



Access to Lung Cancer Screening in Medicaid

Lung cancer is the nation's leading cancer killer of both women and men in the United States, accounting for approximately 24 percent of cancer deaths.¹ Detecting lung cancer in early stages versus late stage is often the difference between life and death, but only 16 percent of lung cancer cases are diagnosed early when the disease is most treatable. A primary means of reducing lung cancer mortality involves screening members of the high-risk population using low-dose computed tomography (LDCT). LDCT screening among those at high risk for lung cancer reduces the lung cancer death rate by up to 20 percent.²

The Affordable Care Act requires Medicaid expansion plans and most private health insurance plans to cover preventive services given an 'A' or 'B' by the U.S. Preventive Services Task Force (USPSTF). In December 2013, the USPSTF released a "B" recommendation for lung cancer screening for high-risk populations (see box). With this recommendation, coverage of lung cancer screening without cost-sharing for the high-risk population should be covered for patients with Medicaid expansion, state health insurance marketplace plans and most non-grandfathered private plans. Medicare finalized a National Coverage Determination in February of 2015, making LDCT scans available to the high-risk population between the ages of 55 and 77.

High Risk Population (USPSTF guidelines)

1. 55-80 years of age; and
2. Have a smoking history of at least 30 pack years; and
3. Currently smoke or have quit smoking within the last 15 years.

For standard Medicaid, coverage of LDCT scans for individuals at high risk is not required. If screening is covered, Medicaid programs may use different eligibility criteria, require prior authorization or charge patients for their scans. Coverage may also vary between fee-for-service and managed care plans within a state's Medicaid program.

Medicaid enrollees are disproportionately at risk for lung cancer, as 26.3 percent of Medicaid beneficiaries are current smokers (compared to 11.1 percent of individuals with private insurance).³ Additionally, the five-year survival rate for lung cancer patients with Medicaid is 13.0 percent, compared to 20.4 percent for lung cancer patients with other insurance.⁴

As of January 2019, 31 Medicaid fee-for-service programs cover lung cancer screening, 11 programs do not provide coverage, and 8 states did not have information available on their coverage policy. These Medicaid programs varied in the eligibility criteria they used for screening as well as whether they required prior authorization. Coverage may also vary between fee-for-service and managed care plans within a state's Medicaid program.

In 2017, the cost of care for lung cancer patients in their last year of life exceeded that of any other cancer at \$5.8 billion.⁵ By investing in low cost preventive screenings, Medicaid programs can save lives and potentially avoid more costly treatment resulting from a late diagnosis. Multiple studies have shown that lung cancer screening is highly cost-effective. One analysis found that the average annual cost of LDCT screening of individuals at high risk in Medicare would be \$241 per person screened.⁶ Another study found that offering tobacco cessation interventions in combination with screening increased the cost-effectiveness of screening by between 20 and 45 percent.⁷

Lack of consistent and comprehensive coverage of lung cancer screening prevents thousands of individuals from detecting this disease early. Improving Medicaid coverage to include annual low-dose CT scans for all Medicaid enrollees at high risk without cost-sharing would help to reduce the burden of lung cancer in the United States.

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¹Siegel RL, Miller KD, Jemal A. Cancer Statistics, 2019. CA: A Cancer Journal for Clinicians. 2019; 69: 7-34.

²The National Lung Cancer Screening Trial Team. Reduced Lung-Cancer Mortality with Low-Dose Computed Tomographic Screening. New England Journal of Medicine, August 2011; 365(5): 395-409.

³Centers for Disease Control and Prevention. National Center for Health Statistics. National Health Interview Survey, 2017. Analysis performed by the American Lung Association Epidemiology and Statistics Unit using SPSS software.

⁴U.S. National Institutes of Health. National Cancer Institute: SEER 18 Registries database, November 2015 submission, SEER*Stat version 8.3.2.

⁵National Cancer Institute. Financial Burden of Cancer Care. Updated Feb. 2018. Available at: https://www.progressreport.cancer.gov/after/economic_burden.

⁶Pyenson BS, Henschke CI, Yankelevitz DF, Yip R, Dec E. Offering lung cancer screening to high-risk Medicare beneficiaries saves lives and is cost-effective: an actuarial analysis. Am Health Drug Benefits. 2014; 7(5): 272-82.

⁷Villanti AC, Jiang Y, Abrams DB, Pyenson BS. A cost-utility analysis of lung cancer screening and the additional benefits of incorporating smoking cessation interventions. PLoS One. 2013; 8(8): e71379. Published 2013 Aug 7.

