

Low-Dose CT Lung Screening Order Form

Patient Name: _____

Date of Birth: ____/____/____ Patient Phone #: (____) _____ - _____

Patient Address: _____ City: _____ State: _____ Zip: _____

Ordering Physician/
Nurse Practitioner: _____ MD Phone #: (____) _____ - _____

MD Fax #: (____) _____ - _____ Insurance Pre-Authorization #: _____

Patient History: Required "Yes" to all patient history questions to qualify.

NOTE: For initial lung screening for traditional Medicare Fee-for-Service patients, if response to any question is "No" an ABN (Advance Beneficiary Notice) of non-coverage must be obtained.

- Age 55-77 Age _____ (non-Medicare providers: age 55-80) Yes No
- Currently a smoker or has quit within the past 15 years Yes No
- For former smokers, number of years since quitting smoking _____ (required)
- Asymptomatic Yes No
- Has a greater than 30 pack-year smoking history Yes No
- Actual pack-year history: _____ pack/years (required)
Pack/years = # of packs per day X # of years smoking (i.e. 2 packs for 20 years = 40 pack/years)

Order: G0297: Low-Dose Computed Tomography (LDCT) of the chest for lung cancer screening.

Diagnosis for test: Please indicate ICD Code:

- Z87.891 – Personal history of nicotine (tobacco) dependence (former smoker)
- Z72.0 – Tobacco use (current smoker)

By signing this order, you are stating that the following items have occurred and been documented in the patient's medical record.

- The patient has participated in a shared decision making session during which the need for lung cancer screening and the potential risks and benefits of CT lung screening were discussed.
- The patient was informed of the importance of adherence to annual screening, impact of comorbidities, 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 offering of tobacco cessation counseling.
- 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).

Physician/Nurse Practitioner Signature

Date

NPI