

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

Northwestern Memorial Hospital
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**Crystal Lake Medical Arts/Huntley MOB
Woodstock and McHenry Hospitals**
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Lake Forest Hospital
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Central DuPage and Delnor Hospitals
Scheduling Phone: 630.933.5000
Scheduling Fax: 630.933.5800

Kishwaukee Hospital/Valley West Hospital
Scheduling Phone: 815.748.2975
Scheduling Fax: 815.748.8935

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 ≥ 30 pack-years (must be a whole number, no decimals) and ages 55-77 to qualify**
 2. Commercial Insurance-2013 USPSTF guidelines remain in effect through 12/31/22: **Must be ≥ 30 pack-years and ages 55-80 to qualify**
 3. Per 2021 USPSTF guidelines, **≥ 20 pack-years and ages 50-80 qualify** [coverage not required until 1/1/23; confirm benefits prior to then]

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:

- I have seen the patient for a lung cancer screening counseling and shared decision making visit prior to completing this order, and that visit is appropriately documented in the patient medical record. *(This service is required per CMS for initial screens only 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 (including age, a specific calculation of cigarette smoking pack-years, and if a former smoker the number of years since quitting).
- One or more decision aids were used during the shared decision making discussion, which included the benefits and harms of screening, follow up diagnostic testing, over-diagnosis, false positive rate, and total radiation exposure.
- 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 has not had a CT of his/her chest within the past 365 days.

Yes or **No**

The patient is currently asymptomatic (has no signs or symptoms of lung cancer, such as chest pain, new shortness of breath, new or changing cough, hemoptysis or unexplained significant weight loss.) **If no, do not order this test; order a diagnostic chest CT (without contrast or with contrast as appropriate).**

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

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 _____ NPI # _____

Physician Phone Number _____