

MedStar Health, Inc.

POLICY AND PROCEDURE MANUAL

Policy Number: MP.131.MH
Last Review Date: 02/25/2021
Effective Date: 05/01/2021

MP.131.MH – Low Dose CT Scan for Lung Cancer Screening

This policy applies to the following lines of business:

- ✓ MedStar Employee (Select)
- ✓ MedStar CareFirst PPO

MedStar 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)

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- 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
 - 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
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

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