

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

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

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:** _____