



Lung Cancer Screenings

**Give Your Lungs A Chance
Get Screened, It Could Save Your Life**

Who should get screened for lung cancer?

Providence Lung Cancer Screening criteria is based on Medicare coverage:

- Current smoker or who quit smoking in the last 15 years.
- Adults aged between 55-77 years old.
- Asymptomatic. (no symptoms such as fever, chest pain, new shortness of breath, new or changing cough, coughing up blood, or unexplained significant weight loss)
- Person with a greater than or equal to 30 pack-year smoking history.
(Example: Smoking 1 pack per day x 30 years = 30 pack years; smoking 2 packs per day x 15 years = 30 pack years)
- Person who has not had a CT Chest scan within the past 12 months.

Early Detection is Key

The Roy and Patricia Disney Family Cancer Center offers a Lung Cancer Screening program to aid in the early detection of lung cancer, when it is most treatable, and offers the highest probability for a cure. During the screening, a CT scan takes pictures of the inside of the body from different angles. This low-dose CT scan uses 1/8th the amount of radiation as that of a standard CT, a level which is well below that which is considered potentially harmful to patients.

Our Lung Cancer Screening Program is the First Step

Our Lung Cancer Screening Nurse Navigator will walk you through the process and answer your questions along the way. We are designated by the American College of Radiology (ACR) as a top quality provider of safe, effective diagnostic imaging for individuals at high risk for lung cancer. As an ACR-designated lung cancer screening center, we demonstrate commitment to providing high-quality screening care and patient safety.

To learn more about the Lung Cancer Screening program call [844 LUNG-LIFE \(844 586-4543\)](tel:8445864543)



Exámenes de detección de cáncer de pulmón

Deles a sus pulmones una oportunidad...
Hágase un examen, le puede salvar la vida.

¿Quiénes deben hacerse el examen de detección de cáncer de pulmón?

Providence Lung Cancer Screening criteria is based on Medicare coverage:

- Fumador actual o que dejó de fumar durante los últimos 15 años.
- Adultos entre los 55 y 77 años de edad.
- Asintomáticos. (enfermo sin síntomas tales como fiebre, dolor de pecho, falta de aire, tos nueva o cambiante, tos con sangre, o pérdida de peso sin explicación).
- Persona con historial de fumar 30 cajetillas de cigarrillos al año o más.
(por ej., fumar 1 cajetilla al día x 30 años = 30 años de una cajetilla al día; fumar 2 cajetillas al día x 15 años = 30 años de una cajetilla al año).
- Persona sin un escaneo CT (tomografía computarizada) de pecho en los últimos 12 meses.

La detección a tiempo (temprana) es clave

Roy and Patricia Disney Family Cancer Center ofrece un programa de detección de cáncer ('Lung Cancer Screening') para ayudar a detectar a tiempo el cáncer de pulmón –es decir, cuando más se puede tratar con mejor probabilidad de curación. Durante la detección, el escaneo CT toma imágenes del interior del cuerpo desde distintos ángulos. Dicho escaneo de baja dosis utiliza 1/8 de la cantidad de radiación que se haya en el CT estándar, nivel muy por debajo del que se consideraría potencialmente dañino al paciente.

Primer Paso: Nuestro Programa de Detección de Cáncer de Pulmón

Deje que nuestros expertos en el Cancer le ayuden al dar este primer paso tan importante. Nuestro navegador de enfermería para la detección de cáncer de pulmón le conducirá a través del proceso y le contesta sus preguntas. El Colegio Estadounidense de Radiología ('ACR') nos ha designado como uno de los hospitales con la mejor calidad de toma segura y efectiva de imágenes para el paciente de alto riesgo de cáncer de pulmón. Como centro de detección de cáncer de pulmón designado por la ACR, confirmamos nuestro compromiso de brindar una atención de la más alta calidad en la detección y seguridad del paciente.

Para más información del programa de detección de cáncer del pulmón

llame: **844 LUNG-LIFE (844 586-4543)**



**Diagnostic Imaging
Providence Lung Cancer Screening Program**

Questions regarding eligibility, call **1-844-LUNG-LIFE (586-4543)**

Fax order form to **818-748-4761**

DO NOT fax directly to Access Scheduling

**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"/> _____

Please include copy of insurance card with faxed order. Access scheduling will obtain authorization for PPO

PHYSICIAN (PRINT NAME): _____ PHYSICIAN NPI #: _____
 TELEPHONE: _____ FAX: _____
 EMAIL: _____

Providence Imaging Site:

501 S. Buena Vista St. Burbank, CA 91505

Eligibility Criteria:

- 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? Yes No

What is the actual pack – year smoking history: _____ (enter number here, i.e. 2 packs / day x 15 years = 30)

Current smoker: Yes No
 If no, number of years since quitting smoking: _____

By signing this order, you are attesting 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).

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 year
- 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