

CT Lung Screening Eligibility/Referral



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

ROUTING INSTRUCTIONS	
PATIENT TO TAKE <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 _____ <small>(THE REPORT FOR EXAMS COMPLETED AFTER 4PM WILL BE FAXED THE FOLLOWING WORK DAY MORNING.)</small> <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

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?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<small>(If NO, ineligible)</small>
For MOST COMMERCIAL INSURANCE: Is patient age 55-80?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<small>(If NO, ineligible)</small>
For HUMANA: Is patient age 55-74?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<small>(If NO, ineligible)</small>

- 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 (71271) Annual CT lung screening (71271)

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)