

COMPUTED TOMOGRAPHY (CT) LUNG CANCER SCREENING ORDER

Please fill out each section and fax to Central Scheduling as listed below

Patient's Legal Last Name _____ First Name _____ Middle _____ Medical Record Number _____

Date of Birth _____ Age _____ Height (inches) _____ Weight (lbs.) _____ Location: Cheboygan Petoskey

Procedure (select one):

Initial Lung Screening Low Dose CT – 71271

Lung Screening Diagnostic Eval (3 or 6 Month Follow-up) Low Dose CT (CT Chest without Contrast) - 71250
(Only order if recommended by prior LDCT report: Lung -RADS 3 or 4A. Screening criteria not applicable)

Annual Lung Screening Low Dose CT – 71271

Primary Insurance Provider
SELECT RELEVANT ICD-10 DIAGNOSIS (CODES)

GOVERNMENT PAYERS

F17.210: Nicotine dependence, cigarettes, uncomplicated

F17.211: Nicotine dependence, cigarettes, in remission

F17.213: Nicotine dependence, cigarettes, w/withdrawal

F17.219: Nicotine dependence, cigarettes, w/other nicotine induced disorders

F17.218: Nicotine dependence, cigarettes, w/unspecified nicotine-induced disorders

Z87.891: Personal history of nicotine dependence

ALL OTHER PAYORS

F17.210: Nicotine dependence, cigarettes, uncomplicated

F17.211: Nicotine dependence, cigarettes, in remission

F17.213: Nicotine dependence, cigarettes, w/withdrawal

F17.218: Nicotine dependence, cigarettes, w/other nicotine-induced disorders

F17.219: Nicotine dependence, cigarettes, w/unspecified nicotine-induced disorders

Z72.0: Tobacco use (no dependence, social smoker, occasional use of tobacco)

Z12.2: Encounter for screening for malignant neoplasms of respiratory organs

Z87.891: Personal history of nicotine dependence

CMS BENEFICIARY ELIGIBILITY CRITERIA

Must meet ALL four criteria:

Age 55-77 years

Tobacco smoking history of at least 30 pack-years
Packs/day(20 cigarettes/pack): _____ X years smoked _____ = Pack Years: _____

Asymptomatic, no signs or symptoms of lung cancer
(NO symptoms, such as: fever, chest pain, new shortness of breath, new or changing cough, coughing up blood, or unexplained significant weight loss.)

Current Smoker or one who has quit smoking within the last 15 years
Currently smoking? YES NO If not smoking, date quit _____

History of Lung Cancer: YES NO

Enroll in Lung Nodule Clinic
Nurse Navigator (231-487-3205) will follow-up with patient

By signing this order, you are certifying that:

- The patient has participated in a shared decision-making session during which 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 maintain smoking abstinence, including the offer of Medicare-covered tobacco cessation counseling services, if applicable.
- 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).

Ordering Provider Signature: _____ Date: _____ Time: _____

Ordering Provider Printed Name: _____ NPI#: _____

Practice Name: _____ Address: _____

Phone Number: _____ Fax Number: _____

Please complete, print, sign and fax to Central Scheduling: Fax 231-487-7920 | Phone toll free 866-487-3103

MNM 721.297



R(9/24/2021)