



## **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**

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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**

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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**

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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

Date of Change	Description
May 3, 2022	Initial article released.

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