

COMPUTED TOMOGRAPHY (CT) LUNG CANCER SCREENING ORDER

Please fill out each section and fax to the appropriate facility listed below

Patient's Legal Last Name	First Name	Middle	Medical Record Number
Date of Birth	Age	Height (Inches)	Weight (lbs.)

- PROCEDURE:** (select one) Initial/Annual Lung Cancer Screening Low Dose CT - **71271**
 Interval Follow-up (i.e., 3, 6 months, etc.) Lung Cancer Screening Low Dose CT (CT Chest Without - **71250**)

SELECT RELEVANT ICD-10 DIAGNOSIS CODE(S):

GOVERNMENT PAYERS

- F17.210: Nicotine dependence, cigarettes, uncomplicated
- F17.211: Nicotine dependence, cigarettes, in remission
- F17.213: Nicotine dependence, cigarettes, w/ withdrawal
- F17.218: Nicotine dependence, cigarettes, w/ other nicotine-induced disorders
- F17.219: Nicotine dependence, cigarettes, w/ unspecified nicotine-induced disorders
- Z87.891: Personal history of nicotine dependence

ALL OTHER PAYERS

- F17.210: Nicotine dependence, cigarettes, uncomplicated
- F17.211: Nicotine dependence, cigarettes, in remission
- F17.213: Nicotine dependence, cigarettes, w/ withdrawal
- F17.218: Nicotine dependence, cigarettes, w/ other nicotine-induced disorders
- F17.219: Nicotine dependence, cigarettes, w/ unspecified nicotine-induced disorders
- Z72.0: Tobacco use (*no dependence, social smoker, occasional use of tobacco*)
- Z12.2: Encounter for screening for malignant neoplasms of respiratory organs
- Z87.891: Personal history of nicotine dependence

CMS BENEFICIARY ELIGIBILITY CRITERIA:

- Age 50 - 77 years [NOTE: Age 78-80 may be eligible with commercial insurance coverage, for CMS patients order a CT CHEST W/O]
- Asymptomatic, no signs or symptoms of lung cancer (*NO symptoms, such as, fever, chest pain, new shortness of breath, new or changing cough, coughing up blood or unexplained significant weight loss.*)
- Tobacco smoking history of at least 20 pack-years
 Packs/day (20 cigarettes/pack): _____ x years smoked: _____ = Pack years: _____
- Current smoker or one who has quit smoking within the last 15 years
 Currently smoking? Yes No If not smoking, date quit: _____
- Shared decision visit complete
 - Potential risk 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.

Ordering Provider Signature: _____ Date: _____ Time: _____

Ordering Provider Printed Name: _____ NPI# _____

Practice Name: _____

Address: _____

Phone Number: _____ Fax Number: _____

SCHEDULING: (for facilities listed below) Phone: 800-968-9292 Fax: 231-935-3473

<input type="checkbox"/> Kalkaska Memorial Healthcare Center	<input type="checkbox"/> Munson Healthcare Paul Oliver Memorial Hospital	<input type="checkbox"/> Munson Healthcare Charlevoix Hospital Phone: 231-547-8801 Fax: 231-935-7878
<input type="checkbox"/> Munson Healthcare Cadillac Hospital	<input type="checkbox"/> Munson Medical Center	<input type="checkbox"/> Munson Healthcare Manistee Hospital Phone: 231-398-1114 Fax: 231-398-1408
<input type="checkbox"/> Munson Healthcare Grayling Hospital		<input type="checkbox"/> Munson Healthcare Otsego Memorial Hospital Phone: 989-731-2152 Fax: 989-731-7753