

Low Dose CT Scan for Lung Cancer Screening

Policy Number: MP-131
Last Review Date: 02/13/2020
Effective Date: 07/01/2020

Policy

Evolent Health considers **Low Dose Computed Tomography (CT) Scan for Lung Cancer Screening** is only recommended for those members who meet all of the following criteria:

1. Adults age 55-80
2. Tobacco smoking history of at least 30 pack-years (one pack-year = smoking one pack per day for one year, one pack = 20 cigarettes)
3. Facility performing the Low-Dose CT scans must meet certain criteria (see below)
4. Current smokers *or* former smokers who have quit within the previous 15 years

FOLLOW UP:

1. After the initial baseline LDCT scan:
 - No lung nodules detected;
Continue annual LDCT screening
 - Non-solid nodule detected;
 - if **<5 mm** in size → get follow-up LDCT in 12 months
 - if **5-10 mm** in size → get follow-up LDCT in 6 months
 - if **>10 mm** in size → get follow-up in 3-6 months
 - Solid or part-solid nodule detected;
 - if **≤4 mm** in size → continue annual LDCT screening
 - if **4.1-6 mm** in size → get follow-up LDCT in 6 months
 - if **6.1-8 mm** in size → get follow-up LDCT in 3 months
 - if **>8 mm** in size → Consider PET/CT
 - Solid endobronchial nodule detected;
 - Get follow-up LDCT in 1 month

Limitations

1. Low-dose CT screening is not indicated and/or covered when:
 - Used as a mass screening tool for the general population.
 - Member has metal implants in the chest (pacemakers) or back (rods in the spine)
 - Member has had a full dose chest CT scan within the past year
 - Member is being treated for any other cancer of any type, except for non-melanoma skin cancer

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- Member has a health problem that substantially limits life expectancy or the ability or willingness to have curative lung surgery
- 2. The test is considered experimental/investigational for all members who do not meet the stated indications listed above.
- 3. Screening is intended to be used as an adjunct to and not a substitute for smoking cessation.
- 4. Screening should be discontinued if a person develops a health problem that substantially limits life expectancy or the ability or willingness to have curative lung surgery.

Background

According to the American Cancer Society (ACS), lung cancer is the second most common cancer in both men and women and accounts for nearly 13% of all new cancers. The latest 2015 statistics reveal that there were about 221,200 new cases of lung cancer in the United States and an estimated 158,040 deaths from lung cancer in the past year. ACS also reports that lung cancer is the leading cause of cancer death, accounting for nearly 27% of all cancer deaths.

The Centers for Disease Control and Prevention (CDC) states that cigarette smoking is the leading risk factor for lung cancer. Smoking is tied to nearly 90% of lung cancer diagnoses in the United States.

Computed tomography (CT) is an imaging procedure that uses specialized x-ray equipment to create detailed pictures of areas inside the body. Low dose computed tomography (LDCT) is a chest CT scan performed at settings to minimize radiation exposure compared to a standard chest CT.

Codes:

CPT Codes / HCPCS Codes / ICD-10 Codes	
Code	Description
S8032	Low-dose computed tomography for lung cancer screening
71250	CT chest w/o contrast
G0296	Counseling visit to discuss need for lung cancer screening (LDCT) using low-dose CT scan (service is for eligibility determination and shared decision making)
G0297	Low-dose CT scan (LDCT) for lung cancer screening
ICD-10 codes covered if selection criteria are met:	

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Z12.2	Encounter for screening for malignant neoplasm of respiratory organs
Z87.891	Personal history of nicotine dependence

Variations

Medicare Advantage Products (see CAG-00439N CMS Decision Memo):

Low-dose CT screening is only recommended ages 55-77.

For the initial LDCT lung cancer screening: a member must receive a written order for LDCT lung cancer screening during a lung cancer screening counseling and shared decision making visit, furnished by a physician or qualified non-physician practitioner (meaning a physician assistant, nurse practitioner, or clinical nurse specialist. A lung cancer screening counseling and shared decision making visit includes the following elements (and is appropriately documented in the member's medical records):

- Determination of member eligibility including age, absence of signs or symptoms of lung cancer, a specific calculation of cigarette smoking pack-years; and if a former smoker, the number of years since quitting;
- Shared decision making, including the use of one or more decision aids, to include benefits and harms of screening, follow-up diagnostic testing, over-diagnosis, false positive rate, and total radiation exposure;
- Counseling on the importance of adherence to annual lung cancer LDCT screening, impact of comorbidities, and ability or willingness to undergo diagnosis and treatment;
- Counseling on the importance of cigarette smoking abstinence if former smoker; or the importance of smoking cessation if current smoker and, if appropriate, furnishing of information about tobacco cessation interventions; and
- If appropriate, the furnishing of a written order for lung cancer screening with LDCT.

For subsequent LDCT lung cancer screenings: the member must receive a written order for LDCT lung cancer screening, which may be furnished during any appropriate visit with as a physician or qualified non-physician practitioner (meaning a physician assistant, nurse practitioner, or clinical nurse specialist. If a physician or qualified non-physician practitioner elects to provide a lung cancer screening counseling and shared decision making visit for subsequent lung cancer screenings with LDCT, the visit must meet the criteria described above for a counseling and shared decision making visit.

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Written orders for both initial and subsequent LDCT lung cancer screenings must contain the following information, which must be appropriately documented in the member's medical records:

- Member date of birth;
- Actual pack-year smoking history (number);
- Current smoking status, and for former smokers, the number of years since quitting smoking;
- Statement that the member is asymptomatic (no signs or symptoms of lung cancer); and
- National Provider Identifier (NPI) of the ordering practitioner.

Reading radiologist eligibility criteria:

- Board certification or board eligibility with the American Board of Radiology or equivalent organization;
- Documented training in diagnostic radiology and radiation safety;
- Involvement in the supervision and interpretation of at least 300 chest computed tomography acquisitions in the past 3 years;
- Documented participation in continuing medical education in accordance with current American College of Radiology standards; and
- Furnish lung cancer screening with LDCT in a radiology imaging facility that meets the radiology imaging facility eligibility criteria below.

Radiology imaging facility eligibility criteria:

- Performs LDCT with volumetric CT dose index (CTDIvol) of ≤ 3.0 mGy (milligray) for standard size patients (defined to be 5' 7" and approximately 155 pounds) with appropriate reductions in CTDIvol for smaller patients and appropriate increases in CTDIvol for larger patients;
- Utilizes a standardized lung nodule identification, classification and reporting system;
- Makes available smoking cessation interventions for current smokers; and
- Collects and submits data to a CMS-approved registry for each LDCT lung cancer screening performed.

References

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