

PATIENT INFORMATION

Last Name: _____ First Name: _____
 Phone: _____ DOB: _____

ANNUAL SCREENING ORDER (Please include most recent chart notes)

Pack Years _____ (must be minimum of 30. Pack years = packs per day x number of years smoked)

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

Exam:

- G0297 CT Lung Screening Exam (Initial or Subsequent Annual Screening)

Diagnosis:

- Z87.891 Former Smoker
 F17.210 Smoker

By signing this order, you are acknowledging the following eligibility for your patient:

- Asymptomatic (**no symptoms of lung cancer**)
- Between the ages of 55 and 80
(Medicare/Medicare Managed Care patients age 78-80 are eligible for screening as self-pay)
- The patient has participated in a Shared Decision Making session for their initial screening
- The patient was informed of the importance of smoking cessation and/or maintain smoking abstinence, and if appropriate, furnishing of information about tobacco cessation interventions.

FOLLOW-UP ORDER (Do not fill out the box below for an Annual Screening)

Previous LungRads Received: _____ Date: _____ Recommended Follow-up Date: _____

DIAGNOSIS CODE: _____ (required on all orders)

LungRads 3 (6 Month Recommendation)

- Low Dose Chest CT - CPT 71250
 Other _____

LungRads 4A (3 Month Recommendation)

- Low Dose Chest CT - CPT 71250
 PET Scan - may be used when there is an equal to or greater than 8 mm solid component
 Other _____

LungRads 4B or 4X

- Chest CT with contrast - CPT 71260
 Chest CT w/o contrast (not Low Dose Chest CT) - CPT - 71250
 PET Scan - may be used when there is an equal to or greater than 8 mm solid component
 Biopsy
 Other _____

PROVIDER INFORMATION

Ordering Provider: _____ NPI: _____
 Phone: _____ Fax: _____
 Insurance: _____ Auth#: _____
 Physician Signature: _____ Date: _____