



Saint Agnes Medical Center

Low Dose CT Lung Screening Order

Patient Information:

Name: _____ DOB: _____

Appointment Date: _____ Time: _____ Location: _____

CC Reports: _____ Primary Ph #: _____

Current Smoker Quit ____ yr/mo ago ____ packs/day x ____ years smoking = ____ pack years

Inclusion Criteria:

The National Comprehensive Cancer Network (NCCN)'s definition of individuals who are at high-risk for lung cancer. The NCCN defines high-risk as:

- Ages 55 to 77 and
- Current smoker or former smoker who has quit in the past 15 years and
- Smoking history of at least 30-pack years.

The American Cancer Society defines 30-pack years as:

- o One pack a day for 30 years
- o Two packs a day for 15 years

Exclusion Criteria:

- Previous diagnosis of lung cancer
- Previous chest CT within 18 months before enrollment
- Symptoms of Lung Cancer – e.g. hemoptysis, weight loss, etc

By signing this order you are verifying that:

Shared Decision making visit with patient and they meet all the following criteria:

- Determination of beneficiary eligibility including age, absence of signs or symptoms of lung cancer, a specific calculation of cigarette smoking pack years; and if a former smoker, the number of years since quitting;
- Benefits and harms of screening, follow-up diagnostic testing, over diagnosis, false positive rate, and total radiation exposure;
- The importance of adherence to annual lung cancer LDCT(Low Dose CT) screening;
- Impact of comorbidities and ability or willingness to undergo diagnosis and treatment;
- Counseling on the importance of maintaining cigarette smoking abstinence if former smoker; or the importance of smoking cessation if current smoker and if appropriate, furnishing of information about tobacco cessation interventions

Low Dose CT Lung Screen

For Appointment: (559) 450-5656 FAX (559) 450-5288

Low Dose CT Lung Screening

HCPCS- G0297

ICD-10: Z87.891 personal history of tobacco use/personal history of nicotine dependence

Diagnosis: _____

Physician Signature: _____ Date: _____

Physician Name (Printed) _____

National Provider Identifier: _____

| | | | |
|---|--|--------------------------|--|
| 1. *Facility ID Number: | | 2. *Registry case number | (auto-filled) |
| 3. *Patient ID | | | |
| ▶ 4. Patient First Name: | | | |
| ▶ 5. Patient Last Name: | | | |
| ▶ 6. *Examination Date: | ____/____/____ (mm/dd/yyyy) | | |
| 7. LCSR Exam | | | |
| 7A. General | | | |
| Appropriateness of Screening | | | |
| ▶ 7A1. *Smoking Status | Select one: | | |
| | <input type="radio"/> Current smoker <input type="radio"/> Former smoker <input type="radio"/> Never smoker | | |
| | <input type="radio"/> Smoker, current status unknown <input type="radio"/> Unknown if ever smoked | | |
| | Number of pack-years of smoking: | | |
| | Number of years since quit: | | |
| ▶ 7A2. *Did physician provide smoking cessation guidance to patient? | <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Unknown | | |
| ▶ 7A3. *Is there documentation of shared decision making? | <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Unknown | | |
| ▶ 7A4. *Patient's Height | (inches) | | |
| ▶ 7A5. *Patient's Weight | (pounds) | | |
| ▶ 7A6. Other comorbidities listed on patient record that limit life expectancy: | Select all that apply: | | |
| | <input type="checkbox"/> COPD <input type="checkbox"/> Pulmonary fibrosis <input type="checkbox"/> Emphysema <input type="checkbox"/> Coronary artery disease | | |
| | <input type="checkbox"/> Congestive heart failure <input type="checkbox"/> Peripheral vascular disease <input type="checkbox"/> Lung cancer <input type="checkbox"/> Cancer other than lung cancer | | |
| | <input type="checkbox"/> Other, please specify: | | |
| ▶ 7A7. Cancer related history | Select all that apply: | | |
| | <input type="checkbox"/> Prior history of lung cancer <input type="checkbox"/> Lymphoma <input type="checkbox"/> H&N cancer | | |
| | <input type="checkbox"/> Bladder cancer <input type="checkbox"/> Esophageal cancer <input type="checkbox"/> Pulmonary fibrosis | | |
| | <input type="checkbox"/> Other cancer, please specify: | | |
| | <input type="checkbox"/> Other | | |
| Study Data | | | |
| ▶ 7A8. *Radiologist (reading): | First Name: | Last Name: | |
| ▶ 7A9. Ordering Practitioner: | First Name: | Last Name: | |
| | *NPI: | | |
| ▶ 7A10. *Indication for Exam | Are there any signs or symptoms of lung cancers: | | <input type="radio"/> Yes <input type="radio"/> No |
| | If no, select one: | | |
| | <input type="radio"/> Baseline screen (prevalence screen) | | <input type="radio"/> Annual screen (incidence) |
| ▶ 7A11. *Modality: | <input type="radio"/> Low dose chest CT | | <input type="radio"/> Routine chest CT |

* Required field

| 7B. Follow-up within 1 year | |
|--|---|
| Note: The following fields need to be collected for any follow-up imaging, biopsy, or surgical procedure for a patient who is in the screening program. There can be multiple follow-up records for each patient during the same year. Please complete a follow-up record for each procedure, even if the procedures occur on the same day. If a patient has a percutaneous biopsy and a bronchoscopy, for example, there should be a separate record for each of these. | |
| 7B1. *Date of follow-up | ____/____/____ (mm/dd/yyyy) |
| 7B2. *Follow-up diagnostic | Select one: <input type="radio"/> Low dose chest CT <input type="radio"/> Routine chest CT <input type="radio"/> PET/CT <input type="radio"/> Bronchoscopy <input type="radio"/> Non-surgical biopsy <input type="radio"/> Surgical resection <input type="radio"/> Other, please specify: _____ |
| Lung cancer incidence (The following fields apply if the procedure resulted in a tissue diagnosis. Not applicable for imaging follow-up.) | |
| 7B3. Tissue diagnosis | Select one: <input type="radio"/> Benign <input type="radio"/> Malignant – invasive lung cancer <input type="radio"/> Malignant – minimally invasive lung cancer <input type="radio"/> Malignant – Non-lung cancer <input type="radio"/> Malignant – adenocarcinoma in situ <input type="radio"/> Premalignancy – atypical adenomatous hyperplasia <input type="radio"/> Non-diagnostic |
| 7B4. Tissue diagnosis method | Select one: <input type="radio"/> Percutaneous (non-surgical) <input type="radio"/> Bronchoscopic <input type="radio"/> Surgical |
| 7B5. Location from which sample was obtained: | Select one: <input type="radio"/> L hilum – Left hilum <input type="radio"/> Lingula – Lingula of lung <input type="radio"/> LLL – Left lower lobe of lung <input type="radio"/> LUL – Left upper lobe of lung <input type="radio"/> R hilum – Right hilum <input type="radio"/> RLL – Right lower lobe of lung <input type="radio"/> RML – Right middle lobe of lung <input type="radio"/> RML/RLL – Right middle and right lower lobes of lung <input type="radio"/> RU/RM – Right upper and right middle lobes of lung <input type="radio"/> RUL – Right upper lobe of lung <input type="radio"/> Other, please specify: _____ <input type="radio"/> Unknown |
| 7B6. Histology | Select one: <input type="radio"/> Non-small cell lung cancer. Select one: <input type="radio"/> Invasive adenocarcinoma <input type="radio"/> Squamous cell carcinoma <input type="radio"/> Adenosquamous cell carcinoma <input type="radio"/> Undifferentiated or poorly differentiated carcinoma <input type="radio"/> Large cell carcinoma <input type="radio"/> Other, please specify: _____ |
| | <input type="radio"/> High grade neuroendocrine tumor (small cell lung cancer) |
| | <input type="radio"/> Low grade neuroendocrine tumor (carcinoid) |
| | <input type="radio"/> Intermediate grade neuroendocrine tumor (atypical carcinoid) |
| 7B7. Stage – Clinical or pathologic? | <input type="radio"/> Clinical <input type="radio"/> Pathologic <input type="radio"/> Unknown |
| 7B8. Overall stage | Select one: <input type="radio"/> IA <input type="radio"/> IB <input type="radio"/> IIA <input type="radio"/> IIB <input type="radio"/> IIIA <input type="radio"/> IIIB <input type="radio"/> IV <input type="radio"/> N3 |
| 7B9. T Status | Select one: <input type="radio"/> TX <input type="radio"/> T1a <input type="radio"/> T1b <input type="radio"/> T2a <input type="radio"/> T2b <input type="radio"/> T3 <input type="radio"/> T4 <input type="radio"/> Unknown |
| 7B10. N Status | Select one: <input type="radio"/> NX <input type="radio"/> N0 <input type="radio"/> N1 <input type="radio"/> N2 <input type="radio"/> N3 |
| 7B11. M Status | Select one: <input type="radio"/> MX <input type="radio"/> M0 <input type="radio"/> M1a <input type="radio"/> M1b |

* Required field

| 7C. Additional risk factors | |
|---|---|
| ▶ 7C1. Education level | Select one: <input type="radio"/> 8 th grade or less <input type="radio"/> 9 th – 11 th grade <input type="radio"/> High school graduate or high school equivalency <input type="radio"/> Post high school training, other than college (e.g., vocational / technical school) <input type="radio"/> Associate degree / Some college <input type="radio"/> Bachelor's degree <input type="radio"/> Graduate or professional school <input type="radio"/> Unknown / Refused to answer <input type="radio"/> Other, please specify: _____ |
| ▶ 7C2. Radon exposure – documented high exposure levels: | <input type="radio"/> No <input type="radio"/> Yes |
| ▶ 7C3. Occupational exposures to agents that are identified specifically as carcinogens targeting the lungs | Select all that apply: <input type="checkbox"/> Silica <input type="checkbox"/> Cadmium <input type="checkbox"/> Asbestos <input type="checkbox"/> Arsenic <input type="checkbox"/> Beryllium <input type="checkbox"/> Chromium <input type="checkbox"/> Diesel fumes <input type="checkbox"/> Nickel |
| ▶ 7C4. History of cancers that are associated with an increased risk of developing a new primary lung cancer | Select all that apply: <input type="checkbox"/> Prior lung cancer <input type="checkbox"/> Lymphoma <input type="checkbox"/> Head and neck <input type="checkbox"/> Bladder cancer <input type="checkbox"/> Other smoking-related cancers, please specify: _____ |
| ▶ 7C5. Lung cancer in first-degree relative (mother, father, sister, brother, daughter or son with history of lung cancer): | <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Not sure / Unknown |
| ▶ 7C6. Family history of lung cancer, other than first-degree relative: | <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Not sure / Unknown |
| ▶ 7C7. COPD: | <input type="radio"/> No <input type="radio"/> Yes |
| ▶ 7C8. Pulmonary fibrosis: | <input type="radio"/> No <input type="radio"/> Yes |
| ▶ 7C9. Second hand smoke exposure: | <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Not sure / Unknown |
| ▶ 8. *Name of person who completed the paper form: | Last name: _____ First name: _____ |