



# CT Lung Cancer Screening and Follow-Up Order Form

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
**(\*patient must be 55-77 years old or 55-80 with certain insurances)**

Patient Phone Number: \_\_\_\_\_ Insurance Coverage: \_\_\_\_\_

Authorization Number: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Clinical Decision Support G Code: \_\_\_\_\_ Clinical Decision Support Modifier: \_\_\_\_\_

Packs/Day: \_\_\_\_\_ x Years Smoked: \_\_\_\_\_ = Pack Years\*: \_\_\_\_\_  
**(\*must equal or exceed 30 pack years)**

Currently Smoking?  Yes  No If not currently smoking, how many years quit?\*: \_\_\_\_\_  
**(\*cannot exceed 15 years)**

Low Dose Chest CT WO Contrast For Lung Cancer Screening  
(**CPT 71271** - For initial scan or 1+ year follow-up scans)

Low Dose Chest CT WO Contrast For Follow-Up To Lung Cancer Screening  
(**CPT 71250** - For 1, 3, 6, or 9 month follow-up scans)

## COMMENTS

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### By signing this order, you are certifying that:

- 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 with no signs or symptoms of lung cancer.

Referring Physician's Name: \_\_\_\_\_ NPI#: \_\_\_\_\_

Signature: \_\_\_\_\_

CC Physician's Name: \_\_\_\_\_ Date: \_\_\_\_\_

### Attention:

**Please advise your CT patients to expect a call from Rhode Island Medical Imaging to confirm and screen them for their exam prior to their appointment.**

FULL SERVICE LOCATIONS

LIMITED SERVICE LOCATIONS

	3T MRI	MRI	CT	Screening Mammography	Diagnostic Breast Imaging	Ultrasound	DEXA	X-Ray	Arthrograms / Therapeutic Joint Injections / MSK	Thyroid Biopsy	Breast Biopsy
<b>Barrington</b> Barrington Medical Center 1525 Wampanoag Trail, Suite 101 East Providence, RI 02915	◆		◆	◆		◆	◆	◆			
<b>Cranston</b> 1301 Reservoir Avenue Cranston, RI 02920		◆	◆	◆		◆	◆	◆			
<b>East Greenwich</b> Greenwich Medical Center 1351 South County Trail Building 1, Lower Level East Greenwich, RI 02818	◆	◆	◆	◆	◆	◆	◆	◆			◆
<b>Johnston</b> 1526 Atwood Avenue, Lower Level Johnston, RI 02919		◆	◆	◆	◆	◆	◆	◆		◆	◆
<b>Lincoln</b> Blackstone Center 6 Blackstone Valley Place Building 5, Suite 506, Lincoln, RI 02865		◆	◆	◆		◆	◆	◆	◆	◆	
<b>North Providence</b> 1500 Mineral Spring Avenue North Providence, RI 02904		◆	◆	◆		◆	◆	◆			
<b>Pawtucket</b> Blackstone Valley Medical Building 333 School Street, Suite 105 Pawtucket, RI 02860	◆		◆	◆		◆	◆	◆	◆		
<b>Providence</b> Moshassuck Medical Center 1 Randall Square, Suite 103 Providence, RI 02904		◆	◆	◆	◆	◆	◆	◆			◆
<b>Warwick</b> 250 Toll Gate Road Warwick, RI 02886		◆	◆	◆		◆	◆	◆			
<b>East Providence</b> Metacomet Office Park 450 Veterans Memorial Parkway Building 2, Suite 203 East Providence, RI 02914				◆	◆	◆	◆	◆			
<b>Lincoln (Wake Robin)</b> George Washington Medical Center 2 Wake Robin Road, Suite 107 Lincoln, RI 02865						◆		◆			
<b>Warren</b> Warren Medical Center 851 Main Street Warren, RI 02885								◆			