



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

Fax order form to: (541) 789-7170
 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 Site:

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

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 – 80 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**);
- 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

<input type="radio"/> CT LUNG SCREEN LOW DOSE (Screening) 71271	<input type="radio"/> CT LUNG DIAGNOSTIC LOW DOSE (Diagnostic) 71250 (use for nodule follow-up on previous low-dose lung cancer screenings)
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ICD-10: Z87.891 or F17.210, F17.211, F17.213, F17.218, F17.219 (Must circle one to be a valid order)	ICD-10:
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Provider Signature:	Date:
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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 the front page of this order form to (541) 789-7170.