

Order for Low-dose CT (LDCT) Chest for Lung Cancer Screening

Last Name First Name DOB Phone
UVA MRN (if known) Insurance Policy No. Height Weight

Expected date of LDCT:

Check one of the following orders (required):

- LDCT chest (CPT code: 71271) – **BASELINE**
- LDCT chest (CPT code: 71271) – **ANNUAL**

Check one of the following (required):

- ICD 10 - **Z87.891**: Current smoker with at least a 30 pack year smoking history
- ICD 10 – **F17.210**: Former smoker with at least a 30 pack year smoking history who **quit within the last 15 years**. If former, then year quit: _____

By signing this order, you are certifying that (please check below):

- Patient is between the ages of 55 and 77
- Patient is currently free from symptoms of lung cancer.
 - Symptoms include chest pain, new SOB, new or changing cough, hematemesis, unexplained significant weight loss. Patients who are symptomatic should receive a diagnostic CT
- Prior to the baseline scan, the patient participated in a one-time shared decision session during which potential risks/benefits of lung cancer screening with LDCT were discussed, and this was documented in the patient’s medical record.
- The patient was informed of the importance of adherence to annual screening, impact of comorbidities, ability/willingness to undergo diagnosis and treatment.
- The patient was informed of the importance of smoking cessation and/or maintaining smoking abstinence, including the offer of tobacco cessation counseling services if applicable.
- The patient has NOT had a CT chest within the last 365 days.

Clinic Name Ordering provider signature:
Ordering provider printed name: NPI: Date:
Phone: Fax:

To schedule: Fax form to: **434-244-9408**. Radiology will call the patient directly to schedule. For any questions, please call UVA Imaging 434-243-0321, Opt. 1, 1.

For more information: <https://uvahealth.com/services/lung-cancer/refer-a-patient>