

Reimbursement Policy Statement Illinois Medicaid

Effective Date	Next Annual Review	Policy Number	
06/01/2024	05/01/2027	ABHIL-RP-0030	
Policy Name		Department	
Lung Cancer Screening with Low Dose Computed Tomography (LDCT)		Claims Operations Medical Payment	
Policy Type			
Medical	Administrative	Pharmacy	Reimbursement

Aetna Better Health® of Illinois (ABH IL) implements comprehensive and robust policies and procedures to ensure alignment with Illinois Department of Health Care and Family Services (HFS) and to warrant that regulatory standards are met.

ABH IL reimbursement policies are intended to provide a general reference for claims filing, coding, documentation guidelines and administrative functions. Providers are ultimately responsible for submission of accurate reporting of services provided.

Reimbursement of reported services is subject to member benefit, eligibility on date of service, medical necessity, related plan policies and procedures, correct coding and clinical editing logic, provider contracts and all applicable plan documentation and guidelines set forth by Illinois Department of Health Care and Family Services (HFS). Coding methodology, regulatory requirements, industry standard claims logic, guidance from specialty organizations and other factors are considered in the development of plan policies. ABH IL retains the right to change, amend or withdraw this policy as needed, at any time.

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A. Policy

This policy is provided as a guide to medical coding and editing guidelines for the appropriate reporting Lung Cancer Screening with Low Dose Computed Tomography (LDCT). This policy aligns with guidance from Illinois Department of Health Care and Family Services (HFS), Aetna clinical policy, AMA CPT Coding Guidelines as well as Healthcare Common Procedure Coding System (HCPCS) guidelines.

B. Overview

This policy outlines the coding and editing guidelines for reporting Lung Cancer Screening with Low Dose Computed Tomography (LDCT). Lung cancer detection and treatment at an early stage is important for improving survival rates. A common method used for detection is LDCT, also known as spiral or helical CT scanning which provides high quality, three-dimensional images of the lungs during a single breath to identify the presence of lung cancer in an individual that does not demonstrate any symptoms. This policy applies to all professional and facility claim types.

Screening Limitations

LDCT and related counseling services to discuss the need for screening are considered appropriate for patients aged 50 or older and should be reported with an applicable ICD-10-CM diagnosis code that indicates nicotine dependence. Services reported for patients under the age of 50 or reported without a nicotine dependence-related diagnosis code will be denied.

When an LDCT screening is indicated, it should not be performed more than once within a 12-month period (where at least 11 full months have passed) by any provider. Screenings that are conducted more than one within a 12-month period by any provider will be denied.

C. Definitions

Term	Definition
Aetna Better Health of Illinois (ABHIL)	A subsidiary of CVS Health Corporation, Medicaid subsidiary that provides plan management and other administrative services for the Illinois Medicaid program.
American Medical Association (AMA)	A professional group that publishes research to advance public health and advocates for the interests of registered physician-members.
Centers for Medicare & Medicaid Services (CMS)	The federal agency that administers the Medicare program as well as works with the individual states to administer state Medicaid and Children’s Health Insurance Programs.



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Current Procedural Terminology (CPT)	A medical code set maintained by the American Medical Association through the CPT Editorial Panel. The CPT code set (copyright protected by the AMA) describes medical, surgical, and diagnostic services and is designed to communicate uniform information about medical services and procedures among physicians, coders, patients, accreditation organizations, and payers for administrative, financial, and analytical purposes.
Healthcare Common Procedure Coding System (HCPCS)	Level II of the HCPCS is a standardized coding system that is used primarily to identify products, supplies, and services not included in the CPT code set. Examples include ambulance services and durable medical equipment, prosthetics, orthotics, and supplies (DMEPOS). Level II HCPCS codes were established to allow these products, supplies and services to be reported for reimbursement.
Illinois Department of Health Care and Family Services (HFS)	The Department of Healthcare and Family Services administers health insurance programs for children, pregnant women, and adults who are residents of Illinois.
International Statistical Classification of Diseases (ICD-10-CM)	The 10th revision of the (ICD), a medical classification list by the World Health Organization (WHO). It contains codes for diseases, signs and symptoms, abnormal findings, complaints, social circumstances, and external causes of injury or diseases.
Medicaid	The state administered program that provides health coverage to millions of Americans, including eligible low-income adults, children, pregnant women, elderly adults, and people with disabilities, according to federal requirements. The program is funded jointly by states and the federal government.
Medicare	Medicare is a health insurance program for: people aged sixty-five (65) or older, people under age sixty-five (65) with certain disabilities, and people of all ages with End-Stage Renal Disease (permanent kidney failure requiring dialysis or a kidney transplant).

D. Reimbursement Guidelines

ABH IL will only reimburse for prostate cancer screening when appropriately reported.

Appropriate reporting includes

- Reporting the screening CPT code or counseling HCPCS code for patients 50 years of age or older
- Reporting the screening CPT code or counseling HCPCS code with a diagnosis indicating nicotine dependence
- Reporting the screening CPT code no more than once per year by any provider

Claims that are submitted will be denied when

- The screening CPT code or counseling HCPCS code is reported for patients 49 years of age or younger
- The screening CPT code or counseling HCPCS code is not reported with a diagnosis indicating nicotine dependence
- The screening CPT code is reported more than once per year by any provider

The medical record documentation is expected to support the specific CPT, HCPCS code(s), ICD-10-CM codes and modifiers reported.

E. Codes/Condition of Coverage

Applicable CPT Code

71271	Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)
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Applicable HCPCS Code

G0296	Counseling visit to discuss need for lung cancer screening using low dose CT scan (LDCT)
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Applicable ICD-10-CM Diagnosis Code

F17.21X	Nicotine dependence, cigarettes
F17.29X	Nicotine Dependence
Z12.2	Encounter for screening for malignant neoplasm of respiratory organs
Z72.0	Tobacco Use
Z87.891	Personal history of nicotine dependence

F. Frequently Asked Questions

N/A



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G. Review/Revision Date		
Action	Date	Comments
Revision	05/01/2026	Policy template updated- No other content changes
Effective Date	06/01/2024	

H. Resources
<ol style="list-style-type: none">1. Aetna. (2025, August 1). <i>Lung cancer screening (Clinical policy bulletin No. 0380)</i>. https://www.aetna.com/cpb/medical/data/300_399/0380.html2. American Medical Association. <i>CPT Professional Edition 2026, AMA; 2025.</i>3. American Medical Association. <i>HCPCS Level II Professional 2026, AMA; 2025.</i>4. American Medical Association. <i>ICD-10-CM 2026 the Complete Official Codebook, AMA; 2025.</i>