

LOW-DOSE CT (LDCT) LUNG CANCER SCREENING REFERRAL

Date of Referral: _____ Referring Provider: _____

Patient Name (first, MI, last): _____ D.O.B. _____

Patient Phone: (_____) _____ (home) (_____) _____ (work or cell)

Interpreter needed: _____ (language) Physical Assistance Required

Notes: Height: _____ Weight: _____ Pregnant: Yes No

Current Smoker? Yes No If not, how many years ago did patient quit? _____

Pack per day _____ x _____ number years as smoker = _____ pack years

Patient is asymptomatic (no signs or symptoms of lung cancer) Yes No

Patient was provided smoking cessation guidance Yes No

Prior Exams:

Date of Service _____ Facility Location _____

Other Last Name: _____

All of the above fields are required to be filled out completely.

Eligibility & Criteria

Patients **MUST** meet **ALL** criteria below to qualify for this screening with the following elements documented in their medical records:

✓ Age 55-80*

**Medicare ONLY approves up to 77 years of age*

✓ Active Smoker **OR** Quit less or equal to 15 years

✓ At least 30 pack-year** history

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

✓ Physician provided smoking cessation guidance

✓ Evidence of shared decision-making with physician

The counseling and shared decision-making visit must include:

- Shared decision-making, including the use of one or more decision aids, to include benefits and harms of screening, follow-up diagnostic testing, over-diagnosis, false positive rate, and total radiation exposure;
- Counseling on the importance of adherence to annual lung cancer LDCT screening, impact of co-morbidities, and ability or willingness to undergo diagnosis and treatment;
- Counseling on the importance of maintaining cigarette smoking abstinence if former smoker; or the importance of smoking cessation if current smoker and, if appropriate, furnishing of information about tobacco cessation interventions.

HCPCS codes used for lung cancer screening with LDCT:

- **G0296** – Counseling visit to discuss need for lung cancer screening (LDCT) using low dose CT scan (*service is for eligibility determination and shared decision-making*)
- **G0297** – Low dose CT scan (LDCT) for lung cancer screening

This criteria is based on the CMS guidelines for LDCT examinations. The eligible age range for coverage may vary by insurance carrier. For more information including an up to date list of insurance carriers who will cover this screening, please visit our website.

Appointment:

Exam _____

M T W Th F Sat Sun

Date: ____ - ____ - ____

Check In Time: ____: ____

Appt. Time: ____: ____

Call patient to schedule

Patient will call to schedule

Report

Call STAT (_____) _____

Fax STAT (_____) _____

Fax Routine(_____) _____

Additional Report To: _____

Images:

CD ROM Deliver to my office

Web PACS Send with patient

CMC PACS Providence PACS

PCP: _____

Insurance

Send copy of patient's insurance card when faxing this referral.

Insurance(s) _____

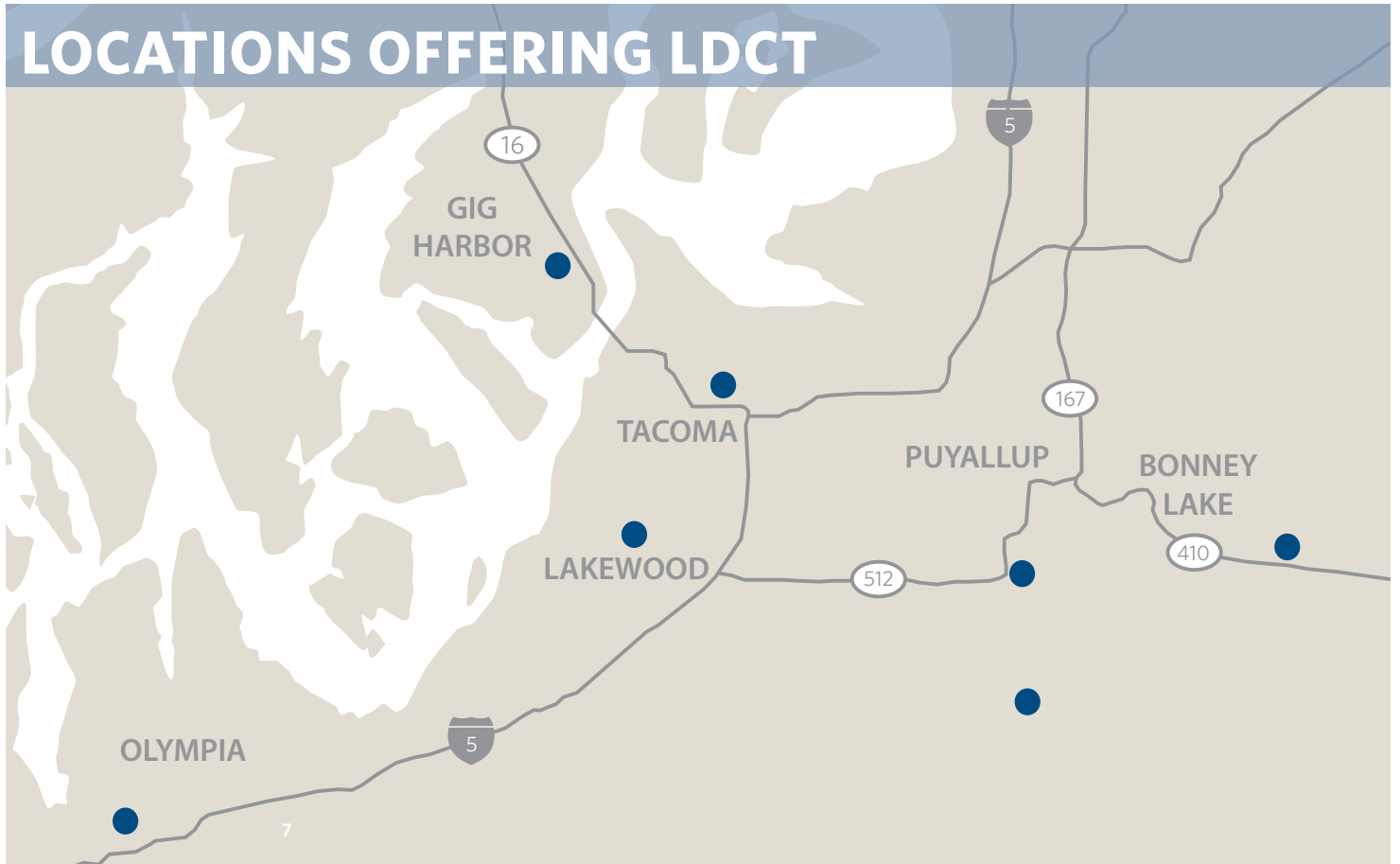
Authorization # _____

(if necessary)

Referring Provider Signature _____

Required for exam

LOCATIONS OFFERING LDCT



TRA Medical Imaging Locations

Gig Harbor

- ☐ TRA Gig Harbor
4700 Point Fosdick Dr NW, Suite 110
Gig Harbor, WA 98335

Lakewood

- ☐ TRA Lakewood
5919 100th Street SW
Lakewood, WA 98499

Olympia

- ☐ TRA Olympia - on Lilly
500 Lilly Rd NE, Suite 160
Olympia, WA 98506

Tacoma

- ☐ TRA Tacoma - on Union
2502 S Union Ave
Tacoma, WA 98405

Phone: (866) 761-4200 | Fax: (253) 761-4201
www.tra-minw.com/ct-lung-screen/

Diagnostic Imaging Northwest Locations

Bonney Lake

- ☐ Bonney Lake Imaging Center
2110 SR 410 E, Suite 110
Bonney Lake, WA 98391

Puyallup

- ☐ Puyallup Imaging Center
222 15th Avenue SE
Puyallup, WA 98372
- ☐ Sunrise Imaging Center
11212 Sunrise Blvd. E, Suite 200
Puyallup, WA 98372

Phone: (253) 841-4353 | Fax: (253) 446-3973
dinw.com/ct-lung-screen/