



ULTRA LOW DOSE CT LUNG CANCER SCREENING

Patient: _____ Acct #: _____
 Age: _____ Date of Birth: _____ Gender: _____ Ht: _____ Wt: _____
 Ordering Physician: _____ NPI: _____
 Facility: _____ Accession #: _____

Lung Cancer Screening Criteria

Medicare and most private healthcare plans cover LDCT lung screening costs if you can answer "yes" to **all** of the next 3 questions and provide an estimate of pack-year smoking history

ALL PATIENTS

- YES NO Current smoker or former tobacco smoker
- YES NO Age 55 - 77 years
- YES NO Asymptomatic (no current signs or symptoms of lung cancer)

CURRENT AND FORMER SMOKERS

Number of years you smoked. Number of packs per day.

CURRENT SMOKING STATUS

- YES NO **Current smoker**
- YES NO Has your physician provided smoking cessation guidance?
If no, Montclair Radiology can provide guidance

--OR--

- YES NO **Former smoker** Years since quitting

Please sign below to verify that all information entered is correct.

Patient Signature: _____ **Date:** _____

Authorization

Patients meeting all eligibility criteria for an initial or annual LDCT screening are typically covered under preventative care coverage.

- Medicare
- Commercial Insurance
Authorization required for CPT Code 71271

Auth# _____

Frequency

- This is my first LDCT lung screening.
- This is **not** my first LDCT lung screening.

Date of my last LDCT lung screening: _____

Medicare pts - 11 full months must have passed since your last screening.
Non-Medicare pts - should not have a CT Lung Screening more than once per calendar year.

TECHNOLOGIST ATTESTATION *Technologist must review and complete all fields on this form.*

- YES NO The patient has met the 20 pack-years requirement.
Patient smoked 1 pack/day for 20 years or 2 packs/day for 10 years or 1½ packs/day for 13½ years.
- YES NO Smoking cessation guidance has been given to the patient.

Technologist: _____ **Initials:** _____

Referring physicians can bill Medicare for a consultation before ordering a CT Lung Screening using the code below:
 G0296 – Counseling visit to discuss need for lung cancer screening (LDCT) using low-dose CT scan (service is for eligibility determination and shared decision making)