

## 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 - **G0297**  
 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 55 - 77 years
- 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 30 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  Documentation attached
  - 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 Medical Center	<input type="checkbox"/> Munson Healthcare Charlevoix Hospital Fax: 231-547-8094
<input type="checkbox"/> Munson Healthcare Cadillac Hospital	<input type="checkbox"/> Paul Oliver Memorial Hospital	<input type="checkbox"/> Munson Healthcare Otsego Memorial Hospital Fax: 989-731-7753
<input type="checkbox"/> Munson Healthcare Grayling Hospital		