



# CT Lung Cancer Screening and Follow-Up Referral

Patient Name: \_\_\_\_\_ DOB\*: \_\_\_\_\_  
**(\*patient must meet age requirement set by their insurance - see page 2)**

Patient Phone Number: \_\_\_\_\_ Insurance Coverage: \_\_\_\_\_

Authorization Number: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Clinical Decision Support G Code: \_\_\_\_\_ Clinical Decision Support Modifier: \_\_\_\_\_

Pack Years\* = \_\_\_\_\_ (Calculation = Approximate Packs/Day x Number of Years Smoked)

**(\*must equal or exceed 20-30 pack years with certain insurances - see page 2)**

Currently Smoking?  Yes  No      If not currently smoking, how many years quit?\*: \_\_\_\_\_  
**(\*cannot exceed 15 years)**

Low Dose Chest CT WO Contrast For Lung Cancer Screening  
(CPT 71271 - For initial exam and annual exams)

Low Dose Chest CT WO Contrast For Follow-Up To Lung Cancer Screening  
(CPT 71250 - For 1, 3, 6, or 9 month follow-up exams)

## SPECIAL COMMENTS

**By signing this order, you are certifying that:**

- The patient was informed of the importance of smoking cessation and/or maintaining smoking abstinence, including the offer of Medicare-covered tobacco cessation counseling services, if applicable.
- The patient is **asymptomatic** with no signs or symptoms of lung cancer.

Referring Provider's Name: \_\_\_\_\_ NPI#: \_\_\_\_\_

Signature: \_\_\_\_\_

CC Provider's Name: \_\_\_\_\_ Date: \_\_\_\_\_

**Attention**

**Please advise your CT patients to expect a call from RIMI to confirm & screen them for their exam prior to their appointment**

# Annual CT Lung Cancer Screening Exams (CPT CODE 71271)

## Insurances For Patients With No Age Limit

Auths RIMI Can Obtain

Blue Cross of Rhode Island	20 Pack-Years Minimum	(Requires Authorization)	
BlueChip (Commercial Plan)	20 Pack-Years Minimum	(Requires Authorization)	

## Insurances For Patients Between 50-80 (Pack-Years Vary)

Aetna	20 Pack-Years Minimum	(May Require Authorization)	
Cigna Healthcare and Carelink	20 Pack-Years Minimum	(Requires Authorization)	
Harvard Pilgrim	20 Pack-Years Minimum	(Requires Authorization)	✓ RIMI
NHPRI (Neighborhood Health Plan RI)	20 Pack-Years Minimum	(No Authorization Required)	
NHPRI (Access Plan)	20 Pack-Years Minimum	(No Authorization Required)	
NHPRI (Integrity Plan)	20 Pack-Years Minimum	(No Authorization Required)	
TriCare	20 Pack-Years Minimum	(May Require Authorization)	✓ RIMI
Tufts (Commercial Plan)	30 Pack-Years Minimum	(Requires Authorization)	
United Healthcare	20 Pack-Years Minimum	(Requires Authorization)	
United Rite Care	20 Pack-Years Minimum	(Requires Authorization)	

## Insurances For Patients Between 55-80 (30+ Pack-Years)

Federal Employees (FEP Focus Plan)	30 Pack-Years Minimum	(Requires Authorization)	
Tufts (Public Plan)	30 Pack-Years Minimum	(Requires Authorization)	

## Insurances For Patients Between 50-77 (Pack-Years Vary)

BlueChip Medicare	20 Pack-Years Minimum	(Requires Authorization)	
Medicare	20 Pack-Years Minimum	(No Authorization Required)	
RI Medical Assistance (EDS)	30 Pack-Years Minimum	(Requires Authorization)	✓ RIMI
United Medicare	20 Pack-Years Minimum	(No Authorization Required)	

For smoking cessation resources to share with your patients please visit: <http://tobaccofree-ri.org>



**RHODE ISLAND  
MEDICAL IMAGING**



These guidelines are subject to change without notice. Please visit our online version for the most current information.