



LUNG SCREENING ORDER FORM

Patient Name _____ Patient's Weight _____ Patient's Height _____
DOB _____ SS Number _____ Appt. Date & Time _____
Patient Phone _____ Authorization # _____

Please choose one:

Y N

☐ ☐ Is patient 50-77 (*CMS eligibility age range*) or Age 55-80 (*private payers age range*)?

Please check all risk factors that apply:

_____ COPD _____ Radon Exposure _____ Family history of lung cancer

_____ **Personal** history of lymphoma, head, neck, and/or lung cancer

Occupational Exposure to:

☐ asbestos ☐ arsenic ☐ beryllium ☐ cadmium ☐ silica ☐ nickel ☐ diesel fumes

Screening Criteria (*Patient must meet all of the following criteria to be eligible*)

Y N

☐ ☐ Verified patient has no signs or symptoms of lung cancer

_____ Enter the "Pack Years" of smoking history (numerical value)

*Must be 20 pack years or greater for ages 50-80

(Pack Years = packs per day ____ X ____ years of smoking cigarettes)

☐ ☐ Is patient a current cigarette smoker?

_____ Number of years since patient quit smoking (**Must be ≤ 15 years since quit**; Enter 0 if current)
(*If former smoker ICD-10 Z87.891—Personal history of nicotine dependence*).

Please select the appropriate order below

☐ **CT Lung Screening Initial (CPT 71271)**

**I have discussed with the patient and documented in the Medical Record the Shared Decision Making Visit (office visit code: G0296) (eligibility, benefit and harm linked to LDCT screening, importance of annual LDCT and smoking cessation with resources); all questions have been answered.*

☐ **CT Lung Screening Annual Follow Up (CPT 71271)** (*One year must elapse between screenings*)

Provider Signature _____ Date & Time _____

Provider Name (printed) _____

Provider Phone _____ Provider NPI _____

Patient & Physician Guide: Shared Decision Making for Lung Cancer Screening

YOU ARE ELIGIBLE TO PARTICIPATE IN A LUNG CANCER SCREENING PROGRAM BECAUSE YOU:

- Are age 50-77 (CMS) or 55-80 (private pay)
- *Have a tobacco smoking history of at least 20 years or greater for ages 50-80 (One pack year = smoking one pack per day for a year, 1 pack is 20 cigarettes)*
- Are a current tobacco smoker or former smoker that stopped within the last 15 years

AND

- Have no signs or symptoms of lung cancer

WHAT ARE THE BENEFITS OF THE ANNUAL SCREENING PROGRAM?

Lung cancer kills more people than breast, cervix, colon and prostate cancers combined. More than 85% of lung cancer patients are diagnosed in the late stages, because lung cancer does not have early warning signs or symptoms. According to the American Lung Association, when lung cancer is diagnosed at a later stage and has spread to other organs, the five-year survival rate is 4%. Using a CT lung screen to detect lung cancer in its early stages has shown to increase survival rates in lung cancer patients by 20%. The CT scan can detect small nodules on your lungs before they have grown and spread to other parts of the body. These small nodules can then be surgically removed or treated which vastly increases the survival rate.

WHAT ARE THE HARMS OF SCREENING?

Lung cancer CT screening only helps to find cancer if it is already there. It cannot prevent cancer. Lung cancer screening uses a CT scan with a lower dose of radiation than a conventional CT. While the radiation exposure of a low dose of CT scan is minimal, it is still considered a risk. The amount of radiation for the lung screening is similar to the amount given for a mammogram which is considered gold standard for breast cancer detection. Scans may also reveal nodules that are not cancerous, so the anxiety associated with false positives needs to be taken into consideration when making your decision.

“TAKE HOME” MESSAGES

- Lung cancer screening with CT scans is the only screening test shown to lower the chance of dying from lung cancer. The effect of screening may vary depending on how similar you are to the people who participated in the study. The benefit of screening may be bigger if your lung cancer risk is higher. The harm may be bigger if you have more medical problems (like heart or severe lung disease), which could increase problems from biopsies and surgery.
- For perspective, the reduction in deaths from lung cancer CT screenings is larger than the reduction in deaths from the target cancers of other common screening tests, such as mammograms for breast cancer.
- There is a tradeoff: CT screening decreases your chances of death but increases your chances of having a false alarm.
- If you choose to have CT screening, it is important to have it done at a medical center with special expertise in lung cancer screening and treatment.

MOST IMPORTANT THING YOU CAN DO

DON'T SMOKE. Regardless of your screening decision, avoiding cigarettes is the most powerful way to lower your chance of dying overall or suffering or dying from a variety of diseases, such as lung cancer, emphysema, heart or vascular disease. For example, at age sixty-five, 89 in 1,000 male current smokers will die of lung cancer in the next 10 years versus 4 in 1,000 never smokers. For women, the corresponding figures are 55 in 1,000 versus 5 in 1,000.

For help quitting, call 1-800-QUIT-NOW