Low Dose CT Lung Screening Order Form

Patient Name: ______________________________ DOB: ___/___/___ Patient phone #: ____________________

Packs/day (20 cigarettes/pack): _______ x Years smoked: ________ = Pack years*: __________
Pack year calculator: http://smokingpackyears.com

Patient Weight: __________ Pounds Patient Height: _______ feet _______ inches

LOW DOSE CT LUNG SCREENING EXAM CPT 71271
☐ INITIAL LUNG SCREENING EXAM
☐ SUBSEQUENT EXAM

AUTHORIZATION* # ________________________

FAX completed order form to:
St. Lucie Radiology Scheduling at 877-593-1197

For LDCT Lung Cancer Screening, individual must meet Group 1 OR Group 2 (NCCN guidelines 2016) eligibility assessment to qualify for LDCT Lung Screening Program

Eligibility Assessment

Group 1 *(Requires "YES" to all+ NO hemoptysis)*

- Age 55-77 (Age _____) ☐ Yes ☐ No
- Currently a smoker ☐ Yes ☐ No
  - o Or has quit within the past 15 years (How long ago __________) ☐ Yes ☐ No
- Has a ≥ 30 pack-year smoking history (Pack years _____________) ☐ Yes ☐ No

OR

Group 2 *(Requires "YES" to all+ NO hemoptysis)*

- Age ≥ 50 (Age __________) ☐ Yes ☐ No
- Has a ≥ 20 pack-year smoking history (Pack years __________) ☐ Yes ☐ No
- Has ONE additional risk factor (see below & check all that apply) ☐ Yes ☐ No

☐ Family history of lung cancer
☐ Mother ☐ Father ☐ Sibling ☐ Child
☐ Personal history of chronic lung disease
☐ COPD ☐ Emphysema ☐ Bronchitis ☐ Pulmonary Fibrosis
☐ Personal cancer history
When/What type: ______________________________________
☐ Occupational exposure to any of the following:
☐ Arsenic ☐ Nickel ☐ Beryllium ☐ Cadmium ☐ Chromium ☐ Coal dust
☐ Silica ☐ Asbestos ☐ Soot ☐ Diesel fumes

The patient has participated in a shared decision making session during which potential risks and benefits of CT Lung screening were discussed, was informed of the importance of adherence to annual screening, impact of comorbidities, and ability/willingness to undergo diagnosis and treatment should the patient be diagnosed with lung cancer, and was informed of the importance of smoking cessation and/or maintaining smoking abstinence, including the offer of Medicare-covered tobacco cessation counseling services, if applicable.

Ordering Provider Signature: ____ Date: _____/_____/_____

By signing this order, YOU ARE ATTESTING THAT THE PATIENT MEETS ALL OF THE ABOVE REQUIRED ELEMENTS, A SHARED DECISION MAKING VISIT HAS OCCURRED, AND REQUIRED ELEMENTS ARE DOCUMENTED IN THE OFFICE NOTES

Ordering Provider (print name): ____ Phone: ___________________

ORDERING PROVIDER NPI # Required _________________________________ Fax: ___________________

Patient Identification

ACR NRDR – LCSR Registry Case Registration Form

nrdr.acr.org v 1.0

Facility ID No.:		Registry Case Number:	
Case Registration Date:	_______/_______/___________ (mm/dd/yyyy)		
1. Patient Information			
*Patient ID:			
*Patient SSN#:	◯ None/Refused to answer		
*Medicare Beneficiary ID:	◯ None/Refused to answer		
Other Identification:			
First Name:			
Middle Name:			
Last Name:			
*Date of Birth:	_______/_______/___________ (mm/dd/yyyy)		
*Patient Sex	◯ Male ◯ Female ◯ Other◯ Unknown		
Race:	Select all that apply: ☐ American Indian ☐ Alaska Native ☐ Asian☐ Black or African American ☐ Native Hawaiian or Pacific ☐ White ☐ Not reported ☐ Unknown		
Patient ethnicity (Hispanic origin)	◯ Hispanic or Latino ◯ Not Hispanic or Latino ◯ Not reported ◯ Unknown		
Health Insurance	Select all that apply: ☐ Medicare ☐ Medicaid ☐ Private Insurance ☐ Self pay ☐ Unknown		
Date of Death:	Date of Death: _______/_______/___________ (mm/dd/yyyy)		
	How cause of death was determined ◯ Autopsy report ◯ Death certificate ◯ Medical record ◯ Physician ◯ Relative or friend ◯ Social Security Death Index ◯ Other, specify: ____________________		
	Cause of death: ◯ Lung Cancer ◯ Non-lung cancer cause, specify if known: ____________________ ◯ Cannot Determine		
Examination Date:	_______/_______/___________ (mm/dd/yyyy)		
2. *Name of person who completed the paper form			
Last Name:			
First Name:			

* Required field

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ACR NRDR – LCSR Registry Exam Form
nrdr.acr.org v 1.4

1. *Facility ID Number:		2. Registry case number:	
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: ○ Current smoker ○ Former smoker ○ Never smoker ○ Smoker, current status unknown ○ Unknown if ever smoked		
	Number of pack-years of smoking:		
	Number of years since quit:		
7A2. *Did physician provide smoking cessation guidance to patient?	○ No ○ Yes ○ Unknown		
7A3. *Is there documentation of shared decision making?	○ No ○ Yes ○ 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: ☐ COPD ☐ Pulmonary fibrosis ☐ Emphysema ☐ Coronary artery disease ☐ Congestive heart failure ☐ Peripheral vascular disease ☐ Lung cancer ☐ Cancer other than lung cancer ☐ Other, please specify: ________________		
7A7. Cancer related history	Select all that apply: ☐ Prior history of lung cancer ☐ Lymphoma ☐ H&N cancer ☐ Bladder cancer ☐ Esophageal cancer ☐ Pulmonary fibrosis ☐ Other cancer, please specify: ________________ ☐ 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: ○ Yes ○ No If no, select one: ○ Baseline screen (prevalence screen) ○ Annual screen (incidence)		
7A11. *Modality:	○ Low dose chest CT ○ Routine chest CT		

* Required field

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ACR NRDR – LCSR Registry Exam Form

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7A12. *CT Scanner:	Manufacturer:	
	Model:	
7A13. Screening, CT Radiation Exposure	*CTDivol: (mGy)	*DLP: (mGy*cm)
	Tube current-time: (mAs)	Tube voltage: (kV)
	Scanning time: (s)	Scanning volume:(cm)
	Pitch:	
	*Reconstructed image width (nominal width of reconstructed image along z-axis):	(mm)
7A14. *CT Exam Results by Lung-RADS Category:	Select one: ○ 0: recalls (incomplete screen) Reasons for recall, select one: ○ I: Incomplete coverage ○ N: Noise ○ M: Respiratory motion ○ E: Expiration ○ Oba: Obscured by acute abnormality ○ 1: Normal, continue annual screening ○ 2: Benign appearance or behavior, continue annual screening ○ 3: 6 month CT recommended ○ 4A: 3 month CT recommended; may consider PET/CT ○ 4B: Additional diagnostics and/or tissue sampling recommended ○ 4X: Additional diagnostics and/or tissue sampling recommended	
7A15. *Other clinically significant or potentially significant abnormalities – CT exam result modifier S:	○ No ○ Yes If yes, what were the other findings? (Select all that apply.) ☐ Aortic aneurysm ☐ Coronary arterial calcification, moderate or severe ☐ Pulmonary fibrosis ☐ Mass, please specify, e.g., neck, mediastinum, liver, kidneys: ______ ☐ Other interstitial lung disease, select type if known: ○ UIP/IPF ○ ILD, other, please specify: ______ ○ ILD, unknown	
7A16. *Prior history of lung cancer – CT exam result modifier C:	○ No ○ Yes ○ Unknown	
7A17. Years since prior diagnosis of lung cancer:	(years)	

* Required field

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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: ◯ Low dose chest CT ◯ Routine chest CT ◯ PET/CT ◯ Bronchoscopy ◯ Non-surgical biopsy ◯ Surgical resection ◯ 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: ◯ Benign ◯ Malignant – invasive lung cancer ◯ Malignant – minimally invasive lung cancer ◯ Malignant – Non lung cancer ◯ Malignant – adenocarcinoma in situ ◯ Premalignancy – atypical adenomatous hyperplasia ◯ Non-diagnostic
7B4. Tissue diagnosis method	Select one: ◯ Percutaneous (non-surgical) ◯ Bronchoscopic ◯ Surgical
7B5. Location from which sample was obtained:	Select one: ◯ L hilum – Left hilum ◯ Lingula – Lingula of lung ◯ LLL – Left lower lobe of lung ◯ LUL – Left upper lobe of lung ◯ R hilum – Right hilum ◯ RLL – Right lower lobe of lung ◯ RML – Right middle lobe of lung ◯ RML/RLL – Right middle and right lower lobes of lung ◯ RU/RM – Right upper and right middle lobes of lung ◯ RUL – Right upper lobe of lung ◯ Other, please specify: ______________________ ◯ Unknown
7B6. Histology	Select one: ◯ Non-small cell lung cancer. Select one: ◯ Invasive adenocarcinoma ◯ Squamous cell carcinoma ◯ Adenosquamous cell carcinoma ◯ Undifferentiated or poorly differentiated carcinoma ◯ Large cell carcinoma ◯ Other, please specify: ______________________ ◯ High grade neuroendocrine tumor (small cell lung cancer) ◯ Low grade neuroendocrine tumor (carcinoid) ◯ Intermediate grade neuroendocrine tumor (atypical carcinoid)
7B7. Stage – Clinical or pathologic?	◯ Clinical ◯ Pathologic ◯ Unknown
7B8. Overall stage	Select one: ◯ IA ◯ IB ◯ IIA ◯ IIB ◯ IIIA ◯ IIIB ◯ IV ◯ N3
7B9. T Status	Select one: ◯ TX ◯ T1a ◯ T1b ◯ T2a ◯ T2b ◯ T3 ◯ T4 ◯ Unknown
7B10. N Status	Select one: ◯ NX ◯ N0 ◯ N1 ◯ N2 ◯ N3
7B11. M Status	Select one: ◯ MX ◯ M0 ◯ M1a ◯ M1b
7B12. Period of follow-up for incidence:	(months)

* Required field

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

* Required field

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