

Low-Dose CT Lung Screening Order Form

PATIENT LEGAL NAME: (please print)	DATE OF BIRTH:
PATIENT ADDRESS:	PATIENT PHONE NUMBER(S):
CITY: _____ STATE: _____ ZIP: _____	
PRIMARY INSURANCE:	PATIENT POLICY ID #:
ORDERING PROVIDER: _____	INSURANCE PRE-AUTHORIZATION #
PHONE #: _____ FAX #: _____	_____

ORDER: LOW-DOSE CT LUNG SCREENING (71271) (ANNUAL)

DIAGNOSIS FOR TEST (*Please specify ICD Code*)

- F17.210 – Nicotine dependence, cigarettes (current smoker)
 Z87.891 – Personal history of tobacco use (former smoker)

(REQUIRES “YES” TO ALL) INDIVIDUAL MUST MEET ALL CRITERIA FOR MEDICARE COVERAGE

- | | | |
|---|------------------------------|-----------------------------|
| • Age? _____ 55 - 77 (non-Medicare patients: 55 - 80) | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| • Current smoker or has quit within the past 15 years | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| • For former smoker, # of years since quitting (current smoker enter “0” zero) _____ (required) | | |
| • No chest or respiratory issues (Asymptomatic) | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| • Has a greater than 30 pack-year smoking history | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| • Actual pack-year history: # of packs/day _____ x # years smoked _____ = _____ pack-years (required) | | |

By signing this order, you are certifying that:

- The patient has participated in a shared decision making visit during which the potential risks and benefits of 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 offering of tobacco cessation counseling.
- The patient is asymptomatic (no symptoms such as fever, chest pain, new shortness of breath, new or changing cough, coughing up blood, or unexplained significant weight loss).

Physician/Provider Signature

NPI (required)

Date

Patients with an LRADS score of 3 or 4 that qualify for the program and consent will be navigated through Ocala Health’s Lung Nodule Program.