

CT Lung Cancer Screening Program Requisition or Referral

PATIENT INFORMATION (All fields are required)

Name: _____ Date of Birth: _____

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

Contact Phone Number: _____

Primary Insurance: _____ Subscriber ID: _____

If the patient is between the ages of 50–54 or 78–80, has a 20–29 pack year smoking history, or you would like to refer your patient to the UR Medicine Lung Cancer Screening Clinic, please check box below.

Referral to the UR Medicine Lung Cancer Screening Clinic (fax form to 585-784-7954)

LUNG CANCER SCREENING CT ORDER FORM SECTION

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 BOXES):

Age 50 – 80

20+ pack year smoking history: _____ pack years

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 documented and billed (code 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 (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:** _____

Authorized Practitioner (Print): _____

Office Phone: _____ Office Fax: _____

Signature (Required): _____ **Date:** _____

UR MEDICINE IMAGING LUNG CANCER SCREENING CT LOCATIONS:

FACILITY	ADDRESS	PHONE	FAX
East River Road Tax ID: 16-0743209	200 East River Rd Rochester, NY 14623	585-784-2985	585-276-2028
Strong West Tax ID: 16-0743209	156 West Ave Brockport, NY 14420	585-784-2985	585-276-2028
UR Medicine Imaging – UMI Tax ID: 16-0743209	4901 Lac de Ville Blvd Building D, Suite 140 Rochester, NY 14618	585-784-2985	585-276-2028
Highland Hospital Tax ID: 16-0743037	1000 South Ave Rochester, NY 14620	585-341-6785	585-341-0065
FF Thompson Hospital Tax ID: 16-0743024	350 Parrish St Canandaigua, NY 14424	585-396-6910	585-396-6915
Noyes Memorial Hospital Tax ID: 16-0743979	111 Clara Barton St Dansville, NY 14437	585-335-4235	585-335-7592
St James Hospital Tax ID: 16-0743310	7329 Seneca Road North Hornell, NY 14843	607-247-2218	607-385-3616
Jones Memorial Hospital	Service begins 2022		

UR MEDICINE IMAGING LUNG CANCER SCREENING CLINIC LOCATION:

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