Tip Sheet for Lung Cancer Screening Billing and Coding

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| **Eligibility Criteria** | **Eligibility Requirements based on Medicare Reimbursement Guidelines.** |
| Candidate Eligibility | * Age 55-77 *(USPSTF recommends screening ages 50-80)\** * Currently smoke cigarettes or quit within past 15 years. * ≥ 30 pack years *(USPSTF recommends screening ≥ 20 pack years)\** * No signs or symptoms of lung cancer. * *USPSTF recommends that candidate not have co-morbid conditions that markedly limit life expectancy.* |
| Shared Decision-Making (SDM)  *SDM is required for Medicare reimbursement and strongly recommended by USPSTF.* | * Must be in-person by physician or qualified non-physician (physician’s assistant, nurse practitioner, clinical nurse specialist). *SDM visits have recently been allowable via telehealth options due to the COVID-19 pandemic.* * Use of a decision aid is required. including the use of one or more decision aids, to include benefits/harms of screening, follow-up diagnostic testing, over-diagnosis, false positive rate, and total radiation exposure. * Counseling on importance of adherence to annual LDCT screening, impact of co-morbidities, and ability or willingness to undergo diagnosis and treatment. * SDM is documented in the patient’s medical record and a written order is provided to the imaging facility. |
| Tobacco Cessation  *Tobacco cessation is required for Medicare reimbursement and strongly recommended by USPSTF* | * Counseling on importance of maintaining smoking abstinence (if patient no longer smokes cigarettes) or smoking cessation (if patient currently smokes cigarettes), and, if appropriate, furnishing information on tobacco cessation interventions. |
| Screening facility eligibility | * Accredited advanced diagnostic imaging center with training and experience in low-dose CT (LDCT) screening. * Use of LDCT with ≤3.0 mGy for standard size patients. * Use of standardized reporting with criteria for lung nodule identification and classification (e.g., Lung-RADs). * Submission of data on all LDCT screening to a CMS-approved registry. |
| Radiologist eligibility | * Current certification with American Board of Radiology (or equivalent). * Training in diagnostic radiology and radiation safety. * Supervision and interpretation of ≥300 chest CT scans in prior 3 years. * Participation in CME as required by ACR. |

\*USPSTF expanded screening guidelines on March 9, 2021, lowering eligibility to 50 years of age and tobacco exposure to 20 pack years.

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| **Appropriate Lung Cancer Screening Billing Codes**  *These billing codes can be used for both baseline and annual lung cancer screening rounds, there must be at least 11 months between the rounds of screening.* |
| Billing code for shared decision-making code visit: G0296. |
| Billing code for low-dose CT procedure\*: 71271 |
| **Both shared decision-making and the LDCT must also be billed with proper ICD-10 diagnosis code for tobacco history or usage.**  Tobacco history usage codes:   * For individuals who formerly smoke cigarettes: * Z87.891 (personal history of tobacco use/personal history of nicotine dependence) * For individuals who currently smoke cigarettes **(use one code):**   o F17.210 (Nicotine dependence, cigarettes, uncomplicated),  o F17.211 (Nicotine dependence, cigarettes, in remission),  o F17.213 (Nicotine dependence, cigarettes, with withdrawal),  o F17.218 (Nicotine dependence, cigarettes, with other nicotine-induced disorders), or  o F17.219 (Nicotine dependence, cigarettes, with unspecified nicotine-induced disorders) |

\* Prior to January 2021 the billing code for the LDCT procedure was G0297. This old code should no longer be used.

For additional billing information on diagnostic procedures visit [The American College of Radiology FAQ page.](https://www.acr.org/Clinical-Resources/Lung-Cancer-Screening-Resources/FAQ)