

LDCT Lung Screening Program Order Form

Patient Name: _____ DOB: ____/____/____
 First MI Last (must be 55-77 yrs of age)
 MRN: _____ SS# ____ / ____ / ____
 Primary Care Provider: _____
 Insurance: Medicare Medicaid Private Self-Pay (remind pt. that self-pay charge of \$200.00 (includes exam & radiologist fee) is required at time of service.
 If Private Ins. list precert approval # _____
 Medicare ID # _____ Height: _____ Weight: _____

LDCT SCREENING CRITERIA

Smoking History: Packs/Day (20 Cigarettes/Pack) X Years Smoked = Pack-Years (must be at least 30 pack yrs total)	# Pack-Years
Currently smoking? If <u>not</u> , be sure to fill in line below.	Yes <input type="checkbox"/> No <input type="checkbox"/>
If not smoking, how many years quit? (fits criteria if <15 yrs quit)	# Years Quit
Please check YES or NO for the following questions:	YES NO
The patient has participated in a shared decision making session 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 co-morbidities, and ability & willingness to undergo diagnosis and treatment.	
The patient was informed of the importance of smoking cessation and or maintaining smoking abstinence, including the offer of Medicare-covered tobacco cessation counseling services, if applicable.	
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).	
Pt has NO history of cancer in the preceding 5 yrs (other than non-melanotic skin cancer or in situ cancer).	

DIAGNOSIS DESCRIPTION: Personal History of Nicotine Dependence **Diagnosis Code:** Z87.891

EXAM ORDERED: (Circle one below)

LDCT Lung Screening	Initial exam	Repeat Exam	Follow up exam
(circle one)	G0297 - LDCT –CHEST WITHOUT CONTRAST	G0297	

Comments: _____

Ordering Provider (print name): _____ Phone: _____

Ordering Provider signature: _____ **Date:** ____/____/____

Ordering Provider NPI: _____