



125 Executive Drive • Suite D • Danville, VA 24541 • Appointments: 434-799-3883

Low Dose CT Lung Cancer Screening Order

Patient: _____ DOB: _____ HT: _____ WT: _____

Smoking History: Number of packs per Day: _____ Years Smoked _____ (Must be minimum of 20 Pack-Years)

Currently smoking? Y N If not currently smoking, how many years since they quit: _____ (Must be 15 years or less.)

Provider Name (print): _____ Phone: _____

National Provider Identifier (NPI): _____ Fax: _____

☐ Initial/Annual Screening (Low Dose w/o contrast CPT 71271)

***All 3 & 6 month follow-up exams should be routine Diagnostic Chest CT w/o Contrast (71250). Use Standard Order Form**

☐ ICD-10: Z87.891 Personal History of Nicotine Dependence (For Former Smokers) Medicare Code / Medicaid Code

☐ ICD-10: F17.210 Nicotine Dependence (For Current Smokers) Medicare Code / Medicaid Code

☐ ICD-10: Z12.2 Screening for Neoplasm of Respiratory Organs - Commercial Plans

***Counseling visit to discuss the need for lung cancer screening, using low-dose CT scan to determine eligibility and shared decision-making, must be performed. This must be performed prior to LDCT, using CPT Code G0296.**

Must Meet Criteria Below

- Medicare Insured patients: Age 50 - 77
- Commercial and Medicaid Insured Patients: Age 50 - 80
- Tobacco history of at least 20 or more Pack-Years (Pack-Year = smoking one pack per day for one year)
- Patient must be asymptomatic (no signs or symptoms of lung cancer)
- Current smoker or one who has quit smoking in the last 15 years
- Undergone an eligibility determination by a qualified provider which includes appropriate counseling and decision-making regarding adherence to annual lung cancer LDCT screening as well as the importance of smoking cessation.
- Screening will only be performed annually.

By signing this order, I agree that the stated patient meets the above criteria.

Provider Signature: _____ Date: _____

Please call 434-799-3883 to schedule, and fax order to 434-773-6955 prior to patient's appointment.

Call 434-793-1043 at extension 7227, if you have eligibility questions.

Appointment date and time: _____