



Lung Cancer Screening Eligibility Form/Provider Order

Patient Name: _____

Address: _____

Home Phone: _____ Cell Phone: _____

DOB: _____ Gender: _____

Height: _____ Weight: _____

Insurance: _____ Policy #: _____

Provider-managed CT Lung Cancer Screening: Provider will need to confirm patient's eligibility, as well as perform and document a counseling and shared decision-making visit. Scheduling follow-up studies and visits, including for incidental findings, and communication with the patient will be done by the ordering provider.

Yes No Patient between ages 50 and 80 and is either current smoker or has quit smoking within the last 15 years:

Smoker? Yes No

How many packs of cigarettes, cigars, or pipe per day? _____

How many years smoked? _____

How many years since quit? _____

How many pack-years (minimum 20)? _____

(One pack-year = smoking one pack per day for one year; 1 pack = 20 cigarettes)

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.

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.)

Patient was informed of the importance of adherence to annual screening, impact of comorbidities and ability/willingness to undergo diagnosis and treatment.

Patient has participated in the shared decision-making session during which potential risk and benefits of CT lung screening were discussed.

CT Chest Lung Cancer Screening (Baseline or Annual Exam) CPT 71271

Baseline Annual Date of last screening: _____ *(must be at least 1 year and 1 day between screenings)*

ICD-10 code:

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

F17.210 Nicotine dependence, cigarettes, uncomplicated

Ordering Provider: _____ NPI #: _____

Provider Signature (mandatory): _____

Date: _____

Primary Care Provider *(if different than ordering provider)* _____

Fax completed form to Novello Imaging 231-714-0077

PLEASE PROVIDE A COPY FOR THE PATIENT AND INSTRUCT THEM TO BRING IT TO THE APPOINTMENT WITH THEM.