



CT Virtual Colonoscopy Requisition and Clinical History

Last Name: _____ First Name: _____ Male Female Other
 Address: _____ Phone # _____ Cell # _____
 MRN: _____ Date of Birth: _____ Weight # _____ Height # _____ (Required for CT)
 Specify other considerations (e.g. interpreter): _____ **IS PATIENT PREGNANT?** Yes No N/A
 Please provide Pre-Authorization Assistance (*Please Fax Card*): Yes No
 Insurance Provider & Policy # _____ Authorization # _____ No Authorization Required

Clinic/Office: _____ Phone # _____ Fax # _____ Pager # _____
 Ordering Physician: _____ Signature _____ Print Name _____ Date _____
 Attending: _____ Print Name _____ Office Contact: _____ Print Name _____

ICD Code/s: _____

Is the Clinical Decision Support (Medicare Part B Recipients) attached: Yes No (*see back page for CDS requirements*)

- Is this virtual colonoscopy exam screening or diagnostic? (please attach recent progress notes)
 - Diagnostic (check all that apply):**
 - History of incomplete colonoscopy (please attach colonoscopy report): tortuous bowel mass pain other
 - High risk for optical colonoscopy: advanced age anticoagulation sedation risk other: _____
 - Symptomatic patient: pain change in bowel habits G.I. bleeding other: _____
 - Other: _____
 - Screening (check all that apply):**
 - Patient prefers virtual over optical colonoscopy
 - Other: _____
- Are there any contraindications to virtual colonoscopy (colitis, diverticulitis, colorectal surgery, deep endoscopic biopsy, hot snare polypectomy, or colon perforation) within the last six weeks?
 - Yes (Radiology Scheduling Center will schedule patient at a later date)**
 - Please specify a date after which virtual colonoscopy can be safely performed _____
 - No (patient will be scheduled next available)**
- If clinically indicated, e.g. polyp, and the patient is a candidate to undergo a same day optical colonoscopy (main benefit is to avoid having to re-prep), do you authorize Stanford Health Care to coordinate a same day optical colonoscopy with the Stanford Endoscopy Center?
 - Yes**
 - No; any lesion/condition found will be dealt with at a later date.**
- Is the patient on anti-platelet therapy or anticoagulants? Yes No
 If yes, please provide the prescribing provider name and phone #: _____
- Is the patient diabetic? Yes No
- Has the patient had poor bowel prep in the past? Yes No
- Does the patient have any iodinated contrast allergies? Yes No

Insurance Coverage: CT Virtual Colonoscopy (diagnostic versus screening)

A CTVC is diagnostic if it is a medical necessity (as documented by referring physician). CTVC diagnostic exams are covered by most insurance payers, including Medicare and Tricare.

A CTVC that is not medically necessary is a screening CTVC. Some private insurance payers may cover CTVC screenings. Currently, Medicare and Tricare do not cover screenings. A discount for self-pay is available for eligible patients.

STANFORD HEALTH CARE
STANFORD, CALIFORNIA 94305



**CT VIRTUAL COLONOSCOPY
REQUISITION AND CLINICAL HISTORY**

**IMAGING CLINICAL DECISION SUPPORT
REQUIRED FOR MEDICARE PART B RECIPIENTS (CT, MRI, PET, NUCLEAR MEDICINE)**

A free clinical decision support tool is available at qcdsm.nationaldecisionsupport.com



**Stanford
HEALTH CARE**
STANFORD MEDICINE

Last Name: _____ First Name: _____ Date of Birth: _____

Decision Support Number (applies to NDSC/CareSelect Only): # _____

HCPCS Code: _____ HCPCS Modifier: _____ Decision Support Adherence: Yes No

Appropriateness Score (1-9): # _____ Appropriateness Score Exceptions, check which applies: Emergency Medical Condition
 Extreme/Uncontrollable Circumstance (aka Disaster) Internet Access Issues
 Missing Information; No Compliant Exception Recorded Technical Issue; EHR or qCDSM

Stanford Health Care Imaging Services

Stanford Radiology Scheduling Center

Tel: (650) 723-6855 Fax: (650) 723-6036

Website: stanfordhealthcare.org/imaging

Patient Financial Clearance

Tel: (877) 291-7335

(insurance and/or authorization inquiries)

City	Imaging Center	Address	3T MRI	1.5T MRI	CT	Ultrasound	X-Ray (Walk In)	Mammogram	DEXA/ Bone Density	Nuclear Medicine	PET/CT	PET/MR	Fluoroscopy	Musculoskeletal Procedures	Image Library
Emeryville	Stanford Health Care at Emeryville	5800 Hollis St. Emeryville, CA 94608	✓		✓	✓	✓	S, 3D	✓	✓					✓
Palo Alto	Stanford Medicine Imaging Center	451 Sherman Ave. Palo Alto, CA 94306	✓		✓										✓
Palo Alto	Hoover Pavilion 1	211 Quarry Road Palo Alto, CA 94304					✓	S, 3D							
Palo Alto	Stanford Neuroscience Health Center	213 Quarry Road Palo Alto, CA 94304	✓		✓	✓						✓			✓
Redwood City	Stanford Medicine Outpatient Center	420-450 Broadway Street Redwood City, CA 94063	✓		✓	✓	✓		✓					✓	✓
San Jose	Stanford Cancer Center South Bay	2589 Samaritan Drive San Jose, CA 95124	✓		✓	✓	✓	S/D, 3D			✓				✓
Stanford	Hospital	300/500 Pasteur Drive Stanford, CA 94305	✓	✓	✓	✓	✓		✓	✓	✓		✓		✓
Stanford	Blake Wilbur Outpatient Clinic	900 Blake Wilbur Drive Stanford, CA 94305	✓	✓	✓	✓	✓	S, 3D							
Stanford	Advanced Medicine Center	875 Blake Wilbur Drive Stanford, CA 94305	✓				✓	S/D, 3D							

Stanford Health Care - ValleyCare

Stanford Health Care - ValleyCare Imaging Services

Tel: (925) 734-3376 Fax: (925) 373-4104

Website: valleycare.com/imaging

Patient Financial Inquiries

Tel: (925) 734-3376

(insurance and/or authorization inquiries)

City	Imaging Center	Address	3T MRI	1.5T MRI	CT	Ultrasound	X-Ray (Walk In)	Mammogram	DEXA/ Bone Density	Nuclear Medicine	PET/CT	PET/MR	Fluoroscopy	Musculoskeletal Procedures	Image Library
Livermore	Stanford Health Care ValleyCare Livermore	1133 E. Stanley Blvd., Livermore, CA 94550				✓	✓	S, 3D	✓						✓
Pleasanton	Stanford Health Care ValleyCare Pleasanton	5555 W. Las Positas Blvd., Pleasanton, CA 94588	Fall 2020	✓	✓	✓	✓			✓	✓		✓		✓
Pleasanton	Women's Imaging Center, Stanford Health Care ValleyCare Pleasanton	5725 W. Las Positas Blvd., Pleasanton, CA 94588				✓		S/D, 3D							✓

S = Screening Mammogram D = Diagnostic Mammogram 3D = Mammogram Tomosynthesis 3-D Like