



MEDICARE/MEDICAID LOW DOSE CT LUNG SCREENING SHARED DECISION-MAKING VISIT REQUIREMENTS

Midland Health offers a Low Dose CT (LDCT) Lung Screening program. Eligibility into the program requires each patient to meet criteria as per the Medicare National Coverage Determination (NCD) for LDCT Screening regardless of insurance coverage type, or lack of insurance.

In 2022, Medicare expanded eligibility for LDCT lung screening by lowering the age from 55 to 50 and the pack-year history from 30 pack-year to 20 pack-years. This change will allow more patients who are considered high risk for lung cancer to have access to this lifesaving screening exam. To begin this process, a determination of eligibility must be demonstrated. **This requires an initial face to face visit between the prospective LDCT 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 LDCT 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 LDCT Lung screening program. Then annual screening for lung cancer with low dose computed tomography (LDCT), as an additional preventative service benefit under the Medicare program.

There is good news! The provider may bill for this LDCT 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). This shared decision-making visit is only required prior to the patient having their initial scan but may be billed yearly prior to the patient's annual LDCT scan, if the patient is seen by the provider.

MEDICARE/MEDICAID REQUIRED ELEMENTS OF THE SHARED DECISION-MAKING VISIT THAT MUST BE DOCUMENTED:

- Patient must be between the age of **50-77**
- 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 20-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- *Must be within the last 15 years*
 - CT Lung screening is only applicable to patients who have smoked 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 (Memorial Health Lifestyle Medicine offers smoking cessation), **and,**
- If appropriate, the furnishing of a written order for lung cancer screening with LDCT. (71271) There are specific ICD-10 codes for this screening (Z87.891, F17.210, F17.211, F17.213, F17.218, and F 17.219) depending on current smoking status.



COMMERCIAL INSURANCE / VETERANS AFFAIRS LOW DOSE CT LUNG SCREENING SHARED DECISION-MAKING VISIT REQUIREMENTS

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As with Medicare and Medicaid Services (CMS), the United States Preventative Task Force (USPTF) has determined the evidence is sufficient to add a lung screening counseling and shared decision-making visit. This change will allow more patients who are considered high risk for lung cancer to have access to this lifesaving screening exam. To begin this process, a determination of eligibility must be demonstrated. **This requires an initial face to face visit between the prospective LDCT 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 LDCT 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 LDCT Lung screening program.* Then follow-up annual screening for lung cancer with low dose computed tomography (LDCT), as an additional preventative service.

There is good news! The provider may bill for this LDCT 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).* This shared decision-making visit is only required prior to the patient having their initial scan but may be billed yearly prior to the patient's annual LDCT scan, if the patient is seen by the provider.

COMMERCIAL INSURANCE / VA REQUIRED ELEMENTS OF THE SHARED DECISION-MAKING VISIT THAT MUST BE DOCUMENTED (based on USPSTF recommendations):

- Patient must be between the age of **50-80** (*May require prior authorization, patient should call insurance to verify)
- 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 20-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- *Must be within the last 15 years*
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For more information please use the following links:

<http://www.acr.org/~media/ACR/Documents/PDF/QualitySafety/Resources/Lung%20Imaging%20Resources/Example%20of%20shared%20decision%20making.pdf>

<http://www.shouldscreen.com/>

<http://www.radiologyinfo.org/en/info.cfm?pg=screening-lung>

<http://www.cancer.gov/types/lung/research/NLSTstudyGuidePatientsPhysicians.pdf>