

## CT LUNG SCREENING ORDER FORM

Patient Name: \_\_\_\_\_ AGE: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

Note: Medicare patients must be between 50-77 years old.

Note: Commercial patients must be between 50-80 years old.

A. How many years did you smoke? \_\_\_\_\_ B. How many packs a day did you smoke? \_\_\_\_\_

Multiply **A x B**

\_\_\_\_\_

This is the number of "pack years" you smoked.

Note: Medicare and Commercial patients must have at least a 20 pack-year history.

Currently smoking?            Yes            No

If **No**, did you quit smoking within the past 15 years?    Yes            No

Ordering MD (print name): \_\_\_\_\_ Phone: \_\_\_\_\_

Low dose CT Lung Screening Codes (Medicare):

Please check one of the following boxes that apply:

CPT Code:

G0297 (Counseling)

71271 (CT Scan for Screening)

ICD-10 Code

Z87.891 for former smokers (personal history of nicotine dependence)

F17.21 for current smokers (nicotine dependence, personal history tobacco use)

F17.21 for current smokers

*Please instruct patient to call TEL: 661.753.5400 or FAX: 661.753.5401*

*to confirm eligibility when ordering the initial CT Lung Screening exam.*

By signing this order, you are certifying that:

- The patient has participated in a shared decision-making session during which 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 offer of Medicare-covered tobacco cessation counseling services, if applicable.
- 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).

Ordering MD Signature: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_