

CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-04 Medicare Claims Processing	Centers for Medicare & Medicaid Services (CMS)
Transmittal 11388	Date: April 29, 2022
	Change Request 12691

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

I. SUMMARY OF CHANGES: The purpose of this change request is to inform interested parties that effective February 10, 2022, CMS is expanding beneficiary eligibility for screening for lung cancer with LDCT.

EFFECTIVE DATE: February 10, 2022

**Unless otherwise specified, the effective date is the date of service.*

IMPLEMENTATION DATE: October 3, 2022

Disclaimer for manual changes only: The revision date and transmittal number apply only to red italicized material. Any other material was previously published and remains unchanged. However, if this revision contains a table of contents, you will receive the new/revised information only, and not the entire table of contents.

II. CHANGES IN MANUAL INSTRUCTIONS: (N/A if manual is not updated)

R=REVISED, N=NEW, D=DELETED-Only One Per Row.

R/N/D	CHAPTER / SECTION / SUBSECTION / TITLE
R	18/220/4/Claim Adjustment Reason Codes (CARCs), Remittance Advice Remark Codes (RARCs), Group Codes, and Medicare Summary Notice (MSN) Messages
R	18/220/5/Common Working File (CWF) Edits

III. FUNDING:

For Medicare Administrative Contractors (MACs):

The Medicare Administrative Contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS does not construe this as a change to the MAC Statement of Work. The contractor is not obligated to incur costs in excess of the amounts allotted in your contract unless and until specifically authorized by the Contracting Officer. If the contractor considers anything provided, as described above, to be outside the current scope of work, the contractor shall withhold performance on the part(s) in question and immediately notify the Contracting Officer, in writing or by e-mail, and request formal directions regarding continued performance requirements.

IV. ATTACHMENTS:

**Business Requirements
Manual Instruction**

Attachment - Business Requirements

Pub. 100-04	Transmittal:11388	Date: April 29, 2022	Change Request: 12691
-------------	-------------------	----------------------	-----------------------

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

EFFECTIVE DATE: February 10, 2022

**Unless otherwise specified, the effective date is the date of service.*

IMPLEMENTATION DATE: October 3, 2022

I. GENERAL INFORMATION

A. Background: Lung cancer is the third most common cancer and the leading cause of cancer deaths in the United States. Cancer of the lung and bronchus accounted for over 130,000 deaths in 2021 (more than the total number of estimated deaths from colon, breast and prostate cancer combined) with a median age at death of 72 years. Screening is aimed at early detection of non-small cell lung cancer. The only recommended screening test for lung cancer is LDCT. It is a unique Computerized Tomography (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.

B. Policy: Effective February 10, 2022, CMS is expanding beneficiary eligibility for screening for lung cancer with LDCT to closely align with the United States Preventive Services Task Force's recommendation. CMS is lowering the minimum age for screening from 55 to 50 years and reducing the smoking history from at least 30 pack-years to at least 20 pack-years. The policy simplifies requirements for the counseling and shared decision-making visit, removes the restriction that it must be furnished by a physician or non-physician practitioner, reduces the eligibility criteria for the reading radiologist, and reduces the radiology imaging facility eligibility criteria (including removes the requirement that facilities participate in a registry).

Additional information: For original implementing instructions and the most recent coding updates please refer to the following links:

<https://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/Transmittals/r10832otn>

<https://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/2015-Transmittals-Items/R3374CP>

Note: As a result of the revised eligibility criteria for this NCD, CMS is replacing the current text of Section 210.14 of the NCD Manual (Pub 100-03), Chapter 1, Part 4, and section 220, Chapter 18 of the Claims Processing Manual, Pub 100-4.

II. BUSINESS REQUIREMENTS TABLE

"Shall" denotes a mandatory requirement, and "should" denotes an optional requirement.

Number	Requirement	Responsibility								
		A/B MAC			DME MAC	Shared-System Maintainers				Other
		A	B	HHH		FISS	MCS	VMS	CWF	
12691 - 04.1	Effective for claims with dates of service on and after February 10, 2022, contractors shall	X	X							

Number	Requirement	Responsibility								
		A/B MAC			DME MAC	Shared-System Maintainers				Other
		A	B	HHH		FISS	MCS	VMS	CWF	
	continue to pay claims for lung cancer screening with LDCT based on the revised eligibility criteria as described in Pub. 100-03, Medicare National Coverage Determinations Manual, Chapter 1, Section 210.14, and Pub 100-04 Medicare Claims Processing Manual, Chapter 18, Sections 220.4 and 220.5.									
12691 - 04.2	Contractors shall revise their edit to allow codes G0296 and 71271 to be billed only if the beneficiary is between the ages of 50 and 77 for claims with date of service on or after February 10, 2022.					X			X	
12691 - 04.3	Contractors shall not search for LDCT claims with dates of service February 10, 2022 to October 3, 2022, but may adjust claims that are brought to their attention.	X	X							

III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility				
		A/B MAC			DME MAC	CEDI
		A	B	HHH		
12691 - 04.4	Medicare Learning Network® (MLN): CMS will market provider education content through the MLN Connects® newsletter shortly after CMS releases the CR. MACs shall follow IOM Pub. No. 100-09 Chapter 6, Section 50.2.4.1 instructions for distributing the MLN Connects newsletter information to providers and link to relevant information on your website. You may supplement MLN content with your local information after we release the MLN Connects newsletter. Subscribe to the “MLN Connects” listserv to get	X	X			

Number	Requirement	Responsibility				
		A/B MAC			DME MAC	CEDI
		A	B	HHH		
	MLN content notifications. You don't need to separately track and report MLN content releases when you distribute MLN Connects newsletter content per the manual section referenced above.					

IV. SUPPORTING INFORMATION

Section A: Recommendations and supporting information associated with listed requirements: N/A

"Should" denotes a recommendation.

X-Ref Requirement Number	Recommendations or other supporting information:

Section B: All other recommendations and supporting information: N/A

V. CONTACTS

Pre-Implementation Contact(s): Lisa Davis, lisa.davis@cms.hhs.gov (Coverage and Analysis) , Wanda Belle, wanda.belle@cms.hhs.gov (Coverage and Analysis) , Wendy Knarr, wendy.knarr@cms.hhs.gov (Supplier Claims) , William Ruiz, william.ruiz@cms.hhs.gov (Institutional Claims) , Patricia Brocato-Simons, patricia.brocato-simons@cms.hhs.gov (Coverage and Analysis) , Thomas Dorsey, thomas.dorsey@cms.hhs.gov (Practitioner Claims) , Kimberly Long, kimberly.long@cms.hhs.gov (Coverage and Analysis)

Post-Implementation Contact(s): Contact your Contracting Officer's Representative (COR).

VI. FUNDING

Section A: For Medicare Administrative Contractors (MACs):

The Medicare Administrative Contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS does not construe this as a change to the MAC Statement of Work. The contractor is not obligated to incur costs in excess of the amounts allotted in your contract unless and until specifically authorized by the Contracting Officer. If the contractor considers anything provided, as described above, to be outside the current scope of work, the contractor shall withhold performance on the part(s) in question and immediately notify the Contracting Officer, in writing or by e-mail, and request formal directions regarding continued performance requirements.

ATTACHMENTS: 1

Medicare Claims Processing Manual

Chapter 18 - Preventive and Screening Services

Table of Contents (Rev.11388, Issued:04-29, 22)

220.4 – Claim Adjustment Reason Codes (CARCs), Remittance Advice Remark Codes (RARCs), Group Codes, and Medicare Summary Notice (MSN) Messages (Rev11388, Issued:04-29, 22; (Effective:02-10-22; Implementation:10-03-22)

Contractors shall use the appropriate claim adjustment reason codes (CARCs), remittance advice remark codes (RARCs), group codes, or Medicare summary notice (MSN) messages when denying payment for LDCT lung cancer screening services, HCPCS codes G0296 and 71271:

- Denying **services** submitted on a TOB other than 12X, 13X, 22X, 23X, 71X, 77X, or 85X:

CARC 170 - Payment is denied when performed/billed by this type of provider. Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.

RARC N95 – This provider type/provider specialty may not bill this service.

MSN 21.25: This service was denied because Medicare only covers this service in certain settings.

Spanish Version: “El servicio fue denegado porque Medicare solamente lo cubre en ciertas situaciones.”

Group Code CO (Contractual Obligation) assigning financial liability to the provider (if a claim is received with a GZ modifier indicating no signed ABN is on file).

NOTE: For modifier GZ, use CARC 50 and MSN 8.81.

NOTE: Effective December 31, 2020, HCPCS code G0297 is end-dated *and replaced with 71271*.

- Denying services for HCPCS G0296 for TOBs 71X and 77X when G0296 is billed on the same date of service with another visit (this does not apply to initial preventive physical exams for 71X TOBs), for claims with dates of service on and after February 5, 2015:

CARC 97 - The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated. Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.

RARC M15 - Separately billed services/tests have been bundled as they are considered components of the same procedure. Separate payment is not allowed.

MSN 16.34 - You should not be billed for this service. You are only responsible for any deductible and coinsurance amounts listed in the ‘You May Be Billed’ column.

NOTE: 77X TOBs will be processed through the Integrated Outpatient Code Editor under the current process.

Group Code CO assigning financial liability to the provider.

- Denying services where a previous HCPCS G0297 (*effective January 1, 2021, G0297 is replaced with 71271*), is paid in history in a 12-month period (at least 11 full months must elapse from the date of the last screening), for claims with dates of service on and after February 5, 2015:

CARC 119 – Benefit maximum for this time period or occurrence has been reached.

RARC N386 - This decision was based on a National Coverage Determination (NCD). An NCD provides a coverage determination as to whether a particular item or service is covered. A copy of this policy is available at www.cms.gov/mcd/search.asp. If you do not have web access, you may contact the contractor to request a copy of the NCD.

MSN 15.20: “The following policy was used when we made this decision: NCD 210.14.”

Spanish Version – “Las siguientes políticas fueron utilizadas cuando se tomó esta decisión: NCD 210.14.”

Contractors processing institutional claims shall use the following MSN message in addition to MSN 15.20:

MSN 15.19 - Local Coverage Determinations (LCDs) help Medicare decide what is covered. An LCD was used for your claim. You can compare your case to the LCD, and send information from your doctor if you think it could change our decision. Call 1-800-MEDICARE (1-800-633-4227) for a copy of the LCD.

Spanish Version - Las Determinaciones Locales de Cobertura (LCDs en inglés) le ayudan a decidir a Medicare lo que está cubierto. Un LCD se usó para su reclamación. Usted puede comparar su caso con la determinación y enviar información de su médico si piensa que puede cambiar nuestra decisión. Para obtener una copia del LCD, llame al 1-800-MEDICARE (1-800-633-4227).

NOTE: Due to system requirement, FISS has combined messages 15.19 and 15.20 so that, when used for the same line item, both messages will appear on the same MSN.

Group Code CO assigning financial liability to the provider (if a claim is received with a GZ modifier indicating no signed ABN is on file).

NOTE: For modifier GZ, use CARC 50 and MSN 8.81.

- Denying claim lines for HCPCS G0296 and 71271 because the beneficiary is not between the ages of *50 and 77 (55 and 77 for DOS prior to February 10, 2022)* at the time the service was rendered:

NOTE: Effective December 31, 2020 HCPCS code G0297 is end-dated *and replaced with 71271*.

CARC 6: “The procedure/revenue code is inconsistent with the patient's age. Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.”

MSN 15.20: “The following policy was used when we made this decision: NCD 210.14.

Spanish Version – “Las siguientes políticas fueron utilizadas cuando se tomó esta decisión: NCD 210.14.”

Contractors processing institutional claims shall use the following MSN message in addition to MSN 15.20:

MSN 15.19 - Local Coverage Determinations (LCDs) help Medicare decide what is covered. An LCD was used for your claim. You can compare your case to the LCD, and send information from your

doctor if you think it could change our decision. Call 1-800-MEDICARE (1-800-633-4227) for a copy of the LCD.

Spanish Version - Las Determinaciones Locales de Cobertura (LCDs en inglés) le ayudan a decidir a Medicare lo que está cubierto. Un LCD se usó para su reclamación. Usted puede comparar su caso con la determinación y enviar información de su médico si piensa que puede cambiar nuestra decisión. Para obtener una copia del LCD, llame al 1-800-MEDICARE (1-800-633-4227).

NOTE: Due to system requirement, FISS has combined messages 15.19 and 15.20 so that, when used for the same line item, both messages will appear on the same MSN.

Group Code: CO (Contractual Obligation) assigning financial liability to the provider (if a claim is received with a GZ modifier indicating no signed ABN is on file).

NOTE: For modifier GZ, use CARC 50 and MSN 8.81.

- Denying claim lines for HCPCS G0296 and 71271 because the claim line was not billed with ICD-10 codes Z87.891(personal history of tobacco use/personal history of nicotine dependence), F17.210 (Nicotine dependence, cigarettes, uncomplicated), F17.211 (Nicotine dependence, cigarettes, in remission), F17.213 (Nicotine dependence, cigarettes, with withdrawal), F17.218 (Nicotine dependence, cigarettes, with other nicotine-induced disorders), or F17.219 (Nicotine dependence, cigarettes, with unspecified nicotine-induced disorders), effective with dates of service on or after October 1, 2015.

NOTE: Effective December 31, 2020, HCPCS code G0297 is end-dated *and replaced with 71271*. CARC 167 – This (these) diagnosis(es) is (are) not covered. Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.

RARC N386 - This decision was based on a National Coverage Determination (NCD). An NCD provides a coverage determination as to whether a particular item or service is covered. A copy of this policy is available at www.cms.gov/mcd/search.asp. If you do not have web access, you may contact the contractor to request a copy of the NCD.

MSN 15.20 – The following policy was used when we made this decision: NCD 210.14.

Spanish Version – “Las siguientes políticas fueron utilizadas cuando se tomó esta decisión: NCD 210.14.”

Contractors processing institutional claims shall use the following MSN message in addition to MSN 15.20:

MSN 15.19 - Local Coverage Determinations (LCDs) help Medicare decide what is covered. An LCD was used for your claim. You can compare your case to the LCD, and send information from your doctor if you think it could change our decision. Call 1-800-MEDICARE (1-800-633-4227) for a copy of the LCD.

Spanish Version - Las Determinaciones Locales de Cobertura (LCDs en inglés) le ayudan a decidir a Medicare lo que está cubierto. Un LCD se usó para su reclamación. Usted puede comparar su caso con la determinación y enviar información de su médico si piensa que puede cambiar nuestra decisión. Para obtener una copia del LCD, llame al 1-800-MEDICARE (1-800-633-4227).

NOTE: Due to system requirement, FISS has combined messages 15.19 and 15.20 so that, when used for the same line item, both messages will appear on the same MSN.

Group Code: CO assigning financial liability to the provider (if a claim is received with a GZ modifier indicating no signed ABN is on file).

NOTE: For modifier GZ, use CARC 50 and MSN 8.81.

220.5 – Common Working File (CWF) Edits

(Rev.11388, Issued:04-29, 22; (Effective:02-10-22; Implementation:10-03-22)

The common working file (CWF) shall apply the following limitations to lung cancer screening with LDCT:

Allow one HCPCS code 71271 per annum. At least 11 full months must elapse from the date of the last screening. **NOTE:** This edit shall be overridable.

Reject HCPCS codes G0296 and 71271 claims lines for beneficiaries that are not between the ages of 50 and 77 *(55 and 77 for DOS prior to February 10, 2022)*.

NOTE: Effective December 31, 2020, HCPCS code G0297 is end-dated *and replaced with 71271*.

NCD:	210.14		
NCD Title:	Screening for Lung Cancer with Low Dose Computed Tomography		
IOM:	https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/MM9246.pdf		
MCD:	https://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/Downloads/R3374CP.pdf		
		ICD-10 CM	ICD-10 DX Description
		Z87.891	Personal history of tobacco use/personal history of nicotine dependence
		F17.210	Nicotine dependence, cigarettes, uncomplicated
		F17.211	Nicotine dependence, cigarettes, in remission
		F17.213	Nicotine dependence, cigarettes, with withdrawal
		F17.218	Nicotine dependence, cigarettes, with other nicotine-induced disorders
		F17.219	Nicotine dependence, cigarettes, with unspecified nicotine-induced disorders

NCD:	210.14		
NCD Title:	Screening for Lung Cancer with Low Dose Computed Tomography		
IOM:	https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/MM9246.pdf		
MCD:	https://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/Downloads/R3374CP.pdf		
		ICD-10	ICD-10 PCS Description
		N/A	N/A

