



## CT LOW-DOSE CHEST SCREENING



Patient Demographics	
Patient Name	
DOB	
Accession #	
Date of Exam	Patient Phone #
Screening Questions	
AGE:	_____ (must be between age of 55–77)
Current tobacco smoking status:	Current smoker: <input type="checkbox"/> YES <input type="checkbox"/> NO
If patient is a former smoker, enter the number of years since gutting smoking?	_____ (cannot exceed 15 years to qualify for this exam.)
Actual pack–year smoking history, how long has the patient smoked?	Enter amount smoked per day _____ Enter number of years smoked _____
	Multiply # of smoked per day TIMES # of years= _____
Is the patient asymptomatic? (this means the patient is not showing any signs and symptoms of lung cancer)	Pt is asymptomatic: <input type="checkbox"/> Yes <input type="checkbox"/> No
TECHNOLOGIST/PROVIDER ORDER REQUIREMENTS	
A signed order from the provider is in the patient chart?	<input type="checkbox"/> YES <input type="checkbox"/> NO
The order contains the provider NPI #?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Patient had a recent screening visit with the provider documented in the medical record?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Lung Cancer Screening Coding Information (ACR 05.04.21)	
G0296 — Counseling visit to discuss need for lung cancer screening (LDCT) using low–dose CT scan (service is for eligibility determination and shared decision making)	71271— Computed tomography, thorax, low dose for lung cancer screening, without contrast materjal(s)
Medicare	
Medicare will deny G0296 and 71271 for claims that do not contain these ICD–10 diagnosis codes:	Z87.891 for former smokers (personal history of nicotine dependence). F17.21 for current smokers (nicotine dependence)
Other Payors	
F17.210 Nicotine dependence, cigarettes, uncomplicated F17.211 Nicotine dependence, cigarettes, in remission F17.213 Nicotine dependence, cigarettes, with withdrawal	F17.218 Nicotine dependence, cigarettes, with other nicotine–induced disorders F17.219 Nicotine dependence, cigarettes, with unspecified nicotine–induced disorders
Individual completing the form: Signature :	Individual completing the form: Print full name :