PROVIDENCE
Health & Services

TODAY'S DATE / TIME
/

Diagnostic Imaging
Providence Lung Cancer Screening Program
Southern Oregon

Questions regarding eligibility, call 541-732-7600

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):

Medicare:
- ☐ Z87.891 Personal history of tobacco use/personal history of nicotine dependence
- ☐ F17.210 Nicotine dependence, cigarettes, uncomplicated
- ☐ F17.211 Nicotine dependence, cigarettes, remission
- ☐ F17.213 Nicotine dependence, cigarettes, withdrawal
- ☐ F17.218 Nicotine dependence, cigarettes, with other nicotine-induced disorders
- ☐ F17.219 Nicotine dependence, cigarettes, with unspecified nicotine-induced disorders

Medicaid:
- ☐ Z12.2 Encounter for screening malignant neoplasm of respiratory organs.

☐ Report only ☐ Report and CD ☐ Call Results: Provider contact number: _____ ☐ Fax Results: Provider fax number: _____

CMS Eligibility Criteria:
- 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.

☐ **CT Chest Cancer Screening** (Baseline Exam) EPIC IMG2466 CPT 71271	☐ **CT Chest Cancer Screening** (Routine Annual Exam) EPIC IMG2466 CPT 71271	☐ **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? ☐ Yes ☐ No

Does the patient show any signs or symptoms of lung cancer? ☐ Yes ☐ No

Current smoker: ☐ Yes ☐ 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? ☐ Yes ☐ No

Did the physician provide smoking cessation guidance to the patient? ☐ Yes ☐ No

Has the patient had a CT Chest exam within the past 12 months? ☐ Yes ☐ No

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

Provider Signature: _____ Date: _____ Time: _____ **Clear Form**