OhioHealth Lung Cancer Screening Program

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.

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 __________________________________________________________

Office Name ____________________________________________________________ * NPI ______________________

Office contact ____________________________________ Telephone _____________________ Fax __________________

**FAX AND CALL TO SCHEDULE AS INDICATED BELOW.**

**TO REACH THE FOLLOWING LOCATIONS**

+ OhioHealth Berger Hospital
+ Delaware Health Center
+ OhioHealth Doctors Hospital
+ Dublin Cancer Center
+ OhioHealth Grady Memorial Hospital
+ OhioHealth Grant Medical Center
  William W. Wilkins Professional Building
+ OhioHealth Riverside Methodist Hospital
  Bing Cancer Center
+ OhioHealth Pickerington Medical Campus
+ OhioHealth Westerville Medical Campus

**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

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

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

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