

## LDCT LUNG CANCER SCREENING PHYSICIAN REFERRAL CRITERIA (CMS GUIDELINES)

1. If the patient is a **current** heavy smoker (with  $\geq$  a 30 pack-year\*) whose age is between 55 and 80\*\*.
2. If the patient is a **former** heavy smoker (ages 55-80\*\*) with a  $\geq$  30-pack year\* smoking history who quit **less than 15 years ago**. \*A pack-year = number of packs smoked per day multiplied by the number of years smoked.  
**\*\*While Centers for Medicare & Medicaid Services (CMS) cover ages 55-77, as a preventative service, commercial insurance carriers are covering CT lung screenings up to 80 years of age for patients who meet U.S. Preventive Services Task Force criteria—ages 55–80. Other criteria include: no signs or symptoms of lung cancer; tobacco smoking history of at least 30 pack-years; current smoker or one who has quit smoking less than 15 years ago. Medicaid coverage varies, and is state-dependent. If covered, typically Medicare-like criteria. Verify specifics for your state. Pre-authorization requirement: Typically required for Medicare Advantage and commercial insurance. May be required for Medicaid (varies by state).**
3. Receives a **written order for CT lung cancer screening** that meets the following criteria:  
**(Medicare only) For the initial CT lung cancer screening service:** a patient must receive a written order for CT lung screening during a lung cancer screening counseling & **shared decision making** visit.  
**(Procedure code G-0296.** This is furnished by a physician or other qualified healthcare personnel (Physician Assistant, APRN, or Clinical Nurse Specialist). The visit includes the following elements and is appropriately documented in the patient's medical records:
  - i. **Determination of patient eligibility** including age, absence of signs/ symptoms of lung cancer, specific calculation of pack-years; and if a former smoker, number of years since quitting; comorbidities and ability or willingness to undergo diagnosis and treatment;
  - ii. **Shared decision making**, including the use of one or more decision aids, to include benefits and risks of screening, follow-up diagnostic testing, over-diagnosis, false positive rate, total radiation exposure;
  - iii. **Counseling on the importance of adherence to annual lung cancer CT screening**, impact of comorbidities and ability or willingness to undergo diagnosis and treatment;
  - iv. **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**.
  - v. **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).
4. Written orders for subsequent annual LDCT screens may be furnished during any appropriate visit with a physician or qualified non-physician practitioner (PA, NP, or CNS)
5. Any patient inquiring into a CT lung screening may call **833.727.3362** for further information.  
**ONLY MC ACCEPTED ICD-10 CODES:** **Z87.891** (*former smoker*) Personal history-nicotine dependence; **F17.210** (*current smoker*) Nicotine dependence, cigarettes, uncomplicated; **F17.211** Nicotine dependence, cigarettes, in remission; **F17.213** Nicotine dependence, cigarettes, w/ withdrawal; **F17.218** Nicotine dependence, cigarettes, w/ other nicotine-induced disorders; **F17.219** Nicotine dependence, cigarettes, w/ unspecified nicotine-induced disorders. **ONLY MC ACCEPTED PROCEDURE CODE: G-0297** CT/Lung Cancer Screening  
**For all CTLS forms:** <https://www.chisaintjosephhealth.org/physician-order-ct-lung-screening>