

# BEST PRACTICE RECOMMENDATIONS

## COVID-19

Coronavirus Disease 2019 (COVID-19) is a disease identified in late 2019, declared a global pandemic on March 11, and is an ongoing international and national public health emergency. RP prioritized and rapidly implemented the COVID-19 BPR to streamline and standardize quality of care. The BPR encompasses the use of standardized reporting language in interpretation of CT chest exams for the possibility of COVID-19 to reduce variability in reporting. The BPR is based on the Consensus Statement endorsed by the Society of Thoracic Radiology, ACR, and RSNA (referenced below).

COVID-19 Pneumonia Imaging Classification	Rationale	CT Findings	Suggested Reporting Language
<b>Atypical appearance</b>	Uncommonly or not reported features of COVID-19 pneumonia	<b>Absence of typical or indeterminate features AND presence of:</b> <ul style="list-style-type: none"> <li>Isolated lobar or segmental consolidation without GGO</li> <li>Discrete small nodules (centrilobular, "tree-in-bud")</li> <li>Lung cavitation</li> <li>Smooth interlobular septal thickening with pleural effusion</li> </ul>	"Imaging features are atypical or uncommonly reported for (COVID-19 or viral) pneumonia. Alternative diagnoses should be considered." [PneAty]^A
<b>Indeterminate appearance</b>	Nonspecific imaging features of COVID-19 pneumonia	<b>Absence of typical features AND presence of:</b> <ul style="list-style-type: none"> <li>Multifocal, diffuse, perihilar, or unilateral GGO with or without consolidation lacking a specific distribution and are non-rounded or non-peripheral.</li> <li>Few very small GGO with a non-rounded and non-peripheral distribution</li> </ul>	"Imaging features can be seen with (COVID-19 or viral) pneumonia, though are nonspecific and can occur with a variety of infectious and noninfectious processes." [PneInd]^A
<b>Negative for pneumonia</b>	No features of pneumonia	No CT features to suggest pneumonia	"No CT findings present to indicate pneumonia. Note: CT may be negative in the early stages of (COVID-19 or viral pneumonia)." [PneNeg]^A
<b>Typical appearance</b>	Commonly reported imaging features of greater specificity for COVID-19 pneumonia	<ul style="list-style-type: none"> <li>Peripheral, bilateral GGO with or without consolidation or visible intralobular lines ("crazy-paving")</li> <li>Multifocal GGO of rounded morphology with or without consolidation or visible intralobular lines ("crazy-paving")</li> <li>Reverse halo sign or other findings of organizing pneumonia (seen later in the disease)</li> </ul>	"Commonly reported imaging features of (COVID-19 or viral) pneumonia are present. Other processes such as influenza pneumonia and organizing pneumonia, as can be seen with drug toxicity and connective tissue disease, can cause a similar imaging pattern." [PneTyp]^A

Since each local practice has variable COVID-19 community spread and this is continuously changing, choose between the phrase COVID-19 pneumonia or viral pneumonia that you feel best fits the condition in your community at the time of dictation. **Please do not remove the brackets at the end of the macros as this will assist us in collecting vital data about the spread and clinical course of the disease.**

### References

Radiological Society of North America Expert Consensus Statement on Reporting Chest CT Findings Related to COVID-19. Endorsed by the Society of Thoracic Radiology, the American College of Radiology, and RSNA, 2020

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In accordance with RP's mission to provide high clinical quality to our patients, referring physicians, and clients, RP has developed numerous Best Practice Recommendations (BPRs). RP's BPRs are developed through extensive literature review and in collaboration with our radiologists across multiple specialties. RP is committed to excellence and accountability and therefore consistently monitors BPRs adherence and provides feedback to our practices.

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