



RADIOLOGY REQUISITION

Eligibility Criteria:

- Age 50-77
- Asymptomatic
- \geq 20 Pack- Year smoking History
- Current or Former Smoker
 - If a former smoker, must have quit within the last 15 years.

Patient Name: _____

Date of Birth: _____

Requested Exam: Low-Dose Chest CT

Ordering Provider: _____

NPI: _____

Please answer **ALL** of the following questions regarding program eligibility:

Age: (50-77) _____

Pack-Year History: _____ PPD X _____ Years = _____

Current Smoker? YES NO

If no, how many years ago did patient quit? _____

Is patient asymptomatic (No S/S of Lung Cancer)? YES NO

By signing this order you are certifying that:

- *The patient has participated in a shared decision-making session during which benefits and potential risks of CT lung screening were discussed, as well as follow-up diagnostic testing, over-diagnosis, false positive rates and radiation exposure.*
- *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.*

Provider Signature: _____ Date/Time _____

Diagnosis

Code:

CPT 71271: Low dose CT scan (LDCT) for lung cancer screening

Z12.2- Encounter for screening for malignant neoplasm of respiratory organs

Z87.891- Personal History of nicotine dependence. (Use for former 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.

Radiology Use Only

Pre-imaging Checklist:

- All eligibility questions have been answered
- Copy of patient commitment (signed and dated)
- Completed questionnaire (signed and dated)

Reviewing Technologist: