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

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

<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.
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 (University of Michigan)