

Low Dose CT (LDCT) Lung Cancer Screening

Patient Name: _____ Phone #: _____ DOB: ____ / ____ / ____
Age 50-77 (Medicare only) and Age 50-80 (Commercial payors)

Option 1

Exam: Initial Baseline CT Annual CT

History/Diagnosis: Z87 .891 – Former smoker/personal history of nicotine dependence.
 F17 .210 – Current smoker/nicotine dependence due to tobacco products.

Coverage Questions (required for initial Baseline or Annual CT only)

Eligibility

Current smoker? Yes No
If no, what year did patient quit? _____
How many years as non-smoker? _____

**Must have quit within 15 years or less for insurance approval.*

Packs/year tabulation

Total pack years* _____

**Pack year calculator: <http://www.smokingpackyears.com/>
*(Number of packs/day X number of years smoked).
And
Must be at least 20 pack years for commercial and medicare payers.*

Please note all chest CT orders for a patient with a Lung-RADS score of 3, 4A or 4B/4X where a 1-month LDCT was recommended to address potentially infectious or inflammatory conditions will be done as a **low dose unless otherwise specified on the order.*

Option 2

Exam: 3-6 month follow-up CT

History/Diagnosis: R91.1 Solitary pulmonary nodule R91.8 other nonspecific abnormal finding of lung field
 Other _____

By signing this order, you are certifying that:

- The patient has participated in a shared decision-making session during which potential risks and benefits of CT lung screening were discussed.
- 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 of Medicare-covered tobacco cessation counseling services, if applicable.
- The patient is asymptomatic (no symptoms such as fever, chest pain, new shortness of breath, new or changing cough, coughing up blood, or unexplained significant weight loss).

To ensure proper scheduling, please fax prescriptions to: 540.741.7679.

Requested by physician: _____ Date: _____

Physician signature: _____ NPI #: _____

Physician fax number: _____

Low Dose CT Lung Cancer Screenings available at:

Medical Imaging of Fredericksburg
1201 Sam Perry Blvd., Suite 102
Fredericksburg, VA 22401

Medical Imaging at North Stafford
125 Woodstream Blvd., Suite 109
Stafford, VA 22556



Health ScanTM
MWHC Medical Imaging of Fredericksburg

To schedule or cancel a Low Dose CT lung cancer screening, please call 540.741.XRAY(9729).

Please include insurance cards and contact number.