

# CT Lung Screening Eligibility/Referral



This referral sheet and insurance information are required at the time of your appointment.

ROUTING INSTRUCTIONS	
<b>PATIENT TO TAKE</b> <input type="checkbox"/> REPORT <input type="checkbox"/> CD  <input type="checkbox"/> SCHEDULER TO CALL PATIENT <input type="checkbox"/> PATIENT TO CALL SCHEDULING  <input type="checkbox"/> ARA TO FAX APPOINTMENT CONFIRMATION TO PHYSICIAN	STAT Fax _____ Non STAT Fax _____  STAT Call Phone # _____ After Hours Phone # _____  <input type="checkbox"/> ADDITIONAL INSTRUCTIONS _____ (THE REPORT FOR EXAMS COMPLETED AFTER 4PM WILL BE FAXED THE FOLLOWING WORK DAY MORNING.)  <input type="checkbox"/> ADDITIONAL REPORT TO _____

**SCHEDULING: CT/MRI/PET/OUTPATIENT INTERVENTIONAL: 512.458.9098 (Doctor's office call line) • 512.453.6100 (Direct patient call line)**  
**Fax: 512.836.8869 • Toll Free: 800.998.8214 • Consult Line: 512.454.5641 (Doctor's call line) • Scheduling Office Hours: 7AM - 7 PM**  
**PATIENTS CAN COMPLETE THEIR PAPERWORK PRIOR TO THEIR EXAM – GO TO [ausrad.com](http://ausrad.com)**

Patient name: \_\_\_\_\_ D.O.B.: \_\_\_\_\_

Patient day #: \_\_\_\_\_ Evening # \_\_\_\_\_ APPOINTMENT DATE: \_\_\_\_\_ APPOINTMENT TIME: \_\_\_\_\_

Referring physician: \_\_\_\_\_ Physician signature: \_\_\_\_\_ Date ordered: \_\_\_\_\_

Diagnosis: \_\_\_\_\_

Ins. & authorization #: \_\_\_\_\_ Special instructions: \_\_\_\_\_

## CT LUNG SCREENING INSURANCE ELIGIBILITY CHECKLIST

**ALL information must be complete for order to be valid. Please provide answers to ALL questions below:**

- Patient age:**  
 For MEDICARE: Is patient age 55-77?  YES     NO (If NO, ineligible)  
 For MOST COMMERCIAL INSURANCE: Is patient age 55-80?  YES     NO (If NO, ineligible)  
 For HUMANA: Is patient age 55-74?  YES     NO (If NO, ineligible)
- Cumulative smoking history equal to or greater than 30 years?**  YES     NO (If NO, ineligible)  
 Please indicate pack-years below. (1 pack = 20 cigarettes)  
 \_\_\_\_\_ x \_\_\_\_\_ = \_\_\_\_\_  
 # of packs per day x # years = pack years
- Is the patient a current smoker?**  YES     NO  
**Has the patient quit smoking within the last 15 years?**  YES     NO  
 Year patient quit smoking: \_\_\_\_\_ # years since quitting: \_\_\_\_\_  
(If the patient quit smoking more than 15 years ago, they are ineligible.)
- Is the patient asymptomatic, without current symptoms suggestive of lung cancer?**  YES     NO (If NO, ineligible)  
 Lung cancer symptoms include:  
 • New, persistent cough      • Unexplained weight loss  
 • Hoarseness                      • Hemoptysis
- For both baseline and yearly screening:**  
**Has the patient undergone counseling/shared decision-making regarding smoking cessation?**  YES     NO (If NO, ineligible)  
 Please note that a counseling/shared-decision making is required even for patients who have quit smoking.  
 The emphasis should be on the importance of continued abstinence.
- Physician NPI:** \_\_\_\_\_

**NOTE: The above criteria must be met in order for the patient to be eligible for CT lung screening.**

### EXAM ORDERED - PLEASE SELECT ONLY ONE EXAM

**This patient MEETS ALL the guidelines stated above.**  
 Baseline CT lung screening (G0297)     Annual CT lung screening (G0297)

**This patient DOES NOT MEET ALL GUIDELINES but a CT of the chest is ordered.**  
 Low-dose CT chest (71250)

**Follow-up exams, based on radiologist's recommendation from prior CT lung screening:**  
 6-month follow-up CT chest (71250)     3-month follow-up CT chest (71250)

**This referral is available to print at [ausrad.com/requests](http://ausrad.com/requests).**