



CMS Releases Final Guidance on Low Dose CT Screening for Lung Cancer

The CyberKnife Coalition would like to make you aware of a final decision released on February 5, 2015 by the Centers for Medicare and Medicaid Services (CMS) on the use of low dose CT for Lung Cancer Screening: [http://www.cms.gov/medicare-coverage-database/details/nca-decision-memo.aspx?NCAId=274&NcaName=Screening+for+Lung+Cancer+with+Low+Dose+Computed+Tomography+\(LDCT\)&MEDCACId=68&IsPopup=y&bc=AAAAAAAAAgAAAA%3d%3d&](http://www.cms.gov/medicare-coverage-database/details/nca-decision-memo.aspx?NCAId=274&NcaName=Screening+for+Lung+Cancer+with+Low+Dose+Computed+Tomography+(LDCT)&MEDCACId=68&IsPopup=y&bc=AAAAAAAAAgAAAA%3d%3d&)

The underlined text below indicates key beneficiary changes from the original CMS proposal last fall. All major changes expanded patient accessibility to lung cancer screening, positively reflecting stakeholder input by physicians, medical centers, medical societies, and patient advocates.

Expanded Beneficiary eligibility criteria:

- Age 55 – 77 years;
- Asymptomatic (no signs or symptoms of lung cancer);
- Tobacco smoking history of at least 30 pack-years (one pack-year = smoking one pack per day for one year; 1 pack = 20 cigarettes);
- Current smoker or one who has quit smoking within the last 15 years; and
- Receives a written order for LDCT lung cancer screening that meets the following criteria.... [details below]

These criteria reflect two important and cogent changes from the original proposal:

First, the screening age limit was expanded 3 years to age 77 (74 originally). This still does not meet the original USPSTF recommendation of 55-80, but does recognize NCI data that the broader the capture, the more early stage lung cancer will be identified.

Secondly, the original proposal excluded screening of patients with lung disease. Since many potential screening candidates have co-morbidities of COPD and/or emphysema, the change to “no signs or symptoms of lung cancer” allows these patients to still be screened.

CMS added clarification to what an appropriate order for lung cancer screening would include:

- 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

Broader definition for Radiology Imaging Facility Eligibility

Additionally, CMS also broadened possible participation for centers providing lung cancer screening. Originally, the requirement was for centers with experience – either who had participated in past lung cancer screening trials or who were an accredited advanced diagnostic imaging center with training and experience in LDCT lung cancer screening. The new radiology imaging facility eligibility criteria include:

- Performs LDCT with volumetric CT dose index (CTDIvol) of ≤ 3.0 mGy (milligray) for standard size patients (defined to be 5' 7" and approximately 155 pounds) with appropriate reductions in CTDIvol for smaller patients and appropriate increases in CTDIvol for larger patients;
- Utilizes a standardized lung nodule identification, classification and reporting system;
- Makes available smoking cessation interventions for current smokers; and
- Collects and submits data to a CMS-approved registry for each LDCT lung cancer screening performed...[Registry requirements are then defined.]

Commercial payers cover as well

Of note, under the Affordable Care Act, the USPSTF recommendation for lung cancer screening means all non-grandfathered commercial health insurance plans must cover lung cancer screening this year; that could be as late as 12/1/2015 depending on plan renewal date.