National Coverage Determination (NCD) 210.14
Reconsideration – Screening for Lung Cancer with Low Dose Computed Tomography (LDCT)

MLN Matters Number: MM12691 Related Change Request (CR) Number: 12691
Related CR Release Date: April 29, 2022 Effective date: February 10, 2022
Related CR Transmittal Number: R11388CP, R11388NCD Implementation Date: October 3, 2022

Provider Types Affected

This MLN Matters Article is for physicians, hospitals, and other providers billing Medicare Administrative Contractors (MACs) for lung cancer screening services they provide to Medicare patients.

Provider Action Needed

Make sure your billing staff knows about these changes to National Coverage Determination (NCD) 210.14:

- CMS expanded patient eligibility for screening for lung cancer with low dose computed tomography (LDCT), including lowering the minimum age for screening
- We removed the restriction that a physician or non-physician practitioner must provide the counseling and shared decision-making (SDM)
- We removed the requirement that facilities participate in a registry

Background

The only recommended screening test for lung cancer is LDCT. It’s a unique CT scan technique that combines special x-ray equipment with sophisticated computers to produce multiple, cross-sectional images or pictures of the inside of the body.

We made the following policy changes, effective February 10, 2022:

- Expanded patient eligibility for screening for lung cancer with LDCT to closely align with the U.S. Preventive Services Task Force recommendation
- Lowered the minimum age for screening from 55 to 50 years and reduced the smoking
history from at least 30 pack-years to at least 20 pack-years

- Simplified the requirements for the counseling and SDM visit
- Removed the restriction that a physician or non-physician practitioner must provide the counseling and SDM
- Reduced the eligibility criteria for the reading radiologist
- Reduced the radiology imaging facility eligibility criteria (including removing the requirement that facilities participate in a registry).

With these changes, your MAC:

- Will allow you to bill codes G0296 and 71271 for patients between the ages of 50 and 77 for claims with a date of service on or after February 10, 2022
- Won’t search for and adjust LDCT claims with dates of service February 10, 2022 - October 3, 2022, but they’ll adjust such claims that you bring to their attention

More Information

We issued 2 transmittals to your MAC as the official instructions for CR 12691. The first transmittal updates the Chapter 18, section 220 of the Medicare Claims Processing Manual. The second transmittal updates Chapter 1, section 210.14 of the NCD Manual.

For historical references, see CR 12124 and CR 9246.

For more information, find your MAC’s website.

Document History

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<th>Description</th>
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<td>May 3, 2022</td>
<td>Initial article released.</td>
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