

LDRT Coordinator Guide – Benign Disease

Flint McLaren Radiation Oncology

Coordinator Guide - Low-Dose Radiation Therapy (LDRT) for Benign Disease

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1. Purpose of This Guide

This guide provides a clear, standardized workflow for coordinators handling referrals for Low-Dose Radiation Therapy (LDRT) for benign conditions. It aligns with the updated LDRT Referral Form and is designed for onboarding, training, and daily operations.

2. Top-Priority Items to Confirm Before Scheduling

- **Patient identifiers:** First/Last, DOB, MRN, phone number
 - **Referring provider details:** Name, credentials, NPI, phone, fax, email
 - **Diagnosis:** Confirm benign condition appropriate for LDRT
 - **Imaging:** DICOM preferred; confirm type and date
 - **Pregnancy screening:** Required for all patients of child-bearing potential before simulation
 - **Required documents:** Clinic notes, procedure reports, prior RT records, pathology, insurance authorization
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3. Intake Workflow

Step 1 - Review Referral Form

- Ensure all fields are complete
- Confirm benign diagnosis matches LDRT indications
- Verify conservative treatments attempted (required for many insurers)

Step 2 - Verify Required Documentation

- Clinic notes describing symptoms and duration
- Imaging (X-ray, MRI, Ultrasound, CT)
- Prior radiation history (if applicable)
- Pathology for keloids or HO cases (if applicable)
- Insurance authorization or requirements

Step 3 - Imaging Management

- Confirm DICOM availability
 - If missing, request from referring provider or imaging facility
 - Upload to PACS prior to simulation
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4. Scheduling Workflow

A. Patient Contact

- Call patient within 24-48 hours of receiving complete referral
- Confirm symptoms, mobility needs, and availability
- Provide directions, parking instructions, and what to expect

B. Simulation Scheduling

- Confirm pregnancy test if applicable
- Ensure imaging is uploaded and visible in PACS
- Schedule CT simulation
- Notify physician of scheduled simulation

C. Treatment Scheduling

- Standard LDRT course: **3-6 fractions** depending on diagnosis
- Coordinate with physician for dose/fractionation plan
- Provide patient with printed schedule

- Confirm transportation needs if applicable
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5. Red Flags Requiring Physician Review Before Scheduling

- Prior radiation to the same anatomical site
 - Active infection, open wounds, or uncontrolled inflammation
 - Unclear diagnosis or missing imaging
 - Recent surgery requiring HO prophylaxis (time-sensitive; must coordinate quickly)
 - Suspicion of malignancy
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6. Communication Standards

- Send confirmation of consult date to referring provider
 - Document all missing items and request within 24 hours
 - Maintain professional, patient-friendly communication
 - Use secure channels for all PHI
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7. Quick Scripts for Coordinators

Initial Patient Call

“Hello, this is McLaren Flint Radiation Oncology calling regarding your referral for low-dose radiation therapy for your benign condition. I’d like to schedule your consultation and review a few details with you.”

Requesting Missing Records

“We received a referral for LDRT for your patient. To proceed, we still need the following items: [list]. Please fax to (810) 342-4229 or send via secure upload.”

Referring Provider Confirmation

“Your patient has been scheduled for consultation on [date/time]. Please let us know if additional documentation is needed.”

8. Coordinator Reference Checklist

- Referral form complete
 - Referring provider information verified
 - Diagnosis appropriate for LDRT
 - Imaging received and uploaded
 - Prior radiation history reviewed
 - Pregnancy screening completed (if applicable)
 - Insurance authorization confirmed
 - Simulation scheduled
 - Treatment plan communicated
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9. Notes for New Staff

- LDRT is used for benign inflammatory and proliferative conditions
 - Most cases are non-urgent except HO prophylaxis
 - Clear documentation and imaging are essential for physician review
 - Coordinators play a key role in ensuring safe, efficient patient flow
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This guide is designed as a standalone operational document. For updates or training support, contact the Radiation Oncology leadership team.