ARA has a NEW referral form that is required for all CT lung screening prior to scheduling. Insurance programs have very precise criteria for covering CT lung screening, so ARA has developed a simplified, single-page lung screening referral form to help facilitate ordering the appropriate exam for each patient. Providers who want to order an exam to check for lung cancer in patients who are not covered for screening under insurance should order a low-dose CT chest.

CMS issued NCD 210.14 in 2015 providing Medicare coverage of CT lung screening for patients who meet very specific criteria. ARA is required to ensure patients meet the insurance eligibility guidelines prior to performing the exam and scheduling, thus the need for the new referral form. The form provides a step-by-step questionnaire to guide providers in determining that their patients meet all the screening requirements. There are many people who fall outside the guidelines that could benefit from being checked for lung cancer. Accordingly, the form also guides providers to order a low-dose CT Chest for those patients that do not meet the criteria for insurance coverage.

TARGETED PROVIDERS
- Geriatric specialists
- General practitioners that see older patients

BREAKING THE ICE
- Did you know that ARA has a new referral for ordering CT lung screening?
- Do you know how to access the new form?
- When patients are ineligible, what are your next steps?

PROVIDER MESSAGE
- ARA has a new referral form that must be used when order CT lung screening.
- For patients not covered for screening, a "low-dose CT chest" should be ordered (code 71250)
- Ineligible patients can find out-of-pocket cost information for CT chest at ausrad.com/out-of-pocket-estimator

ACTION ITEMS
- Discuss/Walk through new referral form.
- Direct to ausrad.com/requests to download the form.
- Show how to access Out-of-Pocket Estimator.
- Leave copies of new form and provider flyer.

Research from the National Cancer Institute National Lung Cancer Screening Trial has shown that low-dose CT screening can reduce deaths from lung cancer by 20% compared to x-ray.

- Lung cancer is the leading cause of cancer death for women and men in the United States.
- Patients diagnosed with lung cancer have a five-year survival rate of only 15%.
- CT screening can catch nodules in the lungs that are too small to be seen on x-rays. At this early stage, cancers are potentially more curable.
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In order to be covered for CT lung screening under insurance, patients must meet the qualifications described below.

Patients who do not meet these criteria can still be checked for lung cancer using low-dose CT chest.

### INSURANCE CRITERIA

1. **SMOKING HISTORY OF 30 PACK YEARS**
   - 1 PACK A DAY FOR 30 YEARS
   - 2 PACKS A DAY FOR 15 YEARS

2. **CURRENT SMOKER OR QUIT WITHIN THE PAST 15 YEARS**

3. **ASYMPTOMATIC FOR LUNG CANCER**
   - NEW, WORSENING, PERSISTENT COUGH
   - HOARSENESS
   - HEMOPTYSIS
   - UNEXPLAINED WEIGHT LOSS

### Low-Dose CT Chest & Early Detection

Many clinicians feel that groups outside of the specified insurance coverage for CT lung screening, such as people who stopped smoking more than 15 years ago, or people with family history of lung cancer, can benefit from having a low-dose CT chest to check for lung cancer. So, when a patient does not meet the criteria for coverage outlined above or a provider feels that a patient might benefit from a low-dose CT chest exam, ARA has set up a new low-dose CT Chest exam for providers to order with an approved diagnosis code.

Similar to other CT exams, patients will need to be tracked by providers should subsequent follow up imaging be recommended. ARA only has the ability to send follow up reminders for eligible CT lung screening patients.

The out-of-pocket expense for ineligible patients is similar to a diagnostic CT Chest and cost information can be requested on ARA’s new Out of Pocket Estimator located at [https://www.ausrad.com/out-of-pocket-estimator/](https://www.ausrad.com/out-of-pocket-estimator/).

### Medicare/Medicare Advantage ICD-10 Codes

- F17.210 Nicotine dependence, cigarettes, uncomplicated
- F17.211 Nicotine dependence, cigarettes, in remission
- F17.213 Nicotine dependence, cigarettes, with withdrawal
- F17.218 Nicotine dependence, cigarettes, with other nicotine-induced disorders
- F17.219 Nicotine dependence, cigarettes, with unspecified nicotine-induced disorders
- Z87.891 Personal history of tobacco use or nicotine dependence
Prostate Artery Embolization (PAE)

Prostate artery embolization is an IR treatment for benign prostatic hyperplasia (BPH) or prostate enlargement. It is a way of treating BPH with a low impact on the patient, featuring a minimally invasive vascular approach, great patient outcomes and preservation of prostate function.

ARA Positioning

Prostate artery embolization (PAE) is an emerging procedure in interventional radiology on which ARA is poised to expand. Several IR rads are excited about the procedure and capable of adding more to the practice. Its chief benefits, as opposed to other benign prostatic hyperplasia (BPH) treatment methods, are that it is minimally invasive, does not require anaesthesia, has a healing time of about a week, and can maintain most of the functionality of the prostate. Some BPH treatment methods are done by urologists, so to avoid endangering existing relationships, PAE should be positioned as one of an array of treatments available and as a treatment that we do in partnership with and at the recommendation of the patient's urologist.

TARGETED PROVIDERS
- Geriatric specialists
- General practitioners that see older patients

BREAKING THE ICE
- Are you seeing a lot of patients with urination issues indicating enlarged prostate?
- What kind of treatments do you recommend?
- If you are interested in an IR approach, we are expanding our PAE capabilities and would like to partner with you.

PROVIDER MESSAGE
- PAE preserves much of the prostate while taking pressure off the urethra.
- It's minimally invasive with a quick recovery period of about a week.
- Greater than 90% of patients see significant improvement.

ACTION ITEMS
- Direct providers to contact IR scheduling (on flyer, web).
- Schedule a meeting/lunch & learn and with an IR rad.
- Direct to ausrad.com for info and patient survey.
- Leave PAE physician flyer and patient brochures.

BHP Symptoms

In benign prostatic hyperplasia, prostate cells grow larger, increasing the size of the prostate and squeezing the ureter so that urine flow decreases.

- Frequent urination at night
- Urination that produces a small amount of urine
- Hesitant or interrupted urine stream
- Leaking or dribbling urine
- Sudden and urgent need to urinate
- Feeling like the bladder is not completely emptied after urinating
- Occasional pain when urinating
- Not being able to urinate at all due to obstruction

ausrad.com
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Enlarged prostate is overwhelmingly a condition experienced by older men,
- Age 50+
- Diabetes
- Family history
- Ethnic background
- Heart disease
- Obesity
- Lack of exercise

When the prostate is enlarged it constricts the urethra making urination difficult. PAE is a minimally invasive way of reducing the size of the prostate.

The procedure begins with the insertion of a catheter into the femoral artery at the groin. The catheter is advanced through the blood vessels until reaching the arteries of the prostate.

Small beads, typically made of nonreactive gelatin, are released through the catheter into the small blood vessels that supply prostate, blocking the flow of blood. The beads are between 100 and 500 micrometers in diameter. They do not disintegrate, but remain permanently in place and cannot be felt by the patient.

This procedure is done on both sides of the prostate.

With a lowered blood supply, the prostate shrinks over time and there is less pressure on the urethra, allowing urine to flow freely.

The procedure is done at ARA’s Midtown location and takes about 1.5 hours. Patients are allowed to leave about 3 hours after the procedure. A week of home recovery is recommended.

Facts about enlarged prostate (BPH)
- Benign prostatic hyperplasia—also called BPH—is a condition in men in which the prostate gland is enlarged and not cancerous.
- Benign prostatic hyperplasia affects about 50 percent of men over the age of 50 and up to 90 percent of men older than 80.
- Most men have continued prostate growth throughout life.
- Men can develop serious complications from enlarged prostate, such as bladder stones, bladder damage, kidney damage, urinary tract infection, and sudden inability to urinate.
- Having an enlarged prostate does not increase likelihood of developing prostate cancer.

Pathway to the Exam or Procedure
- Patient should visit their primary care provider or urologist for a referral.
- Provider faxes referral to (512) 343-9099 with patient contact information & demographics, history & physical, medication list, relevant lab work and imaging.
- ARA IR specialist helps patient with procedure scheduling. Procedures are done at Midtown, and potentially some hospitals.
- Treatment plan is identified at consultation and IR specialists assist patient with insurance, preauthorization and scheduling for treatment procedure.