



Asante Lung Cancer Screening Program
LUNG CANCER SCREENING LOW DOSE CT
(LDCT) ORDER FORM

Fax order form to: ARMC (541) 789-7170
 Fax order form to: ATRMC (541) 472-7067
 Fax order form to: AACH (541) 201-4379
 Scheduling: (541) 789-4322

PATIENT NAME	DATE OF BIRTH	PATIENT PHONE
INSURANCE NAME	MEMBER / POLICY / ID #	PRE-AUTHORIZATION #
ORDERING PROVIDER NAME	CLINIC TELEPHONE	

Asante Imaging Sites: (Please circle)

Black Oak Medical Plaza
 555 Black Oak Drive
 Medford, OR 97504

Asante Ashland Community Hospital
 280 Maple Street
 Ashland, OR 97520

Asante Three Rivers Medical Center
 500 SW Ramsey Avenue
 Grants Pass, OR 97527

Direct Physician Contact Number (pager, cell, clinic number, etc.) _____

Physician Fax Number: _____

- Report
 Call results
 Fax results

To qualify for Lung Cancer Screening patients must meet the following criteria:

- Be 50 - 77 years of age.
- Be asymptomatic (no signs or symptoms of lung cancer).
- Have a tobacco smoking history of at least 20 pack-years (one pack-year = smoking one pack per day for one year; one pack = 20 cigarettes).
- Be a current smoker or one who quit smoking within the last 15 years (ICD-10: Z87.891); or Nicotine Dependence, Uncomplicated (ICD-10: F17.210)
- Receive a written order for lung cancer screening with LDCT that meets the requirements described in the NCD; and,
- Has undergone a shared decision-making visit with their primary care provider (details on second page).

ORDERING PROVIDERS: Please answer the following questions below.

- Is this the first (baseline) CT or an annual exam? Baseline Annual
- Does the patient show any signs or symptoms of lung cancer? Yes No
- What is the patient's height in inches? _____
- What is the patient's weight in pounds? _____
- Enter the patient's number of pack years (Packs/day X years) _____
- What is the patient's current smoking status?
 Current smoker Former Smoker Never Smoker
 Smoker, current status unknown Unknown if ever smoked
- How many years since quitting? _____ years
- Has the patient participated in a shared decision-making session with their primary care provider? Yes No





In addition, it's important that patients who are going to be screened:

- Receive counseling to quit smoking if they currently smoke, **and**
- Have been told by their doctor about the possible benefits, limits, and harms of screening with LDCT scans, **and**
- Can go to a center that has experience in lung cancer screening and treatment.

Patients who have had a previous screening LDCT (low dose CT) can continue with annual screening if one full calendar year has passed and if they had a Lung-RADS category of 1 or 2.

<p>o CT LUNG SCREEN LOW DOSE (Screening)</p> <p>Use CPT 71271</p>	<p>CT Chest Without Contrast Low Dose</p> <p>Use CPT 71250 with note for LDCT using ICD code R91.1 Solitary nodule</p> <p>Below you will find Lung-RADS categories and the resulting follow ups which will be included on the Radiologist report from the original screening LDCT</p> <p>(Please note recommendations made by the Radiologist in the report supersede any of these listed)</p> <p>Lung-RADS 3: 6 month follow up</p> <p>Lung RADS 4A: 3 month follow up</p> <p>Lungs RADS 4B or 4X: Please follow recommendations listed</p>
<p>ICD-10: Z87.891 or F17.210, F17.211, F17.213, F17.218, F17.219 (Must circle one to be a valid order)</p>	<p>ICD-10:</p>
<p>Provider Signature: _____ Date: _____</p>	

A lung cancer screening counseling and shared decision-making visit includes the following elements and is appropriately documented in the patient's medical record:

- 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 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).
- The patient meets the qualifications listed above (age and smoking history).

Please fax this order form to provided Asante fax number above.

