



TODAY'S DATE / TIME
/

**Diagnostic Imaging
Providence Lung Cancer Screening Program
Southern Oregon**

Questions regarding eligibility, call 541-732-7605

Fax order form to preferred site

Providence Medford Medical Center 971-712-2157

PMG Stewart Meadows 541-734-3452

**LUNG CANCER SCREENING WITH LOW DOSE CT (LDCT)
ORDER FORM**

PATIENT LEGAL NAME:	DATE OF BIRTH:	PATIENT TELEPHONE:
INSURANCE NAME:	MEMBER/POLICY ID#:	PREAUTHORIZATION #:
PROVIDER NAME:	PROVIDER TELEPHONE:	
ICD-10 Code (For Lung Cancer Screening only, do not use for follow-up of a finding): <u>Medicare:</u> <input checked="" type="checkbox"/> Z87.891 Personal history of tobacco use/personal history of nicotine dependence <input checked="" type="checkbox"/> F17.210 Nicotine dependence, cigarettes, uncomplicated <input checked="" type="checkbox"/> F17.211 Nicotine dependence, cigarettes, remission <input checked="" type="checkbox"/> F17.213 Nicotine dependence, cigarettes, withdrawal <input checked="" type="checkbox"/> F17.218 Nicotine dependence, cigarettes, with other nicotine-induced disorders <input checked="" type="checkbox"/> F17.219 Nicotine dependence, cigarettes, with unspecified nicotine-induced disorders <u>Medicaid:</u> <input type="checkbox"/> Z12.2 Encounter for screening malignant neoplasm of respiratory organs.		
<input type="checkbox"/> Report only <input type="checkbox"/> Report and CD <input type="checkbox"/> Call Results: Provider contact number: _____ <input type="checkbox"/> Fax Results: Provider fax number: _____		
CMS Eligibility Criteria: <ul style="list-style-type: none"> • Age 55 – 77 • Asymptomatic (no signs or symptoms of lung cancer). • Tobacco smoking history of at least 30 pack-years (one pack-year = smoking one pack per day for one year; one pack = 20 cigarettes). • Current smoker or one who quit smoking within the last 15 years. • Has undergone an initial counseling and shared decision-making visit. 		
<input type="checkbox"/> CT Chest Cancer Screening (Baseline Exam) EPIC IMG2466 CPT 71271	<input type="checkbox"/> CT Chest Cancer Screening (Routine Annual Exam) EPIC IMG2466 CPT 71271	<input type="checkbox"/> CT Chest Cancer F/U Screening (Follow-up of a finding) EPIC IMG3355 CPT 71250
Is the patient between the ages of 55 and 77, a current or former smoker (quit within last 15 years), and have a 30+ pack year smoking history? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Does the patient show any signs or symptoms of lung cancer? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Current smoker: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If no, number of years since quitting smoking: _____		
Patient's smoking history: Pack Years (packs per day x years smoked) _____		
Is there documentation of shared decision making? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Did the physician provide smoking cessation guidance to the patient? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Has the patient had a CT Chest exam within the past 12 months? <input type="checkbox"/> Yes <input type="checkbox"/> No		

I believe the patient meets all Eligibility Criteria listed above that can be assessed.

Provider Signature: _____ Date: _____ Time: _____

Clear Form