

Lung Cancer Screening: An Overview of Medicare, Medicaid, and Private Insurance Coverage

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>> LAURA BURR: Welcome to Dialogue4Health and today's web forum, "Lung Cancer Screening: An Overview of Medicare, Medicaid, and Private Insurance Coverage." We thank the partner and sponsors for this event, the center for health law and policy innovation of Harvard law school, the LuCa National Training Network, and the Bristol Meyers Squibb foundation. My name is Laura Burr and I'm running this event with my colleague Kathy Piazza.

It's my pleasure to introduce our moderator for today, Celeste Worth. Celeste has 20 years of experience in cancer control and provider education. And was previously a co-investigator for the provider education component of a statewide lung cancer research project.

LuCa National Training Network was established following the work of the University of Louisville provider education component of the Kentucky leads collaborative. Due to the success of our efforts with statewide provider education across the lung cancer care continuum, Bristol Meyers Squibb foundation requested we provide our training on a national scale. As a result, that work was formed and focuses on providing training and resources for those that are educating primary care providers about lung cancer care as well as for providers and other professionals directly. Next slide, please.

Examples of our training programs include our comprehensive online course and webinars like the one today. We have tools for use by providers as well as patients with more we are currently developing. All are or will be available for download from our website lucatraining.org. Lastly, we can provide technical assistance for those such as health systems, medical societies, or professional organizations who would like to provide various types of training or education to primary care or other referring providers. Through our work to date, it has been apparent that there are many issues and questions surrounding coverage for lung cancer screening, shared decision-making, tobacco cessation counseling and medications. LuCa has been very fortunate to partner with Katie Garfield and the center for health law and policy innovation, another Bristol Meyers Squibb foundation grantee to provide this timely -- help users to find the latest information on these topics.

Especially as coverage changes occur going

So now I would like to go forward with Katie's introduction and presentation. So Katie is a clinical instructor at the center for health law and policy innovation at Harvard law school. Katie joined the center in 2014 and focuses her work on the center's whole person care initial give including the center's food is medicine and specialty care project. In her work on these initiatives, she's had the opportunity to work with community-based organizations, state agencies, health care providers, and coalitions to develop strategies to increase access to innovative health care services.

Prior to joining the center, Katie was an associate at Roakes and gray LLC. With that, I will turn the presentation over to Katie.

>> KATIE GARFIELD: Good afternoon. Thank you, Celeste, for that introduction. As Celeste mentioned, I'm an attorney and a clinical instructor on policy innovation. For those of you who aren't

familiar at all with our work, we are a dual mission organization. We act both as a technical adviser to organizations across the country trying to navigate health care laws and regulations to improve care for vulnerable populations. We are also a critical program of Harvard law school. Meaning that we act as a training center for future health care lawyers and advocates. We've had the pleasure of working with Celeste and the LuCa National Training Network as part of our role as a technical assistance provider to grantees of the Bristol Meyers Squibb foundation bridging cancer care initiative.

In my part of the presentation today, I'm going to walk you through the background and content for the new resource we've developed as part of our work with LuCa. The name of that resource, which you'll see many times today, is lung cancer screening, understanding Medicaid, Medicare, and private insurance coverage. To begin I'd like to just give you a brief overview of the goals of this project for a bit of context. So as Celeste sort of outlined, LuCa works with organizations across the country and they may receive questions regarding issues related to coverage, costs, and billing requirements for lung cancer screening.

These questions come from a variety of individuals and institutions, and especially from individuals enrolled by patient navigation which it sounds like is really well represented on the webinar today. So that's fantastic. To help LuCa answer these questions, we've developed a resource that provides basic information regarding lung coverage for these services and how to research potential changes to that coverage. We see the second component as particularly important. We know that policies related to lung cancer screening can and do evolve over time. We therefore believe it is important to both provide some basic information about the current state of coverage and to help readers understand where they can go to access up to date, accurate information as covering policies change.

To the greatest extent possible, you'll see that we provide useful hyperlinks and citations throughout the resource to make this process as easy as possible. We do hope to update this document on a periodic basis moving forward, but we hope that these research-oriented components will empower readers to seek out their own answers whenever they face uncertainties.

So here, let's dig into the actual content of this resource. The title of the resource is "Lung Cancer Screening: An Overview of Medicare, Medicaid, and Private Insurance Coverage". The resource is broken into four parts. In part one, we provide an overview of the current status of coverage for lung cancer screening services in Medicaid, Medicare, and private insurance plans. In part two, we then provide strategies for conducting additional research regarding these programs. In part three, we answer frequently asked questions regarding coverage, cost, and coding with a particular focus in the section often on the Medicare program that can be particularly crucial for this service.

Finally, in part four, we provide a list of additional resources that readers can turn to to learn more about this topic. So today I'm going to give an overview of each of these four parts. You can visit the LuCa website to review the resource and learn more.

To begin let's just briefly review the basics of the lung cancer screening process. So as many of you likely know, if a health care provider believes that a patient may be a candidate for lung cancer screening, they will likely ask the patient a series of questions to decide whether or not the patient meets basic screening guidelines. And we'll talk a lot more about those guidelines later on today. If the patient does meet eligibility requirements, the patient and the provider will then go through a process of shared decision-making in which they go over the benefits and risks of screening and determine if the patient would like to move forward with the screening process.

If through the shared decision-making process, the patient does decide to be screened, they will receive a referral for the actual screening service. Screening consists here of a low-dose CT scan. Depending on the results, there will be follow-up steps. The provider may suggest follow-up diagnostic testing or if the scan is negative, may recommend individual return for annual screenings in the future. So now are the basics of what a patient could expect in their interactions with a health care provider. However, of course we know that there is an important key third party in all of this, the patient's health insurance payer. When going through the shared decision-making and lung cancer screening process, a key question on the patient's mind will of course be "will my health insurance plan pay for this."

This question is really the focus of our resource. We've looked at federal laws, regulations, and guidance to try to determine what insurance coverage will look like for patients across the spectrum of

health insurance payers. We have focused on the payers on this slide and broken them into two broad categories. Public payers and private payers. Many of you on the webinar are already familiar with these payers, but bear with me as I give a brief overview to ensure we have a common understanding before we discuss greater details about these programs.

On the public payer side, we have two major public insurance programs: Medicaid and Medicare. Within Medicaid, we have two categories of coverage. Specifically we have traditional Medicaid, which is what we typically use Medicaid and coverage for low income families, pregnant women, elderly, children, and people with disabilities. And then we have the Medicaid expansion population. Under this option, states can provide Medicaid coverage to adults with incomes up to 138% of federal poverty level. It's important to be aware of these two populations because there will be distinctions in coverage between them, as we'll talk about in a moment.

Then we have Medicare. Medicare is our primary public insurance program for individuals age 65 and over, some disabled individuals and individuals living with end stage renal disease or ALS. Individuals in the Medicare program can receive coverage in two ways. First, via original Medicare also known as Medicare part A and B where coverage is directly managed by the federal government. Then we have Medicare advantage, also known as Medicare part C. Eligibility for Medicare advantage is the same for Medicare original, but Medicare advantage is delivered by private insurance plans rather than directly by the federal government. About a third of Medicare participants are enrolled in Medicare advantage plans. It's important to be aware of distinctions as there may be slight distinctions between Medicare and Medicare advantage program.

On the private insurer side, we have group insurance and individual insurance and short-term health insurance plans. Group insurance is health insurance delivered to members of a group, such as employees at an organization, while individual insurance is purchased directly by an individual generally on a state or federal marketplace. Then we have short-term insurance. Short-term insurance is a form of temporary insurance that's really meant to fill gaps in coverage. Such as when someone's between jobs. We have included this category in our resource because we are increasingly seeing individuals use short-term insurance as a primary form of coverage and notably it's really not subject to the same requirements and protections of other forms of coverage. So we thought that it was important to bring this into the resource and distinguish the ways that short-term insurance coverage may be different than other private insurance coverage.

So on this slide, you'll see really the heart of part one of our resource, which is a very high level overview of coverage for lung cancer screening and shared decision-making in each of these categories of coverage I've just described. I'm going to run through each of these categories briefly. Please note a few caveats up front. First, the resource describes general rules for what coverage should look like, and we know that gaps in implementation do occur and some rules allow for flexibility. Our advice is to consult with the original plan or plan documents. Additionally, when we discuss cost sharing here, we do mean cost sharing for the screening and shared decision-making itself. In some cases, patients may find themselves subject to other costs such as costs for additional services that they received at the same time as the screening, costs for office visits if the primary purpose of the visit was not a screening service, or in some cases things like facility fees. So keep the caveats in mind.

I'm going to really briefly run through this table, and I'm not going to cover everything here, because there's a lot of detail. We're going to run through it briefly, and I'll dig more into it in our next slide. So here, again, you see that we're addressing Medicaid, Medicare, and then private insurance. Within Medicaid, we have our traditional population and our Medicaid expansion population. As you can see, coverage and cost sharing for lung cancer screening and shared decision-making varies across Medicaid traditional programs. And we'll talk about why that is. Then in the Medicaid expansion program, we see much more consistent requirements around coverage. Individuals in the Medicaid expansion program should have coverage of lung cancer screening, specifically for adults who are age 55 to 80 years who have at least a 30-pack year smoking history and currently smoke or quit within the past 15 years.

These individuals should receive lung cancer screening without cost sharing. Then we see in the Medicare program a similarly consistent approach to coverage. In both original Medicare and Medicare advantage, patients should have access to both lung cancer screening and shared decision-making. You'll see that the population covered is slightly different for Medicare than

Medicaid. Especially around the ages involved. So in Medicare, individuals age 55 to 77 years with no signs or symptoms of lung cancer who have at least a 30 year -- 30 pack year smoking history and currently smoke or have quit within the last 15 years and who receive a written order for screening are eligible for coverage for lung cancer screening and shared decision-making.

Similar to the Medicaid expansion population, there should be no cost sharing associated with these services. Then we see the private insurance side. Here we can take a look at the group and individual coverage. Again, here note that we are focusing on what are called non-grandfathered plans. These are most plans in the group and individual market, and we'll talk about what I mean by grandfathered a bit later on. For non-grandfathered group and individual plans, there should be coverage for lung cancer screening. Again, similar population to the one that we saw in Medicaid. It's for adults age 55 to 80 years who have a 30 pack year smoking history and currently smoke or have quit within the past 15 years. This coverage should be provided without cost sharing.

Finally, you'll see the short-term health insurance plan. By warning up front, these plans, the preventive service coverage requirements that really guide a lot of this coverage do not apply to short-term insurance plans. So coverage is really going to vary as will cost sharing in that category of plans.

So I know that that was a lot of information to digest. As you saw, there are even details within each of those programs that I didn't even go into, but you can easily go back to the resource and see those additional details. Now I'm actually going to walk through part two of our resource that talks a bit about how you're able to do research in these programs and to give you a bit more context for how those coverage and cost sharing requirements came about. So as I mentioned earlier, we know that medical advances and new legal requirements may alter the coverage landscape. Our part two of the resource is really meant to provide strategies and resources for conducting your own research to determine the current status of coverage for lung cancer screening services. For the purposes of our webinar today, this will also give you background on that coverage slide I just provided.

First, the resource looks at Medicaid. In Medicaid, coverage and cost sharing for lung cancer screening will depend on two key factors. First, which Medicaid population your patient falls into, whether that be traditional Medicaid or Medicaid expansion. Second, what rating the United States Preventative Services Task Force currently gives to lung cancer screening. For the first question, you'll have to really determine whether you're operating in a Medicaid expansion state. That is, whether your state has decided to expand Medicaid eligibility to all adults with incomes up to 138% of the federal poverty level. On this slide and in the resource, you'll see a link to a really great resource on this piece. That's the Kaiser family foundation status of state Medicaid expansion decisions interactive map. This map is regularly updated and shows which states have expanded Medicaid.

So say you know you are operating in a Medicaid expansion state, what does that specifically mean for coverage? Well, under the Affordable Care Act, states must cover all preventive services that receive an A or B rating from the United States Preventative Services Task Force also known as the USPSTF, I'll say that for the rest of the presentation, without cost sharing for their Medicaid expansion population. So the USPSTF currently provides a B rating to lung cancer screening, specifically the USPSTF recommends lung cancer screening for adults age 55 to 80 years who have a 30 pack-year smoking history and currently smoke or quit within the past 15 years.

So if an individual is in that Medicaid expansion population and they meet these criteria, they should be able to receive lung cancer screening without cost sharing. In contrast, states have the option to cover these USPSTF A and B rated preventive services for that traditional Medicaid population. Because this coverage is optional, it's going to vary from state to state. I wish I could give you a clear, direct answer on this, but it really will require research in your individual state to understand what they have decided to do for that more traditional Medicaid population.

In your case, the USPSTF rating can play a really important role in driving and determining coverage. But I would say you have to keep in mind that USPSTF recommendations can change over time. When that happens, plans have a little over a year to adjust their coverage to meet the new recommendation, and so I want to note here at the outset we know that lung cancer screening, that recommendation under the USPSTF, is currently under review and will likely be updated in the next year or so. Therefore, it's important to understand where to find the current USPSTF

recommendations and stay up to date.

Over the next two slides, we'll walk you briefly through the process you would go through to find that updated recommendation. First you would go to the USPSTF website. The URL is provided here. On the website, there are a few ways to find recommendations. One easy way is to use the search bar available right there on the home page and circled on this slide. As of yesterday, if you search for the term "lung cancer" you will see two recommendations appear. The current recommendation from 2013 and an upcoming recommendation that we expect to see probably sometime in 2020. The current recommendation is what matters for coverage right now. So you would click on that. And as you can see, USPSTF provides a B rating to lung cancer screening. Again, for individuals age 55 to 80 years who have a 30 pack-year smoking history and currently smoke or have quit within the past 15 years. It also notes a couple of caveats here, noting that screening should be discontinued once a person has not smoked for 15 years or developed a health problem that substantially limits life expectancy or the ability or willingness to have curative lung surgery.

Again, all Medicaid expansion enrollees who meet these criteria should be able to receive screening without cost sharing. States have the option to cover the service for individuals outside of the expansion population. Next let's take a quick look at researching coverage in the Medicare program. This is probably the most important source of coverage for lung cancer screening, so we probably give it the most attention in the resource, I would say.

In the Medicare program, the details of coverage for lung cancer screening are really going to depend primarily on three things. First, the USPSTF rating we've just discussed. Second, the Medicare national coverage determination or NCD and Medicare manuals and transmittals. The federal Medicare statute outlines a few specific preventive services that Medicare must cover. Then the statute gives the secretary of health and human services the option to choose to cover additional preventive services, specifically the secretary may cover preventive services that are, first, reasonable and necessary for the prevention or early detection of an illness or disability, second, recommended with a grade of A or B by the USPSTF. USPSTF again playing a key role here. And third, appropriate for individuals entitled to benefits under part A of Medicare or enrolled under part B.

If the preventive services meets these criteria, the secretary can issue what's called a National Coverage Determination. HHS establishes nationwide coverage for the preventive service in both original Medicare and Medicare advantage. Neither program, original Medicare nor Medicare advantage, may charge cost sharing for these preventive services. The other important thing about that National Coverage Determination document, it contains important details regarding patient eligibility and billing requirements for the service. So it's really important to understand where to find that and to be able to easily get at the details contained there.

So how would you determine whether Medicare covers lung cancer screening? Well, you would -- or find that National Coverage Determination? You would go to the National Coverage Determination database on CMS.gov. You can see the URL for this database on the slide. You could then use the search feature to search for coverage determinations for lung cancer. When you find the National Coverage Determination, you will see that Medicare has chosen to cover lung cancer screening for individuals who are: First age 55 to 77. Again, that being a key difference between Medicare and other programs. A slightly narrower age range. These individuals must be asymptomatic, meaning they show no signs or symptoms of lung cancer. They must have at least a 30 pack-year smoking history. They must currently smoke or quit within the last 15 years, and third they must receive a written order for screening. The NCD also outlines many additional requirements that Medicare imposes on lung cancer screening.

For example, the NCD requires that patients receive a shared decision-making visit prior to their first screening and that this visit meets certain criteria. Finally, I just wouldn't to note that CMS also provides additional details regarding coverage requirements through its Medicare manuals. These manuals really cover a range of topics and can be found fairly easily online on the URLs provided here. The manuals most important to researching lung cancer include the Medicare national coverage determination manual that captured those NCDs we just talked about, the Medicare claims processing manual, especially chapter 18 on preventive and screening services, and for individuals in the Medicare advantage program, the Medicare advantage care manual, especially chapter 4 around benefits and beneficiary protections.

CMS periodically makes updates to the content of these important manuals. To do so, it issues what's called a change request transmittal. These transmittals are important documents because they officially signal changes in policy to key actors in the Medicare system including Medicare administrator contractors who are responsible for processing and paying Medicare claims across the country. CMS keeps an archive of these transmittals at the URL provided. There are a couple of key transmittals. These include 3374, 185 and 39001. I know I'm throwing out a lot of different documents here. One of the great things about the resource, we have these documents mentioned in the resource with live links that can take you directly to them. No need to scramble or write them down. They're all right there and easy to access.

And finally, let's just take a brief look at how you would research current coverage and cost sharing for lung cancer screening services in a private insurance plan.

Coverage under private plans often depends on a couple of key factors. First, once again, whether or not the service has received an A or B rating from the USPSTF. Second, whether the plan you are looking at is considered to be a grandfathered plan under the Affordable Care Act and third whether it is group coverage or individual coverage or if it falls into some other category, especially a short-term plan. And that's what we'll talk about in just a moment. So why does the USPSTF rating matter for private plans? Well, like the Medicaid expansion plan, most private insurance plans must cover USPSTF A and B rated services without cost sharing. This means that most private insurance plans -- so those individual and group plans -- must cover lung cancer screening for individuals meeting the USPSTF recommendation.

Again, as a reminder, that individual between the ages of 55 and 80 who have at least a 30 pack-year smoking history and who currently smoke or have quit within the last 15 years. Generally, broad coverage of lung cancer screening should occur in the private market. There are of course always exceptions to this rule. A big one would be grandfathered plans. Grandfathered plans are plans that existed at the time the Affordable Care Act was enacted in 2010 and haven't significantly changed since that time. Grandfathered plans are not subject to many of the key requirements of the Affordable Care Act, including the requirement to cover USPSTF A and B rated preventive services.

A number of events can cause a plan to lose its grandfathered status, and so the number of grandfathered plans sort of out there in the world is hopefully declining over time making this less and less of an issue, we hope. Changes that would trigger this would include eliminates all or substantially all benefits to diagnose or treat a particular condition or certain increases to cost sharing requirements. The question is how do I determine if a plan is considered grandfathered. You can contact the individual plan. Those plans are required to disclose information regarding their grandfathered status. You should be able to find this out from the plan materials or by contacting them.

A second important exception to this sort of private insurance space rule for coverage would be short-term plans. Increasingly, patients may be using these short-term plans as a primary source of coverage because they're often cheaper than normal, individual, or group plans. This trend is problematic because these plans are not subject to many of these requirements that the Affordable Care Act imposes on other forms of private insurance, including the requirement to cover these preventive services. Because short-term plans are not required to cover USPSTF A and B rated preventive services, coverage and cost sharing in these plans is going to vary massively for lung cancer screening. You would have to contact the individual plan to learn more.

Again, if you're uncertain of whether a plan is sort of a more standard individual or group plan versus a short-term plan, you would have to contact the plan or look at individual plan documents

This is our -- sorry, our third section of the resource, our frequently asked questions section. On this slide, you'll see the range of questions currently address -- they range from broad questions like what if a patient lacks insurance, what is prior authorization, and what is screening delivered by an out-of-network provider. We have more specific questions. These kind of focus in more on Medicare, including who must make the referral to lung cancer screening for Medicare enrollees, what if screening is delivered by an independent diagnostic testing facility or IDTF. This is a key issue in Medicare coverage right now so we've chosen to include it in the resource, and finally what codes must I provide when billing original Medicare for lung cancer screening.

I just want to go briefly through one or two to give you a sense of the types of things that

are covered in the resource. If you see a question in this list, though, that really interests you, you can always go to the resource itself, or feel free to bring it up during the Q&A section at the end of this webinar.

So let's cover one such example of the broader questions included in the FAQs. One question that commonly comes up is what if screening is delivered by an out-of-network provider, meaning a health care provider that is not part of the network of providers that the coverage uses to cover care. The screening facility, radiology, et cetera is delivered by a provider that is outside the patient's plan network, the patient may very well face additional out of pocket costs. This is a really important question from our patient side.

For example, the Affordable Care Act does not require private insurance plans to cover USPSTF A and B rated services provided by out-of-network providers unless that plan does not have in-network providers that can deliver the benefit. Similarly, individuals in Medicare, for example, individuals in Medicare advantage, may similarly face cost sharing if they receive lung cancer screening services outside of their plan network.

Secondly, let's just take a quick look at an example of more Medicare-specific FAQs contained in the resource. One question that we've seen come up a lot in the Medicare space is who must make the referral to lung cancer screening. There is confusion on this issue, information described in some of the CMS resources that we talked about earlier today. So a 2015MLM matters publication had to be ordered by a primary care provider in a primary care setting. However, some of the other documents we talked about -- the National Coverage Determination and CMS manuals -- took a broader approach on the issue saying the referral must be made by a physician or non-physician provider during a shared decision-making visit for the first screening and any appropriate visit for subsequent annual screenings.

In response, several professional groups asked for clarification. In response, CMS clarified not need to come from a primary care provider, but that the physician or non-physician practitioner who furnishes the shared decision-making visit in order for the lung cancer screening must be treating the beneficiary and use the results in the management of a specific medical problem to ensure improved health outcomes. So again, does not have to be in a primary care setting, but it does have to be someone who is treating the patient and is using the results in management for that patient.

And then finally, we're running short on time. I don't want to walk all the way through this in detail, but I just wanted to finish my overview of the FAQs by highlighting that this section of the resource does provide a table that outlines key coding requirements for both lung cancer screening and shared decision-making when billing the original Medicare program. This section also contains live links to the CMS resources that provide a lot of additional details on these requirements, and we really suggest that anybody who is looking to bill the original Medicare program -- so Medicare administrative contractors for these services -- to take a look at these documents first and consult of course with your billing department on requirements.

And then finally, I just wanted to note that the resource ends in part four with a table of additional research-oriented. So we recognize we can't possibly fit in everything what you might need to know about lung cancer into a ten-page resource. This section allows us to point you to additional resources that are out there from advocacy organizations, health care providers, a whole slew of experts that can help to build your knowledge of lung cancer screening and coverage for screening services. For example, in this table you see a couple of great web pages by the American college of radiology, the ACR has an excellent FAQs page that covers a range of issues related to lung cancer screening and billing.

Additionally, the ACR has another page that pulls together broader resources on lung cancer screening including things like shared decision aids and information on screening best practices. Similar helpful resources can be found from the association of community cancer centers as well as the GO2 foundation for lung cancer. This section is just a -- is -- I would like to note that this section is the final section of the resource and for the final piece of my presentation. However, I do want to take a moment here at the end just to highlight a key point about the resource.

As Celeste will explain in a moment, this resource will be available online. It's meant to be a living interactive document. It's filled with hyperlinks to all of the resources I've described today. I'm hoping to update it periodically as we move forward. If there are issues you'd like to see addressed or key outside resources that ought to be highlighted, I encourage you to let us know. We need to keep

the resource short and digestible to make it as easy to use as possible, but if there are key issues and resources that we're missing, we're of course happy to make a note and consider including them in the next version of this resource.

Now I'm going to hand things back over to Celeste to give you a bit of information on where you can find the resource itself.

>> CELESTE WORTH: Okay. Thank you so much, Katie, for a terrific presentation. And certainly a timely and helpful overview of the really key issues. You-all have clearly done a great deal of work to bring all of this together in one resource. The resource that all of you have heard about today focused on coverage for lung cancer screening and related shared decision is available on the website at lucatraining.org under tools. We will be hosting another webinar discussing the second and third resources in this series on tobacco cessation and medication coverage at the same time 2:00 to 3:00 eastern time and 11:00 to 12:00 Pacific time on Tuesday, November 19th. Please mark your calendars and spread the word.

Another e-mail will be sent to participants on today's webinar with the link to register for the next webinar. If you would like additional information please contact us by e-mail at LuCatraining@Louisville.edu or call 844-LuCa-TNN for national training network. I want to make sure everyone is aware of our free online course, lung cancer and the primary care provider. It's the first of its kind covering the entire lung cancer care continuum from prevention through early detection screening, shared decision-making, follow-up of results, treatment advances, all the way through survivorship care. It's primarily video-based. It's featuring animated scenarios for patients about screening and cessation. It provides free CME nurse practitioner and American academy of family physician prescribed credit with three separate lessons that can be done individually if desired.

Anyone can participate in the online course, and we hope you will share that comprehensive continuing education resource with providers, especially those treating at risk for or those diagnosed with lung cancer. So at this time, we would like to -- and I just will add also that you can access that course also at LuCa's website or going directly to lucatraining.org/course.

And moving forward, we can now take the opportunity to accept some questions, some of which have been submitted already. So I wasn't sure Laura wanted to explain this, but I'll be happy to add that we can accept questions from you-all in the Q&A feature. So at the bottom of your screen, you should see the symbol displayed on the current slide that will indicate where you can submit those questions. We have gotten several so far and a number of them in advance of the webinar. So with that, I will leave that on the screen and begin to review a little bit of what we have to date and then if I can answer a couple of these, I will. But most of them I will turn over to Katie due to all of her expertise in this.

Katie, as we start, I will say that the first one is "that radiology code G0297 is not a covered coverage. I'm waiting for a review six to eight weeks. How can you get a plan to cover something that isn't already covered like low dose CTE lung cancer screening?"

>> KATIE GARFIELD: I would say the answer is going to depend on two things. First, whether it's actually required to be covered and the plan is incorrectly stating it isn't or if it's actually not covered. If you see -- you're receiving this message from a plan and we're talking about one of the categories where we've described in the webinar today that there are sort of federal requirements that mean that you really ought to have coverage for lung cancer screening, I would recommend appealing the decision. There's detailed information on -- for Medicare on Medicare.gov about how to file an appeal in Medicare and Medicare advantage. Similar information should be available in your plan materials if you're in Medicaid or private insurance.

This could also be a code question. G0297 is specifically a code that's used in Medicare. It may be that your plan is actually using a different code. So you might want to see if that is the issue. Finally, if it's actually not covered, say this is a Medicaid traditional population or some other population that doesn't automatically receive coverage, this is an opportunity for advocacy. We've seen successful advocacy happening, for example, at the state level to try and get Medicaid programs to cover lung cancer screening for their traditional population. Sometimes this occurs directly through the Medicaid agency, they decide to cover it in response to requests from health care providers and the general community or it may happen through things like legislation where the state legislature states that their Medicaid program must cover lung cancer screening.

Those are really the two -- the couple of options I would give on that question.

>> CELESTE WORTH: Great. Thanks, Katie. The next one I think I can tackle. This person has asked: Are there false positives on early screening? And this has been a topic of much consideration and discussion in that the initial results that we had from the national lung screening trial have in many ways either been misinterpreted or reported in a more negative light than truly accurate. There is certainly a possibility of a false positive result with the low-dose CT scan for lung cancer screening. But the average false positive rate for screening found in the national lung screening trial was actually 23.3%. And even in retrospective analysis of that trial using current clinical practice of structure reporting with lung RADS to be discussed later we'll be covering in more detail as far as tools available, the false positive rate was actually 7.8%. So much lower than has been commonly reported and certainly something that would be helpful for providers to be more clear on in terms of sharing potential risk or concerns with their patients.

So for our next question, Katie, this person asked: Can low-dose CT be covered if a person is low risk but not meet the criteria?

>> KATIE GARFIELD: The answer to this question would be typically no. It's going to depend on the individual experience. Some plans may go above and beyond ACA requirements and provide coverage for a broader population, but many plans do stick to those USPSTF criteria or the Medicare program, of course the Medicare criteria. So if you have somebody that is high risk but doesn't meet the USPSTF criteria, I would certainly reach out to the insurance plan before assuming there would be coverage. And I know this comes up in a couple of other questions. It's kind of a related issue, is this question about the USPSTF criteria in the first place, is there a sort of movement on that, could there be change.

As I noted earlier, the lung cancer screening recommendation is currently under review. So there is a possibility that those criteria may change. And so we'll have to wait and see, but we know that there are sort of other recommendations out there that may take into account a wider variety of risk factors. So it's important to keep an eye on that USPSTF recommendation moving forward in case it does shift to provide more flexibility.

>> LAURA BURR: Thank you so much, Celeste and Katie. Excellent presentation today. And also many thanks to the center for health law and policy innovation of Harvard law school and the LuCa National Training Network and the Bristol Meyers Squibb foundation for sponsoring today's event. And thank you to you, our audience