

LOW-DOSE CT (LDCT) LUNG CANCER SCREENING REFERRAL

Date of Referral: _____ Referring Provider: _____

Patient Name (first, MI, last): _____ Date of Birth: _____

Patient Home Phone: _____ Patient Work/Cell Phone: _____

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
Chest CT in past 12 months? Yes No (If yes, patient may not be eligible for LDCT.)

Prior Exams:
Date of Service Facility Location

Other Last Name: _____

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

Eligibility and 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 Sa Su

Date: _____ - _____ - _____

Check In Time: _____:_____

Appointment 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

Primary Care Provider: _____

Insurance:

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

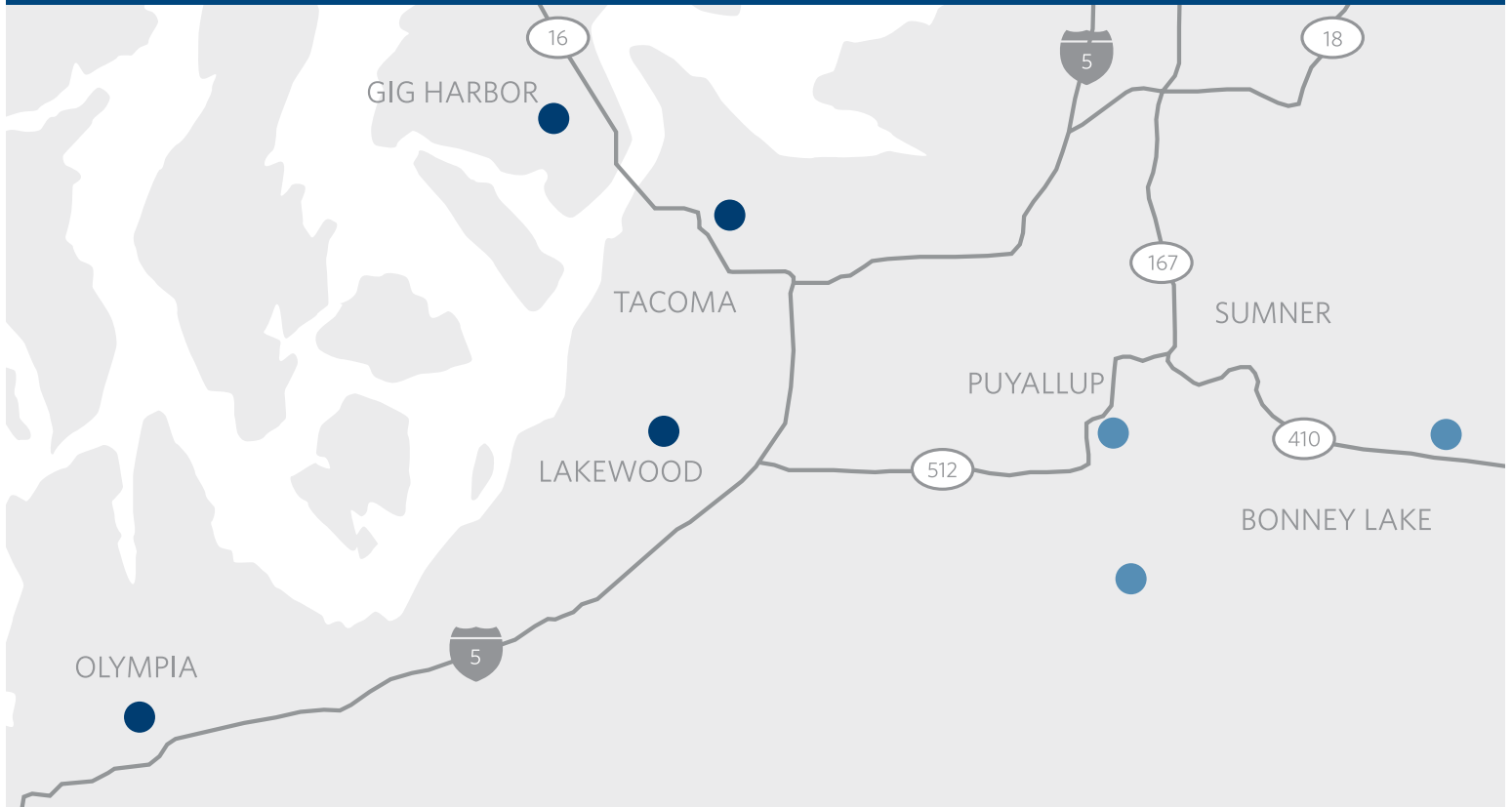
Insurance(s): _____

Authorization Number (if necessary): _____

Referring Provider Signature (Required for exam)



LOCATIONS OFFERING LDCT



TRA MEDICAL IMAGING LOCATIONS

- ❑ **TRA Gig Harbor**
4700 Point Fosdick Dr NW, Suite 110
Gig Harbor, WA 98335
- ❑ **TRA Lakewood**
5919 100th Street SW
Lakewood, WA 98499
- ❑ **TRA Olympia - on Lilly**
500 Lilly Rd NE, Suite 160
Olympia, WA 98506
- ❑ **TRA Tacoma - on Union**
2502 S Union Ave
Tacoma, WA 98405

Phone: 866-761-4200
Fax: 253-761-4201
tranow.com/ct-lung-screen

DIAGNOSTIC IMAGING NORTHWEST LOCATIONS

- ❑ **Bonney Lake Imaging Center**
21110 SR 410 E, Suite 110
Bonney Lake, WA 98391
- ❑ **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/