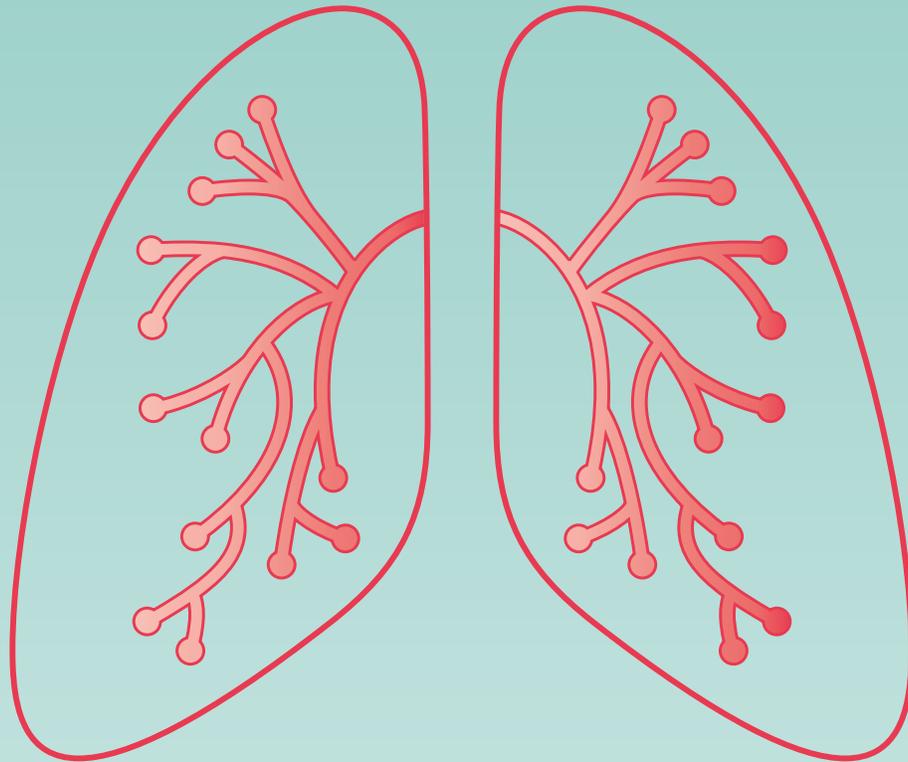


Lung Cancer Screening

Understanding Medicaid, Medicare, and Private Insurance Coverage



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**CENTER for HEALTH LAW
and POLICY INNOVATION**
HARVARD LAW SCHOOL

ABOUT THE AUTHORS

The Center for Health Law and Policy Innovation of Harvard Law School advocates for legal, regulatory, and policy reforms to improve the health of underserved populations, with a focus on the needs of low-income people living with chronic illnesses. CHLPI works with consumers, advocates, community-based organizations, health and social services professionals, food providers and producers, government officials, and others to expand access to high-quality health care and nutritious, affordable food; to reduce health disparities; to develop community advocacy capacity; and to promote more equitable and effective health care and food systems. CHLPI is a clinical teaching program of Harvard Law School and mentors students to become skilled, innovative, and thoughtful practitioners as well as leaders in health, public health, and food law and policy.

The LuCa National Training Network provides training and materials for primary care providers, as well as technical assistance for professionals who educate providers and other health care professionals on lung cancer prevention, early detection, treatment, and survivorship care. LuCa works with health systems, state cancer coalitions, provider organizations, and others interested in engaging providers around lung cancer topics, with a particular emphasis on screening and tobacco cessation.

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INTRODUCTION / HOW TO USE THIS RESOURCE

Access to affordable screening services can make a critical difference in the lives of individuals at risk for lung cancer. However, health insurance coverage for screening services can vary widely between insurance programs and individual insurers. This resource is designed to help health care providers, patients, and advocates navigate this complex coverage landscape. The resource is broken into the following four sections:

- **Part I: Overview of Insurance/Payer Coverage,**
- **Part II: Conducting Your Own Research,**
- **Part III: Frequently Asked Questions, and**
- **Part IV: Additional Resources**

Part I provides an overview of the current status of coverage for lung cancer screening services in Medicaid, Medicare, and private insurance plans. **Part II** then provides strategies for conducting additional research regarding these programs. **Part III** examines frequently asked questions related to insurance coverage, restrictions, and coding. Finally, **Part IV** provides a list of additional resources that readers can access to learn more about this topic.

Please note that this resource outlines what coverage *should* look like based on current national requirements and guidance. Individual insurers *may vary* in their implementation of these requirements. To confirm coverage within a particular plan, contact the individual insurer.

I. OVERVIEW OF INSURANCE/PAYER COVERAGE

The following services play a critical role in lung cancer screening:

- **Lung Cancer Screening (LCS):** Lung cancer screening is the process by which asymptomatic individuals are tested for the presence of lung cancer using low-dose CT (LDCT) scans.
- **Shared Decision Making (SDM):** Shared decision making is a part of the lung cancer screening process, in which clinicians and patients work together to decide whether the patient will receive screening.

This first section provides an overview of the current status of insurance coverage for these services based on current federal laws, regulations, and guidance. Where coverage is **not** uniform within a particular program, the overview chart states that coverage “**varies.**” In these situations, you will need to reach out to individual insurers (e.g., your state Medicaid program) to determine coverage.

Important Caveat Regarding Cost-Sharing: The chart below indicates when payers may not charge cost-sharing for the screening **itself**. Patients may face additional charges under certain circumstances (e.g., if the patient receives **other services** during the visit in addition to the screening or if the health care provider charges a **facility fee**). To avoid unexpected medical bills, it is therefore important for patients to speak with their health plan and provider prior to screening to understand any charges that may occur.

- **Note on Medicare Advantage Plans:** Medicare Advantage plans are **prohibited** from charging a patient for a facility fee when the only service received is a lung cancer screening.¹

Insurer	Coverage (Y/N)	Population Covered	Cost-Sharing	Details / Limitations
Medicaid (Traditional)²	Varies	Varies	Varies ³	
Medicaid (Expansion)⁴	Yes	Adults aged 55 to 80 years who have a 30 pack-year smoking history and currently smoke or have quit within the past 15 years.	No ⁵	The USPSTF recognizes the importance of SDM in the context of lung cancer screening. SDM should therefore be covered for the Medicaid expansion population. However, some states/insurers may disagree.
Original Medicare⁶	Yes	Individuals aged 55 to 77 years with no signs or symptoms of lung cancer who have a 30 pack-year smoking history and currently smoke or have quit within the last 15 years and who receive a written order for screening.	No ⁷	LCS is covered under Medicare Part B. Individuals must therefore generally be enrolled in Medicare Part B (or a Medicare Advantage plan) to receive coverage of LCS. Medicare covers SDM for lung cancer screening. SDM is required for the initial screening. SDM can be provided via telehealth if Medicare telehealth requirements are met. ⁸
Medicare Advantage⁹	Yes	Individuals aged 55 to 77 years with no signs or symptoms of lung cancer who have a 30 pack-year smoking history and currently smoke or have quit within the last 15 years and who receive a written order for screening.	No ¹⁰	Medicare covers SDM for lung cancer screening. SDM is required for the initial screening. SDM can be provided via telehealth if telehealth requirements are met. ¹¹ Beginning in 2020, Medicare Advantage plans have additional flexibility in providing telehealth services. ¹²
Group/ Individual¹³ (non-grandfathered)¹⁴	Yes	Adults aged 55 to 80 years who have a 30 pack-year smoking history and currently smoke or have quit within the past 15 years.	No	The USPSTF recognizes the importance of SDM in the context of lung cancer screening, so it should be covered for the group/ individual insurance population, but some insurers may disagree.
Short-Term Health Insurance Plans	Varies	Varies	Varies	Short-term health insurance plans are <u>not</u> considered individual health insurance plans and are <u>not</u> subject to the preventive service coverage requirements of the Affordable Care Act. ¹⁵ Coverage and cost-sharing for LCS and SDM in these plans therefore may vary greatly.

II. CONDUCTING YOUR OWN RESEARCH

A. Medicaid

i. Program Overview

Medicaid is our nation's safety net health insurance program. Traditionally, Medicaid has provided health insurance coverage to low-income families, children, pregnant women, the elderly, and people with disabilities. Under the Affordable Care Act, states now also have the option to provide coverage to the Medicaid expansion population, which includes all adults with incomes up to 138% of the federal poverty level. While states that have chosen to expand coverage have generally tried to align coverage between their traditional and expansion populations, some distinctions remain.

ii. Research Strategies

Over time, medical advances and new legal requirements may alter the Medicaid coverage landscape. You can use the following strategies and resources to conduct your own research and determine the current status of coverage for lung cancer screening services.

- **Medicaid Expansion Status by State:** States which elect to expand Medicaid coverage under the Affordable Care Act to adults with incomes up to 138% of the federal poverty level must abide by different requirements for that population. To determine whether your state has opted to expand Medicaid, you can visit the Kaiser Family Foundation website, which provides an [interactive map](#) of states which **have** elected to cover the Medicaid expansion population.
- **USPSTF Coverage Recommendations:** Lung cancer screening coverage and cost-sharing limitations under traditional Medicaid and Medicaid expansion depend largely on whether the United States Preventive Services Task Force ("USPSTF") has given the service an "A" or "B" recommendation. States **must** cover all "A" and "B" rated services for individuals in the Medicaid expansion population without cost-sharing. States have the **option** to cover these services for their traditional Medicaid populations. You can stay up to date on USPSTF service recommendations by visiting [their website](#) and using the search feature to locate relevant recommendations. For example, searching for "lung cancer" reveals the current USPSTF recommendation for lung cancer screening, as well as information regarding ongoing efforts to update this recommendation (proposed changes expected in late 2019 or 2020).
 - **Note on Changes to USPSTF Recommendations:** If changes occur to a USPSTF recommendation, Medicaid expansion plans must reflect the change in plan years that begin one year after the new recommendation is published.¹⁶ For example, if the USPSTF were to update its recommendation for lung cancer screening in November 2019 and your state's Medicaid expansion plan's plan years begin on January 1st, the plan would have to reflect that new recommendation beginning on January 1, 2021.
- **Federal Regulations:** You can find additional high-level information on Medicaid coverage requirements in federal regulations. To find the relevant regulations, visit the electronic Code of Federal Regulations, select "[Title 42 – Public Health](#)" from the options provided, and follow the links to your desired subject. Most regulations related to Medicaid can be found in [Parts 430 – 456](#).
- **Individual Plan Information:** States may vary widely in what screening services they choose to cover for their traditional Medicaid population. Therefore, you must generally check local resources such as state laws, regulations, or guidance to determine what is covered for your state's traditional Medicaid population. You can also contact your state Medicaid agency directly. Some helpful compilations are also available online. For example, the American Lung Association has compiled an interactive

resource which lays out all 50 states' treatment of lung cancer screening in their Medicaid fee-for-service programs. However, keep in mind that these types of resources may become out-of-date and/or may be based on survey responses that are not consistently reliable. Therefore, it is always a good idea to confirm coverage with your state Medicaid agency and/or with individual Medicaid plans if your state uses Medicaid Managed Care Organizations (MMCOs) to deliver care.

- **Additional Resources**

Insurer	Resource	Description
Medicaid	Lung Cancer Screening Coverage in State Medicaid Programs ¹⁷	The American Lung Association has compiled a resource that lays out lung cancer screening coverage under all 50 states' Medicaid fee-for-service programs. This data was collected from December 2018 to January 2019, and as such, you should double-check with your state's Medicaid program regarding current coverage.

B. Medicare

i. Program Overview

Medicare is the primary public insurance program for elderly individuals in the United States. Specifically, Medicare provides insurance coverage for individuals aged 65 or older, some disabled individuals, and individuals living with end-stage renal disease (ESRD) or amyotrophic lateral sclerosis (ALS). Medicare is broken into four parts: Medicare Part A (hospital insurance), Medicare Part B (medical insurance), Medicare Part C (Medicare Advantage), and Medicare Part D (drug coverage).

Roughly two thirds of Medicare beneficiaries receive their Medicare coverage directly from the federal government (Original Medicare a/k/a Medicare Parts A & B). The remaining third receive their Medicare coverage from private insurers (Medicare Advantage a/k/a Medicare Part C). Medicare Advantage plans must generally cover all services covered in Original Medicare (except hospice services), making coverage very similar between these two programs. However, Medicare Advantage plans also have some flexibility to go beyond Original Medicare to cover additional services.

Some individuals that have Original Medicare also have a Medicare Supplement (a/k/a Medigap) plan provided by a private insurer. These Supplement plans help to pay some of costs that Original Medicare doesn't cover (e.g., coinsurance, deductibles, etc.) and may include coverage for some services that Original Medicare does not cover.¹⁸

ii. Research Strategies

Over time, medical advances and new legal requirements may alter the Medicare coverage landscape. You can use the following strategies and resources to conduct your own research and determine the current status of coverage for lung cancer screening services.

- **USPSTF Coverage:** The Secretary of Health and Human Services (HHS) **may choose** to cover USPSTF "A" and "B" rated preventive services within the Medicare program (thereby requiring coverage in both Original Medicare and Medicare Advantage). Medicare **may not** impose cost-sharing for these services. You can stay up to date on USPSTF service recommendations by visiting [their website](#), and using the search feature to locate relevant recommendations. For example, searching for "lung cancer" reveals the current USPSTF recommendation for lung cancer screening, as well as information regarding

ongoing efforts to update this recommendation (proposed changes expected in late 2019 or 2020).

- **Coverage Determinations:** To determine whether a particular USPSTF “A” or “B” rated preventive service **is covered** in the Medicare program, you can research whether the Secretary of HHS has made a **coverage determination** for that service. Coverage determinations may also provide important details such as what requirements must be met for reimbursement. To determine whether a coverage determination has been made for a particular service, visit the [Medicare Coverage Database](#), and enter key words, such as “lung cancer,” into the search bar.
- **Regulations:** You can find additional high-level information on coverage requirements in federal Medicare regulations. If you wish to do further research, you can visit the electronic Code of Federal Regulations, select “[Title 42 – Public Health](#)” from the options provided, and follow the links to your desired subject. Regulations related to Medicare can be found in **Parts [400 – 426](#) and [482 - 498](#)**.
- **Medicare Manuals:** The Centers for Medicare & Medicaid Services (CMS) publishes [electronic manuals](#) that provide additional details regarding coverage of services in the Medicare program. Manuals that may be particularly important to researching coverage of lung cancer screening include: the [Medicare National Coverage Determination \(NCD\) Manual \(CMS Pub. 100-3\)](#), the [Medicare Claims Processing Manual, Ch. 18 – Preventive and Screening Services](#), and, for individuals in Medicare Advantage plans, the [Medicare Managed Care Manual, Ch. 4 – Benefits and Beneficiary Protections](#).
 - **Change Request Transmittals:** To announce official changes to the Medicare Manuals, CMS will publish a [Change Request Transmittal](#). These Transmittals signal changes in policy to actors in the Medicare system, including Medicare Administrative Contractors (MACs). Transmittals that are particularly important to coverage of lung cancer screening include: [Transmittal 3374](#), [Transmittal 185](#), and [Transmittal 3901](#).
- **Individual Plan Information:** Individuals who receive Medicare coverage through Medicare Advantage may be subject to additional conditions through the individual plans (e.g., prior authorization, plan network, and coding requirements). Contact the individual plan if you have any questions about requirements for screening services.
- **Additional Resources**

Insurer	Resource	Description
Medicare	Your Medicare Coverage ¹⁹	This database provides general information about what services are covered under Medicare.

C. Private Insurance Plans - Group and Individual Insurance

i. Program Overview

Group insurance plans are private plans which provide health insurance coverage to members of a group, which tend to be employees of a company or members of an organization. In contrast, individual insurance plans are private plans which are purchased directly by consumers, typically on a state or federal-run marketplace, and are not provided by an employer or other group.

While the benefits covered by group and individual plans can vary more broadly than in public insurance programs, the Affordable Care Act introduced new coverage requirements that create a uniform baseline of preventive service coverage in almost all private plans.

ii. Research Strategies

Over time, medical advances and new legal requirements may alter the private insurance coverage landscape. You can use the following strategies and resources to conduct your own research and determine the current status of coverage for lung cancer screening services.

- **USPSTF Coverage:** Coverage and cost-sharing limitations under group and individual insurance depend largely on whether the United States Preventive Services Task Force (“USPSTF”) has given the service an “A” or “B” recommendation. Under the Affordable Care Act, individual and group plans generally **must** cover all “A” and “B” rated services without cost-sharing. You can stay up to date on USPSTF service recommendations by visiting [their website](#), and using the search feature to locate relevant recommendations. For example, searching for “lung cancer” reveals the current USPSTF recommendation for lung cancer screening, as well as information regarding ongoing efforts to update this recommendation (proposed changes expected in late 2019 or 2020).
 - **Note on Changes to USPSTF Recommendations:** If changes occur to a USPSTF recommendation, individual and group plans must reflect the change in plan years that begin one year after the new recommendation is published.²⁰ For example, if the USPSTF were to update its recommendation for lung cancer screening in November 2019 and your insurer’s plan years begin on January 1st, plans would have to reflect that new recommendation beginning on January 1, 2021.
- **Grandfathered Status:** Group and individual insurance plans which existed at the time the Affordable Care Act was enacted in 2010 may be **exempt** from some of the Act’s requirements, including the requirement to cover USPSTF “A” and “B” rated services. Federal regulations at [45 C.F.R. Section 147.140](#) lay out the events which cause a plan to lose grandfathered status. If you have further questions about particular plans, you should contact the plan administrator, as individual plans are required to disclose information related to grandfathered status.
- **Short-term Plans:** Short-term health plans are **not** considered individual insurance plans under the Affordable Care Act and are **exempt** from many of the Act’s requirements, including the requirement to cover USPSTF “A” and “B” rated services.²¹ Therefore, coverage and cost-sharing for LCS and SDM will vary greatly in these plans. To determine coverage and cost-sharing in short-term plans, you will need to consult plan documents or contact the plan directly.

III. FREQUENTLY ASKED QUESTIONS

A. What if the Patient Lacks Insurance or Fails to Meet Eligibility Requirements?

Patients who lack coverage under the insurance regimes described in this resource, or who fail to meet the eligibility requirements of those insurance regimes will generally be required to pay for the services out of pocket.

B. What is Prior Authorization?

Prior authorization is the process by which health care providers must obtain advanced approval from a health insurance plan before a prescribed procedure, service, or medication is delivered to the patient to qualify for payment coverage under the plan. Prior authorization requirements are rare in Original Medicare, but common in most other insurance programs. Prior authorization requirements vary by plan. Therefore, to determine if a plan has a prior authorization requirement for any lung cancer screening service, you should consult the individual plan materials and/or call the plan.

C. What if Screening is Delivered by an Out-of-Network Provider?

If a patient receives any part of their lung cancer screening services from a health care provider (e.g., radiologist, facility, etc.) that is **not** part of their plan's network, they may face additional costs. For example, the Affordable Care Act does not require private plans to cover USPSTF "A" and "B" rated services that are provided out-of-network unless the plan does **not** have providers that can provide them in-network (in which case, the plan would be required to cover USPSTF services from out-of-network providers without cost-sharing²²). Similarly, patients in Medicare Advantage plans may face cost-sharing requirements if they receive lung cancer screening services outside of their plan's network.

Individuals covered by Original Medicare may also face higher costs when they choose to receive services from health care providers who are not part of the Medicare program. Health care providers may choose to opt out of Medicare, or otherwise become a non-participating provider, each of which can result in additional cost-sharing for patients. Non-participating providers accept Medicare, but do not accept Medicare's approved amount for health services as full payment.

Non-participating providers may charge up to 115 percent of the Medicare-allowed charge for the service, but Medicare will only pay up to the allowed limit, leaving the difference to be paid out of pocket.²³ Providers who choose to opt out of Medicare do not accept Medicare reimbursement for provided services, and are not limited by Medicare-allowed charge schedules when charging for services.

D. LDCT Scan - Medicare Referral Requirements

i. Who Must Make the Referral to Lung Cancer Screening for Medicare Enrollees?

To access Medicare reimbursement for lung cancer screening, the patient must receive a **proper referral**. There has historically been some confusion regarding Medicare requirements for **who** must make this referral.

In a 2015 MLN Matters publication, CMS stated that lung cancer screening must be ordered by a primary care provider within the context of a primary care setting and performed by an eligible Medicare provider for these services.²⁴ However, both the CMS Manual and National Coverage Decision for lung cancer screening take a **broader** approach for proper referral, requiring that referral be made during a counseling and shared decision making visit (for the patient's **first** LDCT screening) and "during any appropriate visit" (for subsequent annual LDCT screenings). In both cases, these visits may be conducted by "a physician (as defined in Section 1861(r)(1) of the Social Security Act) or qualified non-physician practitioner (meaning a physician assistant, nurse practitioner, or clinical nurse specialist as defined in Section 1861(aa)(5) of the Social Security Act)."²⁵

In response to this discrepancy, several professional organizations requested clarification from CMS. CMS responded in a letter on February 1, 2016 stating that a referral **need not come from a primary care physician**, but "the physician or non-physician practitioner who furnishes the shared-decision making visit and orders the LDCT must be **treating** the beneficiary and use the results in the management of the beneficiary's specific medical problem to ensure improved health outcomes."²⁶

ii. What Information Must the Referral Include?

The written order for LDCT screening must be documented in the patient's medical record, and must include:

- Patient's date of birth;
- Actual pack-year smoking history (number)
- Current smoking status, and for former smokers, the number of years since quitting smoking;
- Statement that the patient is asymptomatic (no signs or symptoms of lung cancer); and
- The National Provider Identifier (NPI) of the ordering practitioner.²⁷

E. LDCT Scan – Medicare Radiology and Facility Requirements

In order for LDCT screening to be covered by Medicare, the reading **radiologist** and **imaging facility** must meet certain criteria. These criteria are outlined in CMS Change Request [Transmittal 185](#) and [Medicare National Coverage Determinations Manual](#) Section 210.14.

i. What if Screening is Delivered by an Independent Diagnostic Testing Facility (IDTF)?

Currently, Medicare patients are likely to be charged out-of-pocket for lung cancer screenings conducted at Independent Diagnostic Testing Facilities (IDTF). Under the language of the National Coverage Decision, facilities that provide lung cancer screening to Medicare patients must “mak[e] available smoking cessation interventions for current smokers.” To meet this requirement, facilities typically provide written smoking cessation materials such as brochures. Medicare Administrative Contractors (MACs), the entities responsible for enforcing the National Coverage Decision, state that providing such materials is a therapeutic intervention. Because IDTFs are prohibited from providing therapeutic interventions, MACs are denying lung cancer screening claims from IDTFs and forcing patients that receive LDCTs from these facilities to pay out-of-pocket.²⁸

Organizations such as the American College of Radiology, as well federal legislators, have urged CMS to issue a Change Request Transmittal to clarify that LDCT lung cancer screenings, including the provision of smoking cessation materials, are not defined as therapeutic activities.²⁹ CMS has yet to provide clarification on this issue. **Medicare patients are likely to be charged out-of-pocket for lung cancer screening provided by IDTFs until this issue resolved.**

- **Note Regarding “Steerage” in Private Plans:** In contrast, private insurers typically do not deny coverage for screening that occurs at IDTFs. However, some private insurance plans are no longer providing reimbursement for most CT scans performed in a [hospital outpatient setting](#).³⁰ **It is therefore important for patients and/or providers to check with plans regarding facility requirements prior to lung cancer screening.**

F. What Codes Should I Provide When Billing Original Medicare for Lung Cancer Screening?

In order to obtain reimbursement for lung cancer screening services for Original Medicare enrollees, health care providers must bill the Medicare program using the proper codes for each service. The chart on the next page highlights the codes used for lung cancer screening and shared decision making.

CMS has also provided a variety of detailed guidance documents regarding proper coding procedures (highlighted in the “Detailed Resources on Proper Coding” column). **Health care providers should consult these detailed documents before attempting to bill for services.** To bill a payer **other** than Original Medicare please consult with the individual payer for coding requirements.

Service	Code(s)	Notes	Detailed Resources on Proper Coding
<p>Lung Cancer Screening using LDCT Scan</p>	<p>G0297</p>	<p>Written order requirement:</p> <ul style="list-style-type: none"> For the first LDCT screening, the order must be provided during a lung cancer screening counseling and shared decision-making visit. Written orders for subsequent LDCT scans can be furnished in any appropriate visit with a physician or qualified non-physician provider (physician assistant, nurse practitioner, or clinical nurse specialist).³¹ <p>Service must be billed with proper ICD-10 diagnosis code:</p> <ul style="list-style-type: none"> For former smokers: Z87.891 (personal history of tobacco use/personal history of nicotine dependence) For current smokers: <ul style="list-style-type: none"> 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).³² <p>Service can only be billed once in a 12-month period.</p> <ul style="list-style-type: none"> At least 11 full months must elapse from the date of the last screening before G0297 can be billed again.³³ Follow-up screens within the year (3 or 6 month follow-ups) use CPT code 71250 and are considered diagnostic, <u>not</u> preventive, services³⁴ (patient will be subject to cost-sharing). 	<ul style="list-style-type: none"> Medicare Claims Processing Manual, Ch. 18 – Preventive and Screening Services, Section 220 Medicare National Coverage Determination (NCD) Manual (CMS Pub. 100-3), Section 210.14 Medicare Benefit Policy Manual – Rural Health Clinic (RHC) and Federally Qualified Health Centers (FQHC) Services, Section 220 Transmittal 3374, Transmittal 185, and Transmittal 3901 MLN Matters: Medicare Coverage of Screening for Lung Cancer with Low Dose Computed Tomography
<p>Shared Decision Making</p>	<p>G0296</p>	<p>Must be provided by a treating physician or qualified non-physician practitioner (physician assistant, nurse practitioner, or clinical nurse specialist).</p> <p>Required Elements:</p> <ul style="list-style-type: none"> Determination of eligibility (age, absence of symptoms, pack-year calculation, and number of years since quitting if a former smoker); Shared decision-making 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; Counseling on importance of maintaining smoking abstinence (if former smoker) or smoking cessation (if current smoker), and, if appropriate, furnishing information on tobacco cessation interventions; If appropriate, the furnishing of a written order for lung cancer screening with LDCT.³⁵ <p>SDM must be billed with proper ICD-10 diagnosis code (same codes listed above for Lung Cancer Screening).³⁶</p> <p>SDM is a Medicare requirement for the initial LDCT screening.</p> <ul style="list-style-type: none"> For later screenings, SDM can be conducted (and billed), but is not required. CMS do <u>not</u> limit billing for SDM to once per year, as they do with LDCT screening.³⁷ 	<ul style="list-style-type: none"> Medicare Claims Processing Manual, Ch. 18 – Preventive and Screening Services, Section 220 Medicare National Coverage Determination (NCD) Manual (CMS Pub. 100-3), Section 210.14 Medicare Benefit Policy Manual – Rural Health Clinic (RHC) and Federally Qualified Health Centers (FQHC) Services, Section 220 Transmittal 3374, Transmittal 185, and Transmittal 3901 MLN Matters: Medicare Coverage of Screening for Lung Cancer with Low Dose Computed Tomography

IV. ADDITIONAL KEY RESOURCES

To learn more about insurance coverage of lung cancer screening services, you can consult these additional resources developed by advocacy organizations, professional associations, and other experts.

Resource	Description
American College of Radiology: LDCT Lung Cancer Screening FAQs	The American College of Radiology (ACR) provides an overview of Medicare coverage for lung cancer screening, including a detailed discussion of coding requirements.
American College of Radiology: Lung Cancer Screening Resources	ACR provides an array of tools for use in lung cancer screening programs, including shared decision aides, information on screening best practices, and smoking cessation materials.
American Lung Association: Is lung cancer screening covered under your insurance?	American Lung Association (ALA) provides an interactive overview of insurance coverage for lung cancer screening across different insurance programs.
Association of Community Cancer Centers (ACCC) Screening Tools	The Association of Community Cancer Centers (ACCC) provides an array of tools for use in lung cancer screening programs (sample forms, letters, etc.).
GO2 Foundation for Lung Cancer: Screening Saves Lives!	The GO2 Foundation provides materials including a brochure and educational video regarding lung cancer screening.
GO2 Foundation for Lung Cancer: Screening Centers	The GO2 Foundation provides access to their list of Screening Centers of Excellence (SCOE).

Endnotes

- ¹ “Medicare Managed Care Manual, Ch. 4 – Benefits and Beneficiary Protections” at Section 50.2, Centers for Medicare and Medicaid Services, available at <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/mc86c04.pdf>.
- ² Services rated “A” or “B” by the USPSTF are optional services under the traditional Medicaid regime, but are covered if a state chooses to cover these services. See 42 U.S.C. § 1396d(a)(13)(A); 42 C.F.R. §§ 440.130 (defining diagnostic, screening, preventive, and rehabilitative services), 440.225 (establishing services not required in 42 C.F.R. §§440.210, 440.220 as optional).
- ³ Eliminating cost-sharing for the traditional Medicaid population is optional for states, which will receive a one-percent FMAP increase if they voluntarily enact a state plan amendment which eliminates cost sharing for “A” and “B” graded USPSTF services. See 42 U.S.C. § 1396d(b)(5).
- ⁴ 42 C.F.R. § 440.347(a)(9) (referencing Essential Health Benefit requirements in 45 C.F.R. § 156.115(a)(4) which reference preventive service requirements at 45 C.F.R. § 147.130(a)(1)(i)).
- ⁵ 78 Fed. Reg. 42159, 42226.
- ⁶ 42 U.S.C. § 1395k(a)(2)(B); 42 U.S.C. § 1395x(s)(2)(BB); 42 U.S.C. § 1395x(ddd)(1), (2); for the CMS national coverage determination establishing coverage of lung cancer screening, see “National Coverage Determination (NCD) for Lung Cancer Screening with Low Dose Computed Tomography (LDCT) (210.14),” Centers for Medicare and Medicaid Services (Jan. 4, 2016), available at [https://www.cms.gov/medicare-coverage-database/details/ncd-details.aspx?NCDId=364&ncdver=1&CoverageSelection=National&Keyword=lung&KeywordLookUp=Title&KeywordSearchType=And&bc=gAAAAACAAAAA& \[https://perma.cc/4MUK-NAZ3\]](https://www.cms.gov/medicare-coverage-database/details/ncd-details.aspx?NCDId=364&ncdver=1&CoverageSelection=National&Keyword=lung&KeywordLookUp=Title&KeywordSearchType=And&bc=gAAAAACAAAAA& [https://perma.cc/4MUK-NAZ3]).
- ⁷ 42 U.S.C. § 1395l(a)(1); 42 C.F.R. § 410.152(l).
- ⁸ See 42 C.F.R. § 410.78 (referencing “CY 2019 Final Rule List of Telehealth Services,” available at <https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeeSched/PFS-Federal-Regulation-Notices-Items/CMS-1693-F.html>); see also “Telehealth Services,” Medicare Learning Network, Centers for Medicare & Medicaid Services (Jan. 2019), available at https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/downloads/TelehealthSrvcsfctsh.pdf?utm_campaign=2a178f351b-EMAIL_CAMPAIGN_2019_04_19_08_59&utm_term=0_ae00b0e89a-2a178f351b-353229765&utm_content=90024810&utm_medium=social&utm_source=facebook&hss_channel=fbp-372451882894317.
- ⁹ 42 U.S.C. § 1395w-22; 42 C.F.R. § 422.100(c)(1) (requiring Medicare Advantage plans to cover all Medicare-covered services except hospice services); 42 U.S.C. § 1395x(ddd)(1), (2) (allowing the Secretary of HHS to provide coverage for USPSTF A and B rated services). For the CMS national coverage decision to cover lung cancer screening, see “National Coverage Determination (NCD) for Lung Cancer Screening with Low Dose Computed Tomography (LDCT) (210.14),” Centers for Medicare and Medicaid Services (Jan. 4, 2016), available at [https://www.cms.gov/medicare-coverage-database/details/ncd-details.aspx?NCDId=364&ncdver=1&CoverageSelection=National&Keyword=lung&KeywordLookUp=Title&KeywordSearchType=And&bc=gAAAAACAAAAA& \[https://perma.cc/4MUK-NAZ3\]](https://www.cms.gov/medicare-coverage-database/details/ncd-details.aspx?NCDId=364&ncdver=1&CoverageSelection=National&Keyword=lung&KeywordLookUp=Title&KeywordSearchType=And&bc=gAAAAACAAAAA& [https://perma.cc/4MUK-NAZ3]).
- ¹⁰ 42 C.F.R. § 422.100(k).
- ¹¹ See 42 C.F.R. § 410.78 (referencing “CY 2019 Final Rule List of Telehealth Services,” available at <https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeeSched/PFS-Federal-Regulation-Notices-Items/CMS-1693-F.html>); see also “Telehealth Services,” Medicare Learning Network, Centers for Medicare & Medicaid Services (Jan. 2019), available at https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/downloads/TelehealthSrvcsfctsh.pdf?utm_campaign=2a178f351b-EMAIL_CAMPAIGN_2019_04_19_08_59&utm_term=0_ae00b0e89a-2a178f351b-353229765&utm_content=90024810&utm_medium=social&utm_source=facebook&hss_channel=fbp-372451882894317.
- ¹² See 42 C.F.R. § 422.135 (effective Jan. 1, 2020); 84 Fed. Reg. 15829.
- ¹³ 42 U.S.C. § 300gg-13(a)(1).
- ¹⁴ Private insurance plans which maintain “grandfathered” status are not subject to many of the requirements of the Affordable Care Act. 42 U.S.C. § 18011(a). For a list of events which can cause a policy to lose its grandfathered status, see 45 C.F.R. § 147.140.
- ¹⁵ 42 U.S.C. 300gg-91(b)(5); see also K. Lucia et al., “State Regulation of Coverage Options Outside of the Affordable Care Act: Limiting the Risk of the Individual Market,” The Commonwealth Fund (Mar. 2018).
- ¹⁶ See 42 C.F.R. § 440.347(a) (requiring Medicaid expansion plans to cover essential health benefits consistent with the requirements laid out for group and individual plans in 45 C.F.R. § 156); 45 C.F.R. § 156.115(a)(4) (requiring essential health benefits to include coverage of preventive health services as described in 45 C.F.R. § 147.130); 45 C.F.R. § 147.130(b)(1) (stating that coverage must begin “for plan years . . . that begin on or after the date that is one year after the date the recommendation or guideline is issued”).
- ¹⁷ See “Lung Cancer Screening Coverage in State Medicaid Programs,” Am. Lung Ass’n., available at <https://www.lung.org/assets/documents/lung-cancer/lung-cancer-screening-1.pdf>.
- ¹⁸ See “What’s Medicare Supplement Insurance (Medigap)?,” Medicare.gov, <https://www.medicare.gov/supplements-other-insurance/whats-medicare-supplement-insurance-medigap> (last visited Oct. 11, 2019).
- ¹⁹ “Your Medicare Coverage,” MEDICARE.GOV, <https://www.medicare.gov/coverage>.
- ²⁰ See 45 C.F.R. § 147.130(b)(1) (stating that coverage must begin “for plan years . . . that begin on or after the date that is one year after the date the recommendation or guideline is issued”).
- ²¹ 42 U.S.C. 300gg-91(b)(5); see also K. Lucia et al., “State Regulation of Coverage Options Outside of the Affordable Care Act: Limiting the Risk of the Individual Market,” The Commonwealth Fund (Mar. 2018).
- ²² 45 C.F.R. § 147.130(a)(3).
- ²³ 42 C.F.R. § 414.48.

- ²⁴ See “Medicare Coverage of Screening for Lung Cancer with Low Dose Computed Tomography (LDCT),” Centers for Medicare and Medicaid Services, (revised June 12, 2017), available at <https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/mm9246.pdf>.
- ²⁵ See “National Coverage Determination (NCD) for Lung Cancer Screening with Low Dose Computed Tomography (LDCT) (210.14),” Centers for Medicare and Medicaid Services (Jan. 4, 2016), available at [https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/ncd103c1_Part4.pdf](https://www.cms.gov/medicare-coverage-database/details/ncd-details.aspx?NCDId=364&ncdver=1&CoverageSelection=National&Keyword=lung&KeywordLookUp=Title&KeywordSearchType=AND&bc=gAAAAACAAAA& [https://perma.cc/4MUK-NAZ3]; see also “Medicare National Coverage Determinations Manual,” at Section 210.14, Centers for Medicare and Medicaid Services, available at <a href=).
- ²⁶ See, e.g. “Pulmonary Physicians Can Order Lung Cancer Screening/Provide Shared Decision-Making Service,” American Thoracic Society, available at <https://www.thoracic.org/about/newsroom/newsletters/coding-and-billing/2016/february/pulmonary-physicians-screening.php>.
- ²⁷ See “CMS Manual System, Pub 100-04 Medicare Claims Processing, Transmittal 3374,” at Business Requirements, Centers for Medicare and Medicaid Services, available at <https://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/downloads/R3374CP.pdf>.
- ²⁸ See “Congressmen Oppose Lung Cancer Screening Restrictions on IDTFs,” American College of Radiology, <https://www.acr.org/Advocacy-and-Economics/Advocacy-News/Advocacy-News-Issues/In-the-October-6-2018-Issue/Congressmen-Oppose-Lung-Cancer-Screening-Restrictions-on-IDTFs> (last visited Oct. 11, 2019).
- ²⁹ See “Congressmen Oppose Lung Cancer Screening Restrictions on IDTFs,” American College of Radiology, <https://www.acr.org/Advocacy-and-Economics/Advocacy-News/Advocacy-News-Issues/In-the-October-6-2018-Issue/Congressmen-Oppose-Lung-Cancer-Screening-Restrictions-on-IDTFs> (last visited Oct. 11, 2019).
- ³⁰ See, e.g., Julie Ritzer Ross, “No Love Lost for Anthem Imaging Policy,” RADIOLOGY BUSINESS (Feb. 9, 2018), available at <https://www.radiologybusiness.com/topics/healthcare-economics/no-love-lost-anthem-imaging-policy>.
- ³¹ See “CMS Manual System, Pub 100-03 Medicare National Coverage Determinations, Transmittal 185,” Centers for Medicare and Medicaid Services (Aug. 21, 2015), available at <https://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/Downloads/R185NCD.pdf>.
- ³² See “Medicare Claims Processing Manual, Ch. 18 – Preventive and Screening Services” at Section 220.4, Centers for Medicare and Medicaid Services, available at <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/clm104c18.pdf>.
- ³³ See “CMS Manual System, Pub 100-04 Medicare Claims Processing, Transmittal 3374,” at Business Requirements Table, Centers for Medicare and Medicaid Services, available at <https://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/downloads/R3374CP.pdf>; see also “Medicare Claims Processing Manual, Ch. 18 – Preventive and Screening Services” at Section 220.4, Centers for Medicare and Medicaid Services, available at <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/clm104c18.pdf>.
- ³⁴ See, e.g., “Low-Dose CT Lung Cancer Screening FAQ, AMERICAN COLLEGE OF RADIOLOGY, <https://www.acr.org/Clinical-Resources/Lung-Cancer-Screening-Resources/FAQ> (last visited Oct. 11, 2019).
- ³⁵ See “CMS Manual System, Pub 100-03 Medicare National Coverage Determinations, Transmittal 185,” Centers for Medicare and Medicaid Services (Aug. 21, 2015), available at <https://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/Downloads/R185NCD.pdf>; “Medicare National Coverage Determinations Manual,” at Section 210.14, Centers for Medicare and Medicaid Services, available at https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/ncd103c1_Part4.pdf.
- ³⁶ See “Medicare Claims Processing Manual, Ch. 18 – Preventive and Screening Services” at Section 220.4, Centers for Medicare and Medicaid Services, available at <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/clm104c18.pdf>.
- ³⁷ See “CMS Manual System, Pub 100-04 Medicare Claims Processing, Transmittal 3374,” at Business Requirements Table, Centers for Medicare and Medicaid Services (Oct. 15, 2015), available at <https://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/downloads/R3374CP.pdf> (limiting billing of G0297 to once in a 12-month period, but placing no specific restrictions on G0296); see also “Medicare Claims Processing Manual, Ch. 18 – Preventive and Screening Services” at Section 220.4, Centers for Medicare and Medicaid Services, available at <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/clm104c18.pdf> ((limiting billing of G0297 to once in a 12-month period, but placing no specific restrictions on G0296).

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