

Lung Cancer Screening Program

Why is Lung Cancer Screening Important?

The emerging information about the benefit of CT-based lung cancer screening constitutes a major breakthrough. The Centers for Medicare & Medicaid Services (CMS) has determined that the evidence is sufficient to add a lung screening counseling and shared decision-making visit and, for appropriate beneficiaries, annual screening for lung cancer with low-dose computed tomography (LDCT) as an additional preventive service under the Medicare program if all of the following criteria are met. Some private insurance companies pay for the screening. Pre-authorization for the private insurance is required.

CT lung screening offers the opportunity to detect lung nodules while they are small and can be removed before disease spreads to other areas of the body.

Screening Criteria:

- Age 55-77 years
- Asymptomatic (no signs or symptoms of lung cancer)
- Tobacco-smoking history of at least 30 pack-years (one pack year = smoking one pack per day for one year, 1 pack = 20 cigarettes)
- Current smoker or one who has quit smoking within the last 15 years
- Have not had a CT scan of the chest within the last 12 months
- A written order for LDCT lung cancer screening that meets the following criteria:
 - For the **initial** LDCT lung cancer screening service: A beneficiary must receive a written order for LDCT lung cancer screening during a lung cancer screening counseling and shared decision-making visit furnished by a physician or qualified non-physician practitioner. A lung cancer screening counseling and shared decision-making visit includes the following elements and is documented in the beneficiaries' medical record
 - ∞ Determination of beneficiary eligibility including age, absence of signs or symptoms of lung cancer, a specific calculation of cigarette smoking pack-years; and, if a former smoker, the number of years since quitting
 - ∞ Shared decision-making, including the use of one or more decision aids, to include benefits and harms of screening, follow-up diagnostic testing, over- diagnosis, false positive rate and total radiation exposure
 - ∞ Counseling on the importance of adherence to annual lung cancer LDCT screening, impact of comorbidities, and ability or willingness to undergo diagnosis treatment
 - ∞ Counseling on the importance of maintaining cigarette-smoking abstinence if former smoker or the importance of smoking cessation if current smoker and, if appropriate, furnishing of information about tobacco-cessation interventions
 - ∞ If appropriate, the furnishing of a written order for lung cancer screening with LDCT
 - For **subsequent** LDCT lung cancer screenings: The beneficiary must receive a written order for the LDCT lung cancer screening, which may be furnished during any appropriate visit with a physician or non-physician

Potential risks include:

False Positive Results: There is a 25% chance that a nodule will be detected on a screening CT scan in a high-risk individual, and many nodules are benign.

Additional Testing: Detecting a nodule may require more CT scans or surgical procedures for further evaluation. If you are opposed to these, you should not be screened.

Radiation Exposure: A low-dose CT scan of the chest will expose the patient to about 1.5 mSv of radiation, which is about equal to 15 chest X-rays. This is much less radiation compared to that of a conventional chest CT scan, which would expose the patient to about 7-10 mSv.

Emotional Stress: Some individuals may experience anxiety from finding a nodule and any associated follow-up.

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Please complete the referral/order below. Your patient will be contacted to schedule the CT, and the CT interpretation and recommendation will be forwarded to you. Cost for the screening is free for Medicare A&B beneficiaries if they meet the criteria. Some private insurance plans also may cover. Pre-authorization is required. Cost for this screening is \$266.38, which may be collected on arrival for the CT.

Fax completed form to **(910) 715-1177**.

Screening Referral

Name _____

Address _____

Phone # _____ SS# _____ DOB _____

Height _____ Weight _____ Age _____

SMOKING STATUS: Select one:

- Current Smoker Former Smoker (Quit Date: ___ mo ___ yr) Never Smoker
 Smoker, Current status unknown Unknown if ever smoked

Number of pack-years of smoking: Number packs _____ Number years _____

Did you provide smoking-cessation guidance to patient? Yes No

Is there documentation of shared decision-making in your medical record? Yes No Unknown

Physician _____ NPI# _____

Physician Phone # _____ Physician Fax # _____

Screening Criteria

- Age 55-77
- Asymptomatic: Beneficiary has no signs or symptoms of lung cancer
- Tobacco-smoking history of at least 30 pack-years (one pack-year = smoking one pack per day for one year, 1 pack = 20 cigarettes)
- Current smoker or one who has quit smoking within the last 15 years
- Determination of beneficiary eligibility including age, absence of signs or symptoms of lung cancer; a specific calculation of cigarette-smoking pack-years; and, if a former smoker, the number of years since quitting
- Shared decision-making, including the use of one or more decision aids, to include benefits and harms of screening, follow-up diagnostic testing, over-diagnosis, false positive rate and total radiation exposure
- Counseling on the importance of adherence to annual lung cancer LDCT screening, impact of comorbidities, and ability or willingness to undergo diagnosis treatment
- Counseling on the importance of maintaining cigarette-smoking abstinence if former smoker; or the importance of smoking cessation if current smoker; and, if appropriate, furnishing of information about tobacco-cessation interventions
- If appropriate, the furnishing of a written order for lung cancer screening with LDCT

I attest, as the ordering physician, that I have performed the above screening and counseling and it is documented in the beneficiary's medical record.

- CT-Screening Low-Dose Chest no contrast – Exam G0297/71250 CT-Chest Screening – Dx Code Z87.891 ID: 242543 – History of Tobacco Use
- 3-month follow-up - CPT Code 1250 / CT-Chest without contrast- Dx Code _____ Valid ICD 10 findings from initial scan
- 6-month follow-up - CPT Code 1250 / CT-Chest without contrast- Dx Code _____ Valid ICD 10 findings from initial scan

Physician Signature _____ Date & Time _____