



2026 Best Practices Lead Screening for Children



Partnership Tools, Programs, and Promising Practices:

Partnership continues to invite providers to apply for the [Partnering for Pediatric Lead Prevention](#) program to receive a LeadCare II Point of Care testing device which allows clinic staff to collect and run specimens on site. Participants in the program are provided with a device and are eligible to own it after 12 months, if the clinic is successful in meeting lead testing targets.

- Contact leadpoc@partnershiphp.org with any questions or concerns regarding lead testing.
- Attend or view Partnership's [Improving Measure Outcomes training](#) on *Preventive Care for 0-30 Months* and *Preventive Care for Ages 3-17* for more information about blood lead testing.
- Partnership members can access transportation for non-emergency medical services for assistance in traveling to and from appointments. Members can access services by calling [Partnership Transportation Services](#) at **(866) 828-2303**, Monday – Friday, 7 a.m. – 7 p.m.

Patient Care:

- All parents / caregivers of children enrolled in Medi-Cal must receive lead prevention education at well-child visits from six months through six years of age. This education must be documented. Add this to EMR / EHR templates for each well child visit.
- All children on Medi-Cal must be tested for lead exposure at 12 and 24 months. Abnormal lead results require documentation of follow-up. Include blood lead testing completion and coding steps in EMR/EHR templates for 12-month and 24-month well child visits, at minimum, but practices are encouraged to add prompts to **each** well child visit from 12 months to six years to identify and test any children missing age-appropriate lead testing.
- Pair the hemoglobin test with the lead screening to utilize a single opportunity.
- To catch children whose blood lead test is not complete after 24 months old, utilize “flag” alerts in the EMR / EHR system or pre-visit planning tools so that each clinic staff can identify and communicate to parents/caregivers, at every member encounter, that their child is due for screening services and offer testing that day.
- Utilize Partnership-provided quarterly lists (and / or internally produced) lists of children behind on testing, to guide parents / caregivers.
- Create standing orders for staff so that capillary specimens can be collected when the child is in the exam room.
- Train care staff to use affirmative language when talking with parents / caregivers about lead testing rather than asking them if they would like their child tested.

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- Provide education internally to all providers and clinic staff serving children on the need for testing and communicate best practices.
- Have lead-free wipes readily available to dry hands, not only for care team / staff but for the children as well. Paper towels can result in false positives. Examples include KimWipes, D-wipes, etc.
- Consider obtaining a point of care lead testing machine which reduces barriers to testing by allowing for collection of the sample in the exam room and running of the sample on site rather than sending the child to an on-site or off-site lab.
- If you are looking at testing options, consider reaching out to your county public health lab to see if they offer lead testing. Some county public health labs have obtained point of care testing devices and are able to receive capillary specimens from clinics for testing. Public health reports results to the clinic and to California Department of Public Health.

Note: It is important that the specimen collection is done in the exam room, regardless of where the specimen is then tested. When possible, avoid sending parents / caregivers and children to a lab (even on-site), as it leads to lower testing rates.

Equity Approaches:

- Consider using an equity approach to increase screening rates for targeted communities. Look at blood lead test completion rates by factors of race, ethnicity, location (i.e., zip code), and preferred language. It is possible to identify disparities in testing rates that affect specific communities, and plan interventions to address these disparities.
- Ensure member information is consistent, welcoming, plain, person-centered, language appropriate, and delivered in traditional and electronic applications, per patient's preference.
- Have a conversation with parents / caregivers to confirm information about blood lead testing is mutually understood. Confirm that parents / caregivers agree with any plans made, and they were given the opportunity to ask questions.

Data and Coding:

- Submit claims and encounter data within 90 days of service.
- Code point of care tests as part of encounter / claims submission.

Compare EMR/EHR or lab requisition forms with HEDIS code to ensure lab order is in alignment with measure

Helpful Links:

[2026 PCP QIP Technical Specifications:](#)

- Measure Description

- Exclusions
- PCP QIP Full Points, Partial Points, Relative Improvement Definitions
- Notes for e-Reports and PQD

[QIP e-Reports Portal:](#)

- Measure Reports
- Diagnosis Code Crosswalk Report
- QIP Member Report

[Lead Poisoning and Prevention:](#)

- Partnering for Pediatric Lead Prevention Program Information
- Internal Resources
 - Lead declination forms
 - QIP Resources
 - Site Review Resources
 - Health Education
- External Resources