

**CT Lung Screening Eligibility & Attestation Form**
 Initial Exam     12 month follow up

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Patient Name: \_\_\_\_\_ DOB: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (must be 50-77 yrs old)

Phone: \_\_\_\_\_ **Only cigarette smoking qualifies for a screening (not cigars or vaping).**

Currently smoking? Y N    If No, how many years since stopped? \_\_\_\_\_ (patient is not eligible if greater than 15 years)

Packs/day: \_\_\_\_\_ x Years smoked: \_\_\_\_\_ = \*Pack years: \_\_\_\_\_ (patient is not eligible if less than 20 pack years)  
*\*Patient smoking pack years history must also be documented in chart notes.*

The patient is asymptomatic of lung cancer (no new symptoms such as fever, chest pain, shortness of breath, changing cough, coughing up blood, or unexplained significant weight loss)? Y N (patient is not eligible if NO)

Date of last office visit/phone call updating smoking history (must be within the last 3 months): \_\_\_\_ / \_\_\_\_ / \_\_\_\_

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**ATTESTATION**

- The patient has participated in a Shared Decision Making Visit during which potential risks and benefits of CT lung screening were discussed.
- The patient was informed of the importance of adherence to annual screening, impact of comorbidities, and ability/willingness to undergo diagnosis and treatment.
- Select the statement that is applicable to your patient:
  - For **current smokers**, the patient was informed of the importance of smoking cessation including the offer of Medicare covered tobacco cessation counseling services.
  - For **former smokers**, the patient was informed of the importance of maintaining smoking abstinence.
- Diagnosis is for a screening exam of malignant neoplasm of respiratory organs. (Z 12.2)
- The patient is between the ages of 50-77 year, has at least a 20 pack year smoking history, and is currently smoking or quit within the last 15 years.

Ordering Provider Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Ordering Provider (Print Name): \_\_\_\_\_ NPI # \_\_\_\_\_

Office Phone: \_\_\_\_\_ Office Fax: \_\_\_\_\_ Pre-Authorization #: \_\_\_\_\_

**ALL OF THE FOLLOWING ARE REQUIRED AND MUST BE FAXED TOGETHER:**

1. Eligibility & Attestation Form (Completed in full)
2. Clinical office visit notes from the Shared Decision Making Visit (notes and order must be dated within the last 3 months and include all required elements.)
3. (non SAMG providers) must include authorization documentation for a CT Thorax Lung Screening w/o Contrast
4. Send an order for a CT Thorax Lung Screening w/o Contrast .
5. Please fax to Intermountain Medical Imaging: 208-947-3322 (Fax) or call us at 208-954-8100 (Phone)

## **The Shared Decision Making Visit is only necessary for the initial screening exam.**

Shared Decision Making Visit Elements – **MUST BE DOCUMENTED in the Clinical office visit notes and dictation must be within the last 3 months and include ALL required elements.**

- Determination of beneficiary eligibility including age, absence of signs or symptoms of lung cancer, a specific calculation of cigarette smoking pack-years.
- Shared decision making, including the 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 co-morbidities, and ability of willingness to undergo diagnosis and treatment.
- Counseling on 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.
- Current smoking history

### **Examples of dictated Shared Decision Making Visit (SDMV) (must be patient specific):**

#### **Current Smoker:**

"I believe the patient is an appropriate candidate for a lung screen as they are "X" years old and have a history of "X" smoking pack years. The patient is a current smoker and is not symptomatic for lung cancer. We discussed the advantages and disadvantages of lung cancer screening including: the reduction in mortality, the potential need for follow up testing, the potential for over diagnosis, false positive rates, and the potential problems related to radiation exposure. We discussed the importance of adherence to annual lung cancer LDCT screenings, the impact of co-morbidities, and the importance of both the ability and willingness to undergo diagnosis and treatment following a positive screen. The importance of smoking cessation was discussed including available resources to assist with quitting smoking. Annual screening is recommended, until age 77, unless contraindications are present.

#### **Former Smoker:**

"I believe the patient is an appropriate candidate for a lung screen as they are "X" years old and have a history of "X" smoking pack years. The patient is a former smoker and quit smoking "X" years ago and is not symptomatic for lung cancer. We discussed the advantages and disadvantages of lung cancer screening including: the reduction in mortality, the potential need for follow up testing, the potential for over diagnosis, false positive rates, and the potential problems related to radiation exposure. We discussed the importance of adherence to annual lung cancer LDCT screenings, the impact of co-morbidities, and the importance of both the ability and willingness to undergo diagnosis and treatment following a positive screen. The importance of maintaining abstinence from smoking was discussed and the need to have annual screening is recommended, until age 77, unless contraindications are present.