



LUNG CANCER SCREENING PHYSICIAN ORDER

Patient Name _____

Date of Birth _____ Phone Number _____

The above named patient was here today for a Shared Decision Making counseling visit and it was determined that a LDCT (Low Dose CT) Lung Cancer Screening would be appropriate for this patient.

Patient was offered smoking cessation counseling and resources? YES NO UNNECESSARY

To qualify for payment coverage, the patient must be:

- 50-77 years of age for Medicare and
- 50-80 years of age for all commercial insurance
- All patients must have a 20-pack year (1 ppd for 20 years) smoking history and be a current smoker or have quit smoking within the past 15 years.
- The patient must be free from signs and symptoms of lung cancer.

Is the patient 50-77 years of age, if for Medicare? YES NO

Is the patient 50-80 years of age, if for Commercial Insurance? YES NO

Is the patient free from signs/symptoms of lung cancer? YES NO

Does the patient have a 20-pack year smoking history? YES NO

Is the patient a current smoker? YES NO

Or

Is the patient a former smoker who quit within the last 15 years? YES NO

Number of years since quitting _____

CIRCLE ONE: BASELINE SCREENING ANNUAL SCREENING

DX Code: Z87.891 CPT CODE: 71271

Referring Provider Signature _____ Date _____

Referring Provider Print Name _____ NPI _____

Please FAX this order to Lexington Diagnostic Center & OPEN MRI at 859-276-1540

Lexington Diagnostic Center & OPEN MRI, 1725 Harrodsburg Road, Suite 100, Lexington, KY 40504

www.LexingtonDiagnostic.com Phone 859-278-7226, FAX 859-276-1540

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