

LOW DOSE CT LUNG CANCER SCREENING

most payors use procedure code G0297

FOR APPOINTMENTS PLEASE CALL: 1-855-377-3456

Fax Prescription to: 516-977-8718 Email Prescriptions to: Radrx@Northwell.Edu

Please ask your patient to take a cell phone photo of this referral in case they forget to bring it to our office.

Patient Name _____	DOB _____	Date ____ / ____ / ____
Insurance _____	Policy # _____	Auth # _____

Patient Age (55-77 for Medicare patients, varies by payer, **55-80 Max Range**) _____

Height: _____ Weight: _____

Packs/day (20 cigarettes/pack) _____ x Total Years smoked _____ = # _____ Pack Years **(30+ Years Required)**

Current Smoker YES NO - If No, # of years since the patient quit smoking _____ (Not covered by Medicare if greater than 15 years)

History of malignancy NO YES, type and year diagnosed _____

Other Pertinent Medical History/Risk Factors _____

CT Lung Screening exam: First Annual Subsequent Annual Subsequent Interval Follow up

Physician Attestation:

By signing this order I attest that prior to beginning the CT Lung Cancer Screening process:

- The patient has participated in a **Shared Decision Making Visit** where the potential risks and benefits were discussed.
- The patient was informed of the importance of adherence to annual screening, impact of comorbidities, and ability/willingness to undergo diagnosis and treatment.
- The patient was informed of the importance of smoking cessation and/or maintaining smoking abstinence, including the offer of tobacco cessation counseling services, if applicable.
- The patient is asymptomatic (no signs/symptoms of lung cancer such as fever, chest pain, new shortness of breath, new or changing cough, coughing up blood, or unexplained significant weight loss).
- The beneficiary's medical record has been appropriately documented.
- Confirm for baseline lung cancer screening **ONLY, THAT THE PATIENT HAS NOT UNDERGONE A CHEST CT or CHEST CTA WITHIN THE LAST 12 MONTHS**

Physician Signature: _____ Date: _____ Time: _____

Printed Name of Physician: _____

Telephone: _____ Fax: _____ NPI: _____

LOCATIONS:

- 1. ***Northwell Health Imaging at the Center at for Advanced Medicine**
450 Lakeville Road, Lake Success, New York 11042 Tel: 516-734-8600 Tax ID#: 11-1562701
- 2. ***Northwell Health Imaging at Great Neck (611)**
611 Northern Blvd., Suite 250, Great Neck, NY 11021 Tel: 516-233-3456 Tax ID#: 11-1562701
- 3. ***Northwell Health Imaging at Great South Bay**
620 Main Street, Islip, New York 11751 Tel: 631-439-7237 Tax ID#: 11-1562701
- 4. ***Northwell Health Imaging at Syosset**
100 Lafayette Drive, Syosset, New York 11791 Tel: 516-622-3456 Tax ID#: 11-1562701
- 5. ***Northwell Health Imaging at Garden City**
711 Stewart Avenue, Garden City, NY 11530 Tel: 516-321-3456 Tax ID#: 11-1562701
- 6. ***Northwell Health Reichert Family Imaging at Huntington**
284 Pulaski Road, Greenlawn, NY 11740 Tel: 631-670-3456 Tax ID#: 11-1562701
- 7. ****Northwell Health Imaging at Bay Shore**
440 East Main Street, Bay Shore, New York 11706 Tel: 631-414-8000 Tax ID#: 11-2241326
- 8. ***Northwell Health Imaging at Smithtown**
226 Middle Country Road, Smithtown, New York 11787 Tel: 631-775-3456 Tax ID#: 11-1562701
- 9. *****Northwell Health Imaging at Greenwich Village**
200 West 13th Street, 5th Floor, Greenwich Village, New York 10010 Tel: 646-665-6700 Tax ID#: 13-1624070

Division of North Shore University Hospital **Division of Long Island Jewish Medical Center *Division of Lenox Hill Hospital*