

Questions regarding eligibility, call 971-358-0942
 Fax order form to preferred site – see below

Providence Lung Cancer Screening Program
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

Call Results (provider contact number): _____ Fax Results (provider contact number): _____

Medicaid:

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

Providence Imaging Site Requested:

<input type="checkbox"/> PPMC Fax: 503-215-6862	<input type="checkbox"/> PMH Fax: 503-513-8309	<input type="checkbox"/> PSVMC Fax: 503-216-2168	<input type="checkbox"/> PHRMH Fax: 541-387-6410	<input type="checkbox"/> CMI Tanasbourne Fax: 503-216-8410
<input type="checkbox"/> PWFMC Fax: 971-712-2123	<input type="checkbox"/> PNMC Fax: 503-537-1682	<input type="checkbox"/> PSH Fax: 503-717-7589		<input type="checkbox"/> CMI Bridgeport Fax: 503-216-0670

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 Code: 71271	<input type="checkbox"/> CT Chest Lung Cancer Screening F/U 1, 3 or 6 Month EPIC IMG3355 CPT Code 71250
---	--

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 (***ADVISORY*** If the patient is between the ages of 78-80, please have the patient confirm insurance coverage. Medicare **DOES NOT** pay for ages 78-80.)

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: _____