**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>