Welcome to the ATS Webinar: Lung Cancer Screening Shared Decision Making and Coding

The webinar will begin shortly....



During the webinar, all participants will be on mute.

You can submit questions through the GotoWebinar dialogue box. Questions will be addressed at the end of the presentation.



This webinar is being recorded and will be posted on the ATS website.

The webinar will begin shortly....



Lung Cancer Screening **Shared Decision Making and Coding American Thoracic Society Clinical Practice Committee Webinar** Abbie Begnaud, MD **University of Minnesota**



Acknowledgements

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- Gary Ewart



Disclosure

- No relevant conflicts of interest
- Opinions and recommendations represent expert panel interpretation of CMS published guidelines
- One suggested shared decision making tool developed in part by a member of this panel



Agenda

- 1) Screening benefit
- 2) Coding and billing for the service
- 3) Shared decision making visit
- 4) Remaining uncertainties
- 6) Q&A



Lung Cancer Screening Benefit National Coverage Determination (NCD) 210.14

- LDCT for lung cancer screening
- Annual screening exam (CT)
- Shared decision making and counseling visit
- Waived co-pay(s) & deductable(s)
- Effective (retroactive to) February 5, 2015



Lung Cancer Screening Eligibility

- Beneficiaries aged 55 77 years
- 30 pack year smoking history
- Current or former smoker < 15 years ago
- No signs or symptoms of lung cancer
- Written order in chart meeting requirements



Screening Benefit - Documentation

- Written order in medical chart includes:
- Beneficiary DOB
- Actual pack-year (number)
- Current smoking status
- Time since quitting (if Former)
- Absence of symptoms affirmed
- Ordering provider NPI



Billing Codes

HCPCS	Long Description
G0296	Counseling visit to discuss need for lung cancer screening (LDCT) using low dose CT scan (service is for eligibility determination and shared decision making)
G0297	Low dose CT scan (LDCT) for lung cancer screening



ICD-9-CM & ICD-10-CM

 Note: Medicare will deny G0296 and G0297 for claims that do not contain:

Date of Service (DOS)	ICD-CM Code	Description	
ICD-9-CM Claims DOS 02/05/2015 to 09/30/2015	V15.82	History of tobacco use	
ICD-10-CM Claims DOS <u>on or after</u> 10-1-2015	Z87.891	Personal history of nicotine dependence	



Billing Codes & Medicare Payment Rates

HCPCS Code	Short Description	Work RVUs	PE RVU	PLI RVU	Total RVU	2016 MPF Payment Rate CF =\$35.8279	2016 HOPPS Payment Rate
G0296	Visit to determ LDCT eligibility	0.52	0.45	0.04	1.51	\$54.10	\$69.65 APC 5582
G0297		0.52	5.10	0.04	5.66	\$202.79	
G0297-26	LDCT for Lung	0.52	0.20	0.03	0.75	\$26.87	
G0297-TC	CA screen	0.00	4.90	0.01	4.91	\$175.91	\$112.49 APC 5570



Medicare Official Instructions

CR9246, consists of two transmittals:

1. <u>Transmittal R3374CP</u>, which updates the "Medicare Claims Processing Manual;" and

2. <u>Transmittal R185NCD</u>, which updates the "Medicare NCD Manual."



Billing Guidance

- No patient co-pay(s) or deductible(s)- waived
- No telephone visits; must be face-to-face
- Cannot be billed with E&M without other indications or separate rationale
 - Use modifier -25 for separately identifiable E/M
- Ideally, claim submissions held since February 5, 2015



CMS Transmittal R3374CP

 Contractors shall <u>not search</u> for claims for lung cancer screening counseling and shared decision making visits or claims for lung cancer screening with low dose computed tomography, with dates of service on or after February 5, 2015, but contractors <u>may adjust</u> <u>claims that are brought to their attention.</u>



CMS Claims Processing Manual

• **NOTE:** For outpatient hospital settings, as in any other setting, services covered under this NCD must be ordered and performed by eligible Medicare providers for these services that meet the eligibility and coverage requirements of this NCD. See Pub.100-03, Medicare NCD Manual, Chapter 1, Section 210.14, for complete coverage requirements.



Claim Adjustments and Remittance – Reasons For Denial/Rejection

G0296 counseling

- Wrong type of provider
- Same date with another visit
- Wrong age
- Wrong diagnosis code

G0297 LDCT

- Wrong type of provider
- Wrong age
- Wrong diagnosis code
- Too soon (annual, full 11 months must elapse)



Shared Decision Making & Counseling Visit for Lung Cancer Screening

- Must occur before initial LDCT scan is ordered and performed
- Face-to -face encounter
- Provided by a Licensed Independent Practitioner (LIP) who can write an order for the low dose CT scan i.e. MD, ARNP, PA-C, CNS
- Written orders for subsequent annual LDCT screens may be furnished during appropriate LIP visit



Essential Elements of a Shared Decision Making Visit for Lung Cancer Screening

- Determination of beneficiary eligibility
- Discussion about:
 - Benefits and harms of screening
 - Follow-up diagnostic testing
 - Over-diagnosis
 - False positive rate
 - Total radiation exposure



- Counseling about:
 - Importance of cigarette smoking abstinence
 - Annual adherence; lung cancer screening is not a one time scan
 - Impact of comorbidities and ability or willingness to undergo diagnosis and treatment if something concerning is found
- Decision aids utilized to promote decision support

Defining Shared Decision Making

- Identifies the patient as expert in their interests, values and goals for life and healthcare
- Identifies the healthcare provider as the expert of clinical information
- Addresses patient's rights, responsibilities, and preferences
- Provides mutuality in information exchange
- Patient centered, promotes informed choice and facilitates decision making



Informed Choice in the Shared Decision Making Encounter

- Interaction in which patients are neither deceived nor coerced
- Unbiased, high quality, evidence based, screening information is provided
- Information provided enables patient to come to an autonomous decision which reflects their personal preferences



Benefit of Decision Aids and Risk Assessment Tools

- Decision support in the face-to-face shared decision making visit
- Encourages collaboration between patient and healthcare provider
- Provides patient opportunity to consider their options and preferences
- Facilitates decision deliberation about pros and cons outside of the visit



Lung Cancer Screening Decision Aids

- University of Michigan
 - http://www.shouldiscreen.com
- Memorial Sloan Kettering
 - https://www.mskcc.org/cancer-care/types/lung/screening/lung-screening-decision-tool
- American Thoracic Society
 - https://www.thoracic.org/patients/patient-resources/resources/decision-aid-lcs.pdf
- Lung Cancer Alliance
 - http://www.lungcanceralliance.org/am-i-at-risk/what-do-i-need-to-know-aboutrisk/should-i-be-screened-for-lung-cancer.html
- National Cancer Institute
 - http://www.cancer.gov/types/lung/patient/lung-screening-pdq
- Centers for Disease Control and Prevention
 - http://www.cdc.gov/cancer/lung/basic_info/screening.htm



Unresolved Questions

- How many times can the counseling SDM G0296 code be billed, prior to the first screening?
- How many providers can bill the counseling SDM G0296 code per beneficiary, per time frame?
- In what setting must SDM occur?



Sample EHR Bundle (SmartSet)

VIEW LUNG CANCER SCREENING

Guidelines

Guidelines

Note to ordering clinician: Centers for Medicare and Medicaid Services requires specific elements for reimbursement of lung cancer screening. This SmartSet is designed to facilitate patients being screened for lung cancer.

Eligibility Criteria:

- · Asymptomatic no signs or symptoms of lung cancer
- Age 55 79 years (55 77 years for Medicare patients)
- · Current or Former Smoker; if former, must have quit within 15 years
- 30 + pack-year smoking history
 - (# of packs per day x # of years smoking)

Progress Note / Documentation

Progress Note/Documentation

LUNG CANCER SCREENING SHARED DECISION MAKING VISIT edit

Procedure

Procedures

History of tobacco use [Z87.891] edit

CT Chest Lung Cancer Scrn Low Dose wo

Qty-1, Approximate, Expires-12/3/2016, UIC, Routine, Eligibility Criteria: o Asymptomatic - no signs or symptoms of lung cancer o Age 55 - 79 years (77 for Medicare patients) o Current or Former Smoker; if former, must have qu
 CALL IT QUITS (QUITPLAN) REFERRAL

Qty-1

TOBACCO CESSATION REFERRAL (GROUP VISITS, COACHING, ONLINE)

MED THERAPY MANAGE REFERRAL

Qty-1

Qtv-1

Medication

Medications

Patient Instructions

Patient Instructions

Chantix Instructions edit
Wellbutrin Instructions edit
Nicotine Gum Instructions edit
Nicotine Inhaler Instructions edit
Nicotine Lozenge Instructions edit
Nicotine Patch Instructions edit
How to Quit Smoking edit
Benefits of Living Smoke Free edit
VUMP LUNG CANCER SCREENING FAQ edit

UMP LUNG CANCER SMOKING CESSATION PATIENT EDUCATION edit

> Additional Order Set Orders

Click the Add Order button to add an order in this section

🐼 Associate | Primary Dx | New Dx | Providers |

LDCT Order Sample Screenshot

Class: Quantity: Status: Future Expected: Modifiers: Pick up to 4 Priority: Routine Questions: Prompt Answer 1. Signs or Symptoms Suggestive of Underlying Lung Cancer? Somoking Status Questions: Prompt Answer 1. Signs or Symptoms Suggestive of Underlying Lung Cancer? Questions: Prompt Answer 1. Signs or Symptoms Suggestive of Underlying Lung Cancer? Questions: Prompt Answer 1. Signs or Symptoms Suggestive of Underlying Lung Cancer? Questions: Prompt Answer 1. Signs or Symptoms Suggestive of Didentlying Lung Cancer? Questions: Prompt Answer Answer Didentlying Lung Cancer? Questions: Prompt Answer	CT Chest Lung Cance	er Scrn Low Dose wo	
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Status: Future Expected: Approx. Expires: 12/4/2016 Modifiers: Pick up to 4 Priority: Routine Questions: Prompt Answer 1. Signs or Symptoms Suggestive of Underlying Lung Cancer? No Yes - Please consider diagnostic imaging 2. Smoking Status Implete Current Smoker Former Smoker - Quit in past 15 year 3. Is patient age 55-79? Implete Yes No - patient does not meet criteria for screening 4. Pack Years Implete Implete Implete 5. 30+ pack year history of smoking Yes No - patient does not meet criteria for screening 6. Screening Type Initial Subsequent	Class:	FRMC - Rad	
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6. Screening Type ⊍ Initial Subsequent		4. Pack Years	
		5. 30+ pack year history of smoking 🏹 🍑	Yes No - patient does not meet criteria for screening
7. Do you want to order nodule follow-up by M Yes No		6. Screening Type 🕕	Initial Subsequent
Health Lung Nodule Program? 🔑			Yes No

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Questions?

