

**To:** AmeriHealth Caritas Delaware Pediatricians

**Date:** September 11<sup>th</sup>, 2025

**Summary: Childhood Lead Screening**

**Definitions:**

**Screening** - a capillary blood lead level test, including where a drop of blood is taken from a finger or heel of the foot.

**Testing** –a venous blood lead level test where blood is drawn from a vein.

Lead Poisoning remains a widespread environmental hazard for children in Delaware that can cause permanent and irreversible damage to the body.

**ALL** children enrolled in Medicaid are required to receive a blood lead screening or test at **12** months of age **and** again at **24** months of age.

Lead Screens / Tests Performed Between:	Shall Be Considered:
9 - 15 months of age	12-month-old screening or test
21 - 27 months of age	24-month-old screening or test

<https://regulations.delaware.gov/AdminCode/title16/4459A>

Children 28 months to 18 years of age with no history of lead screening or testing are required to complete at least one lead screening or test.

*(Note: Blood lead screenings or tests for children between 15 - 21 months of age will count towards one of the screening categories based on age)*

Per the CDC, the national standard for an elevated blood lead test result is 3.5 ug/dl and above.

Elevated lead levels require follow-up testing. See follow-up testing recommendations at:  
[https://www.cdc.gov/lead-prevention/hcp/clinical-guidance/?CDC\\_AAref\\_Val=https://www.cdc.gov/nceh/lead/advisory/acclpp/actions-blls.htm](https://www.cdc.gov/lead-prevention/hcp/clinical-guidance/?CDC_AAref_Val=https://www.cdc.gov/nceh/lead/advisory/acclpp/actions-blls.htm)



**Providers Using Lead Care Analyzers:**

Please forward elevated lead results to AmeriHealth Caritas Delaware's Blood Lead Results email box  
(*template and email address below*)

**For Lead Testing Referrals:**

Please refer **ALL** AmeriHealth Caritas Delaware patients to **LabCorp.**

**AmeriHealth Caritas Delaware's Lead Screening Reporting Template**

Please complete the template for AmeriHealth Caritas Delaware patients with elevated lead levels:

**Provider / Practice Name:**

**Office Location:**

Patient's Last Name	Patient's First Name	AmeriHealth ID #	Date of Birth	Date of Service	Blood Lead Level Result

**Forward completed templates to:** [ACDEBloodLeadResults@amerihealthcaritas.com](mailto:ACDEBloodLeadResults@amerihealthcaritas.com)

**If you have any questions, please contact:**

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