



Covenant Cancer Care Center
Lung Cancer Screening Program

Low-Dose Computerized Tomography (LDCT)
LUNG CANCER SCREENING PRESCRIPTION

Patient's name _____ Date _____

Patient's date of birth _____ Height _____ Weight _____ Phone # _____

Screening Criteria*

Patient must meet all criteria

- ☐ 55-77 years old
- ☐ Current or former cigarette smoker
Quit date _____
- ☐ ≥ 30 pack-year cigarette smoking history
_____ packs x _____ years = _____ pack years
- ☐ Free of signs/symptoms of lung cancer (asymptomatic)

Billing Codes

Please check all that apply

- ☐ ICD10 Personal history of nicotine dependency – Z87.891
- ☐ ICD10 Screening for respiratory malignancy – Z12.2
- ☐ ICD10 Nicotine dependence, cigarettes – F17.21

* Patients with a previous history of lung cancer, on home oxygen, with a pacemaker, with metal rods in their spine or a chest CT Scan in the past year **do not qualify** for screening.

By signing this order I am certifying that the patient has participated in a "Shared Decision Making and Counseling" visit regarding the lung cancer screening AND has received smoking cessation counseling (if indicated).

- ☐ **Completed Shared Decision-Making/Counseling Appointment** • Date _____
- ☐ **Completed Smoking Cessation Counseling** ☐ N/A
- ☐ **Known history of coronary artery disease**

Please select one: ☐ **LDCT Lung Cancer Screening** ☐ Baseline ☐ Annual
☐ **LDCT Lung Cancer Screening Follow Up** (physician visit not required)

Referring provider's signature _____

Referring provider's name _____ Phone # _____

Please print

NOTE: Some insurance companies require prior authorization for the LDCT. Please check this patient's coverage and, if indicated, provide their authorization number here # _____.

To Schedule an LDCT Lung Cancer Screening:

- Fax the completed prescription to 989.583.7029.
- Schedule the appointment by calling 989.583.6278.

If you have questions, please contact the Covenant Cancer Care Center at 989.583.5014.



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