



(First Name) (MI) (Last Name)
(Date of Birth) (Address) (State) (Zip) (Phone Number)

ICD-10 Codes and Clinical Symptoms:

National Provider Identifier (NPI):

- Select one: [ ] Initial LDCT lung cancer screening
[ ] Subsequent LDCT lung cancer screening

AUC INFORMATION
Vendor or G-Code
Order ID
Appropriateness
Modifier

Beneficiary Eligibility Criteria:

- [ ] The beneficiary is age 50 – 80 years.
[ ] The beneficiary is currently asymptomatic.

Is the beneficiary currently a smoker? [ ] Yes [ ] No

✓ If yes, what is their actual pack-year number (must be >=20 pack-years\*): \_\_\_\_\_ pack-years

If not, has the beneficiary quit smoking within the last 15 years? [ ] Yes [ ] No

✓ What was their actual pack-year number (must be >=20 pack-years\*): \_\_\_\_\_ pack-years

\*One pack-year = smoking one pack per day for one year; 1 pack = 20 cigarettes.

How many years ago did the beneficiary quit smoking? \_\_\_\_\_ year(s) (past 15 years)

Does the beneficiary have a personal history of lung cancer? [ ] Yes [ ] No

[ ] Proof of a provider-conducted lung cancer screening counseling and shared decision making visit is attached.

Provider Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Visit www.noch.org for more information.

