Choosing Wisely® is an initiative of the American Board of Internal Medicine (ABIM) Foundation to help physicians and patients engage in conversations about the overuse of tests and procedures and support physician efforts to help patients make smart and effective care choices. Recognizing the importance of physicians and patients working together, leading specialty societies, along with Consumer Reports, have joined Choosing Wisely to help improve the quality and safety of health care in America.

### Chest Computed Tomography (CT)

Test Request Tip Sheet

- A chest computed tomography angiography (CTA), not a chest CT, is the most appropriate study to evaluate for pulmonary embolism.

- A chest CTA is not usually indicated for evaluation of pulmonary embolism in a patient at low clinical risk for pulmonary embolism (PE).
  - Suggest application/use of the “Wells” or “Pulmonary Embolism Severity Index (PESI)” criteria.

- Choosing Wisely® recommendations are followed for the radiographic evaluation of suspected pulmonary emboli.

For more information, visit [www.RadMD.com](http://www.RadMD.com) or call 1-888-864-7237. You can also contact your AmeriHealth Caritas Iowa Provider Network Account Executive or Provider Services at 1-844-411-0579.

### Choosing Wisely recommendations

As part of Choosing Wisely, each participating specialty society has created lists of “Things Physicians and Patients Should Question” that provide specific, evidence-based recommendations to help physicians and patients make wise decisions about the most appropriate care based on their individual situation. The items below represent the recommendations associated with chest CT.

- **Don’t perform chest CTA to evaluate for possible pulmonary embolism in patients with a low clinical probability and negative results of a highly sensitive D-dimer assay.**
  
  *American College of Chest Physicians and American Thoracic Society*

- **Don’t perform CT surveillance for evaluation of indeterminate pulmonary nodules at more frequent intervals or for a longer period of time than recommended by established guidelines.**
  
  *American College of Chest Physicians and American Thoracic Society*

- **Don’t perform CT screening for lung cancer among patients at low risk for lung cancer.**
  
  *American College of Chest Physicians and American Thoracic Society*

- **Don’t image for suspected PE without moderate or high pre-test probability of PE. Imaging, particularly CT pulmonary angiography, is a rapid, accurate, and widely available test, but has limited value in patients who are very unlikely, based on serum and clinical criteria, to have significant value.**
  
  *American College of Radiology*

- **Avoid using a CTA to diagnose pulmonary embolism in young women with a normal chest radiograph; consider a radionuclide lung study (“V/Q study”) instead.**
  
  *Society of Nuclear Medicine and Molecular Imaging*

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**Radiation exposure**

**Chest CT: 7 mSv**

Radiation exposure should be limited when possible.

With and without contrast doubles the radiation dose.