



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: _____

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

CT Lung Cancer Screening Baseline (IMGCT0136)

CT Lung Cancer Screening Annual (IMGCT0136)

Comments: _____

Select Relevant ICD-10 Diagnosis Code/s:

- Z87.891 Personal history of tobacco use/personal history of nicotine dependence
- 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

Other: _____

CT Chest w/o contrast, Lung Cancer Screening follow-up (IMGCT0601)

ICD Codes/s: _____

Patients must meet USPSTF eligibility criteria for insurance coverage.

CMS eligibility criteria for insurance coverage is USPSTF and between 50 – 77 years of age.

United States Preventive Services Task Force (USPSTF) Eligibility Criteria:

- 1a. Is patient between 50 and 80 years of age? Yes No
- 1b. Is patient between 50 and 77 years of age (Medicare & Medicaid patients only)? 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 20 “pack years” of smoking? Yes No
 Packs/day (20 cigarettes/pack): _____ X Years smoked: _____ = Pack years: _____
4. Does the patient have clinical signs or symptoms of lung cancer? Yes No
(This exam should not be used for patients that exhibit clinical symptoms of lung cancer, such as unexplained cough, hemoptysis, SOB or weight loss of more than 15 lbs. in the past 12 months. For patients with these symptoms, please order a Diagnostic CT Chest.)

Exclusion criteria for study:

- Acute respiratory infection treated with antibiotics in the 12 weeks prior to scheduled low-dose CT
- CT scan of the thorax within 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)**



**Stanford
MEDICINE**

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

Health Care

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

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

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.