



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)

- 1. Is this virtual colonoscopy exam screening or diagnostic?
[ ] Diagnostic (check all that apply):
[ ] History of incomplete colonoscopy (must 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: \_\_\_\_\_
2. [ ] I acknowledge to include all required documents (a copy of either history and physical or progress notes; plus, any relevant procedure reports including colonoscopy reports.)
3. 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)
4. The Stanford Endoscopy Center is no longer offering same-day optical colonoscopy if polyps or other abnormalities are found on the CT Virtual Colonoscopy. If polyps or other abnormalities are found, would you prefer your patient to contact your office for instructions prior to eating or drinking post CT Virtual Colonoscopy?
[ ] Yes; patient to contact ordering physician for optical colonoscopy alternative options to avoid having to re-prep.
[ ] No; any lesion/condition found will be dealt with at a later date.
5. Is the patient on anti-platelet therapy or anticoagulants? [ ] Yes [ ] No
If yes, please provide the prescribing provider name and phone #: \_\_\_\_\_
6. Is the patient diabetic? [ ] Yes [ ] No
7. Has the patient had poor bowel prep in the past? [ ] Yes [ ] No
8. 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)**



**Health Care**

A free clinical decision support tool is available at [qcsm.nationaldecisionsupport.com](http://qcsm.nationaldecisionsupport.com)

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**  
**Phone: (650) 723-6855 Fax: (650) 723-6036**  
**Website: [stanfordhealthcare.org/imaging](http://stanfordhealthcare.org/imaging)**

**Patient Financial Clearance**  
**Phone: (650) 724-4445**  
 (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/D, 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	Stanford Medicine Cancer Center	875 Blake Wilbur Drive Stanford, CA 94305	✓					S/D, 3D							

**Stanford Health Care - Tri-Valley**

**Stanford Health Care - Tri-Valley Imaging Services**  
**Phone: (925) 734-3376 Fax: (925) 373-4104**  
**Website: [stanfordhealthcare.org/trivalley-imaging](http://stanfordhealthcare.org/trivalley-imaging)**

**Patient Financial Clearance**  
**Phone: (650) 724-4445**  
 (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 Tri-Valley Livermore	1133 E. Stanley Blvd., Livermore, CA 94550				✓	✓	S, 3D	✓						✓
Pleasanton	Stanford Health Care Tri-Valley Pleasanton	5555 W. Las Positas Blvd., Pleasanton, CA 94588	✓	✓	✓	✓	✓			✓	✓		✓		✓
Pleasanton	Breast Imaging Center Stanford Health Care Tri-Valley Pleasanton	5725 W. Las Positas Blvd., Pleasanton, CA 94588				✓		S/D, 3D							✓

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

This page is not to be included or scanned into the patient's medical record.