

Screening for Lung Cancer with Low Dose Computed Tomography (LDCT)

Effective Date

Effective February 5, 2015, for eligible beneficiaries, Medicare began covering lung cancer screening counseling and a shared decision making visit, and for appropriate beneficiaries, annual screening for lung cancer with low dose computed tomography (LDCT).

Audit, Compliance & Education (ACE) Interpretation and Recommendations

Documentation **must** include to support why the beneficiary is eligible. Beneficiaries are considered eligible when they meet the following criteria:

- Age 55-77 years;
- Asymptomatic (no signs of lung cancer);
- Tobacco smoking history of at least 30 pack-years (one pack-year = smoking one pack per day for one year; one pack = 20 cigarettes);
- Current smoker or one who has quit smoking within the last 15 years

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

- Beneficiary 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 beneficiary is asymptomatic (no signs of lung cancer); and
- National Provider Identifier (NPT) of the ordering practitioner.

For the **initial** LDCT lung cancer screening service, a beneficiary **must** receive the order for the LDCT **during a lung cancer screening counseling and shared decision making visit**, which can be done at any appropriate visit with a physician or qualified non-physician practitioner, such as a wellness or problem-focused visit, or at a visit solely intended as a lung cancer screening counseling and shared decision making visit.

The goal of shared decision making is not merely to furnish a written order for these services, but that both the practitioner and the beneficiary are armed with a better understanding of the relevant risk factors, and are engaged with shared responsibility regarding the decision to proceed or not with a lung cancer screening program. The initial counseling and shared decision making visit supports identification of individuals who would most benefit from a lung cancer screening program.

Documentation in the beneficiary's medical record for the counseling and shared decision making visit **must** include 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;
- 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 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.

For **subsequent** LDCT lung cancer screenings, the beneficiary **must** receive a written order for the LDCT lung cancer screening, which may be furnished during any appropriate visit with a physician or qualified non-physician practitioner. A counseling and share decision making visit for subsequent LDCT lung cancer screenings is optional; however, if the appropriate provider elects to provide the counseling and shared decision making visit, documentation must meet the criteria described above.

HCPCS code: S8032

**The S code is not applicable to Medicare at this time and is pending an assignment of a G code.

ICD-9 codes covered:

- F17.21X – Nicotine dependence, cigarettes ‘X’ indicates a 6th digit is needed.
- Z87.891 – Personal history of nicotine dependence

Assessment of Impact to the Department

Medicaid Reimbursement: \$10.28

Outline of CU Medicine Process

Please distribute this information to your providers. If further education is needed, please contact ACE at audit.ed@cumedicine.us

Source/ Reference

CMS Decision Memo for Screening for Lung Cancer with Low Dose Computed Tomography (LDCT). <http://www.cms.gov/medicare-coverage-database/details/nca-decision-memo.aspx?NCAId=274>