

**Diagnostic Imaging
Providence Lung Cancer Screening Program
Southern Oregon**

Questions regarding eligibility, call 541-732-7605

Fax order form to preferred site – see below

- Providence Medford Medical Center 971-712-2157
- PMG Stewart Meadows 541-734-3452

**LOW DOSE CT LUNG CANCER SCREENING
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:
 Fax Results:
 Provider contact number: _____
 Provider fax number: _____

CMS Lung Cancer Screening Eligibility Requirements:

- Age 50–77
- Asymptomatic (no signs or symptoms of lung cancer).
- Tobacco smoking history of at **least** 20 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.

<input type="checkbox"/> CT Chest Cancer Screening Baseline or Annual EPIC IMG2466 CPT 71271	<input type="checkbox"/> CT Chest Lung Cancer Screening F/U 1, 3 or 6 Month EPIC IMG3355 CPT 71250
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Is the patient between the ages of 50 and 77, a current or former smoker (quit within last 15 years), and has a 20+ pack year smoking history? Yes No

Does the patient show any signs or symptoms of lung cancer? Yes No If **yes**, patient is **not** eligible for a screening exam.

Is the patient a current smoker? Yes No
 If **no**, indicate the number of years since patient quit smoking (must be **<15 years**):

Patient's smoking history in pack years (packs per day x years smoked): _____ (Must be **≥20 pack years**)

This is the patient's baseline lung cancer screening exam **OR** This is the patient's annual lung cancer screening exam

If this is a baseline exam, is there documentation of shared decision making (SDM)? Yes No (SDM is **required** before scheduling)

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

Provider Signature: _____ Date: _____ Time: _____