July 18, 2018 MLCC Webinar

"Insurance Coverage for Low Dose CT Lung Screenings"

with Barbara Wiggin, MBA, CNMT, CBDT and Angela Criswell, MA

Follow Up Questions and Answers from Speakers

Have you heard or understand that the last CMS transmittal indicated as of 12/4/17, 2 ICD-10 codes are required on all LDCT orders: Z87.891 and one of the approved F codes? That is how our compliance team read the transmittal.

Angela: On the issue of G0296 Shared decision-making being billable more than once a year, there is no explicit "permission" but rather the absence of a restriction: CMS provided implementation guidance to their Medicare Administrative Contractors on both G0296 and G0297 through CMS Transmittal 3374. In the Business Requirements Table of this document, requirement number 9246 – 04.3.1 notes that "Contractors shall deny line-items on claims containing HCPCS code G0297 when reported more than once in a 12-month period (11 full months must elapse form the date of the last screening)…. G0296 is not included within this requirement notation, and there is no other corresponding timing restriction/limit established for it within any of the other business requirement notations. So, in the absence of a delineated frequency limitation for G0296, it is up to the provider to document within the medical record that an additional G0296 was appropriate and that the required elements within it were once again delivered.

On the question of ICD-10 codes for CMS claims: *Either* the Z87.891 code for personal history of nicotine dependence should be used (for smoking history, not current smokers), or one of the cigarette-specific F-codes for nicotine dependence (F17.210, F17.211, F17.213, F17.218, or F17.219.) The Z and the F codes are mutually exclusive—they shouldn't be used together.

Here's a bit of history on this, because it has been confusing for lots of programs:

- In their original implementation guidance, CMS required that Z87.891 accompany all orders for G0296 and G0297. It was the only allowable ICD-10 code, and it had to be used for all claims after 10/1/15. (The purpose in this requirement was to establish/document the patient's smoking history as part of the eligibility criteria.)
- The problem was that this Z-code is for a *past* medical condition *that no longer exists* and, therefore, isn't really appropriate for current smokers, only for former smokers.
- So, in December 2015, ACR reached out to the CMS Ombudsman's office to bring this to their attention. They acknowledged the problem and said that they would be adding the F17.2 codes to the list of appropriate ICD-10 diagnosis codes, and that a revised change request would come out.
- That revised guidance, noted in an updated MLN Matters, came in May 2016.

For both of these questions, see the attached spreadsheet from CMS…look on Line 22….you'll see that the once per annum rule applies only to G0297 (Column c). And then the addition of the F17 codes to the allowable ICD-10 codes is outlined on line 28, under "Revision History."

CMS has some of their information around this in a spreadsheet; You can reach this spreadsheet online, by exploring the links in the "Document History" at the end of the MLN Matters that addresses lung cancer screening.

(see attachment 1: pages 3-5)

If a patient had a Low Dose CT Lung screening and the radiologist recommended the patient to come back for a f/U low dose screening in 6 months, what would be the correct code to bill this under? The G0297 or the 71250? The patient had the understanding that this screening was going to cost them $300 but was way over $1000. Would this screening still be a 6 month follow up low dose CT screening or is it now going to be the diagnostic f/u? Please help

Barbara: Great question and we struggled with this also. A follow up CT would be a diagnostic 71250. Once it becomes a follow up it's no longer a screening and you won't be able to charge it that way. The screenings are only reimbursed once per year. This is similar to mammogram screening vs special views and relating it that way to physicians seems to help.

The lung rads categories descriptions do not help as they describe the follow up as low dose. We do decrease the CT dose but we do not charge for another screening.

Angela: Yes, just as Barbara has outlined- an interval follow-up LDCT to monitor screen-detected nodules (i.e., ordered between annual screenings), regardless of radiation dose delivered, would be a diagnostic scan 71250. The G0297 LDCT screening would only be used once per year.

There is often confusion regarding use of the term low-dose CT—i.e., that it always means a *screening* (G0297). However, diagnostic scans (71250) can and should be ordered with a low-dose protocol when clinically appropriate. The ACR-SCBT-MR-SPR Practice Parameter for the Performance of Thoracic Computed Tomography (CT) notes the importance of keeping the radiation dose "as low as reasonably achievable (ALARA)…to assure that radiation doses to individual patients are appropriate, taking into account the possible risk from radiation exposure and the diagnostic image quality necessary to achieve the clinical objective."

(see attachment 2: page 6)

NCD:	210.14
NCD Title:	Screening for Lung Cancer with Low Dose Computed Tomography
IOM:	https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/MM9246.pdf
MCD:	https://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/Downloads/R3374CP.pdf

ICD-9-CM	ICD-9 DX Description	ICD-10 CM	ICD-10 DX Description
	Beginning October 1, 2015, ICD-9 codes are no longer valid for processing Medicare claims and are included here for ease of reference only.		
V15.82	Personal history of tobacco use/personal history of nocotine dependence	Z87.891	Personal history of tobacco use/personal history of nicotine dependence
305.1	Tobacco use disorder	F17.210	Nicotine dependence, cigarettes, uncomplicated
305.1	Tobacco use disorder	F17.211	Nicotine dependence, cigarettes, in remission
305.1	Tobacco use disorder	F17.213	Nicotine dependence, cigarettes, with withdrawal
305.1	Tobacco use disorder	F17.218	Nicotine dependence, cigarettes, with other nicotine-induced disorders
305.1	Tobacco use disorder	F17.219	Nicotine dependence, cigarettes, with unspecified nicotine-induced disorders

NCD:	210.14
NCD Title:	Screening for Lung Cancer with Low Dose Computed Tomography
IOM:	https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/MM9246.pdf
MCD:	https://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/Downloads/R3374CP.pdf

ICD-9	ICD-9 PCS Description	ICD-10	ICD-10 PCS Description
N/A	N/A	N/A	N/A

QA Attachment 1- CMS spreadsheet

Rule Description

NCD:	210.14
NCD	Screening for Lung Cancer with Low Dose Computed Tomography (CR9246, CR9540)
IOM:	https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/MM9246.pdf
MCD:	https://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/Downloads/R1374CP.pdf

Part A	Rule Description Part A	Proposed HCPCS/CPT Part A	Frequency, Age Edits	TOB (Part A)	Revenue Code Part A	Modifier Part A	Provider Specialty	Proposed MSN Message Part A	Proposed CARC Message Part A	Proposed RARC Message Part A
Part A	**A/MACs**: Effective for line-items on claims with DOS 2/5/15, shall recognize and add to systems as appropriate HCPCS G0296-Counseling visit to discuss need for lung cancer screening using low dose CT (LDCT) scan (service is for eligibility determination and shared decision making), and HCPCS G0297 - Low dose CT scan (LDCT) for lung cancer screening, as covered services	G0296 G0297			NA	NA	NA	NA	NA	NA
	FISS/CWF: Shall not apply beneficiary coinsurance or deductible to claim lines containings HCPCS G0296 or G0297.									
	FISS/CWF: Shall create a line-level edit to allow HCPCS G0297 to be billed no more than 1 x per annum. At least 11 full months must elapse from month of last screening. NOTE: This edit shall be overridable	G0297	1 x per annum		NA	NA	NA	NA	NA	NA
	A/MACs: Shall deny line-items on claims containing HCPCS G0297 when reported more than once in a 12-month period (11 full months must elapse from month of last screening) using the following messages:				NA	NA	NA	15.20	119	N386
	FISS/CWF: Shall create an edit to allow HCPCS G0296 & G0297 to be billed only if the beneficiary is between the ages of 55 and 77.	55-77 yrs								
	A/MACs: shall deny line-items on claims containing HCPCS G0296 or G0297 when the beneficiary is not between ages 55-77 usins the following messages				NA	NA	NA	15.20	6	NA
	FISS: Effective for claims with DOS on and after 2/5/15, shall allow payment for HCPCS G0296 and G0297 only when billed with ICD-9 dx V15.82 (ICD-10 Z87.891), personal history of tobacco use/personal history of nicotine dependence **OR** ICD-9 305.1, tobacco use disorder, ICD-10 F17.210, F17.211, F17.213, F17.218, or F17.219, nicotine dependence, cigarettes. All ICD-10 codes shall be implemented 10/1/15.				NA	NA	NA	NA	NA	NA
Part A	**A/MACs:** Shall deny line-items on claims containing HCPCS G0296 and G0297 only when not billed with ICD-9 dx V15.82/ICD-10 Z87.891, **OR** ICD-9 dx 305.1/ICD-10 F17.210, F17.211, F17.213, F17.218, or F17.219.				NA	NA	NA	15.19	167	N386
	CAHs (TOB 85X) Method II with RC 096X, 097X, and 098X based on lesser of actual charge or the MPFS (115% of the lesser of fee schedule amount and submitted charge) for G0296 only.	G0296		85X 096X 097X 098X	NA	NA	NA	NA	NA	NA
	A/MACs: shall not pay line-items on claims with G0296 on 71X and 77X TOBs when G0296 is billed on the same day with another visit (this does not apply to IPPE for 71X TOBs). The service line with G0296 should be shown as covered with the following ANSI information	G0296		85X 096X 097X 098X	NA	NA	NA	16.34	97	NA
	A/MACs: shall deny line-items on institutional claims containing HCPCS code G0296 when submitted on a TOB other than 12X, 13X, 22X, 23X, 71X, 77X, or 85X using the following messages	G0296		12X, 13X 22X, 23X 71X (G0296 only) 77X (G0296 only) 85X	NA	NA	NA	21.25	170	N85
	A/MACs: shall deny line-items on institutional claims containing HCPCS code G0297 when submitted on a TOB other than 12X, 13X, 22X, 23X, 71X, 77X, or 85X using the following messages	G0297		12X 13X 22X 23X 71X (G0296 only) 77X (G0298 only) or 85X	NA	NA	NA	21.25	170	N85

Part B	Rule Description Part B	Proposed HCPCS/CPT Part B	Frequency Limitations	POS (Part B)	n/a	Modifier Part B	Provider Specialty	Proposed MSN Message Part B	Proposed CARC Message Part B	Proposed RARC Message Part B
Part B	Effective for line-items on claims with DOS on or after 2/5/15, **B/MACs** shall recognize and add to systems new HCPCS G0296-Counseling visit to discuss need for lung cancer screening using low dose CT (LDCT) scan (service is for eligibility determination and shared decision making), and G0297 - Low dose CT scan (LDCT) for lung cancer screening, as covered services.	G0296 G0297		NA	NA	NA	NA	NA	NA	NA
	CWF: shall create a line-level edit to allow HCPCS G0297 to be billed no more than 1x per annum. At least 11 full months must elapse from the month of the last screening. NOTE: This edit shall be overridable	G0297	1x per annum	NA	NA	NA	NA	NA	NA	NA
	B/MACs: shall deny line-items on claims containing HCPCS G0297 when reported more than once in a 12-month period (11 full months must elapse from the month of the last screening) using the following messages:	G0297		NA	NA	NA	NA	15.20	119	N386
	B/MACs: shall deny line-items on claims containing HCPCS G0296 or G0297 when the beneficiary is not between ages 55-77 using the following messages	55-77 yrs		NA	NA	NA	NA	15.20	6	NA
	B/MACs & MCS: Effective with DOS on and after 2/5/15, shall allow payment for HCPCS G0296 and G0297 only when billed with ICD-9 V15.82/ICD-10 Z87.891, or ICD-9 305.1/F17.210, F17.211, F17.213, F17.218, F17.219. ICD-10 codes to implement 10/1/15. MCS edit 068L			NA	NA	NA	NA	NA	NA	NA
	B/MACs: shall deny payment for HCPCS G0296 and G0297 only when not billed with ICD-9 V15.82/ICD-10 Z87.891 OR ICD-9 305.1/F17.210, F17.211, F17.213, F17.218 or F17.219.			NA	NA	NA	NA	15.19	167	N386

DRAFT Translation for Review
By 3M for CMS

Lung-RADS™ Version 1.0 Assessment Categories Release date: April 28, 2014

Category	Category Descriptor	Category	Findings	Management	Probability of Malignancy	Estimated Population Prevalence
Incomplete	-	0	prior chest CT examination(s) being located for comparison part or all of lungs cannot be evaluated	Additional lung cancer screening CT images and/or comparison to prior chest CT examinations is needed	n/a	1%
Negative	No nodules and definitely benign nodules	1	no lung nodules nodule(s) with specific calcifications: complete, central, popcorn, concentric rings and fat containing nodules	Continue annual screening with LDCT in 12 months	< 1%	90%
Benign Appearance or Behavior	Nodules with a very low likelihood of becoming a clinically active cancer due to size or lack of growth	2	solid nodule(s): < 6 mm new < 4 mm part solid nodule(s): < 6 mm total diameter on baseline screening non solid nodule(s) (GGN): < 20 mm OR ≥ 20 mm and unchanged or slowly growing category 3 or 4 nodules unchanged for ≥ 3 months			
Probably Benign	Probably benign finding(s) - short term follow up suggested; includes nodules with a low likelihood of becoming a clinically active cancer	3	solid nodule(s): ≥ 6 to < 8 mm at baseline OR new 4 mm to < 6 mm part solid nodule(s) ≥ 6 mm total diameter with solid component < 6 mm OR new < 6 mm total diameter non solid nodule(s) (GGN) ≥ 20 mm on baseline CT or new	6 month LDCT	1-2%	5%
Suspicious	Findings for which additional diagnostic testing and/or tissue sampling is recommended	4A	solid nodule(s): ≥ 8 to < 15 mm at baseline OR growing < 8 mm OR new 6 to < 8 mm part solid nodule(s: ≥ 6 mm with solid component ≥ 6 mm to < 8 mm OR with a new or growing < 4 mm solid component endobronchial nodule	3 month LDCT; PET/CT may be used when there is a ≥ 8 mm solid component	5-15%	2%
		4B	solid nodule(s) ≥ 15 mm OR new or growing, and ≥ 8 mm part solid nodule(s) with: a solid component ≥ 8 mm OR a new or growing ≥ 4 mm solid component	chest CT with or without contrast, PET/CT and/or tissue sampling depending on the *probability of malignancy and comorbidities. PET/CT may be used when there is a ≥ 8 mm solid component.	> 15%	2%
		4X	Category 3 or 4 nodules with additional features or imaging findings that increases the suspicion of malignancy			
Other	Clinically Significant or Potentially Clinically Significant Findings (non lung cancer)	S	modifier - may add on to category 0-4 coding	As appropriate to the specific finding	n/a	10%
Prior Lung Cancer	Modifier for patients with a prior diagnosis of lung cancer who return to screening	C	modifier - may add on to category 0-4 coding	-	-	-

IMPORTANT NOTES FOR USE:

1) Negative screen: does not mean that an individual does not have lung cancer
2) Size: nodules should be measured on lung windows and reported as the average diameter rounded to the nearest whole number; for round nodules only a single diameter measurement is necessary
3) Size Thresholds: apply to nodules at first detection, and that grow and reach a higher size category
4) Growth: an increase in size of > 1.5 mm
5) Exam Category: each exam should be coded 0-4 based on the nodule(s) with the highest degree of suspicion
6) Exam Modifiers: S and C modifiers may be added to the 0-4 category
7) Lung Cancer Diagnosis: Once a patient is diagnosed with lung cancer, further management (including additional imaging such as PET/CT) may be performed for purposes of lung cancer staging; this is no longer screening
8) Practice audit definitions: a negative screen is defined as categories 1 and 2; a positive screen is defined as categories 3 and 4
9) Category 4B Management: this is predicated on the probability of malignancy based on patient evaluation, patient preference and risk of malignancy; radiologists are encouraged to use the McWilliams et al assessment tool when making recommendations
10) Category 4X: nodules with additional imaging findings that increase the suspicion of lung cancer, such as spiculation, GGN that doubles in size in 1 year, enlarged lymph nodes etc
11) Nodules with features of an intrapulmonary lymph node should be managed by mean diameter and the 0-4 numerical category classification
12) Category 3 and 4A nodules that are unchanged on interval CT should be coded as category 2, and individuals returned to screening in 12 months
13) LDCT: low dose chest CT

Link to McWilliams Lung Cancer Risk Calculator

Upon request from the authors at: http://www.brocku.ca/lung-cancer-risk-calculator

At UptoDate http://www.uptodate.com/contents/calculator-solitary-pulmonary-nodule-malignancy-risk-brock-university-cancer-prediction-equation