

# Pediatric Lead Testing

## Blood Lead Testing Requirement

The Centers for Medicare and Medicaid Services **requires providers to complete blood lead tests for all children enrolled in Medicaid** at ages 12 and 24 months, or once between ages 24-72 months if they were not previously tested. A screening questionnaire does not fulfill the Medicaid blood lead testing mandate.

## Who else should get tested for lead?

Conduct a blood lead test for children regardless of age when there are concerns of lead exposure or symptoms consistent with exposure. Use the list in our [Clinical Algorithm](#) to identify potential lead exposure risk in children.

Risk factors include:

- Lives in or regularly visits any house built before 1978
- Family eligible for income-based assistance programs (such as SNAP/WIC/TANF etc.)
- Known to have a sibling or frequent playmate with elevated blood lead levels
- Is a newly arrived immigrant, refugee, foreign adoptee, or child in foster care
- Exhibits pica behavior
- Lives or spends time with someone who works with lead or has hobbies that expose them to lead
- Family uses certain traditional remedies or cosmetics
- Consumes certain imported spices or candies
- Family uses imported ceramic or aluminum cookware

## RECOMMENDED FOLLOW-UP TESTING TIMEFRAMES

Perform follow-up testing for results above the current action level (3.5 µg/dL). Retest **within** the suggested timeframe based on clinical judgment.

Blood Lead Level (BLL)	Confirmatory Testing for Capillary Results (if applicable)	Initial Follow-up Test*
3.5-9 µg/dL	3 months	1 to 3 months
10-19 µg/dL	1 month	1 to 3 months
20-44 µg/dL	2 weeks	2 to 4 weeks
≥45 µg/dL	ASAP but no later than 24 hours	As advised by specialist

\*Refer to PEHSU Guidance for ongoing testing recommendations until BLL is < 3.5 µg/dL.

## PUBLIC HEALTH RESPONSE TO ELEVATED CASES

Local health departments have authority over response to blood lead cases in their jurisdiction. Resources and capacity vary across the state. Contact your county health department to learn what services are available locally. DOH may be able to assist with case response at the request of local health jurisdictions.

### CHILDHOOD LEAD POISONING PREVENTION PROGRAM CONTACTS:

Phone: 360-236-4280

Email: [lead@doh.wa.gov](mailto:lead@doh.wa.gov)

Website: [www.doh.wa.gov/lead](http://www.doh.wa.gov/lead)

## TWO SAMPLING METHODS FOR BLOOD LEAD ANALYSIS:

**Venous:** Recommended sample type. Does not require a confirmatory test.

**Capillary:** Acceptable sample type. Requires special attention during the sampling process to prevent contamination on skin.

If capillary BLL is ≥3.5 µg/dL, a 'confirmatory test' (ideally venous) is required to rule out false positive capillary results. A second capillary sample may be used when venous testing is not possible.

## REPORT ALL BLOOD LEAD TEST RESULTS TO DOH

Laboratories, including facilities that use point-of-care machines, are responsible for reporting all blood lead test results to the Washington State Department of Health (DOH) as required in [WAC 246-101](#) within the timeframes listed to the right.

Refer to [WAC 246-101-205](#) for a list of required fields to include in blood lead test reports. Please contact the lead program at [lead@doh.wa.gov](mailto:lead@doh.wa.gov) or visit our webpage on [Blood Lead Reporting](#) for more information.

BLL Test Result	Required Reporting Timeframe
≥5 µg/dL	Within 2 business days
<5 µg/dL	Within 30 days

### MEDICAL MANAGEMENT OF CHILDHOOD LEAD EXPOSURE\*\*

<3.5 µg/dL	3.5-19 µg/dL	20-44 µg/dL	≥45 µg/dL
<p>Provide family with information on lead exposure and steps to reduce their child's exposure to lead such as <a href="#">Lead and Your Child</a> (available at <a href="http://doh.wa.gov/lead-publications">doh.wa.gov/lead-publications</a> or contact DOH CLPPP to order free printed copies).</p> <p>Follow additional blood lead testing guidance provided on page 1.</p>	<p>Investigate the child's environmental history to identify potential sources of lead exposure and provide guidance on measures to reduce ongoing or future exposure.</p> <p>Provide nutritional counseling to encourage foods high in iron, calcium and vitamin C. Assess for and treat iron deficiency and anemia (CBC or HCT/Hb, ferritin, CRP).</p> <p>Provide regular developmental screenings to ensure child is meeting milestones and refer child for Early Support for Infants and Toddlers (ESIT) services.</p> <p>Order follow-up blood lead testing (page 1).</p> <p>Add lead exposure to problem list in EMR (recognize the increased risk of future behavioral and cognitive health needs).</p>	<p>Perform the same steps as with a 3.5-19 µg/dL blood lead level, PLUS:</p> <p>Perform a complete history and physical exam to assess for signs and symptoms of lead poisoning, including abdominal discomfort and anorexia.</p> <p>Consider performing an abdominal X-ray if suspicion for ingestion of foreign body. If radiopaque foreign bodies found, GI decontamination may be indicated.</p> <p>Consider contacting the NW Pediatric Environmental Health Specialty Unit (PEHSU) or Washington Poison Center (WAPC) for assistance.</p>	<p>Immediately call WA Poison Center or consult a clinician experienced with acute lead poisoning. Provide medical care in consultation with expert guidance.</p> <p>If symptomatic or BLL ≥65 µg/dL, admit patient to hospital. If asymptomatic, consider admitting patient to hospital if exposure source is unknown or possibility for ongoing exposure exists.</p> <p>Perform a complete history and physical exam including a detailed neurological exam and abdominal X-ray. Obtain CBC, electrolytes, BUN, Cr, LFTs, and urinalysis in preparation for likely chelation therapy.</p> <p>Identify and provide guidance to eliminate source(s) of lead exposure. Prior to discharge, confirm source(s) no longer pose an exposure risk and arrange for follow-up blood lead testing (page 1).</p>

\*\*Adapted from PEHSU's *Recommendations on Management of Childhood Lead Exposure*

#### ADDITIONAL RESOURCES:

- WA DOH Website: [www.doh.wa.gov/lead](http://www.doh.wa.gov/lead)
- Northwest Pediatric Environmental Health Specialty Unit (PEHSU) Network: [PEHSU Resources | Pediatric Environmental Health Specialty Unit](#) | [pehsu@uw.edu](mailto:pehsu@uw.edu) | 1-206-221-8671
- Washington Poison Center (WAPC): [www.wapc.org](http://www.wapc.org) | 1-800-222-1222
- Centers for Disease Control and Prevention (CDC): [www.cdc.gov/nceh/lead/](http://www.cdc.gov/nceh/lead/) | 1-800-424-5323
- American Academy of Pediatrics (AAP): [www.aap.org/en/patient-care/lead-exposure/](http://www.aap.org/en/patient-care/lead-exposure/)



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