LDCT Screening Criteria:

Patient must meet the following criteria

1. **Age:** Must be 50 – 77 years of age

   (Insurance will **NOT** cover unless patients are in between the age limit)

2. **Smoking History:**

   - Must be at least 30 pack over total years

     (Pack per day x # of yrs. Smoked)

   - If not smoking currently, how many years has it been since they quit?

     (<15 years since quitting)

NPMC
National Park Medical Center

1910 Malvern Avenue • Hot Springs, AR 71901 • (501) 321-1000

LDCT Lung Screening Program Order Form

Please fax to 501-620-2489 for scheduling.

NPMC
National Park Medical Center

Patient Name: _____ DOB: ____/____/____
First MI Last **(must be 50-77 yrs of age)**
Patient phone: _____ SS# ____/____/____
Primary Care Provider: _____
Insurance: _____ ☐ Self-Pay
Insurance ID # _____ Group # _____
Insurance Authorization # _____ Height: _____ Weight: _____

LDCT SCREENING CRITERIA

Smoking History: Packs/Day (20 Cigarettes/Pack) X Years Smoked = Pack-Years **(must be at least 20 pack yrs total)**	# Pack-Years	
Currently smoking? If not, be sure to fill in line below.	Yes ☐	No ☐
If not smoking, how many years quit? **(fits criteria if <15 yrs quit)**	# Years Quit	
Please check YES or NO for the following questions:	**YES**	**NO**
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 co-morbidities, 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).		
Pt has been cancer-free in the preceding 5 yrs (other than non-melanotic skin cancer or in situ cancer).		

DIAGNOSIS DESCRIPTION:

☐ Personal History of Nicotine Dependence, former smoker **Diagnosis Code:** Z87.891

☐ Nicotine Dependence, current smoker **Diagnosis Code:** F17.210

EXAM Name / Code:

☐ LDCT Lung Screening
Initial or annual exam
71271 - LDCT –CHEST WITHOUT CONTRAST

Comments: _____

Ordering Provider (print name): _____ Phone: _____

Ordering Provider signature: _____ **Date:** _____/_____/_____

Ordering Provider NPI: _____