

# 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

Total pack years\* \_\_\_\_\_

**\*Pack year calculator: <http://www.smokingpackyears.com/>  
\*(Number of packs/day X number of years smoked).  
And  
Must be at least 20 pack years for commercial and medicare payors.**

*\*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



**Health Scan**<sup>TM</sup>  
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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Please include insurance cards and contact number.

## 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.
- No lung cancer diagnosis in the past five years.

### 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.
- No lung cancer diagnosis in the past five years.

### 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).



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