

**Physician Order: CT Low Dose Lung Screening**

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

**CT LOW DOSE LUNG SCREENING EXAM:**

(Please select one)

- Initial Lung Screening Exam  
 Subsequent Exam

AUTHORIZATION # (if required): \_\_\_\_\_

Please authorize for the following CPT code:

 71271**DIAGNOSIS CODE(S):**

- CURRENT SMOKER: F17.210 Nicotine dependence, cigarettes, uncomplicated  
 FORMER SMOKER: F17.211 Nicotine dependence, cigarettes, in remission  
 OTHER/ADDITIONAL: \_\_\_\_\_

**All fields below must be completed prior to scheduling of exam.**

Is the patient 50-80 years of age (eligibility varies by payor).	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the patient a current smoker? If not, please indicate their quit date: _____ **Patients must have quit within the last 15 years.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Please indicate the pack-year smoking history. *Pack year calculator: <a href="http://smokingpackyears.com/">http://smokingpackyears.com/</a> _____pk-yrs	
Packs/day (20 cigarettes/pack) X Years smoked = Pack Years*	
For current smokers, was smoking cessation guidance provided to the patient from the provider?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the patient asymptomatic (no signs or symptoms of lung cancer such as chest pain, weight loss, hemoptysis, active pneumonia, etc.)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If this is the patient's initial CT Lung Screening, has a shared decision visit occurred between the patient and the provider? *	<input type="checkbox"/> Yes <input type="checkbox"/> No
*CMS requires that a shared decision-making visit occurs prior to the patient's initial CT Low Dose Lung Screening exam where specific information is acquired relating to the current and past cigarette use, the benefits and harms of CT Lung Screening, and counseling of tobacco cessation.	Date of Visit (if applicable). _____

For patients to qualify for the Lung Cancer Screening Program, they must be between the ages of 55-80 (55-77 for Medicare), must be a current smoker or quit within the last 15 years, must have at least a 20 pack-year smoking history (varies by payor), must be asymptomatic of Lung Cancer, and have participated in a shared decision-making visit prior to initial LDCT screening. For any further questions, please call the CT Department at (802) 524-8447.

\_\_\_\_\_  
 Ordering Provider Signature Date Time \_\_\_\_\_ AM / PM

By signing this order, you are attesting that the patient meets all the above requirements, a shared decision-making visit has occurred and that these required elements are documented in office notes.

Ordering Provider (Print Name and Title): \_\_\_\_\_  
 NPI# \_\_\_\_\_ Phone# \_\_\_\_\_ Fax# \_\_\_\_\_

Please FAX completed order to (802)524-1289 and we will call the patient to schedule.

