



Last Updated: 10/03/2022

## Updated Coverage of Screening for Lung Cancer with Low Dose Computed Tomography (LDCT)

The purpose of this memorandum is to affirm that DMAS Fee For Service (FFS) and all managed care organizations (MCOs) will cover screening for lung cancer with low dose computed tomography (LDCT), and associated counseling, consistent with recently revised United States Preventive Services Task Force (USPSTF) recommendations. Coverage applies to all FFS and MCO FAMIS and full-benefit Medicaid members.

The following billing codes will be covered for FFS and MCO FAMIS and full-benefit Medicaid member claims with dates of service on and after March 9, 2021 and when billing requirements are met as outlined below. See the DMAS fee file (MMIS) from within the [MES](#) webpage for FFS rates:

- **71271:** Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)
- **G0296:** Counseling visit to discuss need for lung cancer screening using low dose ct scan (ldct) (service is for eligibility determination and shared decision making)

Providers must ensure Medicaid beneficiaries meet all of the following billing requirements, and maintain corresponding documentation, when billing the codes listed above:

- 50-80 years of age; and
- Tobacco smoking history of at least 20 pack years; and
- Current smoker, or former smoker who has quit smoking within the last 15 years

Service authorization is not required for either of the billing codes listed above for any FFS or MCO members. While claims should only be submitted for members meeting the criteria above, claims will not be denied based on diagnosis codes accompanying claims. For patients still actively smoking, we recommend referring patients for the smoking cessation treatment and counseling services covered for the same population.

For questions on coverage for members enrolled in a managed care organization, refer to the contact information listed below.

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### PROVIDER CONTACT INFORMATION & RESOURCES



# MEDICAID BULLETIN

<p><b>Virginia Medicaid Web Portal Automated Response System (ARS)</b> Member eligibility, claims status, payment status, service limits, service authorization status, and remittance advice.</p>	<p><a href="https://vamedicaid.dmas.virginia.gov/">https://vamedicaid.dmas.virginia.gov/</a></p>
<p><b>Medicall (Audio Response System)</b> Member eligibility, claims status, payment status, service limits, service authorization status, and remittance advice.</p>	<p>1-800-884-9730 or 1-800-772-9996</p>
<p><b>KEPRO</b> Service authorization information for fee-for-service members.</p>	<p><a href="https://dmas.kepro.com/">https://dmas.kepro.com/</a></p>
<p><b>Provider Appeals</b> DMAS launched an appeals portal in 2021. You can use this portal to file appeals and track the status of your appeals. Visit the website listed for appeal resources and to register for the portal.</p>	<p><a href="https://www.dmas.virginia.gov/appeals/">https://www.dmas.virginia.gov/appeals/</a></p>
<p><b>Managed Care Programs</b> Medallion 4.0, Commonwealth Coordinated Care Plus (CCC Plus), and Program of All-Inclusive Care for the Elderly (PACE). In order to be reimbursed for services provided to a managed care enrolled individual, providers must follow their respective contract with the managed care plan/PACE provider. The managed care plan may utilize different guidelines than those described for Medicaid fee-for-service individuals.</p>	
<p><b>Medallion 4.0</b></p>	<p><a href="http://www.dmas.virginia.gov/#/med4">http://www.dmas.virginia.gov/#/med4</a></p>
<p><b>CCC Plus</b></p>	<p><a href="http://www.dmas.virginia.gov/#/cccplus">http://www.dmas.virginia.gov/#/cccplus</a></p>
<p><b>PACE</b></p>	<p><a href="https://www.dmas.virginia.gov/for-providers/long-term-care/">https://www.dmas.virginia.gov/for-providers/long-term-care/</a></p>
<p><b>Magellan Behavioral Health</b> Behavioral Health Services Administrator, check eligibility, claim status, service limits, and service authorizations for fee-for-service members.</p>	<p><a href="http://www.MagellanHealth.com/Provider">www.MagellanHealth.com/Provider</a> For credentialing and behavioral health service information, visit: <a href="http://www.magellanofvirginia.com">www.magellanofvirginia.com</a>, email: <a href="mailto:VAProviderQuestions@MagellanHealth.com">VAProviderQuestions@MagellanHealth.com</a>, or Call: 1-800-424-4046</p>
<p><b>Provider HELPLINE</b> Monday–Friday 8:00 a.m.-5:00 p.m. For provider use only, have Medicaid Provider ID Number available.</p>	<p>1-804-786-6273 1-800-552-8627</p>
<p>Aetna Better Health of Virginia</p>	<p><a href="http://www.aetnabetterhealth.com/Virginia">www.aetnabetterhealth.com/Virginia</a> 1-800-279-1878</p>
<p>Anthem HealthKeepers Plus</p>	<p><a href="http://www.anthem.com/vamedicaid">www.anthem.com/vamedicaid</a> 1-800-901-0020</p>
<p>Magellan Complete Care of Virginia</p>	<p><a href="http://www.MCCofVA.com">www.MCCofVA.com</a> 1-800-424-4518 (TTY 711) or 1-800-643-2273</p>
<p>Optima Family Care</p>	<p>1-800-881-2166 <a href="http://www.optimahealth.com/medicaid">www.optimahealth.com/medicaid</a></p>



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600 East Broad Street  
Suite 1300  
Richmond, VA 23219

<https://dmas.virginia.gov>

# MEDICAID BULLETIN

United Healthcare

[www.uhcommunityplan.com/VA](http://www.uhcommunityplan.com/VA)  
and [www.myuhc.com/communityplan](http://www.myuhc.com/communityplan)  
1-844-752-9434, TTY 711

Virginia Premier

1-800-727-7536 (TTY: 711), [www.virginiapremier.com](http://www.virginiapremier.com)