Low Dose CT Screening for Lung Cancer

Policy Number: HS-284

Original Effective Date: 3/5/2015
Revised Date(s): 6/2/2016; 3/2/2017; 2/1/2018

APPLICATION STATEMENT

The application of the Clinical Coverage Guideline is subject to the benefit determinations set forth by the Centers for Medicare and Medicaid Services (CMS) National and Local Coverage Determinations and state-specific Medicaid mandates, if any.

DISCLAIMER

The Clinical Coverage Guideline (CCG) is intended to supplement certain standard WellCare benefit plans and aid in administering benefits. Federal and state law, contract language, etc. take precedence over the CCG (e.g., Centers for Medicare and Medicaid Services [CMS] National Coverage Determinations [NCDs], Local Coverage Determinations [LCDs] or other published documents). The terms of a member’s particular Benefit Plan, Evidence of Coverage, Certificate of Coverage, etc., may differ significantly from this Coverage Position. For example, a member’s benefit plan may contain specific exclusions related to the topic addressed in this CCG. Additionally, CCGs relate exclusively to the administration of health benefit plans and are NOT recommendations for treatment, nor should they be used as treatment guidelines. Providers are responsible for the treatment and recommendations provided to the member. The application of the CCG is subject to the benefit determinations set forth by the Centers for Medicare and Medicaid Services (CMS) National and Local Coverage Determinations and state-specific Medicaid mandates, if any. All links are current at time of approval by the Medical Policy Committee (MPC) and are subject to change prior to the annual review date. Lines of business (LOB) are subject to change without notice; current LOBs can be found at www.wellcare.com. All guidelines can be found at this site as well but selecting the Provider tab, then “Tools” and “Clinical Guidelines”.

BACKGROUND

Lung cancer is the leading cause of cancer death for both men and women in the United States. The five-year survival rate for lung cancer patients is only 16.6 percent. An annual low-dose CT scan for individuals at high risk has the potential to dramatically improve lung cancer survival rates by finding the disease at an earlier, more treatable stage. The United States Preventive Services Task Force (USPSTF) estimates that if everyone who is at high risk is screened, there will be a 14 percent reduction in lung cancer deaths in the United States.¹
In December 2013, the USPSTF awarded a "B" grade to annual low-dose CT screening for individuals at high risk for lung cancer. Under the Affordable Care Act, effective prevention measures—graded "A" or "B"—are included in the Essential Health Benefit. Individuals who are enrolled in state health marketplace plans, enrolled in Medicaid-expansion programs and those with non-grandfathered private insurance plans who meet the screening criteria will have insurance coverage for screening without co-payments or other barriers starting January 1, 2015 or the beginning of their next plan year. The American Lung Association has created a chart to help explain this coverage, which will be updated to incorporate the new Medicare screening criteria.1

The USPSTF recommends annual screening for lung cancer with low-dose computed tomography (LDCT) in adults aged 55 to 80 years who have a 30 pack-year smoking history and currently smoke or have quit within the past 15 years. Screening should be discontinued once a person has not smoked for 15 years or develops a health problem that substantially limits life expectancy or the ability or willingness to have curative lung surgery.2

**POSITION STATEMENT**

**Applicable To:**
- Medicaid – Hawaii
- Medicare – Easy Choice Health Plan, Hawaii

NOTE: For other markets, please route request to authorized vendor.

Low dose CT screening for lung cancer is **considered medically necessary** when the member:3

1. Is age 55-77; **AND**,  
2. Asymptomatic (no signs or symptoms of lung cancer);  
3. Tobacco smoking history of at least 30 pack-years (one pack-year = smoking one pack per day for one year; 1 pack = 20 cigarettes);  
4. Is either a current smoker **or** have quit smoking within the last 15 years; **AND**,  
5. Has a tobacco smoking history of at least 30 “pack years”\(^\text{a}\); **AND**,  
6. Receive a written order from a physician or qualified non-physician practitioner.

\(^\text{a}\) an average of one pack a day for 30 years

Coverage is limited to one (1) screening per year. Medicare coverage also includes a visit for counseling and shared decision-making on the benefits and risks of lung cancer screening.

**CODING**

**CPT Codes** – No applicable codes.

**HCPCS Code**
- G0297 Low dose CT scan (LDCT) for lung cancer screening
- G0296 Counseling visit to discuss need for lung cancer screening using low dose CT scan (LDCT) (service is for eligibility determination and shared decision making)

**ICD-10-CM Diagnosis Codes**
- F17.200 Nicotine dependence, unspecified, uncomplicated
- F17.201 Nicotine dependence, unspecified, in remission
- F17.210 Nicotine dependence, cigarettes, uncomplicated
- F17.211 Nicotine dependence, cigarettes, in remission
- F10.213 Nicotine dependence, cigarettes, with withdrawal
- F17.218 Nicotine dependence, cigarettes, with other nicotine-induced disorders
- F17.219 Nicotine dependence, cigarettes, with unspecified nicotine-induced disorders
- F17.220 Nicotine dependence, chewing tobacco, uncomplicated
- F17.221 Nicotine dependence, chewing tobacco, in remission
- F17.290 Nicotine dependence, other tobacco product, uncomplicated
F17.291 Nicotine dependence, other tobacco product, in remission
Z87.891 Personal history of nicotine dependence

Coding information is provided for informational purposes only. The inclusion or omission of a CPT, HCPCS, or ICD-10 code does not imply member coverage or provider reimbursement. Consult the member's benefits that are in place at time of service to determine coverage (or non-coverage) as well as applicable federal / state laws.

REFERENCES

MEDICAL POLICY COMMITTEE HISTORY AND REVISIONS

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