

<b>HEALTH PLAN POLICY</b>	
<b>Policy Title:</b> CT Scans for Lung Cancer Screening	<b>Policy Number:</b> MUM31 <b>Revision:</b> B
<b>Department:</b> Medical Management	<b>Sub-Department:</b> Utilization Management
<b>Applies to Product Lines:</b> <input type="checkbox"/> Medicaid <input checked="" type="checkbox"/> USFHP <input type="checkbox"/> Children’s Health Insurance Plan <input checked="" type="checkbox"/> Commercial Insured <input checked="" type="checkbox"/> Health Insurance Exchange <input type="checkbox"/> Non Insured Business <input checked="" type="checkbox"/> Medicare Advantage	
<b>Origination/Effective Date:</b> 02/08/2018	
<b>Reviewed Date(s):</b>	<b>Revision Date(s):</b> 04/24/2019, 05/14/2020

**SCOPE:**

This policy addresses use of computed tomography (CT) scans to screen for lung cancer in high risk, but asymptomatic individuals.

**DEFINITIONS AND ACRONYMS:**

- **American Cancer Society (ACS)**
- **American College of Chest Physicians (ACCP)**
- **American Society of Clinical Oncology (ASCO)**
- **Computed Tomography (CT)**
- **National Cancer Institute (NCI)**
- **National Lung Screening Trial (NLST)**
- **National Comprehensive Cancer Network (NCCN)**
- **United States Preventive Services Task Force (USPSTF)**

**POLICY:**

Medical necessity for CT scanning of pulmonary asymptomatic individuals for lung cancer is present when all of the following criteria are met:

- 1) Individual has unexplained weight loss greater than 10% of Ideal Body Weight
- 2) Individual is between 55 - 75 years of age
- 3) Individual has a 30 pack/year smoking history or greater
- 4) Individual who last smoked within previous 15 years
- 5) Greater than 12 months has passed since most recent screening CT scan of chest.

This policy is evidence based from an NCI study released by the NLST in 2011. The study based its conclusions on 53,454 participants comparing CT scanning as opposed to Chest X Rays for the diagnosis of lung cancer. Multiple other groups from 2012 & 2013 have arrived at similar conclusions including ACS, ACCP, ASCO, NCCN & USPSTF.

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**REFERENCES:**

Peer Reviewed Publications

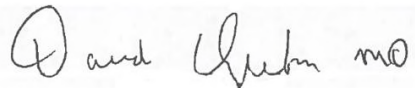
- NEJM 2011; 365; 395-409 – “NLST”
- JAMA 2012; 20; 1- 12 – Benefits & Harms for Lung Cancer of CT Screens: A review
- Chest: 2013; 143; 78- 92 – Clinical Practice Guidelines

**RELATED DOCUMENTS:**

None



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**REVISION HISTORY:**

<b>Revision</b>	<b>Date</b>	<b>Description of Change</b>	<b>Committee</b>
New	02/08/2018	Initial release.	Executive Leadership
A	04/24/2019	Annual review. Removed Medicaid and CHIP from lines of business.	Executive Leadership
B	05/14/2020	Annual review. No change to policy content.	Executive Leadership