

McLaren Print System Order

Order No: 77726
 Order Date: 2023-06-09
 User: Deb House
 Phone: 989-269-9521

Ship Location: McLaren Thumb Attn Deb House, Imaging
 1100 S VAN DYKE RD
 BAD AXE, MI 48413

Forms

Quantity: 100
 Paragon Dept No: 27250
 Dept Name: Medical Imaging
 Company Number: 530

Order Total Price: 0.00

Item Number: MHCC-626-MTR
 Item Description: Low Dose CT Lung Cancer Screening Form - Thumb
 Revision Date: 05/2023
 Print: 1 sided black and white
 Paper: 20# White Text
 Size: 8.5 x 11
 Fold:
 Finish: None
 Drill: None
 Poster:
 Misc Info:



CT Lung Cancer Screening Referral Form

Patient Name _____ LCCT Screening Location: **McLaren Thumb Region**
 DOB _____ Gender: Female Male Height _____ Weight _____
 Patient's Home Phone _____ Patient's Cell/Alternate Phone _____
 Insurance: _____ Insurance Auth # (if needed) _____
 Referring Provider _____ Referring Provider NPI # _____
 Referring Provider Phone # _____ Referring Provider Fax # _____
 Provider Signature (Required) _____ Date: _____ Time: _____

*By signing this order, you are certifying that:

- The patient is between the ages of 50-77 (Medicare Insurance), or 50-80 (Commercial Insurance - must ensure that the patient's insurance carrier is following the updated USPSTF guidelines and will reimburse for the LCCT. The patient may face a copay/deductible if the insurance is not adhering to the updated guidelines.)
- 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 for lung cancer (no symptoms such as cough, coughing up blood, unexplained weight loss, etc.)

Tobacco history of ≥ 20 pack years
 Ex: 2 pack per day x 20 years = 20 Pack Year Ex: 2 packs/day x 30 years = 20 Pack Year
 Average number of packs/day: _____ x Years smoked: _____ = Pack year history _____
 Currently smoking? Yes No Former smoker quit within last 25 years; when quit: _____

Spec Info:

Low Dose CT Lung Cancer Screening without Contrast 73273
 Encounter for screening for malignant neoplasm (Z12.2) (This box must be checked)
AND (choose one below)
 Personal history of nicotine dependence (former smoker) - Z87.891
 Nicotine dependence, cigarettes, uncomplicated (current smoker) - F17.210
 Interval Follow-Up (1,3,6 months) CT Lung Follow-up LOW Dose without Contrast 73250
 Indicate reason(s) for follow up:
 Solitary Pulmonary Nodule- R93.5 Non-specific abnormal finding of lung field- R91.8
 Other indication(s): _____

Please Fax this order to (989) 269-1555, McLaren Thumb Region CX Scheduling, (phone# 989-269-1565)
 We will contact your patient to schedule the appointment