

# CT LUNG CANCER SCREENING ORDER FORM



**Radiology Ltd.**  
**Diagnostic Imaging Services**  
Centralized Scheduling Tel: (520) 733-7226  
Toll Free Tel: 1-866-565-2220  
Toll Free Fax: 1-866-707-0750

**Appt. Time:** \_\_\_\_\_  
**Date:** \_\_\_\_\_  
**Check-in Time:** \_\_\_\_\_

**To schedule an appointment, please call (520) 733-7226 or fax to (520) 290-8377.**

PHYSICIAN'S NAME: \_\_\_\_\_ PHONE #: (\_\_\_\_) \_\_\_\_\_ FAX #: (\_\_\_\_) \_\_\_\_\_  
NATIONAL PROVIDER IDENTIFIER (NPI): \_\_\_\_\_ Address for these results to be sent: \_\_\_\_\_  
PATIENT: (First Name) \_\_\_\_\_ (Last Name) \_\_\_\_\_ (Middle Initial) \_\_\_\_\_  
DOB: \_\_\_\_\_ HOME PHONE: (\_\_\_\_) \_\_\_\_\_ WORK PHONE: (\_\_\_\_) \_\_\_\_\_ BEST TIME TO CONTACT: \_\_\_\_\_ AM PM  
PATIENT INSURANCE: \_\_\_\_\_ POLICY/GROUP#: \_\_\_\_\_ INS. PHONE: (\_\_\_\_) \_\_\_\_\_  
PRIOR AUTHORIZATION # (if needed): \_\_\_\_\_ Would you like authorization assistance?  YES  NO

**If you would like authorization assistance, please include all clinical information and a copy of the insurance card with the order.**  
**Please note:** We are unable to provide authorization assistance for STAT cases and CareMore, Humana and United Healthcare insurance plans.

**Please check which Radiology Ltd. office preferred:**  Eastside  Central  Northwest  Oro Valley  Southwest  Green Valley

## Additional Information Required:

### Minimum Requirements:

- Smokers age 55-80 who have smoked 30 pack years
- Former smokers 55-80 who quit less than 15 years ago and smoked 30 pack years also

Packs/day (20 cigarettes/pack): \_\_\_\_\_ x Years smoked: \_\_\_\_\_ = Pack Years\*: \_\_\_\_\_

\*Pack year calculator: <http://www.shouldiscreen.com/pack-year-calculator/>

Currently smoking?  NO  YES If no longer smoking, how many years since quitting? \_\_\_\_\_

CT Lung Screening Exam  
 Initial  Follow up

**Special Instructions:** \_\_\_\_\_

Previous Films:  YES  NO When: \_\_\_\_\_ Where: \_\_\_\_\_

Stat Report Requested  Fax Report to: (\_\_\_\_) \_\_\_\_\_

Call Report Requested (cell phone, pager number, or office backline required): (\_\_\_\_) \_\_\_\_\_

### For Medicare patients, the following G code should be used by provider for the shared decision-making visit:

- G0296 — Counseling visit to discuss need for lung cancer screening (LDCT) using low-dose CT scan (service is for eligibility determination and shared decision-making)
- Medicare will deny G0296 and G0297 for claims that do not contain ICD-10 Z87.891, personal history of tobacco use/personal history of nicotine dependence.

### 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 maintaining 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.)

**Referring Physician's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

The information contained in this facsimile message is CONFIDENTIAL and/or LEGALLY PRIVILEGED information intended only for the use of the facility named above. If you have received this in error, please call (520) 545-1969.