

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 and 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

Z12.2 Screening for lung cancer

Insurance Authorization Number: _____ Auth Expiration Date: _____

Please indicate "No Authorization required" if applicable

Authorized Practitioner (Print): _____

Office Phone: _____ Office Fax: _____

Signature (Required): _____ Date: _____

UR MEDICINE IMAGING LUNG CANCER SCREENING

CT LOCATIONS

(877) 728-4543

FAX: (585) 784-7954

Batavia

Tax ID: 16-0743209

7995 Call Parkway, Ste. 300
Batavia, NY 14020

East River Road

Tax ID: 16-0743209

200 East River Road
Rochester, NY 14623

F.F. Thompson Hospital

Tax ID: 16-0743024

350 Parrish Street
Canandaigua, NY 14424

Highland Hospital

Tax ID: 16-0743037

1000 South Avenue
Rochester, NY 14620

**Imaging – Orthopaedics &
Physical Performance Center**

Tax ID: 16-0743209

10 Miracle Mile Drive
Rochester, NY 14623

Jones Memorial Hospital

Tax ID: 22-2807681

191 North Main Street
Wellsville, NY 14895

Noyes Memorial Hospital

Tax ID: 16-0743979

111 Clara Barton Street
Dansville, NY 14437

St. James Hospital

Tax ID: 16-0743310

7329 Seneca Road North
Hornell, NY 14843

Strong West

Tax ID: 16-0743209

156 West Avenue
Brockport, NY 14420

UR Medicine Imaging – UMI

Tax ID: 16-0743209

4901 Lac de Ville Blvd., Building D, Suite 140
Rochester, NY 14618

UR MEDICINE IMAGING LUNG CANCER SCREENING

CLINIC LOCATION

Strong Memorial Hospital

Ambulatory Care Facility, 3rd Floor
601 Elmwood Avenue
Rochester, NY 14642