



PATIENT NAME Last First MI DOB (MM/DD/YYYY)

PATIENT PREFERRED PHONE PATIENT EMAIL

DIAGNOSIS ICD 10 CODE(S)

SPECIAL INSTRUCTIONS

REFERRING PHYSICIAN NPI SIGNATURE DATE ORDERED

INSURANCE & AUTHORIZATION #

ORDER FOR FOLLOW-UP CT LUNG SCREENINGS ONLY

- CT Chest Lung Screening Follow-up, PRN Contrast
 - 3 month 6 month Other: _____

If ordering a follow-up to a prior ARA CT lung screening, this order is complete. Thank you!

ELIGIBILITY CHECKLIST FOR ANNUAL LUNG SCREENING

MUST BE COMPLETED PRIOR TO SCHEDULING

Patient's insurance status - please answer one only:

- Medicare patient: Is the patient 50-77 years old? YES NO (NO - not screening eligible)
- Non-Medicare patient, including no insurance: Is the patient 50-80 years old? YES NO (NO - not screening eligible)

Patient smoking status:

- Current smoker – has the patient had counseling/shared decision-making regarding smoking cessation? YES NO (NO - not screening eligible)
- Former smoker – number of years since quitting: _____ Less than 15 years? YES NO (NO - not screening eligible)

Is the patient's pack-years score equal to or greater than 20?

- YES NO (NO - not screening eligible)

_____ x _____ = _____
of packs per day x # years smoking = pack years (1 pack = 20 cigarettes)

Is the patient asymptomatic and without current symptoms of lung cancer?

- YES NO (NO - not screening eligible)

- New, persistent cough
- Unexplained weight loss
- Hoarseness
- Hemoptysis

SELECT EXAM ORDERED - PLEASE SELECT ONLY ONE EXAM

Screening CT Lung - CPT 71271

Only eligible if **YES** is indicated for **ALL** above questions.

Diagnostic CT Low-Dose Chest - CPT 71250

Select if **NO** is indicated for **ANY** above questions. **Please include a diagnostic ICD-10 code to support insurance coverage.**

For questions, please email us at arapreimgescalations@ausrad.com or call (512) 458-9098.

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