

Patient Label

LUNG CANCER SCREENING PROGRAM PHYSICIAN ORDERS

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Dear Physician: This form is being provided for your convenience and can be used as an order once it is completed.

FAX orders to Flagler Hospital Scheduling: (904) 819-4901

Once faxed, the Patient must call to schedule their procedure at (904) 819-4432 and/or bring the written copy at the time of the exam.

Patient Name			<input type="checkbox"/> Medicare
Phone			<input type="checkbox"/> Medicaid
Age	Date of Birth		<input type="checkbox"/> Commercial Insurance (authorization required)

Authorization

A preauthorization is required for commercial insured patients meeting all eligibility criteria. LDCT screenings are typically covered under preventive care. Note: As of February 2015, high-risk individuals insured by Medicare will have screening covered up thru age 77.

Initial & Subsequent (Annual) Lung Cancer Screening Criteria: Complete the following criteria questions to determine eligibility for screening

- Yes** Age 55 - 77 years
- Yes** Asymptomatic (no current signs or symptoms of lung cancer)
- Yes** Prior Tobacco smoking history: 30 pack-years or more (one pack-year = one pack per day for one year; 1 pack-20 cigarettes)
- Yes** Current tobacco smoker or one who has quit smoking in the past 15 years

Reason for Exam

- Nicotine dependence, cigarettes, uncomplicated ICD-10 F17.210
- Nicotine dependence, cigarettes, in remission ICD-10 F17.211
- Nicotine dependence, cigarettes, with withdrawal ICD-10 F17.213
- Nicotine dependence, cigarettes, with other Nicotine-induced disorders ICD-10 F17.218
- Nicotine dependence, cigarettes, with Unspecified disorders ICD-10 F17.219

Initial & Subsequent LDCT Screening Order (Instructions: Select if screening is Initial or Subsequent (annual). If Initial, physician or radiologist/designee must complete a Lung Cancer Counseling & Shared Decision-Making Visit (specified below). The counseling can be performed by the physician prior to the test or by a Radiologist/designee at the time of the test; specify by checking the appropriate box below. For Subsequent (annual) screenings the counseling visits are optional.

- | | |
|--|-------------------|
| <input type="checkbox"/> Low-dose CT Lung Cancer Screening - Initial screening (or) | HCPCS Code: G0297 |
| <input type="checkbox"/> Low-dose CT Lung Cancer Screening - Subsequent screening | HCPCS Code: G0297 |
| <input type="checkbox"/> Radiologist/designee completed <i>Counseling & Shared Decision-Making Visit time of test</i> (or) | HCPCS Code: G0296 |
| <input type="checkbox"/> PCP completed <i>Counseling & Shared Decision-Making Visit</i> | HCPCS Code: G0296 |

- Counseling visit includes bulleted items:**
- Determination of beneficiary eligibility including age, absence of signs or symptoms of lung cancer, a specific calculation of cigarette smoking pack-yrs.; and if a former smoker, the number of yrs. since quitting.
 - Shared decision-making, including the use of one or more decision aids to include benefits and harms or screening, follow-up diagnostic testing, over diagnosis, false positive rate, and total radiation exposure.
 - Counseling on the importance of adherence of annual lung cancer LDCT screening, impact of comorbidities and ability or willingness to undergo diagnosis and treatment.
 - Counseling on importance of maintaining cigarette smoking abstinence if former smoker; or importance of smoking cessation if current if appropriate, furnishing of information about tobacco cessation interventions; and the following order:
 - The following written order for lung cancer screening with LDCT was determined:

Physician & Patient Signatures

Ordering Physician Signature _____ NPI # _____
I am verifying the order for the patient's exam(s) and counseling as noted above

Date/Time _____

Ordering Physician Fax # _____

Radiologist Signature _____ NPI # _____

Date/Time _____

Patient Signature _____

Date/Time _____

