

Low-Dose CT Lung Cancer Screening (And Short-Term Follow-Up) Order Form

To Schedule Your CT Exam, Call 1-833-917-0785

- | | |
|---|---------------------|
| <input type="checkbox"/> Central Region (Northwestern Memorial Hospital, Old Irving Park, Evanston) | Fax #: 312.926.2007 |
| <input type="checkbox"/> North Region (Lake Forest, Grayslake, Glenview, Gurnee) | Fax #: 847.535.8001 |
| <input type="checkbox"/> Northwest Region (McHenry, Woodstock, Huntley, Crystal Lake) | Fax #: 815.759.4008 |
| <input type="checkbox"/> West Region (Central DuPage, Delnor, Oakbrook, Kishwaukee, Valley West) | Fax #: 630.933.5800 |
| <input type="checkbox"/> South Region (Palos, Orland Park, Mokena) | Fax #: 708.923.8700 |

Patient Name: _____ **DOB:** ____/____/____ **Age:** _____

Last Name First Name Middle Initial

Cigarette Smoking Status/History (All Elements Mandatory): **Current Smoker** **Former Smoker**

Quit date for former smokers: _____ **Years since quitting:** _____ (must be ≤ 15 years to qualify)

Total Pack-Year Smoking History: _____ (Packs/Day [20 Cigarettes/Pack] x Years Smoked = Pack-Years)

1. Medicare/Medicaid: **Must be ≥ 20 pack-years (must be a number, no ranges) and ages 50-77 to qualify**

2. Commercial Insurance: **Must be ≥ 20 pack-years and ages 50-80 to qualify [confirm benefits prior to scheduling]**

Exam/Diagnosis: **CT Chest Lung Cancer Screening (CPT 71271)**
(EPIC Order IMG200)
Initial or Annual Screening

Current Smoker; F17.210 nicotine dependence, cigarettes uncomplicated
 Former Smoker; Z87.891 personal history of nicotine dependence
 Screening for malignant neoplasm of lung; Z12.2 **(non-Medicare)**

With my signature on this order, I certify the following to be true:

- If this is the patient’s first lung cancer screen as a Medicare beneficiary, they have had a lung cancer screening counseling and shared decision-making visit, and that visit is appropriately documented in the patient medical record. *(Shared decision making is required by CMS prior to a Medicare beneficiary’s initial lung cancer screen, and is billable using CPT code G0296.)*
- I will provide the above documentation to NM as needed in case of an audit.
- The visit included a determination of patient eligibility.
- One or more decision aids were used during the shared decision-making discussion.
- The visit included counseling on the importance of adherence to annual screening, the impact of comorbidities, and the ability or willingness to undergo diagnosis and treatment.
- The visit included counseling on the importance of smoking cessation and/or maintaining smoking abstinence, and if appropriate, furnishing of information about tobacco cessation interventions.
- The patient is currently asymptomatic (has no signs or symptoms of lung cancer, such as new chest pain, new shortness of breath, new or changing cough, hemoptysis or unexplained significant weight loss.)
- The patient has not had a CT of his/her chest within the past 365 days.

Exam/Diagnosis: **CT Chest Lung Cancer Screening Short Term Follow-Up (CPT 71250)**
(EPIC Order IMG6309)
1, 3 or 6 month follow up

R91.1 Solitary pulmonary nodule
 R91.8 other nonspecific abnormal findings of lung field

Decision Support Information **(Mandatory Field)**

Decision Support Session ID: _____

Decision Support Score *(circle one)*: 1 2 3 4 5 6 7 8 9

Appropriate Inappropriate Indeterminate

Decision Support Vendor: _____

Decision Support Adherence *(circle one)*: Yes No No Criteria Available

Ordering Physician Signature _____ Date _____

Ordering Physician Printed Name _____ Physician Phone Number _____