

CT Lung Cancer Screening Program Requisition

PLEASE COMPLETE FORM IN ITS ENTIRETY

PATIENT INFORMATION (ALL fields are required)

Name: _____ Date of Birth: _____

Address: _____ City: _____ State: _____ Zip: _____

Contact Phone Number: _____

Primary Insurance: _____ Subscriber ID: _____

PLEASE INDICATE THE TYPE OF EXAM:

A: Initial Screening Exam* (CPT 71271)

B: Subsequent Annual Screening Exam (CPT 71271)

C: Follow-up Chest CT to a LungRADS Category 3 or 4 on prior screening exam (CPT 71250)

Imaging Schedulers: If A or B is checked, schedule exam as "CT Lung Cancer Screening "

If option C, schedule as "CT Lung Screening Follow-up"

PATIENT MUST MEET ALL OF THE FOLLOWING CRITERIA FOR LOW DOSE CT SCREENING (PLEASE CHECK ALL BOXES):

Age 50 – 80

20+ pack year smoking history: _____ pack years (Please estimate to closest whole number)
One pack year = smoking one pack per day for one year or two packs per day for six months

Current smoker or Former smoker, year quit: _____ (must be <15 years ago)

Asymptomatic for lung cancer

Lung cancer screening shared decision-making visit (code G0296) documented & billed

***G0296 required only for initial lung cancer screening CT (option A above)**

CLINICAL INDICATION: CT Lung Screening (low dose CT)

ICD-10 CODE FOR IMAGING STUDY (ONLY CHECK ONE):

Z87.891 Personal history of nicotine dependence

F17.210 Nicotine dependence, cigarettes, uncomplicated

F17.211 Nicotine dependence, cigarettes, in remission

Other: _____

Insurance Authorization Number: _____ Auth Expiration Date: _____

Please indicate "No Authorization required" if applicable

Authorized Practitioner (Print): _____

Office Phone: _____ Office Fax: _____

Signature (Required): _____ Date: _____

See reverse for scheduling
fax and phone numbers

UR MEDICINE IMAGING LUNG CANCER SCREENING CT LOCATIONS:

FACILITY	ADDRESS	PHONE	FAX
East River Road Tax ID: 16-0743209	200 East River Road Rochester, NY 14623	585-784-2985	585-320-1044
Strong West Tax ID: 16-0743209	156 West Avenue Brockport, NY 14420	585-784-2985	585-320-1044
UR Medicine Imaging – UMI Tax ID: 16-0743209	4901 Lac de Ville Blvd. Building D, Suite 140 Rochester, NY 14618	585-784-2985	585-320-1044
Highland Hospital Tax ID: 16-0743037	1000 South Avenue Rochester, NY 14620	585-341-6785	585-341-0065
F.F. Thompson Hospital Tax ID: 16-0743024	350 Parrish Street Canandaigua, NY 14424	585-396-6910	585-396-6915
Noyes Memorial Hospital Tax ID: 16-0743979	111 Clara Barton Street Dansville, NY 14437	585-335-4235	585-335-7952
St. James Hospital Tax ID: 16-0743310	7329 Seneca Road North Hornell, NY 14843	607-247-2218	607-385-3616
Jones Memorial Hospital Tax ID: 22-2807681	191 North Main Street Wellsville, NY 14895	585-596-4013	585-596-4015

UR MEDICINE IMAGING LUNG CANCER SCREENING CLINIC LOCATION:

Strong Memorial Hospital Ambulatory Care Facility – 3rd Floor
601 Elmwood Avenue
Rochester, NY 14642