American Lung Association.

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 22% of cancer deaths.[1] Detecting lung cancer in early stages versus late stage is often the difference between life and death, but only 22% 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%.[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). The USPSTF first released a 'B' recommendation for lung cancer screening for high-risk populations in December 2013. In March 2021, the USPSTF updated its recommendation and lung cancer screening again received a 'B' grade for an expanded high-risk population (see box).

High-Risk Population (USPSTF guidelines)

1. 50-80 years of age; and
2. Have a smoking history of at least 20 pack years; and
3. Currently smoke or have quit smoking within the last 15 years.

With this recommendation, coverage of lung cancer screening without cost-sharing for the expanded high-risk population should be covered for patients with Medicaid expansion, state health insurance marketplace plans and most non-grandfathered private plans. Medicare updated their coverage determination of low-dose CT lung cancer screening in February of 2022, making LDCT scans available to the high-risk population between the ages of 50 and 77, have a smoking history of at least 20 pack-years, and 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 22.7% of Medicaid beneficiaries are current smokers (compared to 9.2% of individuals with private insurance).[3] Additionally, the five-year survival rate for lung cancer patients with Medicaid is 14.2%, compared to 21.9% for lung cancer patients with other insurance.[4]

As of July 2022, 46 Medicaid fee-for-service programs cover lung cancer screening, 3 programs do not provide coverage, and 1 state 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.

Close to $24 billion was spent on lung cancer care in 2020.[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%.[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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