



RADIOLOGY REQUISITION

Eligibility Criteria:

- Age 50-77
- Asymptomatic
- ≥ 20 Pack- Year smoking History
- Current or Former Smoker
 - If a former smoker, must have quit within the last 15 years.

Patient Name: _____
Date of Birth: _____
Requested Exam: Low-Dose Chest CT
Ordering Provider: _____
NPI: _____

Please answer **ALL** of the following questions regarding program eligibility:

Age: (50-77) _____
Pack-Year History: _____ PPD X _____ Years = _____
Current Smoker? YES NO
If no, how many years ago did patient quit? _____
Is patient asymptomatic (No S/S of Lung Cancer)? YES NO

By signing this order you are certifying that:

- The patient has participated in a shared decision-making session during which benefits and potential risks of CT lung screening were discussed, as well as follow-up diagnostic testing, over-diagnosis, false positive rates and radiation exposure.
- 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.

Provider Signature: _____ Date/Time _____

Diagnosis

- Code: **G0297:** Low dose CT scan (LDCT) for lung cancer screening
- Z12.2-** Encounter for screening for malignant neoplasm of respiratory organs
- Z87.891-** Personal History of nicotine dependence. (Use for former smoker)
- F17.210-** Nicotine dependence, cigarettes, uncomplicated.
- F17.211-** Nicotine dependence, cigarettes, in remission.

- F17.213-** Nicotine dependence, cigarettes, with withdrawal.
- F17.218-** Nicotine dependence, cigarettes, with other nicotine-induced disorders.
- F17.219-** Nicotine dependence, cigarettes, with unspecified nicotine-induced disorders.

Radiology Use Only

Pre-imaging Checklist:

- All eligibility questions have been answered
- Copy of patient commitment (signed and dated)
- Completed questionnaire (signed and dated)

Reviewing Technologist: