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Medical Policy

Screening for Lung Cancer Using CT Scanning or Chest Radiographs	
Type: Medical Necessity and Investigational / Experimental	**Policy Specific Section:** Radiology (Diagnostic/Therapeutic)
Original Policy Date: April 5, 2007	**Effective Date:** May 3, 2013

Definitions of Decision Determinations

Medically Necessary: A treatment, procedure or drug is medically necessary only when it has been established as safe and effective for the particular symptoms or diagnosis, is not investigational or experimental, is not being provided primarily for the convenience of the patient or the provider, and is provided at the most appropriate level to treat the condition.

Investigational/Experimental: A treatment, procedure or drug is investigational when it has not been recognized as safe and effective for use in treating the particular condition in accordance with generally accepted professional medical standards. This includes services where approval by the federal or state governmental is required prior to use, but has not yet been granted.

Split Evaluation: Blue Shield policy review can result in a Split Evaluation, where a treatment, procedure or drug will be considered to be investigational for certain indications or conditions, but will be deemed safe and effective for other indications or conditions, and therefore potentially medically necessary in those instances.

Description

Given the poor prognosis of lung cancer, there has been longstanding research interest in developing screening techniques for those at high risk. Previous studies of serial sputum samples and/or chest x-rays failed to demonstrate that screening improved health outcomes. More recently, there has been interest in low-dose computed tomography (CT) scanning as a screening technique using either spiral (also referred to as helical) or electron beam (also referred to as

ultrafast) CT scanning. Compared to conventional CT scans, these scans allow for the continuous acquisition of images, thus shortening the scan time and radiation exposure. A complete CT scan can be obtained within 10 to 20 seconds or during one breath hold in the majority of patients. The radiation exposure for this examination is greater than that of a chest x-ray, but less than a conventional CT scan.

There are also growing applications of computer-aided detection or diagnosis (CAD) technologies that may have an impact on the use of CT scanning or chest radiography for lung cancer screening. Computer-aided detection points out possible findings to the radiologist who then decides if the finding is abnormal. Computer-aided diagnosis uses a computer algorithm to analyze features of a lesion to determine the level of suspicion and is intended to enhance the reader's diagnostic performance. Both of these technologies may be expected to offer more benefit when used by relatively inexperienced readers and may help to standardize diagnostic performance.

Policy

Low-dose computed tomography (CT) scanning may be considered **medically necessary** as a screening technique for lung cancer in individuals who meet **all** of the following criteria:

- Between 55 and 74 years of age
- History of cigarette smoking of at least 30 pack-years (See Policy Guideline)
- If a former smoker, cessation within the previous 15 years

Note: Selection criteria are based on the National Lung Screening Trial (NLST).

Low-dose CT scanning is considered **investigational** as a screening technique for lung cancer in all other situations.

Chest radiography, with or without computer-aided detection or diagnosis (CAD), is considered **investigational** as a screening technique for lung cancer.

Policy Guideline

Eligibility Criteria for the National Lung Screening Trial (American Cancer Society, 2011)

- Age: 55 to 74, with no signs of symptoms of lung cancer
- Smoking history: Active or former smoker with a 30 pack year history*
- Active smoker: If active smoker, should also be vigorously urged to enter a smoking cessation program
- Former smoker: If former smoker, must have quit within 15 years
- General health exclusions:
    - Metallic implants or devices in the chest or back
    - Requirement for home oxygen supplementation
    - Prior history of lung cancer or other lung cancer symptoms

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*A pack year is the equivalent of one pack of cigarettes per day per year. One pack per day for 30 years or two packs per day for 15 years would both be 30 pack-years.

CT Scanning

CPT codes 71250 (primarily), 71260, 71270; an unlisted CT scan procedure code; or HCPCS code S8092 may be used for screening of lung cancer using CT scanning. Therefore, the distinction between medical necessity CT scans of the thorax and high-speed (spiral or helical, and electron beam) CT scans for screening tests can not be based on procedure codes alone. Careful review of the associated ICD-diagnosis code should be done, when CPT codes 71250, 71260, 71270, or S8092 is used for screening rather than diagnosis.

ICD-9 diagnosis code V76.0 is defined as special screening for malignant neoplasms of the respiratory organs. Thus, when used in conjunction with CPT codes 71250, 71260, 71270, or S8092 it identifies spiral or electron beam CT scanning as a screening test for lung cancer.

The optimal frequency of CT screening is not known. However, the recommendation to screen selected individuals is based on the National Lung Screening Trial, which screened individuals annually for three consecutive years.

CAD Chest Radiograph(s)

There are two Category III codes that specifically denote when CAD is performed at the time of chest radiograph reading or at some other time.

- 0174T: CAD chest radiograph(s), performed *concurrent* with primary interpretation (listed separately in addition to the code for the primary procedure e.g., chest radiograph)
- 0175T: CAD chest radiograph(s), performed *remote* from primary interpretation (0175T should not be reported in conjunction with the primary procedure)

The use of chest radiography, with or without computer-aided detection or diagnosis, is considered investigational as a screening technique for lung cancer, as stated in the Policy Statement above.

Internal Information

There is an MD Determination Form for this Medical Policy. It can be found on the following Web page:
http://myworkpath.com/healthcareservices/MedicalOperations/PSR_Determination_Pages.htm

Documentation Required for Clinical Review

• History and physical and/or office notes including:
  o Reason for the request
  o Smoking history (pack-years)
  o Year(s) of smoking cessation (if applicable)

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Post Service

- Computed tomography (CT) scan thorax/lung report

The materials provided to you are guidelines used by this plan to authorize, modify, or deny care for persons with similar illness or conditions. Specific care and treatment may vary depending on individual need and the benefits covered under your contract. These Policies are subject to change as new information becomes available.

Click here to view the appendix for this policy

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