



LUNG SCREENING CT

Eligibility Form & Referral

Ph: 702-759-8600

Fx: 702-598-3439

Your appointment is scheduled / Su cita está previsto:

Date/Fecha: _____ Time/Hora: _____

Arrival Time/Hora de llegada: _____

DATE OF ORDER: _____

ALL information below **MUST** be completed in order to verify eligibility of the Lung Screening CT exam.

Patient Name _____ DOB _____

Ph _____ Cell Ph _____ Work/Alt _____

Primary Ins _____ Policy # _____

Referring Provider _____ NPI# _____

Referring Provider Signature _____

Office Contact _____ Ph _____ Fx _____

Please provide answers to ALL questions below:

Is patient age 55 - 77 years? Yes No (if NO, ineligible)

Cumulative smoking history ≥30 pack-years? Yes No (if NO, ineligible)

Please indicate pack-years below (1 pack = 20 cigarettes): _____ X _____ = _____
packs per day X # years = pack-years

Current smoker or quit smoking less than 15 years ago? Yes No (if NO, ineligible)

If patient has quit smoking, please indicate:

Year patient quit smoking: _____ # Years since quitting: _____

Is patient asymptomatic, without current symptoms suggestive of lung cancer? Yes No (if NO, ineligible)

Has patient undergone counseling/shared decision making regarding smoking cessation? Yes No (if NO, ineligible)

PLEASE NOTE: ALL OF THE ABOVE CRITERIA MUST BE MET IN ORDER TO BE ELIGIBLE FOR LUNG CANCER SCREENING CT UNDER CURRENT CMS GUIDELINES. OTHER PAYORS MAY HAVE ADDITIONAL CRITERIA.

If all eligibility requirements have been met, please perform low-dose lung screening CT.

(Diagnostic Codes: Z87.891, personal history of tobacco use / nicotine dependence AND/OR Z12.2, screening for malignant neoplasm of respiratory organs)

Additional notes or special instructions: _____

Please be sure to bring your health insurance card, picture I.D. and co-payment with you, as well as any x-ray studies pertaining to your scheduled exam. If you might be pregnant, please contact our scheduling department or notify the technologist before your exam. Visit our website for information regarding preparations for your examination or lab tests required. Por favor, asegúrese de traer su tarjeta de seguro de salud, foto I.D. y copago con usted, así como cualquier estudio de rayos X relacionado con su examen programado. Si puede estar embarazada, comuníquese con nuestro departamento de programación o notifique al técnico antes de su examen. Visite nuestro sitio web para obtener información sobre los preparativos para su examen o las pruebas de laboratorio requeridas.