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Center for Health Law and Policy Innovation
Harvard Law School

chlpi.org
I. Goals / Audience for the Project
II. Overview of the Resource
III. Questions
Goals / Audience for the Project

Goals

• Address basic questions regarding coverage, costs, and billing requirements

• Provide education on how to research potential changes

Target Audience

• Individuals and institutions receiving help from LuCa and working to connect patients to lung cancer screening services

  • Example: Patient Navigators
Lung Cancer Screening: Understanding Medicaid, Medicare, and Private Insurance Coverage

- **Part I**: Overview of Insurance / Payer Coverage
- **Part II**: Conducting Your Own Research
- **Part III**: Frequently Asked Questions
- **Part IV**: Additional Resources
**Lung Cancer Screening**

A process by which asymptomatic individuals are tested for the presence of lung cancer using low-dose CT scans.

**Shared Decision Making**

Shared decision making is a part of the lung cancer screening process, in which clinicians and patients work together to decide whether the patient will receive screening.
Public Payers

Medicaid

- **Traditional**: Low income families, children, pregnant women, elderly, people with disabilities
- **Expansion**: Adults with incomes up to 138% of federal poverty level

Medicare

- **Original Medicare**: Individuals aged 65+, some disabled individuals, individuals living with ESRD or ALS
- **Medicaid Advantage**: Original Medicare, but delivered by private plans

Private Payers

**Group / Individual**: Private insurance purchased for members of a group (e.g., employees) or directly by an individual (e.g., on a state marketplace)

**Short-Term Health Insurance Plans**: Temporary insurance coverage.
Caveats:

- Resource describes general rules
  - Gaps in implementation do occur, and some rules allow flexibility
  - When in doubt, consult individual plan documents!
- The resource describes cost-sharing for the screening itself
- Patients may face additional charges under certain circumstances (e.g., when receiving additional services)
Conducting Your Own Research

Medicaid

Coverage for lung cancer screening services will depend on:

- The Medicaid population (Traditional vs. Expansion)
- United States Preventive Services Task Force (USPSTF) rating

<table>
<thead>
<tr>
<th>PROVIDER</th>
<th>COVERAGE</th>
<th>COST-SHARING</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medicaid (Traditional)</td>
<td>Varies</td>
<td>Varies</td>
</tr>
<tr>
<td>Medicaid (Expansion)</td>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>

**USPSTF Coverage Recommendations**

**Medicaid Expansion**
- States **must** cover all USPSTF “A” and “B” rated services for individuals in the Medicaid Expansion population **without** cost-sharing

**Traditional Medicaid**
- States have the **option** to cover these services for their Traditional Medicaid populations via State Plan Amendment (and there is a financial incentive to do so!)

**Caveat:** Stay up to date on USPSTF recommendations, as they may change
  - Lung Cancer Screening recommendation is being **updated**
USPSTF COVERAGE RECOMMENDATIONS

https://www.uspreventiveservicestaskforce.org/
USPSTF COVERAGE RECOMMENDATIONS

Search Recommendations

<table>
<thead>
<tr>
<th>Name</th>
<th>Type</th>
<th>Year</th>
<th>Age Group</th>
<th>Status</th>
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<tbody>
<tr>
<td>Lung Cancer: Screening</td>
<td>Screening</td>
<td>2013</td>
<td>Adult, Senior</td>
<td>Published</td>
</tr>
<tr>
<td>Lung Cancer: Screening</td>
<td>Screening</td>
<td></td>
<td>Adult, Senior</td>
<td>In Progress</td>
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Showing 1 to 2 of 2 entries (filtered from 128 total entries)

Recommendation Summary

Summary of Recommendation and Evidence

<table>
<thead>
<tr>
<th>Population</th>
<th>Recommendation</th>
<th>Grade (What's This?)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adults Aged 55-80, with a History of Smoking</td>
<td>The USPSTF recommends annual screening for lung cancer with low-dose computed tomography (LDCT) 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.</td>
<td>B</td>
</tr>
</tbody>
</table>
CONDUCTING YOUR OWN RESEARCH

Medicare

Coverage for lung cancer screening services will depend on:

- United States Preventive Services Task Force (USPSTF) rating
- National Coverage Determination (NCD)
- Medicare Manuals and Transmittals

<table>
<thead>
<tr>
<th>PROVIDER</th>
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<tbody>
<tr>
<td>Medicare</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Medicare Advantage</td>
<td>Yes</td>
<td>No</td>
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</table>
Requirements for Medicare Coverage of Preventive Services (if not individually listed in the law):

- Reasonable and necessary for the prevention or early detection of an illness or disability;
- Recommended with a grade of A or B by the United States Preventive Services Task Force; and
- Appropriate for individuals entitled to benefits under Part A or enrolled under Part B.

- The Secretary of Health and Human Services (HHS) makes these decisions through National Coverage Determinations.
National Coverage Determination Database.

https://www.cms.gov/medicare-coverage-database/

Lung Cancer Screening with Low Dose Computed Tomography
Medicare Manuals

- Provide additional details on coverage and delivery of Medicare services
- Can be found here:

Medicare Change Request Transmittals

- Announce official changes to the Medicare Manuals
- Can be found here:
Private Insurance Plans - Group / Individual

• Coverage for lung cancer screening services will depend on:
  • United States Preventive Services Task Force (USPSTF) rating
  • Whether the plan is “grandfathered”
  • Whether the plan is a short-term plan

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<th>PROVIDER</th>
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<th>COST-SHARING</th>
</tr>
</thead>
<tbody>
<tr>
<td>Group (non-grandfathered)</td>
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<td>No</td>
</tr>
<tr>
<td>Individual (non-grandfathered)</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Short-term Plans</td>
<td>Varies</td>
<td>Varies</td>
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</table>
**Grandfathered & Short-Term Plans**

**Non-grandfathered** private insurance plans **must** cover USPSTF “A” and “B” rated services **without cost-sharing**.

- Many events can cause a plan to **lose** its **grandfathered status** including:
  - Elimination of all or substantially all benefits to diagnose or treat a particular condition
  - An increase in cost-sharing requirements
  - An increase in annual limits

**Short-term plans** are **NOT** considered individual insurance under the ACA.

- **Exempt** from the preventive services requirements
Poll Question #4
Which challenges/barriers have you encountered the most with lung cancer screening coverage? (select all that apply)
A. Coverage denial from Medicare
B. Coverage denial from Medicaid
C. Coverage denial from private insurers
D. Inconsistent or unknown coding requirements
E. Prior authorization for eligible patients
F. Patients want screening, but are not eligible
G. Conducting shared decision making
H. “Grandfathered” plans / plans with loopholes
I. Other
Frequently Asked Questions (FAQ)

• What if a Patient Lacks Insurance?

• What is Prior Authorization?

• What if Screening is Delivered by an Out-of-Network Provider?

• Who Must Make the Referral to Lung Cancer Screening for Medicare Enrollees?

• What if Screening is Delivered by an Independent Diagnostic Testing Facility (IDTF)?

• What Codes Must I Provide When Billing Original Medicare for Lung Cancer Screening?
What if Screening is Delivered by an Out-of-Network Provider?

- Patient may face **additional costs**
  
  - ACA does **not** require private plans to cover USPSTF “A” and “B” rated services that are provided out-of-network **unless** the plan does **not** have in-network providers that can deliver the benefit

- Patients in Original Medicare and Medicare Advantage may also face **additional costs** if they receive lung cancer screening from out-of-network providers (e.g., opt-out and non-participating providers for Original Medicare)
Who Must Make the Referral to Lung Cancer Screening for Medicare Enrollees?

• Historic Confusion on this Issue

  • 2015 MLN Matters Publication: Indicated that screening had to be ordered by a **primary care provider** in the context of a primary care setting

  • NCD and CMS Manual: Took a broader approach – allowed the referral to be made by:
    • A **physician** OR
    • A **qualified non-physician practitioner** (physician assistant, nurse practitioner, or clinical nurse specialist)

  • 2016 Clarification: CMS stated that the referral **need not** come from a primary care provider **BUT** that “the physician or non-physician practitioner who furnishes the shared-decision making visit and orders the LDCT must be **treating** the beneficiary and use the results in the **management** of the beneficiary’s specific medical problem to ensure improved health outcomes.”
## Coding in Original Medicare

<table>
<thead>
<tr>
<th>Service</th>
<th>Code(s)</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lung Cancer Screening using LDCT Scan</td>
<td>G0297</td>
<td></td>
</tr>
</tbody>
</table>

### Written order requirement:
- For the first LDCT screening, the order must be provided during a lung cancer screening counseling and shared decision-making visit.
- Written orders for subsequent LDCT scans can be furnished in any appropriate visit with a physician or qualified non-physician provider (physician assistant, nurse practitioner, or clinical nurse specialist).  

### Service must be billed with proper ICD-10 diagnosis code:
- For former smokers: Z87.891 (personal history of tobacco use/personal history of nicotine dependence)
- For current smokers:
  - F17.210 (Nicotine dependence, cigarettes, uncomplicated),
  - F17.211 (Nicotine dependence, cigarettes, in remission),
  - F17.213 (Nicotine dependence, cigarettes, with withdrawal),
  - F17.218 (Nicotine dependence, cigarettes, with other nicotine-induced disorders), or
  - F17.219 (Nicotine dependence, cigarettes, with unspecified nicotine-induced disorders).

### Service can only be billed **once** in a 12-month period.
- At least 11 full months must elapse from the date of the last screening before G0297 can be billed again.
- **Follow-up screens** within the year (3 or 6 month follow-ups) use CPT code 71250 and are considered diagnostic, **not** preventive, services (patient will be subject to cost-sharing).

### Detailed Resources on Proper Coding
- Medicare Claims Processing Manual, Ch. 18 – Preventive and Screening Services, Section 220
- Medicare National Coverage Determination (NCD) Manual (CMS Pub. 100-3), Section 210.14
- Medicare Benefit Policy Manual – Rural Health Clinic (RHC) and Federally Qualified Health Centers (FQHC) Services, Section 220
- Transmittal 3374, Transmittal 185, and Transmittal 3901
- MLN Matters: Medicare Coverage of Screening for Lung Cancer with Low Dose Computed Tomography
## ADDITIONAL RESOURCES

<table>
<thead>
<tr>
<th>Resource</th>
<th>Description</th>
</tr>
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<tbody>
<tr>
<td><strong>American College of Radiology:</strong> LDCT Lung Cancer Screening FAQs</td>
<td>The American College of Radiology (ACR) provides an overview of Medicare coverage for lung cancer screening, including a detailed discussion of coding requirements.</td>
</tr>
<tr>
<td><strong>American College of Radiology:</strong> Lung Cancer Screening Resources</td>
<td>ACR provides an array of tools for use in lung cancer screening programs, including shared decision aids, information on screening best practices, and smoking cessation materials.</td>
</tr>
<tr>
<td><strong>American Lung Association:</strong> Is lung cancer screening covered under your insurance?</td>
<td>American Lung Association (ALA) provides an interactive overview of insurance coverage for lung cancer screening across different insurance programs.</td>
</tr>
<tr>
<td><strong>Association of Community Cancer Centers (ACCC) Screening Tools</strong></td>
<td>The Association of Community Cancer Centers (ACCC) provides an array of tools for use in lung cancer screening programs (sample forms, letters, etc.).</td>
</tr>
<tr>
<td><strong>GO2 Foundation for Lung Cancer:</strong> Screening Saves Lives!</td>
<td>The GO2 Foundation provides materials including a brochure and educational video regarding lung cancer screening.</td>
</tr>
<tr>
<td><strong>GO2 Foundation for Lung Cancer:</strong> Screening Centers</td>
<td>The GO2 Foundation provides access to their list of Screening Centers of Excellence (SCOE).</td>
</tr>
</tbody>
</table>