1. **Clinical Indications for Procedure**
   1. Chest CT scan may be indicated for **1 or more** of the following:
      1. 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)
      2. Initial evaluation of solitary pulmonary nodule noted on plain chest x-ray
      3. Interval follow-up of benign-appearing solitary pulmonary nodule less than 10 mm in size
      4. Chest trauma
      5. For anatomic guidance during percutaneous, pleural, lung, or mediastinal biopsy or percutaneous drainage of lung abscess
      6. Nonspecific chest x-ray finding in febrile neutropenic patient
      7. Suspected bronchopleural fistula
      8. Chest wall soft tissue mass or other chest pathology
      9. Dyspnea (shortness of breath)
      10. Esophageal trauma or perforation, suspected or known, and additional information required beyond general clinical assessment and endoscopy
      11. Hemoptysis
      12. Pneumonia
      13. Suspected or confirmed pulmonary tuberculosis
      14. Interstitial lung disease
      15. Post bone marrow transplant
      16. Post lung transplant
      17. 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
      18. Collagen vascular disease
      19. Cystic fibrosis
      20. Pneumoconiosis
      21. Cancer
      22. Clinical suspicion of superior vena cava syndrome (i.e., venous obstruction by tumor)
      23. Other cancer of adjacent structure, or metastatic or extending to lung
      24. Chronic cough persisting more than 3 weeks, hemoptysis or unexplained dyspnea
      25. Estimation of postoperative pulmonary function reserve, prior to anticipated resection, and nuclear medicine perfusion scanning indeterminate
      26. Preoperative planning for patient with primary hyperparathyroidism, and sestamibi nuclear scan positive for mediastinal location of adenoma

**Reference:**

Milliman Care Guidelines, “Ambulatory Care”, “Chest CT Scan”, 23rd Edition, 2/26/2019.