Holy Redeemer Lung Cancer Screening
LOW DOSE CT Order Form
Fax: 215-938-2036

Patient Name: _____DOB: _____Age: _____ (MC: 55 - 77)

Phone#: _____ Cell#: _____ Ht.: _____ Wt.: _____

Insurance Carrier: _____ Member ID#: _____

Exclusion Criteria (must answer NO to all):

1. Has the patient had a regular chest CT within the last 12 months? Yes_____ **No**_____
2. Does patient have lung cancer or signs/symptoms of lung cancer? Yes_____ **No**_____
   (Denies: fever, new shortness of breath, coughing up blood, chest pain, new or changing cough, unexplained significant weight loss)
3. Does patient weigh more than 450lbs? Yes_____ **No**_____
4. Quit tobacco >15 years ago? Yes_____ **No**_____

CT Screening History: This is BASELINE study _____ or **this** is FOLLOW UP study _____

Smoking History: Current _____Former _____ Number of years since quitting (**must be <15 years**): _____
Total years smoking: _____ Number of *packs* per day (20 cigarettes/pack): _____ **=**
Pack-year total: _____ (must be ≥30 pack-yrs)
Patient must lay supine for 5 minutes

Eligible: Y / N

Physician Order - Low Dose CT for Lung Cancer Screening

ORDER: ☐ **LDCT** Lung Screening without contrast (**G0297**): Baseline or Annual

☐ **LDCT** Lung Diagnostic without contrast (**71250**): Follow –up for Lung- Rads category 3 or 4

Ordering Provider's Name: _____ **NPI#**_____

Office Phone: _____ Office Fax: _____

Prior Authorization Number: _____

Smoking cessation counseling and resources were offered & documented? **Yes_____ No_____ N/A____**

Shared Decision Making office visit where risks/benefits of LDCT were discussed: **Yes_____ No_____ N/A____**

ICD-10 Codes: Circle the Diagnosis Code: REQUIRED

Z87.891	Personal history-nicotine dependence, *former smoker*;
F17.210	Nicotine dependence, cigarettes, uncomplicated
F17.211	Nicotine dependence, cigarettes, in remission
F17.213	Nicotine dependence, cigarettes, with withdrawal

PLEASE ENSURE ALL FIELDS ARE COMPLETED BEFORE FAXING BACK TO COORDINATOR OR PATIENT CANNOT BE SCHEDULED

Physician Signature: _____ Date: ____/____/____

Please fax this signed /dated order to Central Scheduling: 215-938-2036 6/2021