

Lung screening low dose CT order form

Patient information

Last: _____ First: _____ Middle: _____ Patient phone: _____
Date of birth: _____ Age: _____ Insurance plan: _____ Group number: _____

Check one

Lung screening low dose CT exam Annual follow-up lung cancer screening low dose CT scan

Procedure code: **71271** _____ Diagnosis code(s): (select from below): _____

Eligibility criteria (please complete)

Age 50 – 77 years (CMS eligibility criteria; private payors may differ)

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

_____ packs/day (20 cigarettes/pack) X _____ years smoked = _____ pack years

Current smoker Former smoker If former smoker, how many years since patient quit? _____

Related co-morbidities and comment: _____

By signing this order, I am certifying that the shared decision visit was completed for the first screening CT

- Must be a dedicated appointment
- Determination of beneficiary eligibility
- Shared decision-making, including the use of one or more decision aids
- Counseling on the importance of adherence to annual lung cancer LDCT screening, impact of comorbidities, and ability or willingness to undergo diagnosis and treatment
- Counseling on the importance of maintaining cigarette smoking abstinence if former smoker or the importance of smoking cessation if current smoker and, if appropriate, furnishing of information about tobacco cessation interventions

Ordering provider signature: _____ Date: _____

Ordering provider printed name: _____ NPI #: _____

Phone number: _____ Fax number: _____

Please fax this completed form to: Fax: 828.250.0142 Attn: Lung Cancer Screening Program

ICD-10 diagnosis codes

Z12.2 Encounter for screening for malignant neoplasm of respiratory organs (do not use for CMS beneficiaries)

For a current smoker

F17.210 Nicotine dependence, cigarettes, uncomplicated

F17.211 Nicotine dependence, cigarettes, in remission

F17.213 Nicotine dependence, cigarettes, with withdrawal

F17.218 Nicotine dependence, cigarettes, with other nicotine-induced disorders

F17.219 Nicotine dependence, cigarettes, with unspecified nicotine-induced disorders

For a former smoker

Z87.891 Personal history of nicotine use/personal history of nicotine dependence



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