

**LUNG CANCER SCREENING
ORDER FORM**



HM2431

Patient Name		DOB		Sex	
Address			City		State
Zip			Phone		Insurance
Insurance Group#		Insurance Policy #			
Race <input type="checkbox"/> Black or African American <input type="checkbox"/> White <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino			Height		Weight
Reason for Exam: Lung Cancer Screening		Description of Exam Low Dose CT Scan of Chest without contrast			Diagnosis Code:
Primary Diagnosis: Personal History of Tobacco Use / Personal History of Nicotine Dependence (Z87.891) Secondary Diagnosis: Encounter Screening for Malignant Neoplasm of Respiratory Organs (Z12.2); Nicotine dependence, unspecified, uncomplicated (F17.200)					
CPT Code		<input type="checkbox"/> G0297 LDCT-Lung Cancer Screening			

I certify that the above patient qualifies for Lung Cancer Screening by meeting the following criteria:

Standard Criteria (All criteria must be met)

- Patient is age 55 – 77 years
 - Date of Birth _____
- Patient has smoked an equivalent of 30 pack years
 - Actual pack year smoking history (number) _____
- Patient is a current or a former smoker who has quit within the last 15 years
 - If former smoker, number of years since quitting _____
- Patient is asymptomatic
- Patient has **not** had a CT scan of the chest within the last year
- Patient has no known history of active lung cancer within the last 5 years

Medicare Criteria (All criteria must be met) G0296 Shared Decision Making

- Patient has participated in a shared decision making session; including the use of one or more decision aids including explanation on benefits and harms of screening, adherence to annual LDCT screening follow-up diagnostic testing, over-diagnosis, false positive rate, and total radiation exposure
- Patient has received counseling on the importance of maintaining cigarette smoking abstinence and if appropriate, has received information on smoking cessation interventions

Physician initials: _____

Physician Name		Lung Cancer Screening Questions? ↳ Call 713.441.LUNG (5864) CT Lung Cancer Screening Order is available via EPIC order entry.
Date/Time	Physician NPI	
Physician Signature		

Lung Cancer Screening is available at Houston Methodist Imaging Locations

Location	Phone	Fax
Houston Methodist Baytown	832.556.6300	832.556.6564
Houston Methodist Clear Lake	281.333.8858	281.333.8869
Houston Methodist Imaging Center – Pearland	713.363.8600	281.485.4540
Houston Methodist Sugar Land	281.274.7170	281.274.7101
Houston Methodist Hospital – Texas Medical Center	713.441.6550	713.791.5075
Houston Methodist The Woodlands	936.270.2204	936.270.2205
Houston Methodist Imaging Center – Spring Branch	713.797.9729	713.790.3378
Houston Methodist West – West Houston/Katy	832.522.1234	832.522.0123
Houston Methodist Willowbrook	281.737.1900	719.791.5050

