

Low Dose CT (LDCT) Lung Cancer Screening

Patient Name: _____ Phone #: _____ DOB: ____ / ____ / ____
Age 50-77 (Medicare only) and Age 50-80 (Commercial payors)

Option 1

Exam: Initial Baseline CT Annual CT

History/Diagnosis: Z87 .891 – Former smoker/personal history of nicotine dependence.

F17 .210 – Current smoker/nicotine dependence due to tobacco products.

Coverage Questions (required for initial Baseline or Annual CT only)

Eligibility

Current smoker? Yes No

If no, what year did patient quit? _____

How many years as non-smoker? _____

***Must have quit within 15 years or less for insurance approval.**

Packs/year tabulation

of packs/day: (20 cigarettes/pack) _____

X # of years smoked: _____

Total pack years* _____

***Must be at least 20 pack years for insurance approval.
*Pack year calculator: <http://www.smokingpackyears.com/>**

Please note all chest CT orders for a patient with a Lung-RADS score of 3, 4A or 4B/4X where a 1-month LDCT was recommended to address potentially infectious or inflammatory conditions will be done as a **low dose unless otherwise specified on the order.*

Option 2

Exam: 3-6 month follow-up CT

History/Diagnosis: R91.1 Solitary pulmonary nodule R91.8 other nonspecific abnormal finding of lung field

Other _____

By signing this order, you are certifying that:

- The patient has participated in a shared decision-making session during which potential risks and benefits of CT lung screening were discussed.
- The patient was informed of the importance of adherence to annual screening, impact of comorbidities, and ability/willingness to undergo diagnosis and treatment.
- The patient was informed of the importance of smoking cessation and/or maintaining smoking abstinence, including the offer of Medicare-covered tobacco cessation counseling services, if applicable.
- The patient is asymptomatic (no symptoms such as fever, chest pain, new shortness of breath, new or changing cough, coughing up blood, or unexplained significant weight loss).

To ensure proper scheduling, please fax prescriptions to: 540.741.7679.

Requested by physician: _____ Date: _____

Physician signature: _____ NPI #: _____

Physician fax number: _____

Low Dose CT Lung Cancer Screenings available at:

Medical Imaging of Fredericksburg

1201 Sam Perry Blvd., Suite 102
Fredericksburg, VA 22401

Medical Imaging at North Stafford

125 Woodstream Blvd., Suite 109
Stafford, VA 22556

Medical Imaging at Harrison Crossing

5501 Plank Rd., Suite 110
Fredericksburg, VA 22407

Medical Imaging at Lee's Hill

10401 Spotsylvania Ave., Suite 100
Fredericksburg, VA 22408



MWHC

Health Scan™

Medical Imaging of Fredericksburg

To schedule or cancel a Low Dose CT lung cancer screening, please call 540.741.XRAY(9729).

Please include insurance cards and contact number.



Health Scan™

MWHC Medical Imaging of Fredericksburg

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Low Dose CT (LDCT) Lung Cancer Screening

Medicare

- 50 - 77 years of age.
- Minimum 20 pack year history.
- Current smoker or has quit smoking within last 15 years.
- Asymptomatic for lung cancer.
- No lung cancer diagnosis in the past five years and must be cancer-free for a full five years.
- Must not have received a chest CT in the last 12 months.

Commercial Insurance Coverage Criteria

- 50 - 80 years of age.
- Minimum 20 pack year history.
- Current smoker or has quit smoking within last 15 years.
- Asymptomatic for lung cancer.
- No lung cancer diagnosis in the past five years and must be cancer-free for a full five years.
- Must not have received a chest CT in the last 12 months.

Referring Physician's Requirements

Shared decision-making visit (prior to patient having LDCT):

G0296 - Shared decision-making visit (all payors).

"The shared decision-making visit may be billed on the same day as another evaluation and management (E&M) or annual wellness visit as long as the requirements for the counseling and shared decision-making visit are met. In such cases, a modifier – 25 would be added to the G0296 code. As with a standalone LDCT counseling visit, no coinsurance or deductible would be associated with this billing."

Steps Required for Low Dose CT Lung Cancer Screening

- Conduct shared decision-making conversation/visit G0296 with patient—required on initial visit.
- Counsel patient on importance of abstaining from smoking.
- Document patient smoking history in medical record.
- Complete LDCT lung cancer screening prescription order (on reverse).

To ensure proper scheduling please fax 540.741.7775 OR if you are an Epic user, please send an e-order.



To ensure proper scheduling, please fax prescriptions to 540.741.7679.