Lung Cancer Screening

Reimbursement Policy ID: RPC.0057.0900

Recent review date: 08/2026

Reimbursement policies and their resulting edits are based on guidelines from established industry sources, such as the Centers for Medicare and Medicaid Services (CMS), the American Medical Association (AMA), state and federal regulatory agencies, and medical specialty professional societies. Reimbursement policies are intended as a general reference and do not constitute a contract or other guarantee of payment. The health plan may use reasonable discretion in interpreting and applying its policies to services provided in a particular case and may modify its policies at any time.

In making claim payment determinations, the health plan also uses coding terminology and methodologies based on accepted industry standards, including Current Procedural Terminology (CPT); the Healthcare Common Procedure Coding System (HCPCS); and the International Classification of Diseases,10th Revision, Clinical Modification (ICD-10-CM), and other relevant sources. Other factors that may affect payment include medical record documentation, legislative or regulatory mandates, a provider's contract, a member's eligibility in receiving covered services, submission of clean claims, and other health plan policies, and other relevant factors. These factors may supplement, modify, or in some cases supersede reimbursement policies.

This reimbursement policy applies to all health care services billed on a CMS-1500 form or its electronic equivalent, or when billed on a UB-04 form or its electronic equivalent.

To the extent that any procedure and/or diagnosis codes are specified in this policy, such inclusion is provided for reference purposes only, may not be all inclusive, and is not intended to serve as billing instructions. Listing of a code in this policy does not imply that the service described by the code is a covered or non-covered health service. Benefit coverage for health services is determined by federal, state, or contractual requirements and applicable laws that may require coverage for a specific service. The inclusion of a code does not imply any right to reimbursement or guarantee claim payment. Other Policies and Guidelines may apply.

Policy Overview

This policy addresses reimbursement requirements for lung cancer screening. The health plan considers the use of lung cancer screening with low dose computed tomography (LDCT) reimbursable. This is a unique computed tomography scan technique that combines special X-ray equipment with sophisticated computers to produce multiple, cross-sectional images of the inside of the body. This screening is aimed at early detection of non-small cell lung cancer.

Exceptions

N/A

Reimbursement Guidelines

A low dose computed tomography scan for lung cancer screening is reimbursable annually with the following indications.

- LDCT must be a covered service under the state Medicaid program.
- A diagnosis code of nicotine dependence or history of nicotine dependence is required on the claim.
    - Z87.891 -former smokers (personal history of nicotine dependence)
    - F17.21 -current smokers (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
- The patient's age must be from 50 to 80 years.

Definitions

N/A

Edit Sources

I. Current Procedural Terminology (CPT).
II. Healthcare Common Procedure Coding System (HCPCS).
III. International Classification of Diseases, 10th revision, Clinical Modification (ICD-10-CM), and associated publications and services.
IV. Centers for Medicare and Medicaid (CMS)
V. https://www.cancer.org/health-care-professionals/american-cancer-society-prevention-early-detection-guidelines/lung-cancer-screening-guidelines.html
VI. Applicable Medicaid fee schedule(s)

Attachments

N/A

Associated Policies

N/A

Policy History

09/2026	• Removed the next review date • Replaced the plan name with "the health plan"
08/2026	Reimbursement Policy Committee Approval
08/2026	Annual review • Update age range • Revision of Edit Sources

08/2025	Reimbursement Policy Committee Approval
07/2025	Annual Review • No major changes
06/2025	Minor updates to formatting and syntax
12/2024	Reimbursement Policy Committee Approval