

## CT Lung Cancer Screening Referral Form

Patient Name \_\_\_\_\_ LDCT Screening Location \_\_\_\_\_  
DOB \_\_\_\_\_ Gender: Female  Male  Height \_\_\_\_\_ Weight \_\_\_\_\_  
Patient's Home Phone \_\_\_\_\_ Patient's Cell/Alternate Phone \_\_\_\_\_  
Insurance: \_\_\_\_\_ Insurance Auth # (if needed) \_\_\_\_\_  
Referring Provider \_\_\_\_\_ Referring Provider NPI # \_\_\_\_\_  
Referring Provider Phone # \_\_\_\_\_ Referring Provider Fax # \_\_\_\_\_  
Provider Signature (Required): \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

**\*By signing this order, you are certifying that:**

- The patient is between the ages of **50-77 (Medicare Insurance)**, or **50-80 (Commercial Insurance)** - Please ensure that the patient's insurance carrier is following the updated USPSTF guidelines and will reimburse for the LDCT. The patient may have a copay/deductible if the insurance is not adhering to the updated guidelines.)
- The patient has participated in a shared decision-making session during which potential risks and benefits of a 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 offer of Medicare-covered tobacco cessation counseling services, if applicable.
- The patient is asymptomatic for lung cancer (no symptoms such as cough, coughing up blood, unexplained weight loss, etc.)

Tobacco history of  $\geq 20$  pack years

Ex: 1 pack per/day x 20 years = 20 Pack Year Ex: 2 packs/day x 10 years = 20 Pack Year

Average number of packs/day: \_\_\_\_\_ x Years smoked \_\_\_\_\_ = Pack year history \_\_\_\_\_

Currently smoking?  Yes  No or if Former smoker quit within last 15 years: **when quit** \_\_\_\_\_

**Low Dose CT Lung Cancer Screening without Contrast 71271**

Encounter for screening for malignant neoplasm (Z12.2) (This box must be checked)  
**AND (choose one below)**

Personal history of nicotine dependence (former smoker) - Z87.891

Nicotine dependence, cigarettes, uncomplicated (current smoker) - F17.210

**Interval Follow Up (1,3,6 months) CT Lung Follow-up LOW Dose without Contrast 71250**

**Indicate reason(s) for follow up:**

Solitary Pulmonary Nodule- R91.1  Non-specific abnormal finding of lung field- R91.8

Other indication(s): \_\_\_\_\_

**Please Fax this order to Central Scheduling at (810) 600-7864 (phone# 800-625-2736)  
We will contact your patient to schedule the appointment.**



PT.

MR.#/RM.

DR.