

ForwardHealth UPDATE

Wisconsin serving you

Your First Source of ForwardHealth Policy and Program Information



LOW-DOSE COMPUTED TOMOGRAPHY LUNG SCAN COVERAGE POLICY CHANGES

This ForwardHealth Update announces coverage policy changes to low-dose computed tomography (CT) to align with United States Preventive Services Task Force (USPSTF) recommendations.

Policy Limitations and Requirements

Effective for dates of service on and after July 1, 2021, providers are required to follow screening guidance from the USPSTF when ordering and performing low-dose CT lung scans. USPSTF guidance currently includes, but is not limited to, the following:

- Members aged 50–80
- Members with a 20 pack-a-year smoking history as indicated by the appropriate diagnosis code
- Members who are either current smokers or have quit smoking within the past 15 years, as indicated by the appropriate International Classification of Diseases, 10th Revision, Clinical Modification diagnosis code

Refer to the [USPSTF Final Recommendation Statement for Lung Cancer: Screening](#) for complete service guidelines. These guidelines are subject to change.

AFFECTED PROGRAMS

BadgerCare Plus, Medicaid, SeniorCare

TO

Hospital Providers, Nurse Practitioners, Physician Assistants, Physician Clinics, Physicians, Portable X-ray Providers, HMOs and Other Managed Care Programs

The information provided in this ForwardHealth Update is published in accordance with Wis. Admin. Code § DHS 107.06(1).

As a reminder, ForwardHealth covers low-dose CT scans for lung cancer screening without prior authorization.

Per the [Exemptions](#) topic (#231) of the ForwardHealth Online Handbook, low-dose CT scan screenings are considered preventative care, which makes them exempt from copayment.

Claim Submission

Providers should use Current Procedural Terminology procedure code 71271 (Computed tomography, thorax, low dose for lung cancer screening, without contrast material[s]) when submitting claims for low-dose CT scan screening.

As a reminder, providers are required to follow correct coding guidelines when billing radiology services.

Retention of Documentation

Providers are reminded that they must follow the documentation retention requirements per Wis. Admin. Code § [DHS 106.02\(9\)](#). Providers are required to produce or submit documentation, or both, to ForwardHealth upon request. Per Wis. Stat. § [49.45\(3\)\(f\)](#), providers of services shall maintain records as required by the Wisconsin Department of Health Services for verification of provider claims for reimbursement. The Department of Health Services may audit such records to verify actual provision of services and the appropriateness and accuracy of claims. ForwardHealth may deny or recoup payment for services that fail to meet these requirements. Refusal to produce documentation may result in sanctions including, but not limited to, termination from the Medicaid program.

Information Regarding Managed Care Organizations

This Update contains fee-for-service policy and applies to services members receive on a fee-for-service basis only. For managed care policy, contact the appropriate managed care organization. Managed care organizations are required to provide at least the same benefits as those provided under fee-for-service arrangements.

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The ForwardHealth Update is the first source of program policy and billing information for providers.

Wisconsin Medicaid, BadgerCare Plus, SeniorCare, and Wisconsin Chronic Disease Program are administered by the Division of Medicaid Services within the Wisconsin Department of Health Services (DHS). The Wisconsin AIDS Drug Assistance Program and the Wisconsin Well Woman Program are administered by the Division of Public Health within DHS.

For questions, call Provider Services at 800-947-9627 or visit our website at www.forwardhealth.wi.gov/.