

OhioHealth Lung Cancer Screening Program



Reimbursement Requirements

Patients must undergo shared decision making (billable CPT G0296) from a qualified medical professional (primary care or internist physician, nurse specialist or certified nurse practitioner) **PRIOR** to receiving an order for the screening exam. During the decision making conversation, refer to the lung cancer screening brochure as an aid. The following benefits and harms must be discussed:

- + False positive rate
- + Further testing
- + Total radiation exposure
- + Emotional stress
- + Adherence to annual, low-dose CT
- + Impact on co-morbidities
- + Ability and willingness to undergo diagnosis and treatment
- + Importance of tobacco cessation

NEED MORE INFO?

Visit OhioHealthBrochureProgram.com to order more lung cancer screening brochures or contact your Physician Relations representative.

Lung cancer is still the leading cause of cancer death in both men and women. The best chance of a cure is early detection.

BENEFITS OF LOW-DOSE CHEST CT SCAN FOR LUNG CANCER

The NCI National Lung Screening Trial showed a 20 percent reduction in lung cancer related deaths in smokers. The trial was published in the New England Journal of Medicine in 2011.

UNDERSTANDING THE LUNG CANCER SCREENING PROGRAM

Our Lung Cancer Screening Program provides a multidisciplinary team approach with our dedicated radiologists by combining the Centers for Medicare and Medicaid Services (CMS) and National Comprehensive Cancer Network (NCCN) recommendations, nurse navigation, and education on lung cancer screening and smoking cessation.

PATIENT CRITERIA FOR LOW-DOSE CHEST CT SCAN

OhioHealth recommends these criteria for lung cancer screening with low dose chest CT:

- + Patients should be 50–80 years of age with at least 20 pack years of smoking.
- + If patients have quit smoking, it should be within the past 15 years.
- + Patients should have no signs or symptoms of lung cancer.

This eligibility criteria was expanded in 2021. Insurance providers may have different guidelines and therefore different coverage. Pre-certification is recommended.

Patients would not be appropriate for screening if they currently follow a lung nodule protocol or surveillance program, have had a chest CT within the last year, or if they are not a reasonable candidate for treatment.

REFER A PATIENT!

After a shared-decision making visit (CPT G0296), complete the order for the low-dose chest CT lung screening in CareConnect or on the designated tear pad order and submit to Central Scheduling via CareConnect or Fax.

LOW-DOSE CT SCAN OF CHEST FOR LUNG CANCER SCREENING PRESCRIPTION

OhioHealth Lung Cancer Screening Program

This prescription is to be completed during a lung cancer screening counseling and shared decision making visit (CPT G0296) by any qualified physician or advanced practice practitioner. **ALL ITEMS HIGHLIGHTED IN YELLOW ARE REQUIRED FOR SCHEDULING AND REIMBURSEMENT**

*Date _____ Requested Facility (see options below) _____

PATIENT INFORMATION:

*Patient Name _____ *DOB _____ Sex: M F

Address _____

City/State _____ Zip _____ Best Phone _____

Is an interpreter needed? No Yes If Yes, Language _____

CLINICAL INFORMATION:

*Smoking history: Current smoker? Yes No *If former smoker, number of years since quitting: _____ (must be ≤ 15)

*Number of packs smoked per day _____ *x number of years smoked _____ = _____ * pack years (must equal at least 20)

*Does patient show any signs or symptoms of lung cancer: Yes No (not eligible for screening if 'yes')

*Weight (lbs) _____ *Height (inches) _____

Pre-certification authorization no. _____; Date of expiration _____

Insurance Provider _____; Member ID _____

Procedure: LOW-DOSE CHEST CT SCAN FOR LUNG CANCER SCREENING (LCSP) (CPT code for pre-certification G0297)

*ICD10 code Z12.2 (required) and

*Please circle EITHER: F17.210 (current smoker) OR Z87.891 (former smoker)

*Physician/Provider attestation — my signature attests that a counseling and shared decision making visit occurred and is documented in the patient's medical record and that the patient shows no signs or symptoms of lung cancer.

*Provider's Signature _____

Print Name _____ *NPI _____

Office contact _____ Telephone _____ Fax _____

FAX AND CALL TO SCHEDULE AS INDICATED BELOW.

PLEASE CALL (614) 566-1111 or **FAX** (614) 533-1111

TO REACH THE FOLLOWING LOCATIONS:

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| + OhioHealth Berger Hospital | + OhioHealth Grove City Methodist Hospital |
| + Delaware Health Center | + OhioHealth Riverside Methodist Hospital
<i>Bing Cancer Center</i> |
| + OhioHealth Doctors Hospital | + OhioHealth Pickerington Medical Campus |
| + Dublin Cancer Center | + OhioHealth Westerville Medical Campus |
| + OhioHealth Grady Memorial Hospital | |
| + OhioHealth Grant Medical Center
<i>William W. Wilkins Professional Building</i> | |

For more information, contact OhioHealth CancerCall at (614) 566-4321 or 1 (800) 752-9119, Monday–Friday, 8 AM to 5 PM

ALL OTHER LOCATIONS:

- + OhioHealth Hardin Memorial Hospital
QUESTIONS (419) 675-8181 **FAX:** (419) 675-8343
- + OhioHealth Mansfield Hospital
SCHEDULING FAX: (419) 520-2804
- + OhioHealth Marion General Hospital
QUESTIONS (740) 383-7889 option 0 **FAX:** (740) 375-8141
- + OhioHealth O'Bleness Hospital
QUESTIONS (740) 592-9454 **FAX:** (740) 592-9312
- + Morrow County Hospital
QUESTIONS (419) 949-3090 **FAX:** (419) 949-3141