



Corporate Medical Policy

Lung Cancer Screening, CT Scanning or Chest Radiographs

File Name: lung_cancer_screening_ct_scanning_or_chest_radiographs
Policy Number: RAD5095
Origination: 10/2001
Last Review: 5/2008
Next Review: 5/2010

Description of Procedure or Service

There has been longstanding research interest in developing screening techniques for patients at high risk for lung cancer. Previous studies of serial sputum samples or chest x-rays failed to demonstrate that screening improved health outcomes. Recently, there has been interest in CT scanning as a screening technique, using either spiral (also referred to as helical) or electron beam (also referred to as ultrafast) CT scanning. Compared to conventional CT scanning, these CT scans allow for continuous images and shorten the scan time and radiation exposure. For example, a complete CT scan can be obtained within 20 seconds in the majority of patients. The radiation exposure is greater than that of a chest x-ray, but much less than for a conventional CT scan.

There are also growing applications of computer-assisted detection or diagnosis (CAD) technologies that may have an impact on the use of CT scanning or chest radiographs for lung cancer screening. Computer-assisted detection points out possible findings to the radiologist who then decides if the finding is abnormal. Computer-assisted diagnosis uses a computer algorithm to analyze features of a lesion to determine the level of suspicion and is intended to enhance the reader's diagnostic performance.

Policy

BCBSNC will not provide coverage for Lung Cancer Screening, CT Scanning or Chest Radiographs. It is considered investigational and BCBSNC does not cover investigational services.

BCBSNC will not provide coverage for chest radiographs, with or without computer assisted detection or diagnosis. It is considered investigational as a screening technique for lung cancer and BCB-SNC does not cover investigational services.

Benefits Application

Please refer to Certificate for availability of benefits. This policy relates only to the services or supplies described herein. Benefits may vary according to benefit design, therefore certificate language should be reviewed before applying the terms of the policy.

When Lung Cancer Screening, CT Scanning or Chest Radiographs is covered

Not applicable.

Policy: Lung Cancer Screening, CT Scanning or Chest Radiographs

When Lung Cancer Screening, CT Scanning or Chest Radiographs is not covered

It is not covered. It is investigational. BCBSNC does not cover investigational services.

Policy Guidelines

While the data seems to suggest that CT scans are more sensitive than chest x-rays for the detection of lung cancer, the impact of CT scanning on mortality is unknown. There is insufficient evidence in the peer-reviewed medical literature to demonstrate a definitive association between early detection of lung cancer by CT scanning and improvement in life expectancy. Some researchers have expressed concern regarding the nonspecificity of CT scanning, the high number of false positive results and overdiagnosis.

The use of CT scans to screen for lung cancer is not endorsed by the American Cancer Society, the American College of Chest Physicians (ACCP), the National Institutes of Health, or the American Society of Clinical Oncology. The 2003 ACCP guidelines on screening for lung cancer specifically recommend against spiral CT scan lung cancer screening. The ACCP notes that there is a lack of evidence to demonstrate improvements in mortality rates and cautions that there is potential for greater harm than benefit due to false positive results and potentially unnecessary treatments. In May 2004, the U.S. Preventive Services Task Force (USPSTF) concluded that there was insufficient evidence to recommend for or against screening asymptomatic persons for lung cancer with either low dose computerized tomography, chest x-ray, sputum cytology, or a combination of these tests due to poor evidence that screening would reduce lung cancer mortality rates.

Billing/Coding/Physician Documentation Information

This policy may apply to the following codes. Inclusion of a code in this section does not guarantee that it will be reimbursed. For further information on reimbursement guidelines, please see Administrative Policies on the Blue Cross Blue Shield of North Carolina web site at www.bcbsnc.com. They are listed in the Category Search on the Medical Policy search page.

Applicable codes: 0174T, 0175T

There is no specific CPT code for spiral or electron beam CT scanning.

CPT codes 0174T and 0175T refers to chest radiographs.

BCBSNC may request medical records for determination of medical necessity. When medical records are requested, letters of support and/or explanation are often useful, but are not sufficient documentation unless all specific information needed to make a medical necessity determination is included.

Policy Key Words

Key Words: RAD5095, Lung Cancer Screening, CT Scanning, Scans, Scan, Computed Tomography, Lungs, Chest, X-ray, Xray, chest radiographs

Medical Term Definitions

Not applicable.

Policy: Lung Cancer Screening, CT Scanning or Chest Radiographs

Scientific Background and Reference Sources

BCBSA Medical Policy Reference Manual, 5/31/01; 6.01.30

Specialty Matched Consultant Advisory Panel - 8/2002

ECRI Target Report #477. (May 2002). Helical computed tomography (CT) systems for lung cancer screening. Retrieved on May 7, 2004 from http://www.target.ecri.org/summary/detail.aspx?doc_id=466&q=lung+cancer+screening+ct&anm.

ECRI Health Technology Assessment Information Service. (April 2002). Helical CT for detection of lung cancer. Retrieved on May 7, 2004 from http://www.ta.ecri.org/Med_Tech/Prod/summary/detail.aspx?doc_id=6896&q=lung+cancer+screening+ct&anm.

BCBS Medical Policy Reference Manual [Electronic Version]. 6.01.30, 12/18/02.

Banerjee, S. (June 2003). Multi-slice/helical computed tomography for lung cancer screening. *Issues Emerg Health Technol*, (48) 1-4. Retrieved on May 7, 2004 from http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=12812212.

Truong MT, Munden RF. (July 2003). Lung cancer screening. *Curr Oncol Rep*, 5(4), 309-12. Retrieved on May 7, 2004 from http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=12781073.

Specialty Matched Consultant Advisory Panel - 7/2004

ECRI Target Report #477 (2004, July) Helical computed tomography (CT) for lung cancer screening. Retrieved January 12, 2006 from http://www.target.ecri.org/summary/detail.aspx?doc_id=466

For Policy renamed: Lung Cancer Screening, CT Scanning or Chest Radiographs

BCBSA Medical Policy Reference Manual [Electronic Version]. 6.01.30, 12/14/05.

BCBSA Medical Policy Reference Manual [Electronic Version]. 6.01.30, 12/12/06

California Technology Assessment Forum (February 2007). Low dose spiral computerized tomography (LDCT) screening for lung cancer. Retrieved 2/22/08 from <http://www.ctaf.org/content/general/detail/687>

BCBSA Medical Policy Reference Manual [Electronic Version]. 6.01.30, 3/13/08

Policy Implementation/Update Information

10/01 Original policy issued.

9/02 Specialty Matched Consultant Advisory Panel meeting 8/2002. No changes.

4/04 Benefits Application and Billing/Coding sections updated for consistency.

8/12/04 Specialty Matched Consultant Advisory Panel review 7/23/2004 with no changes to policy criteria. References added.

6/5/06 Policy renamed "Lung Cancer Screening, CT Scanning or Chest Radiographs." Added rationale to Policy Guidelines section. Added policy number to Key Words. References and CPT code updated. Speciality Matched Consultant Advisory Panel review 5/3/2006 with no changes to policy coverage criteria.

1/28/07 CPT Codes updated. Deleted code 0152T from the Billing/Coding section and added codes 0174T and 0175T.

6/16/08 Specialty Matched Consultant Advisory Panel review 5/15/08. No change to policy statement.

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Medical policy is not an authorization, certification, explanation of benefits or a contract. Benefits and eligibility are determined before medical guidelines and payment guidelines are applied. Benefits are determined by the group contract and subscriber certificate that is in effect at the time services are rendered. This document is solely provided for informational purposes only and is based on research of current medical literature and review of common medical practices in the treatment and diagnosis of disease. Medical practices and knowledge are constantly changing and BCBSNC reserves the right to review and revise its medical policies periodically.