

ACR Lung Cancer Screening Economics & Billing

Quick Reference Guide



This guide is intended to answer commonly asked questions about lung cancer screening logistics, program requirements, economics and billing issues.

Definitions	
Chest CT	Generic term encompassing low-dose and non-low-dose CT, with or without IV contrast.
LDCT	Chest CT using low-dose technique — an imaging technique used to evaluate the chest primarily for lung nodule detection, follow-up and lung disease. The LDCT (low-dose chest CT) technique is required for lung cancer screening.
Interval CT	Short interval chest CT or CTA performed “off-cycle” between annual screening exams for diagnostic purposes. In most cases, performed with LDCT technique.
Surveillance CT	Diagnostic chest CT performed for surveillance in patients with known lung cancer, generally evaluating for recurrent cancer.
Program specifics	
Site accreditation requirements	<p>For CT: CT accreditation is required for non-hospital-based outpatient facilities that bill for CT under part B of the Medicare physician fee schedule.</p> <p>For ACR® Lung Cancer Screening Center Designation: Facility must have ACR CT Accreditation and participate in the ACR Lung Cancer Screening (LCS) Registry.</p> <p>For ACR LCS Registry participation: ACR CT Accreditation is not required.</p>
Ordering provider	An order for LCS LDCT must be provided by a licensed independent practitioner. Order may be electronic or paper-based.
Shared decision making	<p>Face-to-face discussion by a licensed independent practitioner (physician, NP and PA) (required by Medicare for first-time screen only) or auxiliary personnel incident to physician’s professional services. This discussion can be performed and reimbursed multiple times per year. This can be performed via telehealth.</p> <p>Can be performed as part of the Evaluation and Management (E&M) visit and billed with a 25 modifier. Optional but reimbursable (by Medicare) for subsequent annual LCS CT.</p>
Smoking cessation intervention	Smoking cessation interventions and services must be offered to current smokers. If smoking cessation counseling is provided, it must be documented separately. Smoking cessation counseling can be reported in addition to an E&M visit, performed on the same day by the same licensed independent provider, by appending 25 modifier to the appropriate level of E&M service. This can be performed via telehealth.
Lung-RADS®	<p>Used for interpreting low-dose LCS CT exams and interval follow-up CTs for screen-detected abnormalities that may be lung cancer.</p> <p>If an interval CT is performed for another reason, Lung-RADS use is recommended when possible for the lung nodule-specific findings.</p> <p>Use is required for participation in the ACR Lung Cancer Screening Registry™.</p>
ACR Lung Cancer Screening Registry	Submission of data to the registry is optional but participation is encouraged to support quality improvement in LCS. The ACR submits a subset of data to CMS.

LCS coverage and eligibility criteria	
Medicare	LCS is covered as a preventive service in patients ages 50–77 years; ≥20 pack-year smoking history; current smokers or quit within last 15 years; no signs or symptoms of lung cancer.
Medicaid	Varies, state-dependent. In Medicaid Expansion states, the United States Preventive Services Task Force (USPSTF) criteria apply. In other states, typically Medicare-like criteria apply. Verify specifics for your state.
Commercial	The USPSTF has recommended that LCS CT be covered as a preventive service for patients who meet the following eligibility criteria — ages 50–80; ≥20 pack-year smoking history; patient who currently smokes or quit within last 15 years; no signs or symptoms of lung cancer (criteria were updated in March 2021).
Self-pay	Permitted for patients who do not meet standard criteria but fulfill National Comprehensive Cancer Network group 2 or other high-risk criteria. Coded as LCS LDCT (71271); submission to the ACR LCS Registry is required.
IDTF setting	LCS LDCT is covered in an Independent Diagnostic Testing Facility (IDTF) setting for patients with commercial insurance, Medicare, Medicaid or on a self-pay basis.
Billing	
Pre-authorization requirement	Typically required for Medicare Advantage and commercial insurance. Not required for traditional Medicare. May be required for Medicaid (varies by state).
Shared decision-making visit	Code: G0296; no co-pay (ICD 10 code — recommend Z87.891 or F17.210).
LCS LDCT billing code	Code: 71271; no co-pay (ICD-10 code — recommend Z87.891 or F17.210).
Tobacco cessation counseling	3–10 minutes: CPT Code 99406 (ICD 10 code — recommend F17.210). Over 10 minutes: CPT Code 99407 (ICD 10 code — recommend F17.210).
Interval CT (diagnostic CT)	Diagnostic CT Code: 71250; co-pay typically required. Diagnostic CTA Code: 71275; co-pay typically required.
Follow up	
Lung-RADS 3	6-month follow-up CT; if unchanged or smaller ➡ LCS LDCT 1 year after the follow-up CT.
Lung-RADS 4A	3-month follow-up CT; if unchanged or smaller ➡ 6-month follow-up LDCT; Then, if unchanged or smaller ➡ LCS LDCT 1 year after last follow-up CT.
Lung cancer diagnosis confirmed	Discharge from LCS; patient may return to screening after appropriate post-treatment surveillance.

Commonly Used Acronyms:

- ACR: American College of Radiology®
- CMS: Centers for Medicare & Medicaid Services
- E&M: Evaluation and management
- IDTF: Independent Diagnostic Testing Facility
- LCS: Lung cancer screening
- LDCT: Low-dose chest CT
- NCCN: National Comprehensive Cancer Network (NCCN group 2 criteria = ages ≥50, at least 20 pack-year and another risk factor)
- NLCRT: National Lung Cancer Roundtable