

CT Lung Screening Order Form

Marshwood Imaging Center

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Appointment Date and Time		Check-in Time	
Patient Name		Primary #	Secondary #
Patient DOB	Age	<input type="radio"/> M <input type="radio"/> F	<input type="radio"/> Commercial/Private <input type="radio"/> Workers' Comp <input type="radio"/> Medicare or Medicaid (CMS)
Insurance		Insurance ID #	
Reason for Study			

Eligibility requirements detailed on the back of this form

Smoking History

Current Smoker? Yes No

Former Smoker? Yes No If yes, how many years ago did the patient quit? _____

Pack-year History

Pack-years _____ (packs per day times number of years smoked)

Overall Health

Does the patient have any symptoms of lung cancer?* Yes No

Does the patient have a health problem that substantially limits life expectancy? Yes No

Would the patient be able or willing to undergo curative lung surgery or ablative therapy? Yes No

Environmental Risk Factors

Has the patient been exposed to asbestos? Yes No If yes, how many year's exposure? _____

Has the patient been exposed to any of these other environmental hazards: silica, cadmium, arsenic, beryllium, chromium, diesel fumes, nickel, coal smoke and soot? Yes No

Screening Studies

- CT Low Dose Lung Screening Exam
- Other _____

SHARED DECISION MAKING

By signing this order I am certifying that:

- I have discussed the benefits and harms of lung cancer screening with this patient, including: follow-up testing that may be required, over-diagnosis, false positive rate and total radiation exposure.
- I have provided counseling on the importance of adhering to an ongoing lung cancer screening program, the impact of comorbidities and the willingness to undergo treatment.
- FOR CURRENT SMOKERS - This patient is a current smoker, and I have provided counseling on the importance of smoking cessation. If appropriate, I have talked to this patient about CMS-covered tobacco cessation counseling services.
- FOR FORMER SMOKERS - This patient is a former smoker, and I have discussed the importance of maintaining smoking abstinence.

*Patients with signs or symptoms of lung cancer do not qualify for screening and should have a diagnostic exam.

Provider Name (Print)	National Provider # (required)	Phone
Provider Signature (Required)		Date

Provider signature required. Do not use rubber stamp.

PATIENT ELIGIBILITY REQUIREMENTS

Payer	Medicare and Medicaid (CMS)	Commercial Payers
Exam Coverage	Covered for qualified patients	Covered per the Affordable Care Act for qualified patients without cost sharing. Check with individual payers for qualifications
Age	55 - 77	55 - 80
Smoking History	>30 pack-years*	
Smoking Status	Current or former smoker who has quit within the last 15 years	
Other Eligibility	Asymptomatic (no signs or symptoms of lung cancer) Counseling and Shared Decision Making visit required to discuss: <ul style="list-style-type: none"> • Screening should not be performed or should be discontinued if the patient has or develops a health problem that substantially limits life expectancy or if the patient is unable or unwilling to undergo treatment for lung cancer • The benefits and harms of screening, follow-up testing, over-diagnosis, false positive rate and total radiation exposure; • Counseling on the importance of adherence to the screening program, the impact of comorbidities and the willingness to undergo treatment; and • Counseling on the importance of smoking cessation if a current smoker or maintaining smoking abstinence if a former smoker, and offering CMS-covered tobacco cessation counseling services if appropriate 	

Many Labor Management Funds cover Lung Cancer Screening Exams for their members who:

- Are current or former smokers
- Have had exposure to asbestos or other occupational exposures**

Check with the individual plan for coverage criteria.

* Pack-years means: (number of packs smoked per day) x (number of years smoked). For example, a person who smoked two packs of cigarettes per day for 20 years has a history of 40 pack-years of smoking. This person would be eligible for LDCT Lung Cancer Screening according to CMS and ACA guidelines.

** Occupational exposures include: silica, cadmium, arsenic, beryllium, chromium, diesel fumes, nickel, coal smoke and soot.

Why consider lung cancer screening?

Lung cancer screening can detect lung cancers that have no symptoms at their earliest and most treatable phase. Finding lung cancer early improves survival by 20 percent.¹

Continuous screening is important

To get the maximum benefit of early detection, lung cancer screening exams should be repeated over time.

Are there risks to being screened?

According to the study, three of every 10 people screened found a minor abnormality.¹ If this is the case, a patient may need further testing or procedures to rule out lung cancer. These tests may require more time and expense. The exam uses radiation to capture images. This presents a very small health risk for people older than 55.

Resources for patients who want to quit smoking

These organizations offer helpful information for patients interested in quitting smoking: American Cancer Society and American Lung Association.

1. Aberle DR, Adams AM, Berg CD, et al. Reduced lung-cancer mortality with low-dose computed tomographic screening. N Engl J Med 2011;365:395-409.