

McLaren Print System Order

Order No: 73472
Order Date: 2022-11-04
User: Graphics Dept
Phone: 810-342-1066

Ship Location: McLaren Health Plan (for MDWsie)
G-3245 Beecher Road
Flint, MI 48532

Forms

Quantity: 100
Paragon Dept No: 17805
Dept Name: McLaren Health Plan
Company Number: 460

Order Total Price: 16.60

Item Number: KCI-107
Item Description: CT Lung Cancer Form
Revision Date: 11/2022
Print: 1 sided full color
Paper: 20# White Text
Size: 8.5 x 11
Fold:
Finish: Padded (50 Sheets Per Pad)
Drill:
Poster:
Misc Info: color, ss



CT Lung Cancer Screening Order Form

Patient Name: _____ Phone Number: _____ DOB: ____/____/____
____ Packs/Year _____ x Years smoked _____ = Pack years: _____ (Must be a 20 pack year)
Currently smoking cigarettes? Yes/No If not smoking, how many years quit? (Must be a 15 year)
____ Height: _____ Weight: _____

Ordering Physician (print name) _____ Phone: _____
National Provider Identifier (NPI) _____ Fax: _____

- Screening CT exam for Lung Cancer (Order: initial or repeat)
(Diagnosis code: Z12.2, plus add the smoking status [Z13.210 current smoker] [Z13.810 former smoker])
- Please obtain a prior authorization for insurance OTHER than straight Medicare, Medicaid, PIP, BCN, McLaren ("low dose CT for lung cancer screening - J1271)
Authorization number: _____
- Please include a demographic sheet and fax to 313-435-9877 or Email: Screening@karmanos.org
Call 1-800-427-4266 with any questions.

By signing this order, you are certifying that:

- Patient is between the ages of 50-77.
- The patient has participated in a shared decision-making session during which potential risks and benefits of a CT lung screening were discussed.
- The patient was informed of the importance of adherence to annual screening, impact of comorbidities, and ability/willingness to undergo diagnosis and treatment.
- The patient 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.
- The patient is asymptomatic (no symptoms such as fever, chest pain, new shortness of breath, new or changing cough, coughing up blood or unexplained significant weight loss).

Spec Info:

Ordering Physician Signature: _____ Date: ____/____/____