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JOHNSTON UNC HEALTH CARE

DESIGNATED Lung Cancer Screening Center AMERICAN COLLEGE OF RADIOLOGY

Low-Dose CT Lung Screening Order Form

MEDICARE REQUIREMENTS FOR REIMBURSEMENT:
THIS FORM MUST BE FILLED OUT IN FULL BY A PHYSICIAN OR HEALTHCARE PROVIDER

Patient First Name		Middle Name / Initial	
Patient Last Name			
Date of Birth			

Appropriateness of Screening

Smoking Status	Select One: O Current Smoker O Former Smoker O Never Smoker O Smoker, current status unknown O Unknown if ever Smoked Packs/day (20 cigarettes/pack): _____ X Years Smoked: _____ = Number of pack-years of smoking: _____ Number of years since quit:
Did physician provide smoking cessation guidance to patient?	O Yes O No
Shared Decision Making	O Yes O No
Patient's Height (inches)	
Patient's Weight (lbs.)	
Patient History	Select all that apply: O COPD O Pulmonary fibrosis O Emphysema O Congestive heart failure O Peripheral vascular disease O Coronary artery disease O Lung cancer O Cancer other than lung O Other, please specifiy:
Patient Cancer Related History	Select all that apply: O Prior history of lung cancer O Lymphoma O H&N cancer O Bladder cancer O Esophageal cancer O Pulmonary fibrosis O Other cancer, please specifiy: O Other

Ordering Physician (PRINT)		Phone:	
National Provider Identifier (NPI)		Fax:	

Exam Indication	O CT Lung Cancer Screening Exam O Initial Screening O Repeat Screening O Follow-up Screening O Other, please specifiy:
Diagnosis Code	O Z 87.891 : Tobacco use / Nicotine dependence O Z 12.2 : Encounter for screen for malignant neoplasms of respiratory organs. O G0296: Counseling & Shared Decision Making Visit O G0297 (Medicare): O S8032 (HCPCS): Low-Dose CT for Lung Cancer Screening O Other, please specifiy:
Comments:	

By signing this order, I am certifying that I am ordering a low-dose CT lung screen to be performed and :

It was discussed with the patient what the potential risks and benefits of CT lung screening are. 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. 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 Physican Signature

Date

UPDATED: 06/29/16 ACB