

## Low Dose CT Lung Cancer Screening Order Form

Patient Name \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_  
Phone Number (\_\_\_\_) \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_ Lbs.

Please complete this section in its entirety. If incomplete patient will not be scheduled.

Packs/day (20 cigarettes/packs) \_\_\_\_\_ (x) Years smoked \_\_\_\_\_ = Pack years\* \_\_\_\_\_

\*Pack year calculator visit: <http://smokingpackyears.com>

Currently smoking? Yes ☐ No ☐ If not smoking, how many years since quit? \_\_\_\_\_

☐ **LDCT Lung Screening Exam ( CPT Code ) 71271 \*\*\*\* select type of screening test.**

☐ Initial ☐ Annual Screening ☐ 3-Month Follow-up ☐ 6-Month Follow-up ☐ Other \_\_\_\_\_

### REASON FOR EXAM:

☐ Lung Cancer Screening Z12.2 (ICD-10) ☐ Personal History of Nicotine Dependence Z87.891 (ICD-10)

☐ Nicotine Dependence, Uncomplicated F17.210 (ICD-10) ☐ Other ( ICD-10 ) \_\_\_\_\_

Ordering MD (print name) \_\_\_\_\_ Office Number (\_\_\_\_) \_\_\_\_\_

Fax (\_\_\_\_) \_\_\_\_\_ NPI (National Provider Number) \_\_\_\_\_

CC Doctor (print name) \_\_\_\_\_

See qualifying guidelines on back of this form.

### With my signature on this order, I certify the following to be true:

- The patient has participated in a shared decision-making session during which potential risks and benefits of CT lung screening were discussed.
- I will provide the above documentation to Radiology Medical Group of Santa Cruz County Inc. as needed in case of an audit.
- The visit included a determination of patient eligibility (including age, a specific calculation of cigarette smoking pack-years, and if a former smoker the number of years since quitting.)
- 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 to Medicare-covered tobacco cessation counseling services, if applicable.
- The patient is currently asymptomatic (no symptoms such as fever, chest pain, new shortness of breath, new or changing cough, coughing up blood or unexplained significant weight loss.)
- **STOP/NOTE: if symptomatic do not order this test. Please consider if appropriate a diagnostic CT Chest (Procedure code 71250.)**

Ordering Physician Signature: \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Screening Test Site: **Santa Cruz Comprehensive Imaging 1685-B Commercial Way, Suite B, Santa Cruz, CA 95065**

**Scheduling Line (831) 476-7711 Fax Line (831) 476-6189 Please visit our website at: [www.RMGSCC.com](http://www.RMGSCC.com)**

IF YOU ARE UNABLE TO KEEP YOUR APPOINTMENT, PLEASE NOTIFY US AT LEAST 24 HOURS IN ADVANCE.

Medical Services Provided by Radiology Medical Group of Santa Cruz County Inc.

## Lung Cancer Screening Eligibility Guidelines:

Pack Year History: 20 or More Pack Years  
Smoking Status: Currently Smoking or Quit in the last 15 years  
AGE: 50-77 Medicare Plan  
50-80 (CCAH, PPO, HMO, Commercial Plans.)  
Asymptomatic: No Clinical Signs/ or Symptoms of Lung Cancer



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Santa Cruz, CA 95065  
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Fax: (831) 476-6189

**Directions:** From Soquel Drive, turn onto Mission Drive. Turn right into the parking lot behind Erik's Deli Cafe. Parking is to the left. Enter the building from the parking lot side.

