

CHILDHOOD LEAD SCREENING LABORATORY, MA STATE PUBLIC HEALTH LABORATORY
305 SOUTH STREET, BOSTON, MA 02130-3597. TEL: 617-983-6665; FAX: 617-983-6677

DATE SAMPLE
COLLECTED: *

*Required Fields

PATIENT INFORMATION:					
LAST NAME: *		FIRST NAME: *		INITIAL:	DATE OF BIRTH (MM/DD/YY): *
SEX: *					
STREET ADDRESS: *		APT. #: *	CITY OR TOWN: *		STATE: * ZIP CODE: *
RACE: (Circle)* American Indian or Alaskan Native Asian White		ETHNICITY: (Circle)* Hispanic/Latino Non-Hispanic/Latino Unknown		PHONE: * ()	
Black or African American Native Hawaiian/Other Pacific Islander					
INSURANCE INFORMATION: (Include the whole member ID number and any letters that are part of that number)					
Name of Primary Insurance Company: *		Insurance Provider PHONE: ()		Member ID Number: * Group ID Number: (if available)	
SUBSCRIBER'S Name: *		Subscriber's Date of birth (MM/DD/YY): *		PHONE: ()	
Last, First, MI					
Subscriber's Street Address: *		City: *		State: *	Zip: *
Patient Relationship to Subscriber: (Circle) * Spouse Child Other					
Name of Secondary Insurance Company (or SELF-PAY information):		Member ID Number:		Group ID Number: (if available)	
SUBSCRIBER'S Name:		Subscriber's Date of birth (MM/DD/YY):		PHONE: ()	
Last, First, MI					
Subscriber's Street Address: (If different from address above)		City:		State:	Zip:
Patient Relationship to Subscriber: (Circle) Spouse Child Other					
HEALTHCARE PROVIDER INFORMATION (Required for billing and reports distribution)					
Healthcare Provider Agency Name: *		DPH Assigned Provider Code (5-6 digits): *		Healthcare Provider Agency NPI#: *	
Healthcare Provider Agency Address: *		City: *	State: *	Zip: *	PHONE: * ()
Physician Name (First and Last Name): *		Physician NPI#: *			
First Last					
Patient MRN or SAMPLE ID:		Diagnostic/ Encounter Code*: Specimen Type*: <input type="checkbox"/> Finger stick Child: <input type="checkbox"/> Z00.129 <input type="checkbox"/> Z00.121 <input type="checkbox"/> Venipuncture Adult: <input type="checkbox"/> Z00.00 <input type="checkbox"/> Z00.01 Child/Adult: <input type="checkbox"/> Z13.88 Other: _____ See reverse side for code descriptions			
<p>On the reverse side of this form, please refer to the MA State Regulations regarding mandatory universal screening requirements for lead poisoning (updated 12/1/17). Submission form downloadable at: (https://www.mass.gov/state-public-health-laboratory-services)</p>					

MA Mandatory Universal Screening Requirements (12/1/2017):

Massachusetts has a mandatory universal screening requirement for lead poisoning.

- (1) All children shall be screened once between nine and 12 months of age, and again at two and three years of age.
- (2) In addition, children who live in one of the cities and towns at high risk for childhood lead poisoning, as determined by the State Program and distributed to clinicians and the public, shall be screened at four years of age.

Screening of Children at High Risk for Lead Poisoning:

(1) Children shall be screened for lead poisoning more than once a year whenever, in the sound medical judgment of the health care provider, they are at high risk of lead poisoning or when they meet one of the following high-risk criteria:

- (a) Living in a home where siblings or other children in the same household are lead poisoned.
- (b) Living in a pre-1978 home that is undergoing renovations, unless it has been inspected by a lead inspector and the surfaces to be disturbed do not contain dangerous levels of lead.
- (c) Living in a pre-1978 home with deteriorated paint or plaster, unless it has been inspected by a lead inspector and does not contain a dangerous level of lead.

(2) Children who meet one of the high-risk criteria in 105 CMR 460.050(D)(1)(a) or (c) shall be screened at least every six months between six months and three years of age, and again at four and five years old. Children who meet the high risk criteria in 105 CMR 460.050(D)(1)(b), shall be screened within four weeks of the start of the renovation project, once a month thereafter during its duration, and once after its completion.

(E) If children between one and six years of age have never been screened for lead poisoning, they must be screened at entry to daycare including group or family day care, pre-kindergarten, or kindergarten, and present evidence of such screening. If they have previously been screened for lead poisoning, they need not be screened again to fulfill daycare, pre-kindergarten, or kindergarten entry requirements, but must present evidence of previous screening.

(F) Children younger than six years old identified as having a blood lead level of 5 µg/dL or greater shall be provided follow-up care, including repeat screening(s), in accordance with the current standards set forth by the American Academy of Pediatrics, or other qualified medical authority as determined by the Director.

Additional information may be found on DPH's Childhood Lead Prevention Program's website: www.mass.gov/dph/clppp

PRIMARY OR SECONDARY Insurance Instructions:

For primary and/or secondary insurance payment, you **must** complete the Insurance Company Name, Member ID number, the primary insurance subscriber's first and last name, subscriber's date of birth, phone number, mailing address, and patient relationship (child, spouse, or other).

SELF-PAY Submission Instructions:

For Self-Pay submissions, please use the "Secondary Insurance" section under INSURANCE INFORMATION by entering your first and last name as the "Subscriber", date of birth, phone number, mailing address, and patient relationship (child, spouse, or other). Leave Secondary Insurance Company, member ID, and Group ID fields blank or enter "N/A" (not applicable).

DIAGNOSTIC/ENCOUNTER CODES:

CHILD	
Z00.129	Encounter for routine child health exam w/o abnormal findings; is applicable to pediatric patients aged 0 - 17 years
Z00.121	Encounter for routine child health exam w abnormal findings; is applicable to pediatric patients aged 0 - 17 years inclusive
Z13.88	Encounter screen for disorder due to exposure to contaminants
ADULT	
Z00.00	Encounter for general adult medical exam w/o abnormal findings
Z00.01	Encounter for general adult medical exam w abnormal findings
Z13.88	Encounter screen for disorder due to exposure to contaminants