



### CT Lung Screening Order Form

Patient Name: \_\_\_\_\_ DOB: \_\_\_/\_\_\_/\_\_\_ Patient phone # : \_\_\_\_\_

Packs/day (20 cigarettes/pack): \_\_\_\_\_ x Years smoked: \_\_\_\_\_ = Pack years\*: \_\_\_\_\_

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

Currently smoking? Y N If not currently smoking, how many years since stopped? \_\_\_\_\_

CT LUNG SCREENING EXAM (Please select one)

- INITIAL LUNG SCREENING EXAM
- SUBSEQUENT EXAM

AUTHORIZATION\* # \_\_\_\_\_

\*Please authorize for ONE of the following codes: G0297 CT LOW DOSE LUNG SCREENING OR 71250 CT THORAX WITHOUT CONTRAST

### FAX completed order form to IMI: 208-947-3322

Comments: \_\_\_\_\_

# SAMPLE

The patient must meet ALL of the following elements for eligibility into the CT Lung Screening program.

- The patient has participated in a shared decision making session during which potential risks and benefits of CT lung screening were discussed, was informed of the importance of adherence to annual screening, impact of comorbidities, and ability/willingness to undergo diagnosis and treatment should the patient be diagnosed with lung cancer, and 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 between the ages of 55-77 years
- Has at least a 30+ pack year smoking history
- Is currently smoking or quit within the last 15 years.
- THE PATIENT IS ASYMPTOMATIC OF LUNG CANCER. I ATTEST THE PATIENT DOES NOT HAVE AND IS NOT BEING TREATED FOR ANY OF THE FOLLOWING:
  - Significant chest pain
  - Unintended weight loss
  - Hemoptysis
  - Active pneumonia

Ordering Provider Signature: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

**By signing this order, YOU ARE ATTESTING THAT THE PATIENT MEETS ALL OF THE ABOVE REQUIRED ELEMENTS, A SHARED DECISION MAKING VISIT HAS OCCURRED, AND REQUIRED ELEMENTS ARE DOCUMENTED IN THE OFFICE NOTES**

Ordering Provider (print name): \_\_\_\_\_ Phone: \_\_\_\_\_

ORDERING PROVIDER NPI\*\* # \_\_\_\_\_ Fax: \_\_\_\_\_

\*\*Provider NPI number required.

# Sample LCSC Order Form

Referral Reason:

Questions:

| Prompt   | Answer                          |
|--|---------------------------------|
| 1. Signs, Symptoms and/or Diagnosis: (e.g. cough):   | Lung Cancer Screening           |
| 2. Clinical Question: (e.g. eval for pneumonia)  | Lung Cancer Screening           |
| 3. By selecting YES, I am certifying that 1) The patient has participated in a shared decision making session during which potential risks and benefits of CT lung screening were discussed and this has been documented in the medical record.              | Yes   No                        |
| 4. By selecting YES, I am certifying that 2) The patient was informed of the importance of smoking cessation and has been offered Medicare-covered tobacco cessation counseling services, if applicable, and this has been documented in the medical record. | Yes   No                        |
| 5. By selecting YES, I am certifying that 3) The patient has no symptoms suggestive of lung cancer and this has been documented in the medical record.   | Yes   No                        |
| 6. Age?  | <input type="text" value="45"/> |
| 7. Current Smoker?   | Yes   No                        |
| 8. If No, # Years since quitting:  | <input type="text"/>            |
| 9. # Years Smoked Cigarettes:  | <input type="text"/>            |
| 10. # Packs per day, on average:   | <input type="text"/>            |
| 11. Responsible provider pager number:   | <input type="text"/>            |

Process Inst:

The Lung Cancer Screening clinic can manage shared decision making, smoking cessation and follow up of imaging results and abnormalities discovered during screening. If you prefer this option, please cancel this order and place AMBULATORY REFERRAL TO LUNG CANCER SCREENING [REF2216].

Please consider using [www.shouldiscreen.com](http://www.shouldiscreen.com) (link below) to assist in your risk assessment, shared decision making, smoking cessation counseling and documentation requirements.

Reference Links:

1. Should I Screen

Sched Inst: [Click to add text](#)

Instructions:

Sample order LCS order form addressing CMS requirements and ACR registry data elements courtesy of Cherie Erkmen, MD, Eileen O'Malley, Leslie Boff, Frank Erdlen Temple University Health Systems)

**CT Chest Low Dose/Lung Cancer Screening** Accept Cancel Remove

Expires-4/30/2016, Routine, Ancillary Performed

Status:  Expected:   Approx. Expires: 4/30/2016

Priority:

Class:

Process Inst: Patients must meet ALL of the following eligibility criteria for lung cancer screening

1. Age between 55-77 years
2. Asymptomatic (not suspected of having symptoms of lung cancer, like hemoptysis)
3. Tobacco smoking history of at least 30 pack years (one pack year = smoking one pack per day for one year; 1 pack = 20 cigarettes)
4. Current smoker or one who has quit smoking within the last 15 years
5. No previous lung cancer ever, and no previous cancer of any type within the last 5 years. (people with non-melanomatous skin cancers are eligible)
6. Willing and able to undergo lung cancer treatment IF lung cancer were to be diagnosed

Questions:

| Prompt   | Answer  | Comments |
|--|---|----------|
| 1. Is the patient's age between 55-77 yrs of age?  | <input type="radio"/> Yes <input type="radio"/> No                                      |          |
| 2. Is the patient asymptomatic?  | <input type="radio"/> Yes <input type="radio"/> No                                      |          |
| 3. Actual pack year smoking history:   | <input type="text"/>  |          |
| 4. Current smoker?   | <input type="radio"/> Yes <input type="radio"/> No                                      |          |
| 5. Does the patient have a history of lung cancer ever, or any cancer within the last 5 years? People with non-melanomatous skin cancers are eligible. | <input type="radio"/> Yes <input type="radio"/> No                                      |          |
| 6. Is the pt willing and able to undergo lung cancer treatment if lung cancer were to be diagnosed?  | <input type="radio"/> Yes <input type="radio"/> No                                      |          |
| 7. Upper respiratory or lung infection within the last 12 weeks?   | <input type="radio"/> Yes <input type="radio"/> No                                      |          |
| 8. Is your patient aware that if insurance does not cover the cost of the screening exam, your patient may have an out-of-pocket expense?              | <input type="radio"/> Yes <input type="radio"/> No                                      |          |
| 9. Reason for exam:  | <input type="text" value="Baseline screen"/> <input type="text" value="Annual screen"/> |          |

# CT LUNG CANCER SCREENING SHARED DECISION MAKING VISIT REQUIREMENTS

<Facility> offers a CT Lung Cancer Screening program. Eligibility into the program requires each patient to meet criteria as per the Medicare National Coverage Determination (NCD) for CT Lung Cancer Screening regardless of insurance coverage type, or lack of insurance.

The Centers for Medicare and Medicaid Services (CMS) has determined that the evidence is sufficient to add a lung cancer 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 preventative service benefit under the Medicare program. To begin this process, a determination of eligibility must be demonstrated. **This requires an initial face to face visit between the prospective CT Lung Screening patient and the primary care provider where specific information is acquired relating to the current and past cigarette use, the benefits and harms of CT Lung Screening, and counseling of tobacco cessation. This is termed a shared decision making visit. Information gathered and documented in the office visit notes (medical record) will determine patient eligibility into the CT Lung screening program.**

**There is good news!** The provider may bill for this CT Lung Cancer Screening shared decision making visit given a new screening 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).*

## REQUIRED ELEMENTS OF THE SHARED DECISION MAKING VISIT THAT MUST BE DOCUMENTED:

- ✓ Patient must be between the age of 55-77
- ✓ Asymptomatic; No signs or symptoms of lung cancer
- ✓ Tobacco smoking status\*; current smoker or former smoker.
  - ✚ If current smoker, patient must have tobacco smoking history of at least 30-pack years.
  - ✚ Patient specific smoking pack-years must be documented in the medical record. (One pack year=smoking one pack per day for one year. 1 pack=20 cigarettes)
  - ✚ If former smoker, number of years since quit smoking
  - ✚ CT Lung screening is only applicable to patients who smoke cigarettes.
- ✓ 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 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 of information about tobacco cessation interventions, and,
- ✓ If appropriate, the furnishing of a written order for lung cancer screening with LDCT. *The written order is required to contain specific criteria.*

For more information please use the following links:

<https://www.cms.gov/medicare-coverage-database/details/nca-decision-memo.aspx?NCAId=274>

<http://www.acr.org/~media/ACR/Documents/PDF/QualitySafety/Resources/Lung%20Imaging%20Resources/Example%20of%20shared%20decision%20making.pdf>

<http://www.shouldiscreen.com/>

<http://www.radiologyinfo.org/en/info.cfm?pg=screening-lung>

<http://www.cancer.gov/types/lung/research/NLSTstudyGuidePatientsPhysicians.pdf>

Sample shared decision making note addressing CMS requirements and ACR registry data elements courtesy of (Cherie Erkmen, MD, Eileen O'Malley, Leslie Boff, Frank Erdlen from Temple University Health Systems)

Note Editor

Arial 12 B I U A 125%

Lung Cancer Screening Counseling Note

[REDACTED]

1. Patient's date of birth [REDACTED] 1952, 63 y o
2. [REDACTED] is asymptomatic for symptoms of lung cancer.
3. Patient has smoked \*\*\* (actual number) pack years
4. Patient {is/is not: 19887} a current smoker.
5. (If applicable) This patient quit smoking \*\*\* years ago
6. Patient has no history of lung cancer and no treatment for cancer within the last 5 years. History of non-melanoma skin cancer excluded.
7. [REDACTED] is willing and able to undergo lung cancer treatment if lung cancer were to be diagnosed
8. Patient has had no respiratory or lung infection requiring antibiotics within the last 12 weeks?
9. I, [REDACTED] have verified the above eligibility criteria for lung cancer screening. \*\*\* (provider NPI)

During this visit, I counseled the patient on lung cancer screening and used the lung cancer screening Option Grid to guide our personalized, shared decision making process.

The patient was counseled on the potential harms and benefits of lung cancer screening including the false positive rate (about 25% for one screening round), radiation exposure (1.5 mSv per scan), over-diagnosis rate (about 10%)

The patient knows about the possible results of a screening CT scan for lung cancer:

Positive findings: The patient knows that the low dose CT for lung cancer screening, alone, cannot completely diagnose lung cancer. A scan that identifies a nodule, a finding suspicious for lung cancer or other incidental finding may require additional diagnostic tests or procedures.

Negative findings: A single negative scan means that the high risk of having lung cancer at the time is low, but not zero. To reduce the risk of lung cancer death, in the future, high risk individuals should receive annual scans until the age of 77, the CMS standard is now 77 years old, or if another health problem supersedes lung cancer screening. We emphasized the importance of adherence to an annual low dose CT scan for lung cancer screening. We discussed that even lung cancer screening, with annual low dose CT scan can miss some lung cancers.

We discussed that the patient should receive lung cancer screening only if she is physically able to undergo lung cancer treatment, like surgery. In other words, if the patient has comorbidities that prevent the patient from undergoing lung cancer treatment, she should not undergo lung cancer screening.

Sample screenshots of data entry system courtesy of Cherie Erkmen, MD and David Fleece, MD Temple University Health Systems

### Imaging data

Lung CA Screening - Lung Cancer Screen Imaging and Dx

Was LDCT performed?  Yes  No

Facility  TUH  Episc...  FCCC  Jeanes  NEH

CT Manufacturer

CT Model

CTDvol (mGy)  DLP (mGy\*cm)

Tube current-time (mAs)  Tube voltage (kV)

Scanning time (s)  Scanning volume (cm)

Pitch  Reconstructed image width (z-axis, mm)

CT exam result by Lung-RADS category

|   |  |
|---|--|
| 0=recalls (incomplete screen)                                 | 1=normal, continue annual screening                          |
| 2=benign appearance or behavior: continue annual screening    | 3=6 month CT recommended                                     |
| 4A=3 month CT recommended, may consider PET/CT                | 4B=additional diagnostics and/or tissue sampling recommended |
| 4X=additional diagnostics and/or tissue sampling recommended. |  |

Lung Nodule?  Yes  No

Number  1

Location  RUL  RML  RLL  LUL...  LLL

Size  3

Appearance  solid  part solid  non-solid  calcified  other

Characteristics

Other clinically or potentially significant abnormalities - CT exam result modifier S  Yes  No

Prior Hx lung cancer - CT modifier C  Yes  No  Unknown

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### Workup and diagnosis

Workup

Diagnostic f/u study date

Diagnostic f/u study type  low dose chest CT  routine chest CT  PET/CT  other

Description

Follow-up Consult date

Consult Specialty  Pulmonology  Thoracic Surgery  Other

Follow-up Procedure date

Follow-up Procedure  bronchoscopy  navigational biop...  EBUS  CT guided biopsy  US guided biopsy  surgery

Procedure location  L hilum  Lingula  LLL  LUL  R hilum  RLL  RML  RML/R...  RUL/R...  RUL  other

Diagnosis

Tissue Dx date

Tissue Dx method  1=percutaneous  2=bronchoscopic  3=surgical

Tissue source  RUL  RML  RLL  LUL/ling...  LLL  R lung  L lung  lymph n...  effusion  unknown

Tissue Diagnosis  1=Benign  2=Malignant - invasive lung cancer  3=Malignant - NON-lung cancer  4=Malignant - minimally invasive lung cancer  5=Malignant - adenocarcinoma in situ  6=Premalignancy - atypical adenomatous hype...  7=Non-diagnostic

Histology  1=Non-small cell lung cancer  2=Small cell lung cancer (high grade neuroendocrine tumor)  3=Carcinoid (low grade neuroendocrine tumor)  4=Atypical carcinoid (intermediate grade neuroendocrine tumor)

Histology (NSCLC)  1=Invasive adenocarcinoma  2=Squamous cell carcinoma  3=Adenosquamous cell carcinoma  4=Large cell carcinoma  5=Undifferentiated/poorly differentia...  8=Other, specify

Cell differentiation  well differentiated  moderately differentiated  poorly differentiated  undifferentiated

Clinical Stage  IA  IB  IIA  IIB  IIIA  IIIB  IV  N3

Pathologic Stage  IA  IB  IIA  IIB  IIIA  IIIB  IV  N3

Treatment?  Yes  No

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Sample data entry screenshots of data entry system courtesy of Cherie Erkmen, MD and David Fleece, MD Temple University Health Systems

### Demographics and eligibility

Lung CA Prescreening and Eligibility - Prescreening and Eligibility

Show: All Choices

**Demographics and Clinical Hx**

Education Level: 1=8th grade or less, 2=9th-11th grade, **3=High school grad level**, 4=Post high school training, 5=Assoc degree/some college, 6=Bachelor's degree, 7=Graduate or Prof School, 8=Other, 99=Unknown/decline to answer

Environmental Exposures: none, radon, asbestos, silica, cadmium, arsenic, beryllium, chromium, diesel fu..., nickel

Secondhand smoke exposure: Yes, No

Lung cancer in 1st deg relative: Yes, No

Previous evaluation for lung nodule?: Yes, No

Comorbidities: COPD, Emphysema, Pulmonary fibrosis, CAD, CHF, PVD, Cancer other than lu..., Other (add comment)

**Eligibility**

Smoking Status: 1=current smoker, 2=former smoker, 3=never smoker, 4=smoker, current status u..., 9=unknown if ever smoked

Pack-Years: 34, Year Quit: [ ]

# years since quit: [ ]

Previous lung cancer screening: Yes, No, Unknown

Previous Chest CT (any reason): Yes, No, Unknown

Where: NY

When: 2005

Previous scan available?: Images + Result (Epic), Images (CD/DVD), Images (hard copies), Result (scanned), Result (paper copy), No

Respiratory infection in the past 12 weeks?: Yes, No, Unknown

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### Shared decision making

**Shared Decision Making**

Did PCP/referring provider perform SDM?: Yes, No, Unknown

Pretest CollaboRATE 3 score: [ ], SDM visit date: [ ]

SDM visit location: PCP encounter, Specialty encounter, Screening Program encounter, Other

SDM Note Completed?: Yes, No, Unknown

SDM Note available?: Yes, No

SDM Tool used: OptionGrid, Other

All SDM criteria met?: Yes, No, Unknown

Aware of potential cost of CT?: Yes, No, Unknown

Aware of potential cost of other interventions?: Yes, No, Unknown

Does PCP have Epic access?: Yes, No

Does ordering provider have Epic access?: Yes, No

Ordered in Epic?: Yes, No

Consent on file?: Yes, No

Willing to be contacted regarding future research?: Yes, No

Restore Close F9 Cancel Previous F7 Next F8

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March 14, 2016

Patient ID:  
Date of LDCT:

Dear :

We wish to inform you that the results of your recent Low Dose Lung Screening CT show a probably benign finding with a low likelihood of becoming a clinically active cancer. It is recommended that you undergo a follow-up Low Dose CT in 6 months to assure that the finding is stable.

A report of your results was sent to your health care provider.

Your images will become part of your medical record at **my facility**. They will be on file for your ongoing care. If, in the future, you change health care providers or go to a different location for a Low Dose Lung Screening CT, you should tell them where and when this CT was done.

Thank you for allowing us to help meet your health care needs.

Sincerely,

April Smith, MD  
Interpreting Radiologist