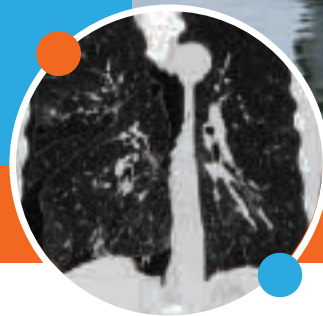


# CT LUNG CANCER SCREENING



WE BRING BRILLIANCE TO HEALTH & WELLNESS

## HELP DETECT LUNG CANCER AT ITS EARLIEST STAGE, WHEN IT'S MOST TREATABLE

Lung cancer is the leading cause of cancer-related death in the U.S. because it often goes undetected until it's in advanced stages. In a 2010 study of 53,000 current or former smokers, the National Cancer Institute reported that there were 20% fewer deaths among participants who received regular low-dose CT (LDCT) lung cancer screening exams, compared with standard chest X-rays. As a result of this study, most insurances cover these exams for qualified patients.

**COVERAGE HAS EXPANDED IN 2022  
BASED ON THE USPTF  
RECOMMENDATIONS.**

### PATIENT ELIGIBILITY REQUIREMENTS

PAYER	MEDICARE AND MEDICAID (CMS)	COMMERCIAL PAYERS
<b>EXAM COVERAGE</b>	Covered for qualified patients	Check with individual payers for qualifications. Covered per the Affordable Care Act for qualified patients without cost sharing
<b>AGE</b>	50 – 77	50 – 80
<b>SMOKING HISTORY</b>	≥ 20 pack-years* <small>*Pack-years means: (number of packs smoked per day) x (number of years smoked). For example, a person who smoked two packs of cigarettes per day for 10 years has a 20 pack-year history of smoking and would be eligible for LDCT Lung Cancer Screening according to CMS and ACA guidelines.</small>	
<b>SMOKING STATUS</b>	Current smoker or former smoker who has quit within the last 15 years	
<b>HEALTH STATUS</b>	Asymptomatic (no signs or symptoms of lung cancer)	
<b>OTHER ELIGIBILITY</b>	Smoking cessation counseling and shared decision making visit prior to the first scan	Does not have a health problem that substantially limits life expectancy or the ability or willingness to have curative lung surgery

Note: Criteria as of 2022

**SHINE ON**



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**IN FEBRUARY 2022, CMS UPDATED ITS NATIONAL COVERAGE DECISION FOR LOW DOSE CANCER SCREENINGS BASED ON US PREVENTIVE TASK FORCE RECOMMENDATIONS. PRIVATE INSURERS ARE ALSO UPDATING POLICIES.**

## **REFER A PATIENT**

- Determine eligibility based on the patient's age, smoking status and smoking history.
- For Medicare beneficiaries having a first time screening, counsel the patient on the importance of not smoking, having annual screenings, the impact of comorbidities, and willingness to undergo diagnosis and treatment. A shared decision making visit is reimbursable by using CPT G0296.
  - If you prefer, our associates can provide the shared decision making visit.
- If appropriate, submit an order for a LDCT lung cancer screening exam.

## **LUNG SCREENING RESULTS AND RECOMMENDATIONS**

A board certified radiologist will read the exam, and write a report based on the findings. The report will include a standardized classification of any nodules found, and recommendations for follow up screenings or diagnostic exams. To get the maximum benefit of early detection, the USPTF recommends annual screenings.

## **ARE THERE RISKS TO BEING SCREENED?**

Some screenings may find other minor abnormalities or false positives. If this is the case, a patient may need further testing or procedures to rule out lung cancer. These tests may require more time and expense. The exam uses very low levels of radiation to capture images. This presents a very small health risk for people older than 50.

## **RESOURCES FOR PATIENTS WHO WANT TO QUIT SMOKING**

The American Cancer Society and American Lung Association offer helpful information for patients interested in quitting smoking. Many local organizations also offer resources.



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