



CT Lung Cancer Screening Requisition

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: _____ Office Contact: _____
Print Name _____ Print Name _____

Preferred Date: _____ Preferred Location: _____

CT Lung Cancer Screening Comments: _____

ICD Code/s: _____

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

Patients must meet either the USPSTF or NCCN guidelines in order to be eligible for the exam.

United States Preventive Services Task Force (USPSTF) Guidelines:

1. Is patient between 55 and 80 years of age? Yes No
2. What is the patient's current smoking status?
 Current smoker Quit within last 15 years Quit more than 15 years ago (ineligible for screening)
3. Does the patient have a history of at least 30 "pack years" of smoking? Yes No
Packs/day (20 cigarettes/pack): _____ X Years smoked: _____ = Pack years: _____

National Comprehensive Cancer Network (NCCN) Guidelines:

1. Is patient aged 50 years or older? Yes No
2. Does patient have an equal or greater than 20 pack year history of smoking? Yes No
3. Plus, have **ONE** of these additional risk factors:
 Yes No Radon Exposure
 Yes No Occupational Exposure: silica, cadmium, asbestos, arsenic, beryllium, chromium, diesel fumes, and/or nickel
 Yes No Cancer history: lung cancer, lymphomas, cancers of the head and neck, smoking related aero digestive cancers such as esophageal cancer
 Yes No Family history of lung cancer
 Yes No Disease history (COPD – Chronic Obstructive Pulmonary Disease or Pulmonary Fibrosis)

Exclusion criteria for study:

- Pneumonia or acute respiratory infection treated with antibiotics in the 12 weeks prior to scheduled low-dose CT
- Recent hemoptysis or a CT scan of the thorax within the past 12 months
- Unexplained weight loss of more than 15 lbs. in the past 12 months

By signing this order, you are certifying that:

- The patient has participated in a shared decision making session during which potential risks and benefits of CT lung screening were discussed.
- The patient was informed of the importance of adherence to annual screening, impact of comorbidities, and ability/willingness to undergo diagnosis and treatment.
- 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.

**STANFORD HEALTH CARE
STANFORD, CALIFORNIA 94305**



**CT LUNG CANCER
SCREENING REQUISITION**

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

A free clinical decision support tool is available at qcsm.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