

## POLICY AND PROCEDURE

<b>SUBJECT/TITLE:</b>	Fee Schedule for Screening and Collection of Blood Lead Level
<b>SCOPE:</b>	Nursing
<b>CONTACT PERSON &amp; DIVISION:</b>	Director of Nursing
<b>ORIGINAL DATE ADOPTED:</b>	7/10/18
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<b>REVIEW FREQUENCY:</b>	Annually, or as needed
<b>TOTAL # OF PAGES:</b>	2
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## PURPOSE

The intent of this document is to establish the process for determining the fee for the screening and collection of Blood Lead Levels. Adherence to this standard will:

1. Set consistent and reasonable fee for the costs related to the screening and collection of Blood Lead Levels;
2. Allow for needed adjustments as costs change; and
3. Will give all patients fair and logical pricing.

## POLICY

The Galion City Health Department will maintain an up-to-date fee for Blood Lead Level Screening.

## BACKGROUND

The 44833 Galion zip code is a high-risk zip code for Lead in the Blood. It is Ohio Law all children between the ages of 1 and 6 be tested for lead in the blood if living within a high-risk zip code or answering YES to any questions as addressed in the Blood Lead Testing Requirements the Ohio Department of Health. Prior to implementing testing ability at the Galion City Health Department, clients requesting screening were referred out.

## PROCEDURES & STANDARD OPERATING GUIDELINES

- I. The Director of Nursing will update this fee schedule annually, or as needed, based on the direct cost of screening. The Finger Stick Collection fee (CPT 36415) will be based on a cost analysis of average nursing time rounded up to the whole dollar plus \$2. A time of service discount will be honored to a reduced cost of \$5 per finger stick if paid in full on the day of the test.
- II. Updated fee schedule will be effective July 1 of each year, following review and BOH approval. The fee schedule may be amended prior to the annual update as needed.

## CITATIONS

Ohio Department of Health *Blood Lead Testing Requirements For Ohio Children less than 6 years of Age*, available at <http://www.odh.ohio.gov/-/media/ODH/ASSETS/Files/eh/lead-poisoning---children/2014/Updated-Brochures-Forms/BloodLeadTestingRequirementsandZipCodes.pdf?la=en> , Revised 1/2018.

## CONTRIBUTORS

The following staff contributed to the authorship of this document:

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## APPENDICES

Appendix A: GCHD Policy and Procedure: Blood Lead Level Screening and Reporting

Appendix B: Ohio Department of Health Blood Lead Testing Requirements

## SIGNATURES

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Health Commissioner

09 / 13 / 2021  
Date