

## What to do with the Results of a Low Dose Lung Cancer Screening CT (LDCT)?

Lung RADS Category <sup>1</sup>	Management	Probability of Malignancy	Do I refer to Pulmonary? <sup>2</sup>	Comments
1	Continue annual screening with LDCT in 12 months	<1%	No	You can always refer and we can assist with tracking
2	Continue annual screening with LDCT in 12 months	<1% malignant	No	You can always refer and we can assist with tracking
3	LDCT in 6 months	1-2%	Maybe	We can assist with tracking
4A, B, and X	3 month LDCT; PET/CT, possible biopsy	5-15% or greater	Yes	Usually need additional tests, coordinating for biopsies and assessing surgical risk

<sup>1</sup>Lung RADS is the reporting system adopted by Radiologists Nationwide for reporting results of a LDCT.

<sup>2</sup>A pulmonologist can assist with determining adequacy of pulmonary function for surgical resection and can assist with coordinating biopsies if needed.



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# What is Required Documentation for a Lung Cancer Screening Visit?

1. For the first screening visit, the following must be documented in the clinical note prior to ordering a Low Dose Lung CT Screening:
  - a. Shared Decision Making Visit (CPT Code G0296)
    - i. This code can be used alone if the visit is only for lung cancer screening
    - ii. It can be used with an E/M code, but must have a 25 modifier
    - iii. Face to face shared decision making first visit only (required first visit only)
  - b. Components of a Shared Decision Making visit:
    - i. Discuss benefits and harms of screening, follow-up diagnostic testing, over-diagnosis, false positive rate, and total radiation exposure
    - ii. Counseling on the importance of adherence to annual lung cancer LDCT screening, impact of comorbidities and ability or willingness to undergo diagnosis and treatment
    - iii. Counseling on the importance of maintaining cigarette smoking abstinence if former smoker; or the importance of smoking cessation if current smoker and provided information about tobacco cessation interventions
3. Tools for discussing false positive rate and benefits of risk/harm:
  - a. [www.shouldiscreen.com](http://www.shouldiscreen.com) (University of Michigan)
  - b. <https://www.mskcc.org/cancer-care/types/lung/screening/lung-screening>
  - c. [http://www.cdc.gov/cancer/lung/basci\\_info/screening.htm](http://www.cdc.gov/cancer/lung/basci_info/screening.htm)



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