

CT Low-dose chest screening worksheet

<u>PATIENT DEMOGRAPHICS</u>	
Patient Name:	
DOB:	
Accession #	
Date of exam:	
<u>SCREENING QUESTIONS</u>	
AGE & INSURANCE:	_____ Medicare or Private insurance (circle one)
	Private insurance patients the age criteria is 50- 80. Medicare patients the age criteria is 50-77.
CURRENT TOBACCO SMOKING STATUS: ** Cigar & non-tobacco products do NOT qualify.	Current smoker? YES or NO If no, how many years since the patient last smoked _____
	Must be a current smoker or QUIT within the last 15 years. If the number above is greater than 15, the patient does not qualify.
ACTUAL PACK-YEAR SMOKING HISTORY:	Enter # of PACKS smoked per day_____ (1 pack = 20 cigarettes) Enter # of YEARS smoked _____ Multiply # of PACKS smoked per day TIMES # of YEARS = _____
	The number above MUST be equal to or greater than 20 to qualify. If your calculation is less than 20, contact ordering provider.
IS THE PATIENT ASYMPTOMATIC?	Patient is asymptomatic: YES or NO
	The answer above must be YES to qualify. This means the patient is NOT showing acute signs or symptoms of lung cancer.
Has the patient had LDCT chest in the past 12 months?	YES or NO LDCT screening can only be billed once in a 12-month period.
<u>TECHNOLOGIST/ PROVIDER ORDER REQUIREMENTS</u>	
A signed order from the provider is in the patient chart?	YES or NO
The order contains the provider NPI #?	YES or NO
Patient had a recent screening visit with the provider documented in the medical record?	YES or NO
Individual completing this form: Print full name :	
Individual completing this form: Signature:	