LUNG CANCER SCREENING WITH LOW DOSE COMPUTED TOMOGRAPHY (LDCT) (NCD 210.14)

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INSTRUCTIONS FOR USE

This Policy Guideline is applicable to UnitedHealthcare Medicare Advantage Plans offered by UnitedHealthcare and its affiliates for health care services submitted on CMS 1500 forms and, when specified, to those billed on UB04 forms (CMS 1450), or their electronic comparative. The information presented in this Policy Guideline is believed to be accurate and current as of the date of publication.

This Policy Guideline provides assistance in administering health benefits. All reviewers must first identify member eligibility, any federal or state regulatory requirements, Centers for Medicare and Medicaid Services (CMS) policy, the member specific benefit plan coverage, and individual provider contracts prior to use of this Policy Guideline. When deciding coverage, the member specific benefit plan document must be referenced. The terms of the member specific benefit plan document may differ greatly from the standard benefit plan upon which this Policy Guideline is based. In the event of a conflict, the member specific benefit plan document supersedes this Policy Guideline. Other Policies and Guidelines may apply. UnitedHealthcare reserves the right, in its sole discretion, to modify its Policies and Guidelines as necessary.

UnitedHealthcare follows Medicare coverage guidelines and regularly updates its Medicare Advantage Policy Guidelines to comply with changes in CMS policy. UnitedHealthcare encourages physicians and other healthcare professionals to keep current with any CMS policy changes and/or billing requirements by referring to the CMS or your local carrier website regularly. Physicians and other healthcare professionals can sign up for regular distributions for policy or regulatory changes directly from CMS and/or your local carrier. This Policy Guideline is provided for informational purposes. It does not constitute medical advice.

POLICY SUMMARY

Overview

Lung cancer is the third most common cancer and the leading cause of cancer deaths 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. Screening for lung cancer with LDCT is not currently covered under the Medicare program.

The Centers for Medicare & Medicaid Services (CMS) under §1861(ddd) of the Social Security Act (the Act), has the authority to add coverage of “additional preventive services” through the Medicare national coverage determination (NCD) process if certain statutory requirements are met: (1) reasonable and necessary for the prevention or early detection of illness or disability, (2) recommended with a grade of A or B by the United States Preventive Services Task Force (USPSTF), and (3) appropriate for individuals entitled to benefits under Part A or enrolled under Part B.

Guidelines

Nationally Covered Indications

Effective for claims with dates of service on or after February 5, 2015, CMS has determined that the evidence is sufficient to add coverage under Medicare Part B a lung cancer screening counseling and shared decision making visit, and for appropriate beneficiaries, annual screening for lung cancer with LDCT, as an additional preventive service benefit under the Medicare program only if all of the following eligibility criteria are met.
Beneficiary Eligibility Criteria
For purposes of Medicare coverage of lung cancer screening with LDCT, beneficiaries must meet all of the following eligibility criteria:

- Age 55 – 77 years;
- Tobacco smoking history of at least 30 pack-years (one pack-year = smoking one pack per day for one year; 1 pack = 20 cigarettes);
- Asymptomatic (no signs or symptoms of lung cancer);
- Current smoker or one who has quit smoking within the last 15 years; and
- Receive a written order for lung cancer screening with LDCT. Written orders for lung cancer LDCT screenings must be appropriately documented in the beneficiary’s medical records, and must contain the following information:
  - Beneficiary date of birth;
  - Actual pack – year smoking history (number);
  - National Provider Identifier (NPI) of the ordering practitioner; and
  - Statement that the beneficiary is asymptomatic (no signs or symptoms of lung cancer);
  - Current smoking status, and for former smokers, the number of years since quitting smoking.

Counseling and Shared Decision Making Visit
Before the beneficiary’s first lung cancer LDCT screening, the beneficiary must receive a counseling and shared decision making visit that meets all of the following criteria, and is appropriately documented in the beneficiary’s medical records:

- Must be furnished by a physician (as defined in Section 1861(r)(1) of the Social Security Act) or qualified non-physician practitioner (meaning a physician assistant, nurse practitioner, or clinical nurse specialist as defined in §1861(aa)(5) of the Social Security Act), and
- Must include all of the following elements:
  - Determination of beneficiary 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;
  - Counseling on the importance of adherence to annual lung cancer LDCT screening, impact of comorbidities and ability or willingness to undergo diagnosis and treatment;
  - 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 maintaining 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.

Reading Radiologist Eligibility Criteria
For purposes of Medicare coverage of lung cancer screening with LDCT, the reading radiologist must meet all of the following eligibility criteria:

- Board certification or board eligibility with the American Board of Radiology or equivalent organization;
- Documented training in diagnostic radiology and radiation safety;
- Furnish lung cancer screening with LDCT in a radiology imaging facility that meets the radiology imaging facility eligibility criteria described below;
- 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.

Radiology Imaging Facility Eligibility Criteria
For purposes of Medicare coverage, lung cancer screening with LDCT must be furnished in a radiology imaging facility that meets all of the following 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;
- Makes available smoking cessation interventions for current smokers;
- Utilizes a standardized lung nodule identification, classification and reporting system; and
- Collects and submits data to a CMS-approved registry for each LDCT lung cancer screening performed. The data collected and submitted to a CMS-approved registry must include, at minimum, all of the following elements:

<table>
<thead>
<tr>
<th>Data Type</th>
<th>Minimum Required Data Elements</th>
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<tbody>
<tr>
<td>Facility</td>
<td>Identifier</td>
</tr>
<tr>
<td>Radiologist (reading)</td>
<td>National Provider Identifier (NPI)</td>
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</table>
### Written Orders for Subsequent Annual Lung Cancer Screenings with LDCT

For subsequent annual lung cancer LDCT screenings, the beneficiary must receive a written order for lung cancer LDCT screening. The written order may be furnished during any appropriate visit with a physician (as defined in Section 1861(r)(1) of the Social Security Act) or qualified non-physician practitioner (meaning a physician assistant, nurse practitioner, or clinical nurse specialist as defined in Section 1861(aa)(5) of the Social Security Act).

If a physician or qualified non-physician practitioner elects to provide a lung cancer screening counseling and shared decision making visit before a subsequent annual lung cancer LDCT screening, the visit must meet all of the criteria described above for a counseling and shared decision making visit.

### Nationally Non-Covered Indications

Unless specifically covered in this NCD, any other NCD, in statute or regulations, preventive services are non-covered by Medicare.

### Other

Part B deductible and Medicare coinsurance are waived for this preventive service.

### APPLICABLE CODES

The following list(s) of codes is provided for reference purposes only and may not be all inclusive. Listing of a code in this guideline does not imply that the service described by the code is a covered or non-covered health service. Benefit coverage for health services is determined by the member specific benefit plan document and applicable laws that may require coverage for a specific service. The inclusion of a code does not imply any right to reimbursement or guarantee claim payment. Other Policies and Guidelines may apply.

#### Coding Clarification:

New HCPCS codes G0296 and G0297 are in the January 1, 2016 HCPCS and OPPS updates with a retro effective date of February 5, 2015.

<table>
<thead>
<tr>
<th>HCPCS Code</th>
<th>Description</th>
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<tbody>
<tr>
<td>G0296</td>
<td>Counseling visit to discuss need for lung cancer screening using low dose CT scan (LDCT) (service is for eligibility determination and shared decision making)</td>
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<tr>
<td>G0297</td>
<td>Low dose CT scan (LDCT) for lung cancer screening</td>
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### QUESTIONS AND ANSWERS

1. **Q:** Is eligible radiology imaging facilities required to submit data?
   **A:** Yes, eligible radiology imaging facilities furnishing lung cancer screening with LDCT are required to collect and submit data to a CMS-approved registry for each lung cancer LDCT screening performed.

2. **Q:** Are there specific reading radiologist and radiology imaging facility eligibility criteria?
   **A:** Yes, both must meet all of the eligibility criteria designated by CMS.
3. **Q:** What is the correct diagnosis code to submit on the claim?
   
   **A:** Submit claim with ICD-9 code 305.1 or V15.82 prior to or on date of service 09/30/2015. On or after date of service 10/01/2015 with ICD-10 F17.210, F17.211, F17.213, F17.218, F17.219 or Z87.891.

4. **Q:** Is this a preventive service?
   
   **A:** Yes, therefore no coinsurance and Part B deductible for this preventive service.

5. **Q:** Is advance notification required?
   
   **A:** Yes, always review UnitedHealthcareOnline for current advance notification guidelines for all codes.

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**REFERENCES**

**CMS National Coverage Determinations (NCDs)**

NCD 210.14 Lung Cancer Screening with Low Dose Computed Tomography (LDCT)

**CMS Claims Processing Manual**

Chapter 18: § 220 Screening for Lung Cancer with Low Dose Computed Tomography (LDCT)

**CMS Transmittals**

Transmittal 185, Change Request 9246, Dated 08/21/2015 (Medicare Coverage of Screening for Lung Cancer with Low Dose Computed Tomography (LDCT))

Transmittal 1658, Change Request 9540, Dated 04/29/2016 (Coding Revisions to National Coverage Determinations)

Transmittal 3374, Change Request 9246, Dated 10/15/2015 (Medicare Coverage of Screening for Lung Cancer with Low Dose Computed Tomography (LDCT))

Transmittal 3425, Change Request 9486, Dated 12/18/2015 (January 2016 Update of the Hospital Outpatient Prospective Payment System (OPPS))

Transmittal 3669, Change Request 9888, Dated 12/02/2016 (HCPCS Code Update for Preventive Services)

**MLN Matters**

Article MM9246, Medicare Coverage of Screening for Lung Cancer with Low Dose Computed Tomography (LDCT)

Article MM9486, January 2016 Update of the Hospital Outpatient Prospective Payment System (OPPS)

**UnitedHealthcare Commercial Policies**

Preventive Care Services

**Others**

American College of Radiology (ACR) Lung Cancer Screening Registry (LCSR), ACR Website

Lung Cancer Screening Registries, CMS Website

Lung Cancer Screening Registry Active Registrants as of January 28, 2016, ACR Website

The ABCs of the Annual Wellness Visit (AWV), Article ICN 905706 January 2015, CMS Website

The ABCs of the Initial Preventive Physical Examination (IPPE), Article ICN 006904 January 2015, CMS Website

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**GUIDELINE HISTORY/REVISION INFORMATION**

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<thead>
<tr>
<th>Date</th>
<th>Action/Description</th>
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<tbody>
<tr>
<td>01/11/2017</td>
<td>• Annual review</td>
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