



Radiology

P.O. Box 8062
1 Medical Drive
Morgantown, WV 26501
Phone: 304-598-4253

FAX order form to 304-974-3248
ATTN: Lung Cancer Screening

CT Lung Screening Order Form

Screening Criteria: Age 50-77 years, have no signs or symptoms of lung cancer, AND have a 20 pack years or greater history of smoking tobacco AND if former smokers, quit within the last 15 years. Patients who have had a chest CT within the last 12 months are not eligible.
CMS eligibility 50-77. Private insurance eligibility 50-80.

Patient Name: _____ DOB: ____/____/____
Patient Phone #: _____ Patient Address: _____
Weight (lbs.): _____ Age (Between 50-77): _____
Packs/day (20 Cigarettes/pack): _____ X Years Smoked: _____ = Pack Years: _____
Currently Smoke? Y N If not smoking, how many years quit? _____
Is the patient asymptomatic? Y N

Ordering MD (Print Name): _____

Phone: _____ Fax: _____

Ordering Provider Identifier (NPI): _____

Insurance: _____ Authorization #: _____

Address: _____ City, State, & Zip Code: _____

CT Lung Screening Exam - initial, repeat or follow-up? _____

Has patient had a Chest CT within the last 12 months? _____

Applicable diagnosis codes (choose ONE):

- ☐ 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
- ☐ Z87.891 Personal history of nicotine dependence

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).

For additional information, contact the nurse navigator at 304-598-6516.

Ordering MD Signature: _____ Date: ____/____/____