healthfirst
Health Insurance for New Yorkers

Reimbursement Policy

Subject:	Chest X-Rays for Lung Cancer Screening		
Policy Number:	PO-RE-085v1		
Effective Date:	02/01/2022	**Last Approval Date:**	12/18/2023

I. Policy Description

This policy outlines the reimbursement guidelines for chest X-ray procedures performed for the sole purpose of lung cancer screening or assessing nicotine use/dependence. Healthfirst will no longer reimburse providers for chest X-ray procedures (71045-71048) when the only reported diagnosis is for lung cancer screening or nicotine use/dependence.

In alignment with the recommendations of the American College of Chest Physicians and the American College of Radiology, chest X-rays are not considered effective for the purpose of lung cancer screening in asymptomatic patients. Similarly, the use of chest X-rays to address nicotine use/dependence is not supported as an effective diagnostic or screening tool.

Policy Scope

Healthfirst will not reimburse healthcare providers for chest X-ray procedures when the reported diagnosis is solely for lung cancer screening or nicotine use/dependence. Claims submitted with these diagnoses will be subject to denial under this policy.

Reimbursement Guidelines:

1. Claims for chest X-ray procedures with the only reported diagnosis of lung cancer screening or nicotine use/dependence will be reviewed by Healthfirst's claims adjudication team. If the submitted claim meets the criteria outlined in this policy, it will be denied in accordance with the policy guidelines.

2. Providers will receive notification of claim denials in cases where the chest X-ray procedure is performed solely for lung cancer screening or nicotine use/dependence. The denial notice will include reference to this policy and the specific reason for denial.

3. Providers have the right to appeal denied claims in accordance with Healthfirst's standard appeals process. To appeal a denied claim, providers must submit a formal appeal with supporting documentation and justification for the medical necessity of the chest X-ray

procedure in question. Healthfirst will review the appeal and consider any additional information provided by the provider.

In Scope Lines of Business:

Medicaid, Child Health Plus, Personal Wellness Plan (HARP), Essential Plans, Leaf and Leaf Premier Plans, Pro Plus EPO Plans, Signature PPO, Signature HMO, 65 Plus Plan (HMO), Increased Benefits Plan (HMO), Life Improvement Plan (HMO D-SNP), CompleteCare (HMO D-SNP), Connection Plan (HMO D-SNP), Senior Health Partners (MLTC)

II. Applicable Codes

Code	Description	Comment
71045	Radiologic examination, chest; single view	
71046	Radiologic examination, chest; 2 views	
71047	Radiologic examination, chest; 3 views	
71048	Radiologic examination, chest; 4 or more views	

III. Definitions

Term	Meaning

IV. Related Policies

Policy Number	Policy Description
N/A	N/A

Procedure codes appearing in Reimbursement Policy documents are included only as a general reference tool for each policy. They may not be all-inclusive.

V. Reference Materials

VI. Revision History

Revision Date	Summary of Changes

Disclaimer

Healthfirst's claim edits follow national industry standards aligned with CMS standards that include, but are not limited to, the National Correct Coding Initiative (NCCI), the National and Local Coverage Determination (NCD/LCD) policies, appropriate modifier usage, global surgery and multiple procedure reduction rules, medically unlikely edits, duplicates, etc. In addition, Healthfirst's coding edits incorporate industry-accepted AMA and CMS CPT, HCPCS and ICD-10 coding principles, National Uniform Billing Editor's revenue coding guidelines, CPT Assistant guidelines, New York State-specific coding, billing, and payment policies, as well as national physician specialty academy guidelines (coding and clinical). Failure to follow proper coding, billing, and/or reimbursement policy guidelines could result in the denial and/or recoupment of the claim payment.

This policy is intended to serve as a resource for providers to use in understanding reimbursement guidelines for professional and institutional claims. This information is accurate and current as of the date of publication. It provides information from industry sources about proper coding practice. However, this document does not represent or guarantee that Healthfirst will cover and/or pay for services outlined. Reimbursement decisions are based on the terms of the applicable evidence of coverage, state and federal requirements or mandates, and the provider's participation agreement. This includes the determination of any amounts that Healthfirst or the member owes the provider.