TELEHEALTH – SCREENING FOR LUNG CANCER & SAVING LIVES

Lung cancer is the leading cause of cancer-related deaths in the U.S., and lung and bronchus cancer represents 12.4% of all new cancer cases in the U.S. In a Feb 10, 2022 press release, the Centers for Medicare & Medicaid (CMS) expanded coverage of lung cancer screening to better align with the recommendations of the U.S. Preventive Services Task Force (USPSTF): annual screening for lung cancer with low-dose computed tomography (LDCT) in adults aged 50 to 80 years who have a 20 pack-year smoking history and currently smoke or have quit within the past 15 years. Note that CMS has stuck with age 50-77 rather than extending the age to 80. The code and service – G0296 – to complete a counseling visit can be conducted by telehealth; the reimbursement for G0296 is admittedly low at ~ $29, but this can be a life saver.

Counseling Visit to Discuss Need for Lung Cancer Screening

HCPCS Code	Description	CMS Price
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	$29

National payment amount for the non-facility price from the Physician Fee Schedule Search as of Mar 2, 2022, rounded to the nearest dollar. Do not rely on these. Have your biller/coder double-check.

MEDICARE ELIGIBILITY CRITERIA[1]

- Age 50-77 and asymptomatic (no signs or symptoms of lung cancer)
- Tobacco smoking history of at least 20 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
- Receive an order for lung cancer screening with LDCT.

Check your state Medicaid physician fee schedule and other insurers to establish if this service is covered.

COUNSELING AND SHARED DECISION-MAKING VISIT[1]

Before the beneficiary's first lung cancer LDCT screening, the beneficiary must receive a counseling and shared decision-making visit that meets the following criteria, and is appropriately documented in the beneficiary's medical records:

- Determination of beneficiary eligibility;
- Shared decision-making, including the use of one or more decision aids;
- Counseling on the importance of adherence to annual lung cancer LDCT screening, impact of comorbidities and ability or willingness to undergo diagnosis and treatment; and
- 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.

[1] Screening for Lung Cancer with Low Dose Computed Tomography (LDCT). CMS. Feb 2022. https://www.cms.gov/medicare-coverage-database/view/ncacal-decision-memo.aspx?proposed=N&ncaid=304

RECOMMENDATIONS

- **Make it EASY for patients and provide this service by TELEHEALTH!**
- Build screening for lung cancer into pre-visit planning to identify those that fulfill the criteria and address LDCT at their in-person or telehealth visit through counseling and shared decision-making – regardless of insurance type. (The in-reach arm of population health management.)
- Run reports to identify the target population and contact those who are 50-77 and are either current smokers, quit within the past 15 years and/or have a tobacco smoking history of at least 20 pack-years to schedule either an in-person or telehealth visit to address lung cancer screening – regardless of insurance type. Note that CMS has identified has identified CMS 138v10 Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention as "eligible for telehealth encounter" for eligible professionals and eligible clinicians for the Quality Payment Program (QPP). (The outreach arm of population health management.)
- Create a cheat sheet of LDCT options for patients (e.g., location/distance, cost with or without insurance, discounts for timely payment)
- To the extent possible, customize the EHR to support the required documentation and to collect additional information as structured data (e.g., declines, LDCT completed)
- Build lung cancer screening into quality improvement metrics. In 2015, 4.5% of adults aged 55-80 years who were at risk for lung cancer due to smoking had a CT scan to check for lung cancer within the past year. The Healthy People 2030 goal is to increase this to 7.5%. What is your baseline?
    - Percentage of adults at risk for lung cancer due to smoking, aged 55-80 years, who had a CT scan to check for lung cancer within the past year, by sex, race/ethnicity, income, education level, age, and smoking pack years. Check the surprising "By Race/Ethnicity" rates from the National Cancer Institute: Non-Hispanic White – 4.9%, Non-Hispanic Black – 1.7%, Hispanic – 0.7%.
- Respect individuals' right to choose and document "Declined" rather than "Refused" as structured data to collect additional metrics and to flag this for future discussions; people change their minds.