

Low Dose CT (LDCT) Lung Cancer Screening

Patient Name: _____ Phone #: _____ DOB: ___ / ___ / ___

Exam: (check one): 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

Exam: 3-6 month follow-up CT

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

Medicare Coverage Questions (required)

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

(The below calculations MUST be completed)

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

X # of years smoked: _____

Total pack years* _____

**Must be at least 30 pack years for insurance approval.*

**Pack year calculator: <http://www.smokingpackyears.com/>*

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# _____

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



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.



Low Dose CT (LDCT) Lung Cancer Screening

Medicare and Commercial Insurance Coverage Criteria:

- 55 - 77 years of age (Medicare)
- 55 - 80 years of age (Commercial)
- Minimum 30 pack year history
- Current smoker or has quit smoking within last 15 years
- Asymptomatic
- No lung cancer diagnosis in the past five years



Additional Criteria (Not Covered by Medicare/Most Commercial Payors):

These patients can be self-referred and will be self-pay

- Ages 50-80 with at least a 20-pack year history of smoking and at least one additional risk factor that does not include second hand smoke. (e.g. contact with radon or exposure to other carcinogens such as asbestos, silica dust, diesel fumes, lung disease or family history of lung cancer.)

Referring Physicians 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:

- 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)