CONNECTING LIFE AND SCIENCE
SITEMAN CANCER CENTER

Lung Cancer Screening Program

Standard Eligibility

Eligibility: Age 55 to 80 years (private insurance or self-pay) or 55-77 years (Medicare) **AND** > 30 pack per years smoking **AND** if ex-smoker, quit within last 15 yrs.

Others: Use Extended Eligibility order (self-pay only, eligible for screening program) or routine diagnostic Chest CT order (ineligible for screening program).

☐ Initial Screening ☐ Annual Follow-Up Screening

Patient Name:_____ Phone:_____

Date of Birth:_____/_____/_____ Insurance:_____

Pack Years:_____ [Packs/day (20 cigarettes/pack) x Years smoked]

Currently Smoking? ☐Y ☐N If not smoking, how many years quit? _____

Ordering Provider:_____ Phone:_____

National Provider Identifier (NPI):_____ Fax:_____

Pre-Auth #:_____ Pre-Auth Contact:_____ Self Pay?_____

Comments: _____

This order certifies that the patient has no signs or symptoms of lung cancer (such as chest pain, new shortness of breath, new or changing cough, coughing blood, or unexplained significant weight loss).

If this is the Initial Screening, this order also certifies that the patient:

- has participated in a documented CT Lung Screening counseling and shared decision making session during which potential benefits and risks were discussed
- was counseled on the importance of adhering to annual screening and being able and willing to undergo diagnosis and treatment, and the potential impact of comorbidities
- was informed of the importance of smoking cessation and/or maintaining smoking abstinence, including the availability of tobacco cessation counseling services, if applicable

Please fax 314-273-0115 this order form to the CT Lung Cancer Screening Nurse Navigator who will confirm eligibility and arrange scheduling.

Ordering Provider Signature:_____

Date:_____/_____/_____

How would you like to receive results?

☐ Mail

☐ Fax

MIR Mallinckrodt Institute of Radiology

SITEMAN CANCER CENTER

BARNES-JEWISH Hospital BJC HealthCare

Washington University in St. Louis Physicians

CONNECTING LIFE AND SCIENCE
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Lung Cancer Screening Program

Extended Eligibility (not eligible for insurance coverage)

Eligibility: Age ≥ 50 **AND** ≥ 20 pack per years smoking **AND** at least one of the following risk factors: COPD; pulmonary fibrosis; prior lung, head and neck, or other smoking related cancer; prior lymphoma; prior chest radiation therapy; parent, sibling, or child with lung cancer; major exposure to radon, asbestos, arsenic, beryllium, cadmium, chromium, nickel, coal smoke, soot, silica, or diesel fumes

Others: Ineligible for screening program. Please use routine diagnostic Chest CT order.

☐ Initial Screening ☐ Annual Follow-Up Screening

Patient Name:_____ Phone:_____

Date of Birth:_____/_____/_____ Insurance:_____

Pack Years:_____ [Packs/day (20 cigarettes/pack) x Years smoked]

Currently Smoking? ☐ Y ☐ N If not smoking, how many years quit? _____

Additional Risk Factor:_____

Ordering Provider:_____ Phone:_____

National Provider Identifier (NPI):_____ Fax:_____

Pre Auth#:_____ Pre-Auth Contact:_____ Self Pay?_____

Comments: _____

This order certifies that the patient has no signs or symptoms of lung cancer (such as chest pain, new shortness of breath, new or changing cough, coughing blood, or unexplained significant weight loss).

If this is the Initial Screening, this order also certifies that the patient:

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Ordering Provider Signature:_____

Date:_____/_____/_____

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