INTRODUCTION:

Smoking-related lung cancer is the leading cause of cancer deaths in both men and women in the United States. Treatment for most lung cancer is focused on surgery which is usually curative only when the tumors are very small. Screening for early lung cancer with sputum cytology and chest x-rays has not been successful in reducing deaths from lung cancer. However, in 2011 a large, prospective multicenter trial was published that showed CT Chest screening identified early cancers better than other approaches and reduced the death rate from lung cancer. In 2014, the United States Preventive Service Task Force (USPSTF) recommended annual low dose CT Chest screening (CPT code S8032) for people with current or recent past smoking histories.

INDICATIONS FOR LOW DOSE CT FOR LUNG CANCER SCREENING:

For annual lung cancer screening:

The use of low-dose, non-contrast spiral (helical) multi-detector CT imaging as a screening technique for lung cancer is considered medically necessary when used to screen for lung cancer for certain high-risk individuals when ALL of the following criteria are met:

- Individual is between 55-80 years of age: AND
- There is at least a 30 pack-year history of cigarette smoking: AND
- If the individual is a former smoker, that individual had quit smoking within the previous 15 years.

The use of CT scanning as a screening technique for lung cancer in asymptomatic individuals is considered not medically necessary when the above criteria are not met and for all other indications.
REFERENCES


Reviewed/Approved by Michael Pentecost, MD, Associate Chief Medical Officer