provide containers that have been tested. Containers certified to be “lead-free” by the manufacturer no longer appear to be available, limiting options for a clinic wishing to purchase their own containers.
- The personal preferences of the collectors.

Examples of blood containers and a list of some representative manufacturers can be found elsewhere in this packet.



B. COLLECTION PROCEDURE

Care must be taken throughout the procedure to prevent environmental contamination of the specimens. This contamination most often occurs due to insufficient cleansing of the child's hand, contact between the blood container and a contaminated surface, or the deposition of dust on an item that will later be in contact with the blood.

NOTE: Powder-free gloves should be worn during collection procedures. Follow appropriate universal precautions for bloodborne pathogens.

1. Open and arrange equipment and check to see that all collection materials are within easy reach. Avoid allowing collection materials that will be in contact with blood to contact environmental surfaces.
2. Wash, rinse, and dry the child's hand. Following washing, the finger to be punctured must not be allowed to touch any surface, including the other fingers.
3. Scrub the finger (usually the middle or ring finger) with an alcohol pad.
4. Blot the sampling area once with a dry gauze pad.
5. Puncture the finger, nail side up, using a sterile lancet. The puncture should be slightly to the side of the pad of the finger.
6. Absorb the first drop of blood with the corner of a gauze pad. It is often diluted with tissue fluid.
7. Touch the capillary tip of the blood container to the second blood drop, minimizing direct contact with the skin surface. The container works best if held horizontal or angled downward slightly for proper blood flow. Blood will be drawn into the tip.
8. If necessary, gently massage the base of the finger to improve blood flow. Do not 'milk' the finger as this may dilute the blood with tissue fluids.
9. Fill the container to an appropriate volume. The volume of blood requested will be specific to the particular testing laboratory, but is typically 50-100 μL of blood. One drop of blood is generally considered to have a volume of about 20 μL .
10. Cap the tube as directed by the manufacturer, and mix. Label the tube with the child's name and any other required information.
11. Stop bleeding if necessary and bandage the finger.

C. STORAGE AND SHIPMENT INSTRUCTIONS

Note: The following information is based on WSLH interpretation of current shipping regulations as of November 2007. Consult your own shipping experts for interpretation of all laws and regulations that may apply to your specific circumstances.

1. Blood preserved with EDTA is generally stable with respect to lead measurement at room temperature or lower. Therefore, when storing EDTA-preserved blood specimens prior to shipment it is desirable, but not strictly necessary, to refrigerate or freeze the blood. Similarly, it is not typically necessary to ship specimens with ice or other cold packs to maintain specimen integrity. However, exposure to very high temperatures can cause blood to congeal, so this should be considered in situations where high temperatures may be encountered. The testing lab may have specific shipment requirements
2. For shipment, labeled specimens and material sufficient to absorb the entire volume of blood should be placed into a secure secondary container, e.g. a glue-sealed or Ziplock-type bag. For convenience,

several labeled containers and absorbents may typically be placed in one bag for shipment. Properly seal the bag. Shipping regulations require the secondary container to contain the universal biohazard symbol.

3. Sealed specimen bags and test request forms should then be placed in a sturdy outer shipment container that contains a label reading "exempt human specimen," per regulation. A biohazard or other similar label should NOT be affixed to the outer container. The specimens can then be provided to the U.S. Postal Service or private carrier for shipment.

Note: If the specimen is known or suspected to contain an infectious agent, different packaging may be required. Contact the laboratory, Postal Service, or your private carrier for more information.

D. TESTING METHOD INFORMATION

Once a valid specimen has been collected, there are a variety of analytical methods that are suitable for obtaining accurate blood lead results. When choosing a testing laboratory, some pertinent considerations include:

- Test cost
- Expected turnaround time for results
- Accreditation to perform blood lead testing
- Blood volume required
- Provision of tested collection containers and other needed materials

A list of Wisconsin laboratories that currently participate in the federal evaluation program for blood lead and employ test methods suitable for stored blood can be found elsewhere in this packet.

Testing in-house is also an option, and some instruments are suitable for use in physician office settings. Testing in-house can allow immediate results, which is advantageous, and will also confer responsibilities for reporting results to the Dept. of Health & Family Services (DHFS) and for certification under the federal laboratory regulations (CLIA '88 regulations.)

E. REPORTING REQUIREMENTS

WI statutes require the reporting of all blood lead results to the DHFS. Critical fields in the report include child name, primary address, date of birth, sample type, testing site, test date, and result. However, many other pieces of demographic information are also needed. A sample reporting form can be found elsewhere in this packet.

Responsibility for reporting typically resides in the testing laboratory; it is the responsibility of the physician or clinic only in situations where testing is performed in-house or by a non-compliant testing lab.

F. BILLING INFORMATION

Reimbursement for blood lead sampling is provided when the provider submits a claim form CMS 1500 (formerly called HCFA 1500) to the third party payer. The standard fields must be completed such as: provider identifier, address, NPI and TIN numbers; patient name, address and Medicaid ID number; date of service etc.

The CPT codes to use for blood lead testing are:

- 99000 – handling and/or conveyance of specimen for transfer from the physicians office to a lab OR
- 99001 handling and/or conveyance of a specimen for transfer from the patient in other than a physician's office to a laboratory
- 99211 – brief office or outpatient visit
- 83655 – blood lead testing fee. This is used if the actual lab test is being run in your office.

MICRO-COLLECTION BLOOD CONTAINERS

Examples--list is not inclusive

Sarstedt Inc.

www.sarstedt.com

info@sarstedt.com

828 465-4000

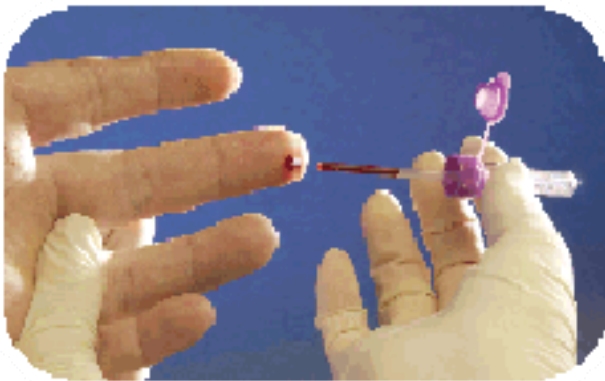


Becton Dickinson (BD)

www.bd.com/vacutainer/products/capillary

vacutainer_techservices@bd.com

888 237-2762



RAM Scientific

www.ramsci.com

info@ramsci.com

800 535-6734



Terumo Medical Corp.

www.terumomedical.com

support@terumomedical.com

800 283-7866



This form lists the required demographic information associated with blood lead testing that is required by the Wisconsin Department of Health and Family Services (DHFS). The information will typically be requested by the testing laboratory on their request form, but you may choose to use this or your own similar form to provide the information. The testing laboratory holds the responsibility for reporting to DHFS.

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)
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Date of Birth (mm/dd/yyyy)	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Ethnicity (Check appropriate) <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Non-Hispanic/Non-Latino <input type="checkbox"/> Unknown
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Race (Check appropriate box)		
<input type="checkbox"/> Native American	<input type="checkbox"/> Black	<input type="checkbox"/> Unknown
<input type="checkbox"/> Asian/Pacific Islander	<input type="checkbox"/> White	<input type="checkbox"/> Other, Specify

Patient's Street Address		Apartment Number
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City	County	State	Zip Code
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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
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Employer's Address (Street, City, State, Zip Code)
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Name of Health Care Provider	Telephone Number ()
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Address of Provider (Street, City, State, Zip Code)

Name of Physician (If different than Health Care Provider)	Telephone Number ()
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Address (Street, City, State, Zip Code)

Date Blood Collected (mm/dd/yyyy)	Blood Collection Type (Check One) <input type="checkbox"/> Venous <input type="checkbox"/> Capillary
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ADDITIONAL INFORMATION TO BE PROVIDED BY THE LABORATORY

Laboratory Name	Clinical Laboratory Improvement Amendment Number:
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Address(Street, City, State, Zip Code)	Telephone Number ()
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Date of Analysis (mm/dd/yyyy)	*Results <u>micrograms lead per 100 milliliters of blood</u>
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***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

WISCONSIN BLOOD LEAD TESTING LABORATORIES



Please note: The following list is limited to WI laboratories that participate in proficiency testing, utilize test methods suitable for shipped blood specimens, and may be able to accept specimens from new clients. Some blood lead measurement methods require blood to be maintained at room temperature (refrigeration is not acceptable) and analyzed less than 24 hours following collection. Based on these restrictions, sites using these methods have not been included.

As always, billing issues are addressed between the provider and the laboratory.

<p>State Laboratory of Hygiene Noel Stanton, Toxicology 2601 Agriculture Dr Madison, WI 53718 608-224-6251 nvstox@mail.slh.wisc.edu</p>	<p>City of Milwaukee Health Department Ben Hui 841 N Broadway St - Rm 205 Milwaukee, WI 53202 414-286-5098 bhui@Milwaukee.gov</p>
<p>St Elizabeth's Hospital Laboratory-Mike Newell 1506 S Oneida Appleton, WI 54915 920-831-1341 mnewell@affinityhealth.org</p>	<p>Dynacare Laboratories Diane Breitenfeld 9200 W Wisconsin Ave Milwaukee, WI 53226 414-805-8401 dbreitenfeld@dynacaremilwaukee.com</p>
<p>ACL Industrial Tox Lab Dr Leon Saryan - Tech Director 8901 W Lincoln Ave West Allis, WI 53227 414-328-7945 leon.saryan@acllab.com</p>	<p>Bellin Memorial Hospital Laura Blecha, Special Chemistry Laboratory 215 N Webster Ave Green Bay, WI 54301 920-431-5506 lablec@bellin.org</p>
<p>Marshfield Clinic Sue Jahnke 1000 N Oak Ave Marshfield, WI 54220 715-387-5003 jahnke.susan@marshfieldclinic.org</p>	<p>Theda Care Laboratory Katherine Mckenzie 130 Second St Neenah, WI 54957 920-729-2649 katherine.mckenzie@thedacare.org</p>



Contact List

These are some individuals and agencies that are useful resources regarding blood lead testing.

- Noel Stanton Toxicology/Environmental Sciences Section
State Laboratory of Hygiene
E-mail: nvstox@mail.slh.wisc.edu
Phone: 608-224-6251
Fax: 608-224-6259
- Meredith Lins Wisconsin Childhood Lead Poisoning Prevention Program
Nurse Consultant
E-mail: linsmj@dhfs.state.wi.us
Phone: 608-266-0197
Fax: 608-267-0402
- Margie Coons Wisconsin Childhood Lead Poisoning Prevention Program
Program Manager
E-mail: coonsmj@dhfs.state.wi.us
Phone: 608-267-0473
Fax: 608-267-0402
- Tiffany Barta City of Milwaukee Health Department
Childhood Lead Poisoning Prevention Program
Public Health Nurse Coordinator
E-mail: tbarta@milwaukee.gov
Phone: 414-286-2197
Fax: 414-286-6669

Many local public health agencies are also useful resources for blood lead testing information. For a listing of public health departments in your city or county that are available to assist with questions about blood lead testing and guidelines go to: <http://dhfs.wisconsin.gov/localhealth/index.htm>.