CT Lung Screening Eligibility/Referral

ARA DIAGNOSTIC IMAGING

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

ROUTING INSTRUCTIONS

PATIENT TO TAKE
❒ REPORT ❒ CD

❒ SCHEDULER TO CALL PATIENT
❒ PATIENT TO CALL SCHEDULING
❒ ARA TO FAX APPOINTMENT CONFIRMATION TO PHYSICIAN

STAT Fax _____ Non STAT Fax _____

STAT Call Phone # _____ After Hours Phone # _____

❒ ADDITIONAL INSTRUCTIONS _____
(THE REPORT FOR EXAMS COMPLETED AFTER 4PM WILL BE FAXED THE FOLLOWING WORK DAY MORNING.)

❒ 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 50-77? ❒ YES ❒ NO (If NO, ineligible)
  For MOST COMMERCIAL INSURANCE: Is patient age 50-80? ❒ YES ❒ NO (If NO, ineligible)

- **Cumulative smoking history equal to or greater than 20 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
  - Hoarseness
  - Unexplained weight loss
  - 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.
❒ CT lung screening (71271)

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

This referral is available to print at ausrad.com/requests.