

CT Lung Cancer Screening Referral Form

Patient Name _____ LDCT Screening Location: **McLaren Thumb Region**
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 ≥ 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 (989) 269-1555, McLaren Thumb Region DI Scheduling, (phone# 989-269-1565)

We will contact your patient to schedule the appointment