

**Diagnostic Imaging
Providence Lung Cancer Screening Program**

Questions regarding eligibility, call 1-877-LUNG-INFO
Fax order form to **818-496-5058**

LUNG CANCER SCREENING WITH LOW DOSE CT (LDCT) ORDER FORM

PATIENT LEGAL NAME	DATE OF BIRTH	PATIENT PHONE
INSURANCE NAME	MEMBER / POLICY / ID #	PRE-AUTHORIZATION #: (G0297 CT LOW DOSE LUNG SCREENING) <input type="checkbox"/> _____
PHYSICIAN (PRINT NAME): _____ PHYSICIAN NPI #: _____ TELEPHONE: _____ FAX: _____ <input type="checkbox"/> Report only <input type="checkbox"/> Report and CD <input type="checkbox"/> Routine <input type="checkbox"/> Call results <input type="checkbox"/> Fax results		
Providence Imaging Site Requested: <input type="checkbox"/> Holy Cross Imaging Center-Porter Ranch. 19950 Rinaldi St., #101B, Porter Ranch, CA 91326 <input type="checkbox"/> Holy Cross Imaging Center-Santa Clarita. 26357 McBean Parkway, Santa Clarita, CA 91355 <input type="checkbox"/> Holy Cross Medical Center. 15031 Rinaldi St., Mission Hills, CA 91345		
Eligibility Criteria: <ul style="list-style-type: none"> • Age 55 – 77 • 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; one pack = 20 cigarettes) • Current smoker or one who quit smoking within the last 15 years • Has undergone an initial counseling and shared decision making visit (elements detailed on back) 		
<input type="checkbox"/> CT Chest Cancer Screening (Baseline exam) EPIC IMG2466	<input type="checkbox"/> CT Chest Cancer Screening (Routine annual exam) EPIC IMG2466	<input type="checkbox"/> CT Chest Cancer F/U Screening (Follow-up of a finding) EPIC IMG3355
Has the patient had a CT Chest exam within the past 12 months? <input type="checkbox"/> Yes <input type="checkbox"/> No		
What is the actual pack – year smoking history: _____ (enter number here, i.e. 2 packs / day x 15 years = 30)		
Current smoker: <input type="checkbox"/> Yes <input type="checkbox"/> No If no, number of years since quitting smoking: _____		
By signing this order, you are attesting that: <ul style="list-style-type: none"> • 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). 		

Physician Signature: _____ Date: _____

Providence lung cancer screening criteria is based on Medicare coverage:

- Age between 55-77 years old
- Have been an active smoker within the past 15 years
- Greater than or equal to 30 pack-year history. You must calculate and enter into chart.
- No CT Chest scan within the past 12 months
- Symptoms common to lung cancer are not present

Billing Information:

The provider may bill for a CT Lung Cancer Screening shared decision making visit using **code G0296**, defined as a counseling visit to discuss need for lung cancer screening (LDCT) using low dose CT scanning (the service is for eligibility determination and shared decision making), with diagnosis **code Z87.891** (Personal history of nicotine dependence).

Required elements of the Shared Decision Making visit that must be documented:

- Determination of 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 on comorbidities and ability or willingness to undergo diagnosis and 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 information about tobacco cessation interventions.

Helpful resources regarding eligibility criteria and to guide shared decision making visit may be found at:

Should I Screen <http://www.shouldiscreen.com>
 Lung Cancer Alliance risk calculator <http://www.atriskforlungcancer.org/>
 American Lung Association <http://lungcancerscreeningsaveslives.org/>

Benefits of screening

Reduced chance of dying from lung cancer	4 fewer lung cancer deaths per 1000 people screened
Early diagnosis is associated with more successful treatment	Early treatment extends the life of some patients
Detection of asymptomatic disease	9 out of 10 cancers detectable by screening
Early diagnosis allows more treatment options	Early lung cancer is surgically removable; advanced cancer is inoperable

Risks of screening

False positive screen	365 out of 1000 screened patients will have a false positive
False positives can lead to invasive procedures (surgery or biopsy)	25 out of 365 false positives will get an invasive procedure
Invasive procedures can lead to complications	3 out of those 25 will have a major complication
Overdiagnosis	4 out of 1000 people will be diagnosed with a slow-growing cancer that would otherwise not have symptoms
Radiation risks of screening	Benefits of screening for former or current heavy smokers probably much greater than harm from radiation

Benefits and harms based on results of the National Lung Screening Trial, which included three annual screens and five years of additional follow up. For more information: cancer.gov/clinicaltrials/noteworthy-trials/nlst

Please fax the front portion of this order form to 818-496-5058.