



Eligibility Criteria for Lung Cancer Screening with Low Dose Chest CT*

The purpose of this screening eligibility checklist is to determine if lung cancer screening with low dose computed tomography (LDCT) is warranted for your patient.

Patient Name (Please print) _____ D.O.B. _____
 Address _____ Phone # _____

Please answer the following questions:

	YES	NO
1. Is the patient 55-77 years old with NO acute pulmonary symptoms?	<input type="checkbox"/>	<input type="checkbox"/>
2. Is the patient currently smoking OR has the patient quit smoking within the past 15 years? If quit, when did the patient stop smoking? _____	<input type="checkbox"/>	<input type="checkbox"/>
3. Has the patient smoked \geq 30 pack-years? (Number of pack years = Number of <i>packs of cigarettes</i> smoked per day x Number of years smoked) Enter pack years here: _____	<input type="checkbox"/>	<input type="checkbox"/>

If **ALL** of the above questions are answered "**YES**" (**Meets Criteria for Lung Screening**), please sign and **FAX** this completed form to the **Lowell General Hospital** Central Scheduling Department at **(978) 937-6807 OR submit an electronic order**. Your patient will be scheduled for the Low Dose CT Lung Screening exam. HCPCS Code: G0297; ICD-10: Z87.891

If **ANY** of the answers above are "**NO**" (**Does Not Meet Criteria for Lung Screening covered by insurance**) this patient does NOT meet the Centers for Medicare & Medicaid Services (CMS) criteria for lung cancer screening with LDCT. Individuals who do not meet criteria are typically not at high enough lung cancer risk to warrant a screening CT.

By signing this order below, you are certifying that:

- The patient has participated in a shared decision making session (G0296) during which potential risks and benefits of CT lung screening were discussed, including the ability and willingness to undergo diagnosis and treatment.
- The patient was informed of the importance of adherence to annual screening.
- 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).

Ordering MD (print name): _____ NPI _____

Ordering MD signature: _____ Date: _____

Questions can be directed to the Lung CT Screening Ambassador at 978-614-3202

For additional information please visit the **Lowell General Hospital Lung Screening program website:**
<http://lowellgeneral.org/lungcancer>

*Documents eligibility and shared decision making visit per CMS requirements.

Eligibility/Physician order/Documentation of shared decision-making visit with patient