



## Lung Cancer Screening

### Summary of USPSTF and CMS Recommendations

<p><b><u>United States Preventive Services Task Force*</u></b></p>	<p>Annual screening in adults aged 55 to 80 years who have a 30 pack-year smoking history and currently smoke or have quit within the past 15 years. Screening should be discontinued once a person has not smoked for 15 years or develops a health problem that substantially limits life expectancy or the ability or willingness to have curative lung surgery. (Grade B)</p>
<p><b><u>Centers for Medicare &amp; Medicaid**</u></b></p>	<ul style="list-style-type: none"> <li>• Age 55 – 77 years;</li> <li>• Asymptomatic (no signs or symptoms of lung cancer);</li> <li>• Tobacco smoking history of at least 30 pack-years (one pack-year = smoking one pack per day for one year; 1 pack = 20 cigarettes);</li> <li>• Current smoker or one who has quit smoking within the last 15 years; and</li> <li>• Receives a written order for LDCT lung cancer screening that meets the following criteria:             <ul style="list-style-type: none"> <li>▪ <i>For the initial LDCT lung cancer screening service:</i> a beneficiary must receive a written order for LDCT lung cancer screening during a lung cancer screening counseling and shared decision making visit, furnished by a physician or qualified non-physician practitioner (meaning a physician assistant, nurse practitioner, or clinical nurse specialist). A lung cancer screening counseling and shared decision making visit includes the following elements (and is appropriately documented in the beneficiary’s medical records):                 <ul style="list-style-type: none"> <li>○ 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;</li> <li>○ 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;</li> <li>○ Counseling on the importance of adherence to annual lung cancer LDCT screening, impact of comorbidities and ability or willingness to undergo diagnosis and treatment;</li> <li>○ 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</li> <li>○ If appropriate, the furnishing of a written order for lung cancer screening with LDCT.</li> </ul> </li> <li>▪ <i>For subsequent LDCT lung cancer screenings:</i> the beneficiary must receive a written order for LDCT lung cancer screening, which may be furnished during any appropriate visit with a physician or qualified non-physician practitioner (meaning a physician assistant, nurse practitioner, or clinical nurse specialist). If a physician or qualified non-physician practitioner elects to provide a lung cancer screening counseling and shared decision making visit for subsequent lung cancer screenings with LDCT, the visit must meet the criteria described above for a counseling and shared decision making visit.</li> </ul> </li> <li>• Written orders for both initial and subsequent LDCT lung cancer screenings must contain the following information, which must also be appropriately documented in the beneficiary’s medical records:             <ul style="list-style-type: none"> <li>▪ Beneficiary date of birth;</li> <li>▪ Actual pack - year smoking history (number);</li> <li>▪ Current smoking status, and for former smokers, the number of years since quitting smoking;</li> <li>▪ Statement that the beneficiary is asymptomatic (no signs or symptoms of lung cancer); and</li> <li>▪ National Provider Identifier (NPI) of the ordering practitioner.</li> </ul> </li> </ul>

\*U.S. Preventive Services Task Force, Screening for lung cancer: U.S. Preventive Services Task Force Recommendation Statement, Ann Intern Med; 2013. Available at: <http://www.uspreventiveservicestaskforce.org/uspstf13/lungcan/lungcanfinalrs.pdf>.

\*\*Decision Memo for Screening for Lung Cancer with Low Dose computed Tomography (LDCT) (CAG-00439N). Available at: <http://www.cms.gov/medicare-coverage-database/details/nca-decision-memo.aspx?NCAId=274>.

*Guidelines are intended to be flexible. They serve as reference points or recommendations, not rigid criteria. Guidelines should be followed in most cases, but there is an understanding that, depending on the patient, the setting, the circumstances, or other factors, care can and should be tailored to fit individual needs.*