Ms. Maria Ellis,
Executive Secretary for MEDCAC,
Centers for Medicare & Medicaid Services
Center for Clinical Analysis Group,
S3-02-01,
7500 21244
Email: MedCACpresentations@cms.hhs.gov

March 21, 2014

Dear Ms. Ellis:

Thank you for the opportunity to comment on MEDCAC potential coverage of lung cancer early detection (screening) with low dose computed tomography (LDCT) in asymptomatic adults with histories of significant smoking. As a specialty benefits management company conducting pre-service reviews for commercial and Medicare Advantage plans, AIM Specialty Health (AIM) is greatly concerned with the safe and appropriate use of advanced diagnostic imaging in a way that promotes timely and effective health care decision making. AIM supports limiting potentially harmful consequences of inappropriate imaging choices, including unnecessary radiation exposure, and possible risks associated with an unintended downstream cascade of additional tests and procedures. AIM appreciates the opportunity to participate in the Centers for Medicaid and Medicare Services review process.

The evidence is compelling in support of the U.S. Preventive Services Task Force (USPSTF) Recommendation, *Lung Cancer Screening with Low Dose Computed Tomography (CT) in Adult Smokers.* However, there are significant, practical challenges in implementing widespread screening based on this evidence, as captured by the discussion questions posed to MEDCAC Panelists. In particular, AIM wishes to draw attention to the difficulties faced by Medicare contractors in ensuring that proper LDCT equipment and protocols are followed. Lack of adherence to LDCT standards would reduce and potentially invalidate many of the calculations of benefits versus harms that the MEDCAC may undertake in considering the safety of a screening program in the Medicare population.

At this time, neither CMS nor private Medicare Advantage plans have an efficient methodology for monitoring whether or not LDCT is being used, in order to minimize potential harms to Medicare beneficiaries.

CMS uses accreditation standards to promote safe health care services for beneficiaries, however organizations that accredit Computed Tomography (CT) diagnostic imaging equipment such as the ACR, Joint Commission and Intersocietal Accreditation Commission, do not have the capability to differentiate dosing levels and identify low-dose CT equipment. In order for organizations to implement the USPSTF recommendation, it will be necessary to differentiate low-dose CT from high-dose CT imaging equipment.

AIM recommends, for MEDCAC's consideration, the use of a modifier code to identify low-dose CT imaging equipment. The use of a HCPCS designated code would allow organizations to comply with the USPSTF recommendation. The HCPCS modifier can be appended to the appropriate CPT code. Providers are familiar with the use of CPT and HCPCS codes for reimbursement purposes. The use of a modifier, implemented through the NCD process, would not create an additional administrative burden for imaging providers and facilities.

AIM appreciates the opportunity to provide comment on the USPSTF recommendation and the need to develop a low-dose imaging equipment methodology, criteria and protocols to minimize the potentially harmful effects of high-dose ionizing radiation. Should MEDCAC have any questions about AIM's position on low-dose imaging please contact Susan Nedza, MD, CMO, AIM Specialty Health by Email at nedzas@aimspecialtyhealth.com.

Thank you,

Susan Nedza, MD, CMO
AIM Specialty Health