

## Low-Dose CT Lung Cancer Screening (And Short-Term Follow-Up) Order Form

**To Schedule Your CT Exam, Call 1-833-917-0785**

- |   |                     |
|---|---------------------|
| <input type="checkbox"/> Central Region (Northwestern Memorial Hospital, Old Irving Park, Evanston) | Fax #: 312.926.2007 |
| <input type="checkbox"/> North Region (Lake Forest, Grayslake, Glenview, Gurnee)                    | Fax #: 847.535.8001 |
| <input type="checkbox"/> Northwest Region (McHenry, Woodstock, Huntley, Crystal Lake)               | Fax #: 815.759.4008 |
| <input type="checkbox"/> West Region (Central DuPage, Delnor, Oakbrook, Kishwaukee, Valley West)    | Fax #: 630.933.5800 |
| <input type="checkbox"/> South Region (Palos, Orland Park, Mokena)                                  | Fax #: 708.923.8700 |

**Patient Name:** \_\_\_\_\_ **DOB:** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Age:** \_\_\_\_

Last Name                      First Name                      Middle Initial

### CT Chest Lung Cancer Screening (CPT 71271)

- ☐ 1. Medicare/Medicaid: **ages 50-77 to qualify, Shared decision making is required prior to initial lung cancer screen.**
- ☐ 2. Commercial (includes Medicare Advantage) Insurance: **ages 50-80 to qualify; includes ICD-10 code Z12.2 Screening for malignant neoplasm of lung**

- ☐ Current Smoker; F17.210 nicotine dependence, cigarettes uncomplicated
- ☐ Former Smoker; Z87.891 personal history of nicotine dependence  
If former smoker, please provide patients quit date (must be **≤ 15 years** to qualify) \_\_\_\_/\_\_\_\_/\_\_\_\_

Total Pack-Year Smoking History (Packs/Day [20 Cigarettes/Pack] x Years Smoked = Pack-Years) \_\_\_\_\_  
Must be **≥ 20 pack-years** (must be a whole number, no ranges)

Has the shared decision making process and guidance for smoking cessation or continued abstinence been completed and documented in the patients chart?

- ☐ Yes, completed previously or during this encounter

Does the patient have current symptoms suspicious for lung cancer or has the patient undergone treatment for lung cancer in the last 5 years? If yes to either, please place an order for a diagnostic CT Chest if indicated.

- ☐ Yes      ☐ No

Does the patient currently have an acute respiratory infection? If yes, the scan should not be scheduled for 12 weeks post infection to prevent false positives.

- ☐ Yes      ☐ No

### CT Chest Lung Cancer Screening Short Term Follow-Up (CPT 71250)

**1, 3, or 6 month follow up - Only to be used after an abnormal CT Chest Lung Cancer Screening**

- ☐ R91.1 Solitary pulmonary nodule
- ☐ R91.8 other nonspecific abnormal findings of lung field

I certify that the above patient meets criteria for lung cancer screening. The lung cancer screening risks and benefits were discussed with the patient. A mutual decision was made to proceed with the screening. I will provide the necessary documentation to NM as needed in case of an audit.

Ordering Physician Signature \_\_\_\_\_ Date \_\_\_\_\_

Ordering Physician Printed Name \_\_\_\_\_ NPI Number \_\_\_\_\_

Physician Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_