



CT Lung Screening Order

Patient Name: _____ DOB: _____

Ordering Provider _____ NPI _____

Order: Lung Cancer Screening Exam: _____ Baseline _____ Annual

Procedures Code: G0297(medicare) _____

The following ICD-10 codes should be used for the order:

Screening for Respiratory Malignancy Z12.2 _____
and
Current smoker F17.210 _____
or
Former smoker F17.211 / Z87.891 _____

Provider Signature _____

Date _____ Time _____

Fax order to: Methodist Hospital 402-354-5079 or Methodist Jennie Edmundson 712-396-7944

Office or patient can call Methodist Hospital 402-354-5858 or Methodist Jennie Edmundson 712-396-7250 to schedule an appointment.

Questions/Comments: _____

Patient Label

NAME: _____ DOB: _____

FIN: _____ MRN: _____

PERMANENT PART OF MEDICAL RECORD

**CC-LUNGSCRNORDER
Rev 11/2020**