American College of Radiology™

Low-Dose CT Lung Cancer Screening

Frequently Asked Questions (FAQs)

American College of Radiology

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I. Introduction

Providers must meet all coverage criteria to be reimbursed by Medicare. The questions and answers in this document address coverage and reimbursement requirements.

CMS issued a national coverage decision (NCD) on February 10, 2022, announcing the expansion of coverage for lung cancer screening with low-dose computed tomography (LDCT) for certain Medicare beneficiaries. Learn more »

II. FAQs

1. When does the screening for lung cancer screening with LDCT NCD go into effect?
All NCDs are effective on the date the final decision memoranda is posted. The finalized policy is effective Feb. 10, 2022. Medicare will cover lung cancer screening with LDCT if all eligibility requirements listed in the NCD are met.

2. Which patients are covered by Medicare for LDCT lung cancer screening?
Patients must meet the following eligibility requirements:

1. Age 50 – 77 years;
2. Asymptomatic (no signs or symptoms of lung cancer);
3. Tobacco smoking history of at least 20 pack-years (one pack-year = smoking one pack per day for one year; 1 pack = 20 cigarettes);
4. Current smoker or one who has quit smoking within the last 15 years; and
5. Receive an order for lung cancer screening with LDCT.

CMS in its final decision memo indicates eliminating the requirement for a written order will reduce administrative burden and facilitate improved access to lung cancer screening with LDCT.

3. What are the requirements for an order for lung cancer screening with LDCT?
CMS no longer specifies required elements to be included in the lung cancer screening with LDCT.

4. What are the requirements for counseling and shared decision-making visit?
Before the beneficiary's first lung cancer LDCT screening, the beneficiary must receive a counseling and shared decision-making visit that meets all of the following criteria, and is appropriately documented in the beneficiary's medical records:

- Determination of beneficiary eligibility;
- Shared decision-making, including the use of one or more decision aids;
- Counseling on the importance of adherence to annual lung cancer LDCT screening, impact of comorbidities, and ability or willingness to undergo diagnosis and treatment; and
- Counseling on the importance of maintaining cigarette smoking abstinence if a former smoker; or the importance of smoking cessation if a current smoker and, if appropriate, furnishing of information about tobacco cessation interventions.

CMS in its final decision memo removed the restriction that the counseling and shared decision-making visit must be furnished by a physician or non-physician practitioner. This change allows for

this service to be furnished by auxiliary personnel "incident to" a physician's professional service. Chapter 15 of the Medicare Benefit Policy manual section 60.1 outlines Incident To Physician's Professional Services .

If the NCD requirement for the counseling and shared decision-making visit are met, the counseling visit may be billed on the same day as a medically necessary E/M visit, or an annual wellness visit with the -25 modifier. The shared decision-making visit is not subject to coinsurance or deductibles.

5. **Can the shared decision-making visit (G0296) occur on the same day as the lung cancer screening exam (71271)?**
Yes, CMS in its final decision memo clarified that the counseling and shared decision-making visit must occur before the beneficiary's first lung cancer screening. The NCD does not prevent the SDM visit from occurring on the same day as the lung cancer screening exam or from occurring in conjunction with the actual lung cancer screening exam.

6. **How do I bill for the counseling and shared decision-making visit?**
The following G code should be used for the shared decision-making visit:

G0296 — Counseling visit to discuss the need for lung cancer screening (LDCT) using low-dose CT scan (service is for eligibility determination and shared decision-making)

Smoking Cessation Interventions
The following CPT codes should be used for tobacco cessation counseling:
99406 — Smoking and tobacco use cessation counseling visit; intermediate, greater than 3 minutes up to 10 minutes.
99407— Smoking and tobacco use cessation counseling visit; intensive, greater than 10 minutes

If the NCD requirement for the counseling and shared decision-making visit are met, the counseling visit may be billed on the same day as a medically necessary E/M visit, or an annual wellness visit with the -25 modifier. The shared decision-making visit is not subject to coinsurance or deductibles.

7. **Can the counseling shared decision-making visit be offered via telehealth?**
Yes, CPT® code G0296, defined as a counseling visit to discuss the need for lung cancer screening (LDCT) using low-dose CT, is listed as a permanent telehealth code. The code is payable in the facility and the non-facility setting.

Yes, CPT codes 99406 and 99407 can be performed via telehealth. Smoking cessation interventions and services must be offered to current smokers. If smoking cessation counseling is provided, it must be documented separately. Smoking cessation counseling can be performed via telehealth.

Access the complete list of services payable under the Medicare Physician Fee Schedule when furnished via telehealth.

8. What are the requirements for the reading radiologist and the imaging facility when conducting lung cancer screening?

For purposes of Medicare coverage of lung cancer screening with LDCT, reading radiologists and the radiology imaging facilities must meet the following criteria:

Reading Radiologist

Board certification or board eligibility with the American Board of Radiology or equivalent organization; and
Radiology Imaging Facility

Must use a standardized lung nodule identification, classification, and reporting system.
CMS finalized the decision to remove the radiology imaging eligibility criteria including (radiation dose, makes available smoking cessation interventions, and CMS-approved registry data submission).

Despite CMS' decision to no longer require registry data submission, the ACR Lung Cancer Screening registry will remain in operation to support quality improvement and excellence in lung cancer screening.

9. Can an Independent Diagnostic Testing Facility (IDTF) bill Medicare for lung cancer screening with an LDCT scan (71271)?

Yes, lung cancer screening LDCT scan coverage is allowed in and IDTF setting for patients with Medicare coverage.

CMS in its final decision removed the requirement for smoking cessation interventions for current smokers from the radiology imaging facility criteria. The removal of this requirement expands access to lung cancer screening by increasing accessibility in an IDTF setting.

ACR applauds CMS for streamlining the process to allow IDTFs the ability to perform and receive reimbursement for lung cancer screening.

10. What codes should be reported for the annual LDCT lung cancer screening and the follow-up chest CTs?

For Lung-RADS categories 1 and 2 with recommendations at a 12-month cycle, are considered an annual screening exam and reported with CPT code 71271.

For Lung-RADS categories 3 and 4 with recommendations at 3-6 month follow up, CPT code 71250 non-contrast chest CT (diagnostic) is reported.

- Medicare Contractors shall end date expired HCPCS G0297 effective December 31, 2020.
- Medicare Contractors shall add CPT 71271 replacement effective January 1, 2021.

Reference: CMS Transmittal 11453

The thorax CT codes 71250, 71260, and 71270 have been revised editorially as diagnostic studies to distinguish them from thorax screening CT (71271).

For more information refer to the Sept/Oct 2020 ACR Coding Source regarding the 2021 CPT code update. It can also be found in the AMA Fall 2020 Bulletin of Clinical Examples in Radiology . (Log-in credentials are required)

11. Should a lung cancer screening exam or a diagnostic exam be reported for Lung-RADS categories 1 and 2?

Lung-RADS category 1 and 2 are negative screenings and the 12-month LDCT is the next annual screening CT. An LDCT annual screening exam should be reported as the next management step for Lung-RADS category 1 and 2. However, interim CTs are considered diagnostic and should use diagnostic non-contrast chest CT code.

An example of report text for the results impression:

Lung-RADS category 1: Negative screen. Recommend continued annual low-dose CT screening in 12 months. Lung-RADS category 2: Negative screen. Recommend continued annual low-dose CT screening in 12 months.

12. When should low-dose protocols be utilized for follow-up chest CTs?

Based on the ACR Lung-RADS, Low-Dose protocols are recommended for the 3 and 6 month diagnostic follow-up exams (71250).

13. Is there a requirement to notify the ordering provider and/or patient that they are due for their follow-up scan?

No. However, a best practice for screening programs is to track patients with Lung-RADs 3 and 4, and if they have not come back to their practice, to remind the referring physician and/or patient.

For example, a monthly data pull of all patients with Lung-RADs 3 and 4, and verification of schedule for a follow-up test or appointment and tracking the patients to ensure and encourage adherence; if they are not scheduled by the time window recommended in Lung-RADs, inform and alert the referring provider.

14. How much will CMS pay for lung cancer screening with LDCT?

The ACR recommends that the payment rate of CPT® code 71250 (Computed tomography, thorax; without contrast material) should serve as the reimbursement floor for LDCT lung cancer screening with additional RVUs assigned for the numerous quality criteria required of an effective lung cancer screening program and mandated in CMS's final coverage decision.

CY 2023 Medicare Physician Fee Schedule Codes and Payment Levels for LDCT Screening*

Description	Code	Technical Component	Professional Component	Global Payment
Counseling visit to discuss need for lung cancer screening using Low-Dose CT scan (LDCT) (service is for eligibility determination and shared decision making)	**G0296**	**N/A**	**$28.47**	**$28.47**
Computed tomography, thorax, Low-Dose for lung cancer screening, without contrast material(s)	**71271**	**$92.85**	**$51.85**	**$144.70**

**These totals have been calculated by multiplying the total Relative Value Units for each code and multiplying them by the CY 2023 MPFS conversion factor ($33.89).*

CY 2023 Hospital Outpatient Prospective Payment System (HOPPS) Codes and Payment Levels for LDCT Screening**

Description	Code	APC Level	Payment Rate
Counseling visit to discuss need for lung cancer screening using Low-Dose CT scan (LDCT)	**G0296**	5822 (Level 2 Health and Behavior Services)	**$75.85**
Computed tomography, thorax, Low-Dose for lung cancer screening, without contrast material(s)	**71271**	5522 (Level 2 Imaging without Contrast)	**$106.88**

***These rates are calculated by multiplying the relative weight of the Ambulatory Payment Classification (APC) groupings of the two codes by the CY 2023 HOPPS conversion factor ($85.585).*

15. Do Medicare Advantage plans allow LDCT lung cancer screening coverage and payment? If so, how should this service be billed?
The ACR recommends that radiology groups and practices verify billing instructions for lung cancer screening LDCT with their individual Medicare Advantage plans to address the flexibility afforded to these plans by CMS.

Medicare Advantage plans generally must provide coverage of all Medicare-covered services, but they are afforded flexibility in how and what they pay for those services. Based on past precedent, CMS is giving Medicare Advantage plans latitude with respect to coding and billing instructions for lung cancer screening.

16. What resources does the ACR have to support lung cancer screening?
The ACR is your best resource for safe, effective lung cancer screening with the latest research, toolkits, and key patient information. Access Lung Cancer Screening Resources.

The ACR Lung Cancer Screening Registry will remain in operation to support quality improvement and excellence in
lung cancer screening. Participants receive quarterly reports for their facility, with peer comparisons, as well as data for individual physicians to help refine and improve lung cancer screening for everyone.

Earn ACR Designated Lung Cancer Screening Center status and demonstrate to your referral providers and patients that you provide safe and effective care. Apply Now »

The ACR CT Accreditation has approved status from CMS under the Medicare Improvements for Patients and Providers Act (MIPPA) and takes approximately four to six months from start to finish. CT accreditation is required for non–hospital-based outpatient facilities that bill for CT under part B of the Medicare physician fee schedule. Earn the ACR Gold Standard in CT Accreditation to show that your facility meets the highest quality and safety standards in medical imaging.

17. What does the USPSTF recommend for screening for lung cancer?
As of March 9, 2021, the USPSTF recommends adults aged 50 to 80 years who have a 20-pack-year smoking history and currently smoke or have quit within the past 15 years:

- Screen for lung cancer with low-dose computed tomography (LDCT) every year.
- Stop screening once a person has not smoked for 15 years or has a health problem that limits life expectancy or the ability to have lung surgery.

Grade: B

18. How to implement the USPSTF Screening for Lung Cancer recommendation?

1. Assess risk based on age and pack-year smoking history: Is the person aged 50 to 80 years and have they accumulated 20 pack-years or more of smoking?
    - A pack-year is a way of calculating how much a person has smoked in their lifetime. One pack-year is the equivalent of smoking an average of 20 cigarettes—1 pack—per day for a year.
2. Screen: If the person is aged 50 to 80 years and has a 20 pack-year or more smoking history, engage in shared decision-making about screening.
    - The decision to undertake screening should involve a discussion of its potential benefits, limitations, and harms.
    - If a person decides to be screened, refer them for lung cancer screening with low-dose CT, ideally to a center with experience and expertise in lung cancer screening.
    - If a person currently smokes, they should receive smoking cessation interventions.

How often?

- Screen every year with low-dose CT.
- Stop screening once a person has not smoked for 15 years or has a health problem that limits life expectancy or the ability to have lung surgery.

III. ACR Resources

- ACR Lung Cancer Screening Economics & Billing Quick Reference Guide
- ACR Outlines Specifics of New Medicare Lung Cancer Screening Coverage
- ACR Updates Lung Cancer Screening Resource Based on CMS Final Coverage Decision
- CMS Releases Instructions to Implement Lung Cancer Screening Policy (May 2022)

IV. CMS Resources

- Decision Memo for Screening for Lung Cancer with Low-Dose Computed Tomography (LDCT)
- 2022 MLN Matters Article MM12691 **: National Coverage Determination (NCD) 210.14 Reconsideration – Screening for Lung Cancer with Low-Dose Computed Tomography (LDCT).**
- Medicare Preventive Service: Lung Cancer Screening Quick Reference Chart
- Download a copy of the ACR Lung Cancer Screening Frequently Asked Questions

V. Contact Us

Coverage/Payments
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1-800-227-5463, ext. 4043