MedPOINT MANAGEMENT	**Clinical Protocol:** Chest CT Scan	
	ORIGINAL EFFECTIVE DATE: 12/28/2011	**REVIEWED/REVISED DATE(S):** 05/29/2019
PREPARED BY: Joanne Calegari	**APPROVED BY:** Richard Powell, M.D.	

PROTOCOL OVERVIEW

This Clinical Protocol advises on indications and guidelines for Chest CT Scan.

INDICATIONS

I. Clinical Indications for Procedure
   a. Chest CT scan may be indicated for **1 or more** of the following:
      i. Abnormal chest x-ray findings, as indicated by **1 or more** of the following:
         1. Persistent atelectasis
         2. Lung mass or multiple nodules
         3. Hilar adenopathy, or mediastinal mass or enlargement
         4. Pleural thickening or pleural plaque or effusion
         5. Pleural effusion poorly responsive to drainage and other conservative treatments
         6. Cystic or cavitary lesion, BP fistula, abscess
         7. Interstitial or other systemic lung disease pattern (e.g., reticular, bronchial wall thickening, honeycombing)
      ii. Initial evaluation of solitary pulmonary nodule noted on plain chest x-ray
      iii. Interval follow-up of benign-appearing solitary pulmonary nodule less than 10 mm in size
      iv. Chest trauma
      v. For anatomic guidance during percutaneous, pleural, lung, or mediastinal biopsy or percutaneous drainage of lung abscess
      vi. Nonspecific chest x-ray finding in febrile neutropenic patient
      vii. Suspected bronchopleural fistula
      viii. Chest wall soft tissue mass or other chest pathology
      ix. Dyspnea (shortness of breath)
      x. Esophageal trauma or perforation, suspected or known, and additional information required beyond general clinical assessment and endoscopy
      xi. Hemoptysis
      xii. Pneumonia
      xiii. Suspected or confirmed pulmonary tuberculosis
      xiv. Interstitial lung disease
      xv. Post bone marrow transplant
      xvi. Post lung transplant
      xvii. Suspected bronchiectasis signs or symptoms, as indicated by **1 or more** of the following:
         1. Chronic cough
         2. Fetid breath
         3. Sputum production
         4. Chronic respiratory infections
         5. Hemoptysis
         6. Cough-induced fracture of ribs
      xviii. Collagen vascular disease
      xix. Cystic fibrosis

xx. Pneumoconiosis
xxi. Cancer
xxii. Clinical suspicion of superior vena cava syndrome (i.e., venous obstruction by tumor)
xxiii. Other cancer of adjacent structure, or metastatic or extending to lung
xxiv. Chronic cough persisting more than 3 weeks, hemoptysis or unexplained dyspnea
xxv. Estimation of postoperative pulmonary function reserve, prior to anticipated resection, and nuclear medicine perfusion scanning indeterminate
xxvi. Preoperative planning for patient with primary hyperparathyroidism, and sestamibi nuclear scan positive for mediastinal location of adenoma

CITATION

Milliman Care Guidelines, "Ambulatory Care", "Chest CT Scan", 23rd Edition, 2/26/2019