

LUNG CANCER SCREENING PROGRAM

Phone: 314-747-3046 | Fax: 314-454-8103

Please select a convenient screening location for your patient:

- | | |
|---|--|
| <input type="checkbox"/> Barnes-Jewish Hospital | <input type="checkbox"/> Center for Advanced Medicine - South County |
| <input type="checkbox"/> Barnes-Jewish West County Hospital | <input type="checkbox"/> Christian Hospital |
| <input type="checkbox"/> Barnes-Jewish St. Peters Hospital | <input type="checkbox"/> Northwest HealthCare |
| <input type="checkbox"/> Progress West Hospital | |

STANDARD ELIGIBILITY

Patient Name: _____ Phone: _____ Date of Birth: ___ / ___ / ___

Ordering Provider: _____ Office Contact: _____

NPI #: _____ Phone (w/Ext): _____ Fax: _____

Insurance: _____ Insurance Policy No./Member I.D. _____

Insurance Contact Person/Telephone: _____ Insurance Group No. _____

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

Please verify coverage with patient's insurance as not all private plans may cover.

BILLING/DIAGNOSIS CODES

Note: Pre-Authorization is required unless patient is on Medicare Part B. These codes must be used to ensure facility reimbursement and coverage for patients.
Procedure Code: 71271 (Computed tomography, thorax, screening for lung cancer without contrast material)

- Current Smokers:
 F17.210 Nicotine dependence, cigarettes, uncomplicated
- Former Smokers:
 Z87.891 Personal history of nicotine dependence

SCREENING CRITERIA

- Initial Screen Annual Screen

Patient must meet all criteria to qualify for screening. Please complete all blanks to ensure patient qualifies for screening.

- Age 50-77. Private payors may cover up to age 80. Please verify coverage with patient's insurance before ordering.
- Asymptomatic [no signs or symptoms of new lung disease or symptoms of lung cancer]
- Tobacco smoking history of at least 20 pack-years [one pack-year = smoking one pack per day for one year; 1 pack = 20 cigarettes]
 # of packs per day _____ x # of years smoking _____ = _____ pack-year history
- Check One: Current smoker or Former smoker (Must have quit smoking within the last 15 years)
 Year patient quit smoking: _____

For the initial screening, a documented CT Lung screening counseling and shared decision making session must be completed by the ordering provider. This includes discussion of potential risks and benefits, the importance of annual screening adherence, and smoking cessation. (G-code: G0296)



Provider Signature: _____ Date: _____