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 your patient qualifies for Lung Cancer Screening per the 2021 USPSTF recommendations (age 50 – 54, 78 – 80; with a minimum of 20 pack year history), please refer them via the UR Medicine Lung Cancer Screening Clinic. This will ensure proper billing, our reduced cost self-pay options until CMS approves the latest guidelines, financial counseling and Medicare/Medicaid billing compliance.

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