

Policy Name:	Low-Dose Computed Tomography (LDCT) for Lung Cancer Screening – Mayo Medical Plan Only
Effective Date:	4/19/2021

Important Information – Please Read Before Using This Policy

These services may or may not be covered by all Medica plans. Coverage is subject to requirements in applicable federal or state laws. Please refer to the member’s plan document for other specific coverage information. If there is a difference between this general information and the member’s plan document, the member’s plan document will be used to determine coverage. With respect to Medicare, Medicaid, and other government programs, this policy will apply unless these programs require different coverage. Members may contact Medica Customer Service at the phone number listed on their member identification card to discuss their benefits more specifically. Providers with questions may call the Medica Provider Service Center toll-free at 1-800-458-5512.

Medica coverage policies are not medical advice. Members should consult with appropriate health care providers to obtain needed medical advice, care, and treatment.

NOTE: THIS POLICY APPLIES TO MAYO MEDICAL PLAN (MMP) MEMBERS.

NOTE: For all other medica members, Medica is using clinical criteria developed by Carelon, a utilization management (UM) program third-party vendor, to assist in administering these services.

Coverage Policy

Note: This policy is no longer scheduled for routine review of the scientific literature.

Annual screening for lung cancer with low-dose computed tomography is **COVERED** when all of the following criteria are met:

- The individual is asymptomatic and between 50 and 80 years of age
- The individual is a current or former smoker with a 20 pack-year smoking history
- If the individual is a former smoker, he or she must have quit within the past 15 years
- The individual has no health problem that substantially limits life expectancy or the ability or willingness to have curative lung surgery.

Low-dose computed tomography for lung cancer screening for all other indications is investigative and unproven, and therefore **NOT COVERED**. There is insufficient reliable evidence in the form of high-quality peer-reviewed medical literature to establish the effects on health care outcomes.

Description

Low-dose CT, also known as helical or spiral CT, is an imaging procedure that uses special x-ray equipment to create a series of detailed pictures, or scans, of areas inside the body. An LDCT of the chest can scan the entire area quickly, usually in 10 to 20 seconds, during a single breath-hold, while the patient lies on a table and passes through the scanner. The images are then reconstructed into a three-dimensional model of the lungs. The amount of radiation delivered during a LDCT scan is about twice that of a conventional chest x-ray, but less than conventional CT and can be done in either the inpatient or outpatient setting.

Lung cancer is the leading cause of cancer deaths in the United States. It is often diagnosed at a late stage; as a result, long term survival rates are poor. Given the poor prognosis of lung cancer, there has been much interest in developing screening tools to identify cancer at an earlier stage. Detecting and initiating treatment at an early stage are important for improving survival. Lung cancer screening tests are designed to look for signs of lung cancer in

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otherwise healthy people. Studies of chest x-ray and sputum testing as screening tools have failed to demonstrate improved health outcomes. More recently, however, the National Lung Screening Trial showed 15 percent to 20 percent fewer lung cancer deaths among trial participants screened with LDCT compared to those screened with chest x-ray. Therefore, LDCT has been proposed as a means of screening high-risk individuals for early lung cancer before they develop symptoms.

FDA Approval

Several CT scanners have received FDA 510(k) clearance as Class II devices. The scanners are cleared for general diagnostic use, rather than for specific disease indications.

Prior Authorization

Prior authorization is not required. However, services with specific coverage criteria may be reviewed retrospectively to determine if criteria are being met. Retrospective denial may result if criteria are not met.

Coding Considerations

Use the current applicable CPT/HCPCS code(s). The following codes are included below for informational purposes only and are subject to change without notice. Inclusion or exclusion of a code does not constitute or imply member coverage or provider reimbursement.

HCPC Codes:

- **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)

CPT Codes:

- **71271** - Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)

Original Effective Date: 1/1/2003

Re-Review Date(s): 11/15/2005
11/18/2008
11/15/2011
12/17/2014
08/24/2015 – Administrative update – coding
01/21/2016 – Administrative update – coding
10/11/2016 – Administrative update – coding
02/21/2018
02/17/2020 – Administrative update – format
01/01/2021 – Administrative update – code update
01/26/2021 – Clinical Review Reserve
05/01/2024 – Administrative update; policy applies to Mayo Medical Plan members only

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