



**Radiology Request- CT CHEST LOW DOSE EXAM**  
**Scheduling 540-332-4400 Fax 540-332-4490**

Patient Name \_\_\_\_\_ Appt. Date/Time \_\_\_\_\_

DOB \_\_\_\_\_ Weight \_\_\_\_\_ Height \_\_\_\_\_ Phone \_\_\_\_\_

Insurance \_\_\_\_\_ Policy # \_\_\_\_\_ Group # \_\_\_\_\_

Pre-Auth Required: Y \_\_\_ N \_\_\_ Pre-Auth# \_\_\_\_\_ Packet Given: Y \_\_\_ N \_\_\_

**Screening Criteria:**

**Medicare:** ages 50-77 with at least 20 pack year cigarette smoking history and is a current smoker or has quit within the last 15 years

**Private Insurers:** ages 50-80 (this is an average age-depends on insurance coverage) with at least 20 pack year cigarette smoking history and is a current smoker or has quit within the last 15 years

**PLEASE CHECK ONE:**

Initial/Annual Screening Exam (71271) \_\_\_\_\_

Follow up Low Dose Diagnostic Exam (71250) (less than 12 months from screening) \_\_\_\_\_

**Reason for Exam** \_\_\_\_\_

Ordering Provider National Provider Identifier (NPI) \_\_\_\_\_

Smoking Pack-year history \_\_\_\_\_

Current smoker? Yes \_\_\_ No \_\_\_

If currently not smoking, number of years since quitting smoking \_\_\_\_\_

Has smoking cessation counselling been provided to patient? Yes \_\_\_ No \_\_\_

Provided by: Ordering Physician \_\_\_ Augusta Health 540-245-7848 \_\_\_

**\*\*\*Smoking cessation counselling is required for insurance reimbursement\*\*\***

Is the patient experiencing any symptoms? Yes \_\_\_ No \_\_\_

**\*\*\* Patient Must be Asymptomatic for Screening Exam Coverage\*\*\***

**By signing this order you are certifying that:**

- The patient has participated in a documented shared decision making session during which potential risks and benefits of CT Lung Screening were discussed;
- The patient was counseled on the importance of adherence to annual lung cancer LDCT screening, impact of comorbidities and ability or willingness to undergo diagnosis and treatment;
- The patient was counseled on the importance of maintaining cigarette smoking abstinence if former smoker; or the importance of smoking cessation if current smoker and, if appropriate, furnishing of information about tobacco cessation interventions; and
- The patient is asymptomatic (no symptoms such as fever, chest pain, new shortness of breath, new changing cough, coughing up blood, or unexplained significant weight loss).

If any questions in regards to this process, contact our CT Lung Cancer Screening Navigator at 540-332-5349 or 540-332-4885.

**Physician Signature** \_\_\_\_\_ **Date** \_\_\_\_\_ **Time** \_\_\_\_\_

**Radiology Nurse Comments:** \_\_\_\_\_

**Radiology Nurse Review** \_\_\_\_\_ **Date** \_\_\_\_\_ **Time** \_\_\_\_\_