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 visit radltd	.com, call (520) 733	-7226 or fax fo	orm to 1-520-290-8377
PHYSICIAN'S NAME:	PHONE #: ()	FAX #: ()
NATIONAL PROVIDER IDENTIFIER (NPI):	Address for th	ese results to be se	nt:
PATIENT: (First Name)	(Last Name) (Middle Initial)		
DOB: PRIMARY PHONE: ()			
PATIENT INSURANCE: POLICY/GRO	UP#:	INS. P	HONE: ()
PRIOR AUTHORIZATION # (if needed):	Would	d you like authoriza	ation assistance? 🛛 YES 🗳 N
Please include all clinical infor	mation and a copy of the i	nsurance card with	h the order.
Additional Information Required: Minimum Requirements: • Smokers aged 50-77 who have smoked 20 pa • Former smokers 50-77 who quit less than 15 y Packs/day (20 cigarettes/pack):	years ago and also smol x Years smoked: ear-calculator/	=	Pack Years*:
🖵 CT Lur	ng Screening Exam		
🖵 Initia	al 🛛 Follow up		
 F17.210: Nicotine dependence, cigarettes, unco F87.891: Personal history of nicotine dependence Special Instructions:	ce		
Previous Imaging: 🔲 YES 🔲 NO When:	W	here:	
Stat Report RequestedFax Report to			
Call Report Requested (cell phone, pager number)	er, or office backline rec	quired): ()	
For Medicare patients, the following G code should b	be used by provider for t	he shared decision	on-making visit:
 G0296 — Counseling visit to discuss need for lung can determination and shared decision-making) 	ncer screening (LDCT) usi	ng low-dose CT sc	an (service is for eligibility
 Medicare will deny G0296 and 71271 for claims that d history of nicotine dependence. 	lo not contain ICD-10 Z87	.891, personal hist	tory of tobacco use/personal
By signing this order, you are certifying that:			
 The patient has participated in a shared decision mak were discussed. 	ing session during which	potential risks and	d benefits of CT lung screening
• The patient was informed of the importance of adhere to undergo diagnosis and treatment.	ence to annual screening,	impact of comorl	bidities, and ability/willingness
 The patient was informed of the importance of smoki of Medicare covered tobacco cessation counseling se 	ng cessation and/or main rvices, if applicable.	taining smoking a	abstinence, including the offer
 The patient is asymptomatic (no symptoms such as fe coughing up blood, or unexplained significant weight 	ver, chest pain, new shor	tness of breath, ne	ew or changing cough,
Referring Physician's Signature:			Date:

The information contained in this 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.

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Please see individual site locations for the hours of operation.

