

Baseline and Annual Screenings

Please reference the CMS and USPSTF criteria listed below to ensure eligibility.

We cannot proceed with imaging if the eligibility is not met.

CMS Criteria	USPSTF Criteria
Age 50-77 years old with ≥ 20 pack-year smoking history, and No symptoms of Lung Cancer, and Current Smoker or Former Smoker that has quit < 15 years ago	Age 50-80 years old with ≥ 20 pack-year smoking history, and No symptoms of Lung Cancer, and Current Smoker or Former Smoker that has quit < 15 years ago

For LVPG providers on EPIC, the appropriate order is **IMG3167: CT LUNG CANCER SCREENING**.

Effective January 2021, all payors will require the use of CPT code **71271** only.

For patients with Medicare, the primary ICD code must be **Z87.891** (“former smoker”) **OR F17.210** (“cigarette smoker”). Please make sure to include only one of these codes (Z87.91 or F17.210). If both are listed as the primary code, the exam cannot be scheduled. ICD code **Z12.2** (screening for malignant neoplasm) may be listed as a secondary code. Patients must **not** have symptoms of Lung Cancer, so it is not expected that symptoms are included.

The exam will not be scheduled unless the order form is filled out completely.

Please note that once a patient has had their baseline screening, subsequent annual screenings still require completion of the Lung Cancer Screening Order Form. (Please see reverse for Follow-Up instructions.)

Demographics:

Complete the patient’s name, phone numbers, contact preference, MRN, DOB, age, **height**, and **weight**.

Insurance:

Indicate the type of insurance the patient has and their insurance ID. Ensure that the eligibility requirements associated with that coverage are met.

Smoking Status:

<https://shouldiscreen.com/English/pack-year-calculator>

Indicate if the patient is a current smoker or former smoker. Patients who have never smoked do not meet eligibility requirements. If the patient is a former smoker, indicate the number of years since they quit. If the patient is a current or former smoker, indicate the pack-years. There are twenty cigarettes in one pack.

Number of pack-years = (packs smoked per day) x (years as a smoker)

Example A: 1 pack per day for 30 years = 30 pack-years

Example B: 2 packs per day for 15 years = 30 pack-years

Example C: ½ pack per day for 40 years = 20 pack-years

Type of Exam:

Indicate if the exam is a Baseline Screening or Annual Screening.

Location:

Select the location for the imaging.

The following elements are certified by your signature on the order form:

- The patient has no signs or symptoms of Lung Cancer
- You have provided Smoking Cessation Information with Patient / Family (for Current Smokers)
- You have provided Shared Decision Making with Patient / Family (for Baseline Screening Exam)

Provider Information:

Signature and **NPI number** are required. Please include printed name and phone number in case a follow-up study is needed.

Please refer to National Coverage Determination (NCD) for more information regarding these requirements.

Follow-Up Exams

This exam is for patient's that have had a CT Lung Cancer Screening (baseline/annual) performed and received a recommendation for follow-up. Radiologists use the ACR's Lung-RADs scale to offer recommended follow-up strategies in the findings section of their dictation.

Lung-RADS Category	Category Descriptor	Follow-Up Recommendation	What to Order
1	No nodules; definitely benign nodules	Continue annual screening with LDCT in 12 months	CT Lung Cancer Screening (IMG3167); select Annual
2	Nodules with a low likelihood of becoming clinically active cancer due to size/lack of growth	Continue annual screening with LDCT in 12 months	CT Lung Cancer Screening (IMG3167); select Annual
3	Probably benign findings; includes nodules with a low likelihood of becoming a clinically active cancer	6 month LDCT	CT Lung Cancer Screening Follow Up (IMG4005)
4A	Findings for which additional diagnostic testing is recommended	3 month LDCT or PET/CT scan	CT Lung Cancer Screening Follow Up (IMG4005) or PET/CT
4B	Findings for which additional diagnostic testing and/or tissue sampling is recommended	Chest CT W or WO or PET/CT scan and/or tissue sampling	Order based on radiologist's follow up recommendation
4X	Findings for which additional diagnostic testing and/or tissue sampling is recommended	Chest CT W or WO or PET/CT scan and/or tissue sampling	Order based on radiologist's follow up recommendation

When the patient is recommended to have additional diagnostic testing with an LDCT (*highlighted above*), please order **IMG4005: CT LUNG CANCER SCREENING FOLLOW-UP**. This exam will be performed as a CT Chest WO (71250), using low-dose protocol. This exam is **only** appropriate if the patient has received a baseline or annual scan with a recommendation for low-dose CT follow-up with an interval of three or six months by the reading radiologist.

Follow-up exams must be pre-authorized before scheduling.