

Low-Dose CT Lung Cancer Screening Order Form

Patient Name _____ DOB ____/____/____

Patient Phone Number _____ Sex _____

Patient Height _____ inches Patient Weight _____ lbs. Race _____ Ethnicity _____

Packs/day (20 cigarettes/packs): _____ x Years smoked: _____ = Pack years*: _____

*Pack year calculator <http://smokingpackyears.com>

Currently smoking? Yes ☐ No ☐ If not smoking, how many years quit? _____

Ordering MD (print name) _____ Phone _____

National Provider Identifier (NPI) _____ Fax _____

☐ Low Doses CT Lung Screening Exam 71271 (CPT) ***select screening type below*

☐ Initial ☐ Annual Follow-up ☐ 3 Month Follow-up ☐ 6 Month Follow-up ☐ Other _____

*****SELECT MEDICAL DIAGNOSIS CODE**

- ☐ Personal history of tobacco use/personal history of nicotine dependence Z87.891 (ICD-10)
- ☐ Nicotine dependence, uncomplicated F17.210 (ICD-10)
- ☐ Nicotine dependence, cigarettes, in remission F17.211 (ICD-10)
- ☐ Nicotine dependence, cigarettes, with withdrawal F17.213 (ICD-10)
- ☐ Nicotine dependence, cigarettes, with other nicotine-induced disorders F17.218 (ICD-10)
- ☐ Nicotine dependence, cigarettes, with unspecified nicotine-induced disorders F17.219 (ICD-10)

Authorization # _____

Commercial insurance coverage varies by plan. Low cash price available for those patients without coverage.

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 to 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 _____

Fax order, most recent chart note, and patient demographics to 209.547.7120. The Cancer Navigator will contact your patient, schedule the screening Low Dose CT Chest. The Cancer Navigator will monitor all follow-up.

Please call the Cancer Navigator at 209.939.4526 with questions.

Screening Test Site: St. Joseph's Imaging Center
1617 N. California St., Suite 1A
Stockton, CA 95204
209.944.1223

Revised 7/19/22

Have Your At-Risk Patients Screened

Early detection alone can save up to 20,000 lives each year, according to the U.S. Preventive Services Task Force.

Lung Cancer Screening Program

The lung cancer screening program at St. Joseph's Medical Center offers those with a high risk of developing lung cancer the opportunity to be screened for lung cancer and to receive their diagnosis at an early stage, even before symptoms develop.

Without screening, many lung cancers diagnosed are unresectable, secondary to advanced stage. Approximately 80 percent of lung cancers could be cured if they were caught at an early stage. With the leadership of local physicians, we have started a process that is designed to diagnose patients when there is hope for a cure.

Medicare Eligibility Criteria

- Age: 50-77 years of age
- 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; 1 pack = 20 cigarettes)
- Current smoker or one who has quit smoking within the last 15 years

NCCN and USPSTF Guidelines

- Age: 50 years of age or older
- 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; 1 pack = 20 cigarettes)
- Current smoker or one who has quit smoking within the last 15 years

Referring a Patient for Lung Cancer Screening

Our Cancer Navigator will screen all patients and enter biographical information into the lung cancer screening database. Protocol will include annual reminders for the repeat scan.

- Screening CT scan images will be reviewed by our Lung Screening Team.
- Negative scans should be repeated annually and until the patient would no longer benefit from definitive treatment.
- Abnormal scans that are suspicious for lung cancer will result in diagnostic strategies being recommended to the referring physician and the patient by the Lung Cancer Screening Team.
- If further evaluation or treatment is recommended, referral to a specialist can be provided per the referring physician's preference.

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