Medicare Coverage for CT Screening for Lung Cancer

Early in 2015, the Centers for Medicare and Medicaid Services approved the coverage of lung cancer screenings for high risk individuals using low dose computed tomography (“LDCT”). The service is being added under the benefit category of “additional preventative services” in the Medicare program. The addition of this new benefit comes as the result of formal requests from the Lung Cancer Alliance and the Memorial Sloane-Kettering Cancer Center.

CMS has outlined the coverage criteria for each facet of the service, including (1) eligibility criteria for the beneficiaries that will qualify for coverage of the service, (2) what the order for the service must include, (3) the eligibility criteria for the reading radiologist, and (4) the eligibility criteria for the radiology imaging facility. Should any of the criteria not be met, Medicare will not reimburse for the service.

Beneficiary Eligibility for the LDCT Lung Cancer Screening Service

The following eligibility criteria must be met for a beneficiary to qualify for the service. Beneficiaries must:

- Not display any symptoms of lung cancer;
- Have a long history of tobacco smoking (no less than 30 “pack-years” – defined as “one pack-year = smoking one pack per day for one year; 1 pack = 20 cigarettes”).
- Be a current smoker, OR have quit smoking within the last 15 years.

If a beneficiary meets the qualifications, then a treating physician may order the LDCT service. The treating practitioner should be careful to note all of the above criteria within the beneficiary’s medical record.

Requirements for the LDCT Lung Cancer Screening Order

Once a treating practitioner has determined that the beneficiary is eligible for the service, the treating practitioner’s order for the LDCT lung cancer screening must contain all of the required elements. CMS divided the requirements for the orders into two categories: (a) the initial LDCT lung cancer screening order, and (b) order for all subsequent LDCT lung cancer screenings. For the initial screening, CMS requires that the order must result from “a lung cancer screening counseling and shared decision making visit.”

This type of visit is defined by CMS as including:

- A determination that the beneficiary meets all of the eligibility qualifications (outlined above);
- “Shared decision making” – such as considering the benefits and harms of screenings;
- Counseling with respect to the importance of annual screening, and demonstration of a willingness to undergo diagnosis and treatment;
- Counseling on the importance of ceasing to use tobacco products (if the beneficiary is a current smoker) or the importance of continued abstinence from smoking (if the beneficiary quit).

If all criteria have been met during the counseling and shared decision making visit, then the treating practitioner may order the LDCT lung cancer screening service for the beneficiary. For subsequent screenings, the beneficiary simply needs an order for the service. An additional counseling and shared decision making visit is not required, but not prohibited either.

It is important to note that for both the initial order and every subsequent order, the treating practitioner must document that all beneficiary eligibility criteria has been...
met, as well as listing the beneficiary’s date of birth and the ordering practitioner’s NPI.

**Eligibility Criteria for the Reading Radiologist**

Once the LDCT lung cancer screening has been properly ordered and performed on an eligible beneficiary, the reading radiologist can weigh in. However, in order to qualify for reimbursement, the radiologist must meet the following criteria before reading the results of the test:

- Must be board certified (or have board eligibility) with the American Board of Radiology or equivalent organization;
- Must have documented training in diagnostic radiology and radiation safety;
- Must have had involvement in the supervision and interpretation of at least 300 chest CTs in the past three years;
- Must participate in continuing education in accordance with the American College of Radiology standards;
- Furnish the LDCT lung cancer screening test in a facility that meets the radiology imaging facility eligibility criteria.

Radiologists reading the results of LDCT lung cancer screenings should confirm that the order from the treating practitioner meets the above guidelines. If the beneficiary and the order do not follow the above guidelines, CMS will deny reimbursement for the procedure and the radiologist’s interpretation.

**Radiology Imaging Facility Eligibility Criteria**

Finally, the CMS guidelines for the lung cancer screening spell out specifically the requirements for each facility that will offer the service. Included among those requirements are (a) the ability to perform the test with the correct volumetric CT dose index for the size of the patient; (b) lung nodule identification, classification, and reporting system requirements; (c) the ability to make available “smoking cessation interventions” for beneficiaries that have not yet quit smoking; and (d) collecting required data to be sent to a CMS-approved registry following the performance of each LDCT lung cancer screening. Registries will be approved by CMS after individual evaluation by the program, subject to their ability to meet the data collection requirements for the LDCT lung cancer screening service.

It is also important for the facility performing the procedure to confirm that the beneficiary and the order for the services that the facility receives from the treating practitioner meet the above guidelines. If they do not, Medicare will deny reimbursement for the procedure.

**ADVOCATE Can Help**

If practitioners have any questions about the best practices for providing the procedure, documentation of the procedure, or obtaining reimbursement for the procedure, Advocate can help. As a full service radiology billing firm, Advocate is at the forefront of developments in radiology billing and reimbursement.