Patient Name: DOB

Insurance: Authorization#

No Authorization Required

* CPT: 71271 (Lung Cancer Screening)
* Select a diagnosis code:

Current Smoker

F17.210- Nicotine Dependence, cigarettes, Uncomplicated

F17.211- Nicotine Dependence, Cigarettes, in Remission

F17.213- Nicotine Dependence, Cigarettes, w/ withdrawal

F17.218- Nicotine Dependence, Cigarettes, w/other nicotine induced disorders.

F17.219- Nicotine Dependence, Cigarettes, w/ unspecified Nicotine- induced disorders

Former Smoker

Z87.891- Personal History of nicotine dependence

* Medicaid:

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

(Please include this code along with one from above if the patient has any Medicaid plan either primary or secondary.)

1. Which of the following does your patient meet based on their primary insurance?

Medicare: must be age 50 – 77 w/ a minimum 20 pack year smoking history Yes/ No

Commercial/ Medicaid: age 50 – 80 w/ a minimum 20 pack year smoking history Yes/ No

1. Does the patient show any signs or symptoms of lung cancer? Yes/ No
2. Is this the First (baseline) CT of annual Exam? Baseline/ Annual
3. What is the patient’s smoking status? Current/ Former
4. Pack years? (packs Per day x years smoked) Total # of Pk yrs.
5. Is there documentation of shared decision making? Yes/ No
6. Did the Physician provide smoking cessation guidance to the Patient? Yes/ No

Lung Cancer Screening Follow- up (Diagnostic 3, 6, 9 Month follow- ups Only)

Disclaimer: A baseline screening must be completed within out program prior to any diagnostic scans being performed. Follow-up Recommendations are based on the Lung RADS score found on the patient’s previous scan report. If this is the patient’s first scan, please use the ordering part above for a baseline screening.

* CPT: 71250 (CT Chest w/o Contrast)
* Select a Diagnosis code:

R91.1- Solitary Pulmonary Noule

R91.8- other Non-specific abnormal finding of lung field

Provider Name Printed:

Provider Signature: Date