Message Sent: 2/26/2026

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New York State Medicaid Prior Approval Requirements for Lung Cancer Screening

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Effective March 1, 2026, for New York State (NYS) Medicaid fee-for-service (FFS), Current Procedural Terminology (CPT) code 71271 (CT thorax, low dose, without contrast) used for low-dose computed tomography (LDCT) lung cancer screening will be removed from Prior Approval (PA) requirements. Coverage criteria remains consistent with the U.S. Preventive Services Task Force Grade B recommendation (https://www.uspreventiveservicestaskforce.org/uspstf/recommendation/lung-cancer-screening) and the screening should be administered without copayment.

Questions should be directed to the Office of Health Insurance Programs (OHIP) Division of Program Development and Management (DPDM) by telephone at (518) 473-2160 or by email at FFSMedicaidPolicy@health.ny.gov.