

UR Medicine

Lung Cancer Screening Program

Provider Referral Guide

Current inclusion criteria

- Age 50 – 80
- Cigarette smoking history of 20 pack years minimum.
Examples:
 - 1 pack/day x 20 years = 20 pack years or
 - 2 pack/day x 10 year & 1 pack/day x 10 years = 30 pack years
- Current cigarette smoker or has quit in 15 years or less
- Asymptomatic for lung cancer

▶ OPTION #1

I wish to enroll my patient into the UR Medicine Lung Cancer Screening Program. In order to satisfy the program requirements and CMS compliance, the following is required.

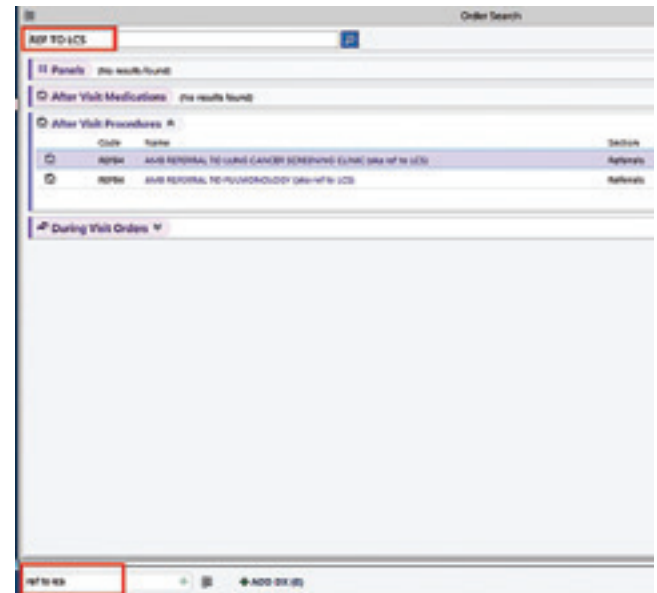
- Patient is asymptomatic
- Lung Cancer Screening -Shared decision-making counseling documented and charged (G-0296)
- Smoking cessation counseling provided and documented
- Low Dose CT scan ordered (CPT-71271)
 - Via eRecord order
 - If not on eRecord, via LCS requisition

▶ OPTION #2

I wish to refer my patient for screening, counseling and entry into the UR Medicine Lung Cancer Screening Program via the UR Medicine Lung Cancer Screening Clinic. **Telehealth/Telehome options available.**

Referral options:

- Referrals can be made in eRecord workflow (Pulmonary Referral/Lung Cancer Screening Clinic)



- Fax requisition form to 585-784-7954
- Call the UR Medicine Lung Cancer Screening Clinic at 1-877-728-4543
- Email the UR Medicine Lung Cancer Screening Clinic at ctlungscreening@urmc.rochester.edu

If you have questions regarding these processes, please call **1-877-728-4543** or email Mary Jo Evans at MaryJo_Evans@URMC.Rochester.edu
lungcancerscreening.urmc.edu