

CMS Criteria	USPSTF Criteria
Age 50-77 years old with ≥ 20 pack-year smoking history, and No symptoms of Lung Cancer, and Current Smoker or Former Smoker that has quit < 15 years ago	Age 50-80 years old with ≥ 20 pack-year smoking history, and No symptoms of Lung Cancer, and Current Smoker or Former Smoker that has quit < 15 years ago

Last Name: _____ First Name: _____

Home Phone: _____ Cell Phone: _____ (Please circle preferred contact number)

MRN: _____ DOB: _____ Age: _____

Height: _____ Weight: _____

Insurance:

Medicare (must meet CMS criteria) Insurance ID: _____

Other (must meet USPSTF criteria)

Smoking Status:

Current Smoker Number of pack-years: _____ (current & former)
Number of pack-years = (packs smoked per day) × (years as a smoker)

Former Smoker Number of years since quitting: _____ (former)

Type of Exam:

Baseline Lung CT Screening (71271); ICD Code: F17.210 (“cigarette smoker”) **OR** Z87.891 (“former smoker”)

Annual Lung CT Screening (71271); ICD Code: F17.210 (“cigarette smoker”) **OR** Z87.891 (“former smoker”)

Location:

Lehigh Valley Imaging: 1250 South Cedar Crest Blvd, Suite 100, Allentown PA 18103

Lehigh Valley Hospital – Muhlenberg: 2545 Schoenersville Road, Bethlehem PA 18017

Lehigh Valley Hospital – 17th Street: 1627 West Chew Street, Allentown PA 18104

Imaging Services at Cetronia Road: 250 Cetronia Road, Allentown PA 18104

Lehigh Valley Hospital – Hecktown Oaks: 3780 Hecktown Road, Easton PA 18045

By signing this order, I certify that:

- The above patient has no signs or symptoms of Lung Cancer
- I have provided Smoking Cessation Information with Patient / Family (for Current Smokers)
- I have provided Shared Decision Making with Patient / Family (for Baseline Screening Exam)

****This exam will not be scheduled unless this order form is completed in its entirety.****

Provider Signature: _____ Date: _____

Provider Name (Printed): _____

Provider NPI: _____ Provider Phone: _____

Phone: 610-402-8378 **Fax:** 484-884-1909 **NPI:** 1164400131 **TIN:** 231689692
Please fax signed and completed order to 484-884-1909.