

# 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 50-80\*  
\*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)
- 71271 - CT Thorax 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:

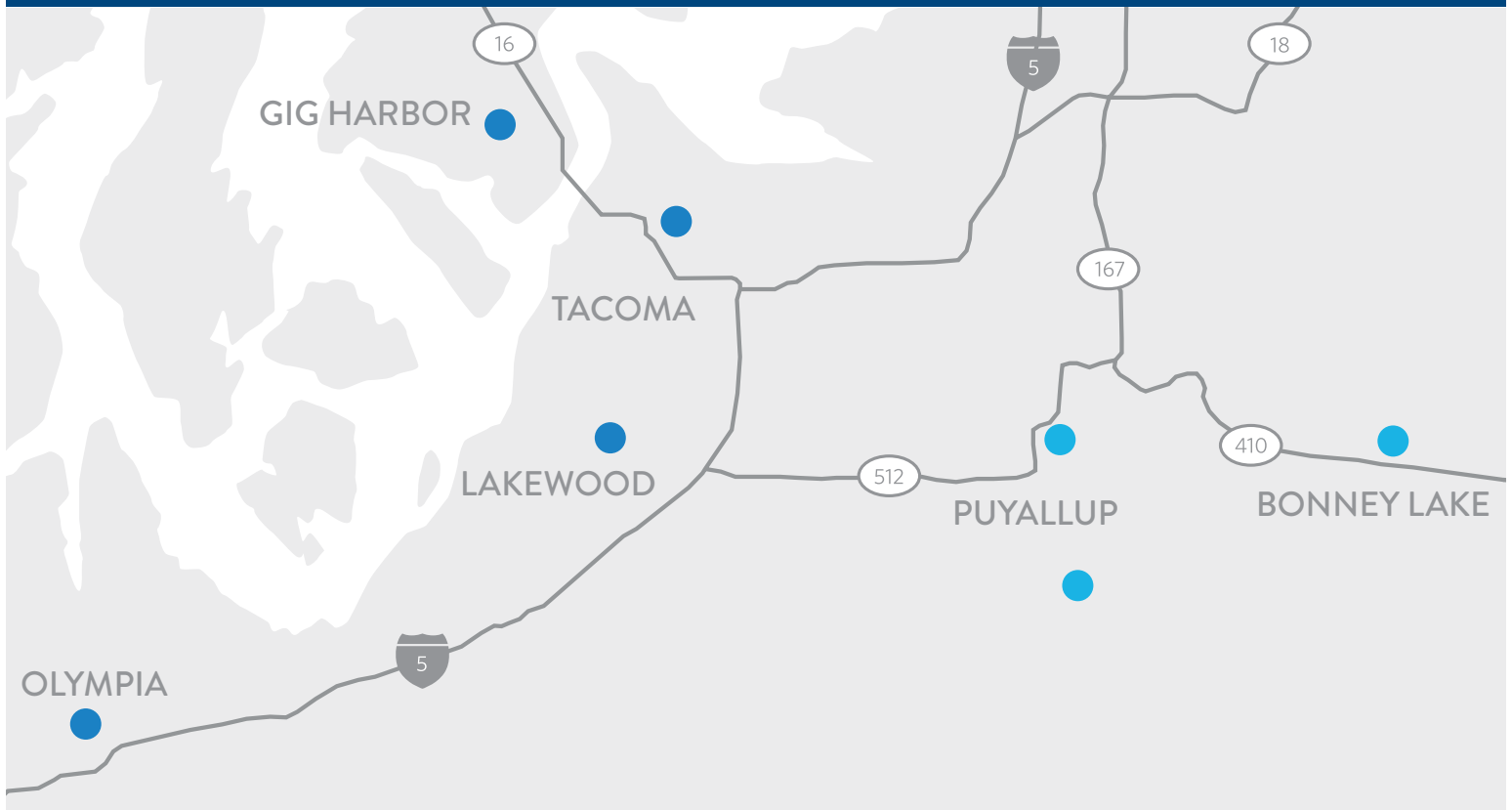
*Send copy of patient's insurance card when faxing this referral.*

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/](http://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/](http://dinw.com/ct-lung-screen/)