

# LUNG CANCER SCREENING ORDER FORM



HM2431

|  |  |   |  |                    |  |
|--|--|---|--|--------------------|--|
| Patient Name   |  | DOB   |  | Sex                |  |
| Address  |  | City  |  | State              |  |
| Phone  |  | Insurance   |  | Insurance Policy # |  |
| Insurance Group#   |  | Height  |  | Weight             |  |
| 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   |  |   |  |                    |  |
| Reason for Exam:<br>Lung Cancer Screening  |  | Description of Exam<br>Low Dose CT Scan of Chest without contrast |  | Diagnosis Code:    |  |
| Primary Diagnosis: Personal History of Tobacco Use / Personal History of Nicotine Dependence (Z87.891)<br>Secondary Diagnosis: Encounter Screening for Malignant Neoplasm of Respiratory Organs (Z12.2); Nicotine dependence, unspecified, uncomplicated (F17.200) |  |   |  |                    |  |
| CPT Code   |  | <input type="checkbox"/> 71271 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 50 – 77 years
  - ☐ Date of Birth \_\_\_\_\_
- ☐ Patient has smoked an equivalent of 20 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 Name      |               | Lung Cancer Screening Questions?<br>➡ Call 713.441.LUNG (5864)<br><br>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**

|   |                    |                  |
|---|--------------------|------------------|
| Houston Methodist Baytown                         | Phone 832.556.6300 | Fax 832.556.6564 |
| Houston Methodist Clear Lake                      | 281.333.8858       | 281.333.8869     |
| Houston Methodist Imaging Center – Pearland       | 713.363.8650       | 281.485.4540     |
| Houston Methodist Sugar Land                      | 281.274.7170       | 281.274.7101     |
| Houston Methodist Hospital – Texas Medical Center | 713.441.2417       | 713.791.5075     |
| Houston Methodist The Woodlands                   | 936.270.2204       | 936.270.2205     |
| Houston Methodist Imaging Center – Spring Branch  | 713.441.8946       | 713.790.3378     |
| Houston Methodist West – West Houston/Katy        | 832.522.1234       | 832.522.0123     |
| Houston Methodist Willowbrook                     | 281.737.1900       | 719.791.5050     |

