



DOING WHAT'S BEST

Lung Cancer Screening Eligibility Form/Physician Order

Patient Name: _____ DOB: ____ / ____ / _____

Home Phone: _____ Cell Phone/Alternative: _____

Packs/day (20 cigarettes/pack): _____ x Years smoked: _____ = Pack years**: _____

Are you a current smoker? ___ Yes ___ No If no, how many years since you quit? _____

** A pack year is defined as twenty cigarettes smoked every day for one year. People who smoke often vary their smoking habits over the years which can make it difficult to create a pack year score. (This calculator helps to produce a numerical value of lifetime tobacco exposure, called pack years. <https://www.smokingpackyears.com/>)

CT Lung Cancer Screening Exam: Initial Screening Subsequent Exam

Authorization #: _____ CPT 71250 CPT G0297

The patient must meet ALL the following requirements and shared decision making documented.

- ▶ The patient has participated in a shared decision-making session during which the potential risks and benefits of CT lung screening were discussed, was informed of the importance of adherence to annual screening, impact of comorbidities, and ability/willingness to undergo diagnosis and treatment should the patient be diagnosed with lung cancer, and 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 between the ages of 55 and 77 years.
- ▶ Has at least a 30+ pack year smoking history.
- ▶ Is currently smoking or quit within the last 15 years.
- ▶ The patient is asymptomatic of lung cancer. I attest that the patient does not have, and is not being treated, for any of the following:
 - Chest pain
 - Active pneumonia
 - Fever
 - Changing cough
 - New shortness of breath
 - Hemoptysis (coughing up blood)
 - Unintended weight loss

Ordering Physician: _____ NPI#: _____

Physician Signature (Mandatory): _____ Date: _____

By signing this order, you are attesting that the patient meets all the above requirements and that all required elements are documented in the office notes.

Fax completed form to McLaren Bay Region (989) 894-6143

PLEASE ALSO PROVIDE A COPY FOR THE PATIENT AND INSTRUCT THEM TO BRING IT TO THE APPOINTMENT WITH THEM.