### GRID Data Dictionary

#### Revisions

<table>
<thead>
<tr>
<th>Date</th>
<th>Description of Revisions</th>
</tr>
</thead>
<tbody>
<tr>
<td>July 16, 2008</td>
<td>Original issue</td>
</tr>
<tr>
<td>August 26, 2008</td>
<td>CPT codes added.</td>
</tr>
<tr>
<td></td>
<td><strong>Facility Form</strong></td>
</tr>
<tr>
<td></td>
<td>Addition of “MRI with and without contrast”.</td>
</tr>
<tr>
<td></td>
<td>Deletion of “Portable radiography”.</td>
</tr>
<tr>
<td></td>
<td>Revision of “Radiography (excluding portable radiography)” to read “Radiography”.</td>
</tr>
<tr>
<td></td>
<td>Addition of “Radiologists”.</td>
</tr>
<tr>
<td></td>
<td>Deletion of “Equipment: Portable radiography”.</td>
</tr>
<tr>
<td></td>
<td>Revision of “Equipment: Radiography (excluding portable radiography)” to read “Equipment: Radiography”.</td>
</tr>
<tr>
<td></td>
<td>Addition of “Name of person who completed this paper form”</td>
</tr>
<tr>
<td>August 29, 2008</td>
<td><strong>Monthly Data Form by Facility</strong></td>
</tr>
<tr>
<td></td>
<td>Addition of “Name of person who completed this paper form”</td>
</tr>
<tr>
<td>August 29, 2008</td>
<td><strong>Monthly Data Form by Physician</strong></td>
</tr>
<tr>
<td></td>
<td>Addition of “Name of person who completed this paper form”</td>
</tr>
<tr>
<td>September 17, 2008</td>
<td><strong>CMS PQRI Measures Form</strong></td>
</tr>
<tr>
<td></td>
<td>Addition of “Name of person who completed this paper form”</td>
</tr>
<tr>
<td>October 22, 2008</td>
<td><strong>Monthly Data Form by Facility</strong></td>
</tr>
<tr>
<td></td>
<td>“Does the facility perform digital radiography?” clarified. “If yes, number of digital radiography exams” clarified.</td>
</tr>
<tr>
<td></td>
<td>“If yes, number of digital radiography exams that had to be repeated and resulted in additional exposure to the patient” clarified.</td>
</tr>
<tr>
<td></td>
<td>“Stereotactic breast biopsies performed which were non-concordant with imaging findings” clarified.</td>
</tr>
<tr>
<td>October 22, 2008</td>
<td><strong>Monthly Data Form by Physician</strong></td>
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<tr>
<td></td>
<td>“Number of digital radiography exams” clarified.</td>
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<tr>
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<td>“Number of digital radiography exams that had to be repeated and resulted in additional exposure to the patient” clarified.</td>
</tr>
<tr>
<td></td>
<td>“Number of exams” ranges in Section 4, “Process Measure”, expanded to accept 4 digits.</td>
</tr>
<tr>
<td></td>
<td>“Report turnaround time: PET” clarified.</td>
</tr>
<tr>
<td></td>
<td>“Stereotactic breast biopsies performed which were non-concordant with imaging findings” clarified.</td>
</tr>
<tr>
<td>February 13, 2009</td>
<td>Green and Gold Level fields identified.</td>
</tr>
<tr>
<td></td>
<td><strong>Facility Form</strong></td>
</tr>
<tr>
<td></td>
<td>“Nuclear medicine”: CPT Codes 78890, 78891 deleted “Bone densitometry”: CPT Code 0028T deleted</td>
</tr>
<tr>
<td></td>
<td>CMS PQRI Measures Form deleted.</td>
</tr>
</tbody>
</table>
## GRID Data Dictionary

### Revisions

<table>
<thead>
<tr>
<th>Date</th>
<th>Changes</th>
</tr>
</thead>
</table>
| October 12, 2010   | **Facility Form:**  
106 Stereotactic breast biopsy: CPT Code 77031 added.  
108 Ultrasound (excluding breast ultrasound): CPT Codes 37250, 37251, 93510, 93555, 93556 deleted. CPT Codes 76514, 93306, 93351 added.  
109 MRI without contrast: CPT Codes 75558, 75560, 76498 deleted.  
110 MRI with contrast: CPT Codes 71555, 72159 deleted.  
111 CT without contrast: CPT Codes 0066T, 0144T deleted. CPT Codes 74261, 74263 added.  
112 CT with contrast: CPT Code 0067T deleted. CPT Code 74262 added.  
113 CT with and without contrast: CPT Codes 0145T, 0146T, 0147T, 0148T, 0150T, 0151T deleted. CPT Codes 75572, 75573, 75574 added.  
114 MRI without contrast: CPT Codes 75558, 75560, 76498 deleted.  
115 MRI with contrast: CPT Codes 71555, 72159 deleted.  
116 MRI with and without contrast: CPT Codes 75564 deleted. CPT Codes 76514, 93306, 93351 added.  
117 CT without contrast: CPT Codes 0066T, 0144T deleted. CPT Codes 74261, 74263 added.  
118 CT with contrast: CPT Code 0067T deleted. CPT Code 74262 added.  
119 CT with and without contrast: CPT Codes 0145T, 0146T, 0147T, 0148T, 0150T, 0151T deleted. CPT Codes 75572, 75573, 75574 added.  
120 Nuclear Medicine: CPT codes 78020, 78460, 78461, 78464, 78465, 78478, 78480, 78496, 78730 deleted. CPT codes 78451, 78452, 78453, 78454, 78808 added.  
121 Fluoroscopy (IR/ neuro IR): CPT Codes 75790, G0392, G0393 deleted. CPT Code 75791 added.  
122 Attended falls in radiology department: Clarification of incidents to be included.  
123 Unattended falls in radiology department: Clarification of incidents to be included.  
124 Equipment: Radiography: Radiography / fluoroscopy units excluded.  
125 Equipment: Fluoroscopy (IR/ neuro IR): Radiography / fluoroscopy units included.  
126 Equipment: Fluoroscopy (Other than IR/ neuro IR): Radiography / fluoroscopy units included.  

**Monthly Data Form by Facility:**  
212 If yes, number of digital radiography images: References to “digital radiography exams” changed to “digital radiography images”.  
213 If yes, number of digital radiography images that had to be repeated and resulted in additional exposure to the patient: References to “digital radiography exams” changed to “digital radiography images”.  
221 Lung biopsies performed by radiologists: CPT Codes 10021, 10022 added.  
222 Lung biopsies performed by radiologists reported as non-diagnostic: CPT Codes 10021, 10022 added.  
229 Stereotactic breast biopsies performed which were non-concordant with imaging findings: Clarification of biopsies to be included.  

**Monthly Data Form by Physician:**  
305 If yes, number of digital radiography images: References to “digital radiography exams” changed to “digital radiography images”.  
306 If yes, number of digital radiography images that had to be repeated and resulted in additional exposure to the patient: References to “digital radiography exams” changed to “digital radiography images”.  
314 Lung biopsies performed by radiologist: CPT Codes 10021, 10022 added.  
315 Lung biopsies performed by radiologist reported as non-diagnostic: CPT Codes 10021, 10022 added.  
318 Stereotactic breast biopsies performed which were non-concordant with imaging findings: Clarification of biopsies to be included.  

<table>
<thead>
<tr>
<th>Date</th>
<th>Changes</th>
</tr>
</thead>
</table>
| November 28, 2016  | 119 Interventional (including IR fluoroscopy) (was Fluoroscopy (IR / neuro IR)): New CPT codes added  
120 Fluoroscopy (was Fluoroscopy (excluding IR / neuro IR)): New CPT codes added |
| July 11, 2019      | Removed references to Gold and Green Levels  
Exam Level Data  
New section added |
| December 10, 2019  | Added Data Elements 421-452 for GRID 2.0  
Made 419, Contrast Usage, not applicable to GRID 2.0 |
# GRID Data Dictionary

## Revisions

<table>
<thead>
<tr>
<th>Date</th>
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</thead>
<tbody>
<tr>
<td>April 28, 2020</td>
<td>Added language to Data Element 434 on measures.</td>
</tr>
<tr>
<td></td>
<td>Added 'Liver nodule &lt;10mm' to Data Element 436.</td>
</tr>
<tr>
<td></td>
<td>Updated years to 2020 in Data Elements 203 &amp; 304.</td>
</tr>
<tr>
<td></td>
<td>Removed the following elements:</td>
</tr>
<tr>
<td></td>
<td>• 137 (Non-NSF Gd reactions)</td>
</tr>
<tr>
<td></td>
<td>• 138 (Reactions for patients with implanted devices)</td>
</tr>
<tr>
<td></td>
<td>• 147 (Flouroscopy time routinely reported)</td>
</tr>
<tr>
<td></td>
<td>• 149 (Voice recognition software used for reporting purposes)</td>
</tr>
<tr>
<td></td>
<td>• 150 (Access to images 24/7)</td>
</tr>
<tr>
<td></td>
<td>• 224 (CT exams performed with HOCM)</td>
</tr>
<tr>
<td></td>
<td>• 225 (CT exams performed with LOCM)</td>
</tr>
<tr>
<td></td>
<td>• 226 (Extravasations from CT exams with HOCM)</td>
</tr>
<tr>
<td></td>
<td>• 227 (Extravasations from CT exams with LOCM)</td>
</tr>
<tr>
<td>July 7, 2020</td>
<td>Added language to Data Elements 219 &amp; 220.</td>
</tr>
<tr>
<td>September 4, 2020</td>
<td>Added Data Element 453 (Physician TIN).</td>
</tr>
<tr>
<td>February 3, 2021</td>
<td>Removed CPT codes/linked to separate CPT code document for the following data elements:</td>
</tr>
<tr>
<td></td>
<td>• 105 (Mammography)</td>
</tr>
<tr>
<td></td>
<td>• 106 (Stereotactic breast biopsy)</td>
</tr>
<tr>
<td></td>
<td>• 107 (Breast Ultrasound)</td>
</tr>
<tr>
<td></td>
<td>• 108 (Ultrasound (Excluding Breast Ultrasound))</td>
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<tr>
<td></td>
<td>• 109 (MRI Without Contrast)</td>
</tr>
<tr>
<td></td>
<td>• 110 (MRI With Contrast)</td>
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<tr>
<td></td>
<td>• 111 (MRI With and Without Contrast)</td>
</tr>
<tr>
<td></td>
<td>• 112 (CT Without Contrast)</td>
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<tr>
<td></td>
<td>• 113 (CT With Contrast)</td>
</tr>
<tr>
<td></td>
<td>• 114 (CT With &amp; without Contrast)</td>
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<td></td>
<td>• 115 (Nuclear Medicine)</td>
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<td></td>
<td>• 116 (PET)</td>
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<td>• 117 (PET/CT)</td>
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<tr>
<td></td>
<td>• 118 (Radiography)</td>
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<tr>
<td></td>
<td>• 119 (Interventional (Including IR fluoroscopy))</td>
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<td></td>
<td>• 120 Fluoroscopy (excluding IR)</td>
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<tr>
<td></td>
<td>• 121 (Bone Densitometry)</td>
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<tr>
<td></td>
<td>• 219 (Liver biopsies performed by radiologist)</td>
</tr>
<tr>
<td></td>
<td>• 220 (Liver biopsies performed by radiologist reported as non-diagnostic)</td>
</tr>
<tr>
<td></td>
<td>• 221 (Lung biopsies performed by radiologist)</td>
</tr>
<tr>
<td></td>
<td>• 222 (Lung biopsies performed by radiologist reported as non-diagnostic)</td>
</tr>
<tr>
<td></td>
<td>• 223 (Lung biopsies performed by radiologist resulting in pneumothorax requiring chest tube)</td>
</tr>
<tr>
<td></td>
<td>• 228 (Stereotactic breast biopsies performed)</td>
</tr>
<tr>
<td></td>
<td>• 229 (Stereotactic breast biopsies performed which were non-concordant with imaging findings)</td>
</tr>
<tr>
<td></td>
<td>• 312 (Liver biopsies performed by radiologist)</td>
</tr>
<tr>
<td></td>
<td>• 313 (Liver biopsies performed by radiologist reported as non-diagnostic)</td>
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</tr>
<tr>
<td></td>
<td>• 318 (Stereotactic breast biopsies performed which were non-concordant with imaging findings)</td>
</tr>
<tr>
<td></td>
<td>Removed 1.0 and 1.1 from data element 401 (file version)</td>
</tr>
</tbody>
</table>
## Revisions

<table>
<thead>
<tr>
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<th>Revisions</th>
</tr>
</thead>
</table>
| April 5, 2021 | Removed 1.0 and 1.1 from data elements 402 (Facility ID), 409 (Multiple Readers), 413 (Place of Service)  
                Removed Data Element 419 (Contrast Usage) |
| June 8, 2021  | Text edits made for consistency                                           |
| November 18, 2021 | Editorial Change made to Data Element 136  
                   Reference to Section 3 of the Facility Form added to Data Elements 209 and 201 |
| March 9, 2022 | Added "Interventional" to mapping for Data Elements 412 (Modality procedure) and 445  
                   (Recommended follow-up imaging modality) |
| May 13, 2022  | Usage clarified for each submission method where applicable  
                Added clarifying language to Data Elements 112-114, 118, 119, 209-210, 413  
                Text edits made for consistency |
## 1. Facility Form

### 101 Facility number

Facility number is the number assigned to the facility by NRDR.

Usage: Populated automatically (manual entry), required (web services), optional-if not used, defaults to facility number in picker (file upload).

Permitted values: Numeric, max length 10 digits

### 102 Year

Indicate the calendar year to which the data apply, other than data specifically requested for the previous year. For example, if “2022” is entered in this field, then “number of admissions”, “number of radiography exams”, and all other fields for which previous year data are requested, should be completed using 2021 data. All other fields, such as “case mix index” and “number of FTE radiologists”, should be completed using 2022 data. These values should be updated as changes occur during the course of the year.

Usage: Required.

Range: 2005 – Current Year

### 103 Number of admissions during the previous calendar year

If the facility is a hospital, indicate the number of the facility’s inpatient admissions during the previous calendar year. If the facility is not a hospital, check “Not applicable”.

Usage: Optional (file upload/web services); Disabled if “Not applicable” is checked, required otherwise (manual entry).

Range: 0 – 999999

### 104 Case mix index

Indicate the latest transfer-adjusted case mix index available from CMS. If the facility is not a hospital, check “Not applicable”.

Usage: Optional (file upload/web services); Disabled if “Not applicable” is checked, required otherwise (manual entry).

Range: 0.0000 – 9.9999
105 **Mammography**

Indicate the number of mammography exams performed during the previous calendar year. If the facility does not perform mammography, check “Not applicable”. If the facility did not perform mammography in the previous year but does perform mammography in the current year, then enter 0 for the number of exams, and do not check “Not applicable.”

For applicable CPT codes, refer to the [GRID CPT Code list](#). Include CPT codes where “Modality code” = “MM.”

Usage: Optional (file upload/web services); Disabled if “Not applicable” is checked, required otherwise (manual entry).

Range: 0 – 999999

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106 **Stereotactic breast biopsy**

Indicate the number of stereotactic breast biopsies performed during the previous calendar year. If the facility does not perform stereotactic breast biopsies, check “Not applicable”. If the facility did not perform stereotactic breast biopsies in the previous year but does perform stereotactic breast biopsies in the current year, then enter 0 for the number of exams, and do not check “Not applicable.”

For applicable CPT codes, refer to the [GRID CPT Code list](#). Include CPT codes where “Stereotactic breast biopsy” = “Y.”

Usage: Optional (file upload/web services); Disabled if “Not applicable” is checked, required otherwise (manual entry).

Range: 0 – 999999

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107 **Breast ultrasound**

Indicate the number of breast ultrasound exams performed during the previous calendar year. If the facility does not perform breast ultrasound, check “Not applicable”. If the facility did not perform breast ultrasound in the previous year but does perform breast ultrasound in the current year, then enter 0 for the number of exams, and do not check “Not applicable.”

For applicable CPT codes, refer to the [GRID CPT Code list](#). Include CPT codes where “Breast US” = “Y.”

Usage: Optional (file upload/web services); Disabled if “Not applicable” is checked, required otherwise (manual entry).

Range: 0 – 999999
108 **Ultrasound (excluding breast ultrasound)**

Indicate the number of ultrasound exams (excluding breast ultrasound exams) performed during the previous calendar year. If the facility does not perform ultrasound, or performs breast ultrasound only, check “Not applicable”. If the facility did not perform ultrasound, other than breast ultrasound, in the previous year but does perform ultrasound, other than breast ultrasound, in the current year, then enter 0 for the number of exams, and do not check “Not applicable.”

For applicable CPT codes, refer to the GRID CPT Code list. Include CPT codes where “Modality code” = “US” and “Breast US” and “Bone Densitometry” are blank.

Usage: Optional (file upload/web services); Disabled if “Not applicable” is checked, required otherwise (manual entry).

Range: 0 – 999999

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109 **MRI without contrast**

Indicate the number of MRI exams performed without contrast during the previous calendar year. If the facility does not perform MRI, check “Not applicable”. If the facility did not perform MRI in the previous year but does perform MRI in the current year, then enter 0 for the number of exams, and do not check “Not applicable.”

For applicable CPT codes, refer to the GRID CPT Code list. Include CPT codes where “Modality code” = “MR” and “Contrast use” = “without contrast”.

Usage: Optional (file upload/web services); Disabled if “Not applicable” is checked, required otherwise (manual entry).

Range: 0 – 999999

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110 **MRI with contrast**

Indicate the number of MRI exams performed with contrast during the previous calendar year. If the facility does not perform MRI, check “Not applicable”. If the facility did not perform MRI in the previous year but does perform MRI in the current year, then enter 0 for the number of exams, and do not check “Not applicable.”

For applicable CPT codes, refer to the GRID CPT Code list. Include CPT codes where “Modality code” = “MR” and “Contrast use” = “with contrast”.

Usage: Optional (file upload/web services); Disabled if “Not applicable” is checked, required otherwise (manual entry).

Range: 0 – 999999
111  **MRI with and without contrast**

Indicate the number of MRI exams performed with and without contrast during the previous calendar year. If the facility does not perform MRI, check “Not applicable”. If the facility did not perform MRI in the previous year but does perform MRI in the current year, then enter 0 for the number of exams, and do not check “Not applicable.”

For applicable CPT codes, refer to the [GRID CPT Code list](#). Include CPT codes where “Modality code” = “MR” and “Contrast use” = “with and without contrast”.

Usage: Optional (file upload/web services); Disabled if “Not applicable” is checked, required otherwise (manual entry).

Range: 0 – 999999

112  **CT without contrast**

Indicate the number of CT exams performed without contrast during the previous calendar year. If the facility does not perform CT, check “Not applicable”. If the facility did not perform CT in the previous year but does perform CT in the current year, then enter 0 for the number of exams, and do not check “Not applicable.”

For applicable CPT codes, refer to the [GRID CPT Code list](#). Include CPT codes where “Modality code” = “CT” and “Contrast use” = “without contrast” and “Bone Densitometry” is blank.

Usage: Optional (file upload/web services); Disabled if “Not applicable” is checked, required otherwise (manual entry).

Range: 0 – 999999

113  **CT with contrast**

Indicate the number of CT exams performed with contrast during the previous calendar year. If the facility does not perform CT, check “Not applicable”. If the facility did not perform CT in the previous year but does perform CT in the current year, then enter 0 for the number of exams, and do not check “Not applicable.”

For applicable CPT codes, refer to the [GRID CPT Code list](#). Include CPT codes where “Modality code” = “CT” and “Contrast use” = “with contrast” and “Bone Densitometry” is blank.

Usage: Optional (file upload/web services); Disabled if “Not applicable” is checked, required otherwise (manual entry).

Range: 0 – 999999
1. Facility Form

114 CT with and without contrast

Indicate the number of CT exams performed with and without contrast during the previous calendar year. If the facility does not perform CT, check “Not applicable”. If the facility did not perform CT in the previous year but does perform CT in the current year, then enter 0 for the number of exams, and do not check “Not applicable.”

For applicable CPT codes, refer to the GRID CPT Code list. Include CPT codes where “Modality code” = “CT” and “Contrast use” = “with and without contrast” and “Bone Densitometry” is blank.

Usage: Optional (file upload/web services); Disabled if “Not applicable” is checked, required otherwise (manual entry).

Range: 0 – 999999

115 Nuclear medicine

Indicate the number of nuclear medicine exams performed during the previous calendar year. If the facility does not perform nuclear medicine exams, check “Not applicable”. If the facility did not perform nuclear medicine exams in the previous year but does perform nuclear medicine exams in the current year, then enter 0 for the number of exams, and do not check “Not applicable.”

For applicable CPT codes, refer to the GRID CPT Code list. Include CPT codes where “Modality code” = “NM” and “Bone Densitometry” is blank.

Usage: Optional (file upload/web services); Disabled if “Not applicable” is checked, required otherwise (manual entry).

Range: 0 – 999999

116 PET

Indicate the number of PET exams performed during the previous calendar year. If the facility does not perform PET exams, check “Not applicable”. If the facility did not perform PET exams in the previous year but does perform PET exams in the current year, then enter 0 for the number of exams, and do not check “Not applicable.”

For applicable CPT codes, refer to the GRID CPT Code list. Include CPT codes where “Modality code” = “PET” and “PET/CT” is blank.

Usage: Optional (file upload/web services); Disabled if “Not applicable” is checked, required otherwise (manual entry).

Range: 0 – 999999
117  **PET / CT**

Indicate the number of PET / CT exams performed during the previous calendar year. If the facility does not perform PET / CT exams, check “Not applicable”. If the facility did not perform PET / CT exams in the previous year but does perform PET / CT exams in the current year, then enter 0 for the number of exams, and do not check “Not applicable.”

For applicable CPT codes, refer to the GRID CPT Code list. Include CPT codes where “PET/CT” = “Y.”

Usage: Optional (file upload/web services); Disabled if “Not applicable” is checked, required otherwise (manual entry).

Range: 0 – 999999

118  **Radiography**

Indicate the number of radiography exams performed during the previous calendar year, including portable radiography exams. If the facility does not perform radiography, check “Not applicable”. If the facility did not perform radiography in the previous year but does perform radiography in the current year, then enter 0 for the number of exams, and do not check “Not applicable.”

For applicable CPT codes, refer to the GRID CPT Code list. Include CPT codes where “Modality code” = “XR” and “Fluoroscopy” and “Bone Densitometry” are blank.

Usage: Optional (file upload/web services); Disabled if “Not applicable” is checked, required otherwise (manual entry).

Range: 0 – 999999

119  **Interventional (including IR fluoroscopy)**

Indicate the number of interventional exams performed during the previous calendar year. If the facility does not perform interventional exams check “Not applicable”. If the facility did not perform interventional exams in the previous year, but does perform interventional exams in the current year, then enter 0 for the number of exams, and do not check “Not applicable.”

For applicable CPT codes, refer to the GRID CPT Code list. Include CPT codes where “Modality code” = “IR” and “Stereotactic breast biopsy,” “Liver biopsy” and “Lung biopsy” are blank.

Usage: Optional (file upload/web services); Disabled if “Not applicable” is checked, required otherwise (manual entry).

Range: 0 – 999999
1. Facility Form

120  **Fluoroscopy (excluding IR)**

Indicate the number of fluoroscopy exams performed during the previous calendar year. If the facility does not perform fluoroscopy, check “Not applicable”. If the facility did not perform fluoroscopy in the previous year but does perform fluoroscopy in the current year, then enter 0 for the number of exams, and do not check “Not applicable.”

For applicable CPT codes, refer to the [GRID CPT Code list](#). Include CPT codes where “Modality code” is not “IR” and “Fluoroscopy” = “Y.”

Usage: Optional (file upload/web services); Disabled if “Not applicable” is checked, required otherwise (manual entry).

Range: 0 – 999999

121  **Bone densitometry**

Indicate the number of bone densitometry exams performed during the previous calendar year. If the facility does not perform bone densitometry exams, check “Not applicable”. If the facility did not perform bone densitometry in the previous year but does perform bone densitometry in the current year, then enter 0 for the number of exams, and do not check “Not applicable.”

For applicable CPT codes, refer to the [GRID CPT Code list](#). Include CPT codes where “Bone Densitometry” = “Y.”

Usage: Optional (file upload/web services); Disabled if “Not applicable” is checked, required otherwise (manual entry).

Range: 0 – 999999

122  **Radiologists**

Indicate the total number of full-time and part-time clinical radiologists at the facility. Do not include radiologists strictly involved in research.

Usage: Optional

Range: 0 – 999999

123  **FTE radiologists**

Indicate the full-time equivalent number of clinical radiologists at the facility. For example, if four radiologists practice half-time at the facility, enter “2” in the “FTE radiologists” field, and “4” in the “Radiologists” field above. Do not include radiologists strictly involved in research.

Usage: Optional

Range: 0 – 9999
1. Facility Form

124 Fellows

Indicate the number of fellows at the facility.

Usage: Optional

Range: 0 – 9999

125 Residents

Indicate the number of residents at the facility.

Usage: Optional

Range: 0 – 9999

126 Radiologist assistants / Radiology PA’s

Indicate the number of radiologist assistants and radiology PA’s at the facility.

Usage: Optional

Range: 0 – 9999

127 NP’s

Indicate the number of NP’s at the facility.

Usage: Optional

Range: 0 – 9999

128 RN’s / LPN’s

Indicate the number of RN’s and LPN’s at the facility.

Usage: Optional

Range: 0 – 9999

129 Technologists

Indicate the total number of full-time and part-time technologists at the facility.

Usage: Optional

Range: 0 – 9999
1. Facility Form

130  **FTE technologists**

Indicate the full-time equivalent number of technologists at the facility. For example, if four technologists work half-time at the facility, enter “2” in the “FTE technologists” field, and “4” in the “Technologists” field above.

Usage: Optional

Range: 0 – 9999

131  **Technologist assistants**

Indicate the number of technologist assistants at the facility.

Usage: Optional

Range: 0 – 9999

132  **CT certification required for technologists?**

Indicate whether CT certification is required for technologists.

Usage: Optional (file upload/web services); Disabled if “Not applicable” is checked for the number of CT procedures and number of PET / CT procedures in Section 4, required otherwise (manual entry).

Permitted values:
- No
- Yes

133  **MR certification required for technologists?**

Indicate whether MR certification is required for technologists.

Usage: Optional (file upload/web services); Disabled if “Not applicable” is checked for the number of MRI procedures in Section 4, required otherwise (manual entry).

Permitted values:
- No
- Yes
1. Facility Form

134 ACLS certification or equivalent required for physicians performing interventional procedures?

Indicate whether ACLS certification or equivalent (e.g., ARLS certification) is required for physicians performing interventional procedures.

Usage: Optional

Permitted Values:
- No
- Yes
- Facility does not perform interventional procedures

135 Magnet incidents

Indicate the number magnet incidents during the previous calendar year. Include only incidents attributable to or aggravated by the presence of a magnetic field.

Usage: Optional (file upload and web services); Disabled if “Not applicable” is checked for the number of MRI procedures in Section 4 (manual entry); optional otherwise.

Range: 0 – 999

136 Cases of NSF (Nephrogenic Systemic Fibrosis)

Indicate the number of NSF cases during the previous calendar year.

Usage: Optional (file upload and web services); Disabled if “Not applicable” is checked for the number of MRI procedures in Section 4 (manual entry); optional otherwise.

Range: 0 – 999

137 NOT USED

138 NOT USED

139 Attended falls in radiology department

Indicate the number of attended falls that occurred in the radiology department during the previous calendar year. Include only falls that were attended by a facility staff member.

Usage: Optional

Range: 0 – 999
### 1. Facility Form

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>140</td>
<td>Unattended falls in radiology department</td>
<td>Indicate the number of unattended falls that occurred in the radiology department during the previous calendar year. Include all falls that occurred while a facility staff member was not present. Usage: Optional Range: 0 – 999</td>
</tr>
<tr>
<td>141</td>
<td>Deaths in radiology department</td>
<td>Indicate the number of deaths that occurred in the radiology department during the previous calendar year. Usage: Optional Range: 0 – 999</td>
</tr>
<tr>
<td>142</td>
<td>Code blues in radiology department</td>
<td>Indicate the number of code blues that occurred in the radiology department during the previous calendar year. Usage: Optional Range: 0 – 999</td>
</tr>
<tr>
<td>143</td>
<td>Nosocomial infections in radiology department</td>
<td>Indicate the number of nosocomial infections that occurred in the radiology department during the previous calendar year. Usage: Optional Range: 0 – 999</td>
</tr>
</tbody>
</table>
## 1. Facility Form

<table>
<thead>
<tr>
<th>Field</th>
<th>Description</th>
</tr>
</thead>
</table>
| 144   | **Wrong exam**  
Indicate the number of cases during the previous year in which the exam conducted was not the exam requested by the referring physician. Exclude the following cases:  
- The exam was changed by the radiologist based on clinical indications.  
- The referring physician did not require a repeat exam that resulted in additional exposure to the patient.  
- The exam was performed on the wrong patient or the wrong site.  
Usage: Optional  
Range: 0 – 999 |
| 145   | **Wrong patient**  
Indicate the number of cases during the previous calendar year in which an exam was conducted on the wrong patient.  
Usage: Optional  
Range: 0 – 999 |
| 146   | **Wrong site**  
Indicate the number of cases during the previous calendar year in which an exam was conducted on the wrong body part.  
Usage: Optional  
Range: 0 – 999 |
| 147   | **NOT USED**  
| 148   | **Electronic report access 24/7**  
Indicate whether electronic reports are available 24 hours per day, with both internal and external access.  
Usage: Optional  
Permitted values:  
- No  
- Yes  
| 149   | **NOT USED**  
| 150   | **NOT USED**  

151  **Radiologist consult required before ordering image**

Indicate whether a radiologist consult is required before ordering an image.

Usage: Optional

Permitted values:
- No
- Yes

151.1  **If yes, indicate all that apply:**

Indicate which types of imaging orders require a radiologist consult.

Usage: Required if “Yes” is selected for “Radiologist consult required before ordering image”; disabled otherwise.

Permitted values: One, some or all of the following. Choices are disabled if “not applicable” is selected for the corresponding modality in Section 4.
- IR
- Neuro IR
- MR with contrast
- CT with contrast
- Stat
- Other

152  **Decision support (appropriateness criteria, etc.) available on order-entry system**

Indicate whether the order-entry system includes a decision support component, such as an appropriateness criteria component.

Usage: Optional

Permitted values:
- No
- Yes
### 1. Facility Form

<table>
<thead>
<tr>
<th>153</th>
<th>Patient satisfaction survey specific to radiology in regular use</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Indicate whether a patient satisfaction survey specific to radiology is in regular use.</td>
</tr>
<tr>
<td></td>
<td>Usage: Optional</td>
</tr>
<tr>
<td></td>
<td>Permitted values:</td>
</tr>
<tr>
<td></td>
<td>• No</td>
</tr>
<tr>
<td></td>
<td>• Yes</td>
</tr>
</tbody>
</table>

**153.1 If yes, indicate all that apply:**

Usage: Required if “Yes” is selected for “Patient satisfaction survey specific to radiology in regular use”; disabled otherwise.

Permitted values: One or both of the following:

- Inpatient
- Outpatient

<table>
<thead>
<tr>
<th>154</th>
<th>Management of risk of nephrotoxicity</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Indicate whether a written protocol exists for management of risk of nephrotoxicity.</td>
</tr>
<tr>
<td></td>
<td>Usage: Optional</td>
</tr>
<tr>
<td></td>
<td>Permitted values:</td>
</tr>
<tr>
<td></td>
<td>• No</td>
</tr>
<tr>
<td></td>
<td>• Yes</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>155</th>
<th>Pregnancy screening</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Indicate whether a written protocol exists for pregnancy screening.</td>
</tr>
<tr>
<td></td>
<td>Usage: Optional</td>
</tr>
<tr>
<td></td>
<td>Permitted values:</td>
</tr>
<tr>
<td></td>
<td>• No</td>
</tr>
<tr>
<td></td>
<td>• Yes</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>156</th>
<th>Allergy screening</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Indicate whether a written protocol exists for allergy screening.</td>
</tr>
<tr>
<td></td>
<td>Usage: Optional</td>
</tr>
<tr>
<td></td>
<td>Permitted values:</td>
</tr>
<tr>
<td></td>
<td>• No</td>
</tr>
<tr>
<td></td>
<td>• Yes</td>
</tr>
</tbody>
</table>
### Communication of critical results

Indicate whether a protocol exists for the communication of critical results. Critical results are defined as diagnoses (even if found on routine tests) that require rapid communication of the results with documentation of the name of the physician notified and time of notification.

Usage: Optional

Permitted values:
- No
- Yes

### Communication of critical tests

Indicate whether a protocol exists for the communication of critical tests. Critical tests are defined as those which always require communication of the results within 45 minutes from the time ordered, even if the results are normal, with documentation of the name of the physician notified and time of notification.

Usage: Optional

Permitted values:
- No
- Yes

### Infection control

Indicate whether a protocol exists for infection control.

Usage: Optional

Permitted values:
- No
- Yes

### MR safety screening

Indicate whether a protocol exists for MR safety screening.

Usage: Optional (file upload/web services); Disabled if “Not applicable” is checked for the number of MRI procedures in Section 4; required otherwise (manual entry).

Permitted values:
- No
- Yes
161 Equipment: Mammography

Indicate the number of mammography units accredited by the ACR, the number of units pending ACR accreditation, and the total number of units.

Usage: Optional (file upload/web services); Disabled if “Not applicable” is checked for the number of mammography procedures in Section 4; required otherwise (manual entry).

Range: 0 – 99

162 Equipment: Stereotactic breast biopsy

Indicate the number of stereotactic breast biopsy units accredited by the ACR, the number of units pending ACR accreditation, and the total number of units.

Usage: Optional (file upload/web services); Disabled if “Not applicable” is checked for the number of stereotactic breast biopsy procedures in Section 4; required otherwise (manual entry).

Range: 0 – 99

163 Equipment: Breast ultrasound (not used for other ultrasound procedures)

Indicate the number of breast ultrasound units accredited by the ACR, the number of units pending ACR accreditation, and the total number of units. Do not include units used for other ultrasound procedures in addition to breast ultrasound.

Usage: Optional (file upload/web services); Disabled if “Not applicable” is checked for the number of breast ultrasound procedures in Section 4; required otherwise (manual entry).

Range: 0 – 99

164 Equipment: Ultrasound (not used exclusively for breast ultrasound)

Indicate the number of ultrasound units accredited by the ACR, the number of units pending ACR accreditation, and the total number of units. Do not include units used exclusively for breast ultrasound.

Usage: Optional (file upload/web services); Disabled if “Not applicable” is checked for the number of ultrasound (excluding breast ultrasound) procedures in Section 4; required otherwise (manual entry).

Range: 0 – 99
165  **Equipment: MRI**

Indicate the number of MRI units accredited by the ACR, the number of units pending ACR accreditation, and the total number of units.

Usage: Optional (file upload/web services); Disabled if “Not applicable” is checked for the number of MRI procedures in Section 4; required otherwise (manual entry).

Range: 0 – 99

---

166  **Equipment: CT**

Indicate the number of CT units accredited by the ACR, the number of units pending ACR accreditation, and the total number of units. Do not include CT scanners that function as part of a PET / CT unit.

Usage: Optional (file upload/web services); Disabled if “Not applicable” is checked for the number of CT procedures in Section 4; required otherwise (manual entry).

Range: 0 – 99

---

167  **Equipment: Nuclear medicine**

Indicate the number of nuclear medicine units accredited by the ACR, the number of units pending ACR accreditation, and the total number of units.

Usage: Optional (file upload/web services); Disabled if “Not applicable” is checked for the number of nuclear medicine procedures in Section 4; required otherwise (manual entry).

Range: 0 – 99

---

168  **Equipment: PET**

Indicate the number of PET units accredited by the ACR, the number of units pending ACR accreditation, and the total number of units. Do not include PET scanners that function as part of a PET / CT unit.

Usage: Optional (file upload/web services); Disabled if “Not applicable” is checked for the number of PET procedures in Section 4; required otherwise (manual entry).

Range: 0 – 99
169   **Equipment: PET / CT**

Indicate the number of PET / CT units whose PET scanners are accredited by the ACR, the number of PET / CT units with ACR accreditation pending for the PET scanners, and the total number of PET / CT units. Units with accredited CT units and non-accredited PET scanners with no ACR accreditation pending should be included in the total number of PET / CT units only.

Usage: Optional (file upload/web services); Disabled if “Not applicable” is checked for the number of PET / CT procedures in Section 4; required otherwise (manual entry).

Range: 0 – 99

170   **Equipment: Radiography**

Indicate the total number of radiography units, including portable radiography units. Do not include radiography / fluoroscopy units.

Usage: Optional (file upload/web services); Disabled if “Not applicable” is checked for the number of radiography procedures in Section 4; required otherwise (manual entry).

Range: 0 – 999

171   **Equipment: Fluoroscopy (IR / neuro IR)**

Indicate the total number of IR and neuro IR fluoroscopy units. Include radiography / fluoroscopy units.

Usage: Optional (file upload/web services); Disabled if “Not applicable” is checked for the number of IR and neuro IR fluoroscopy procedures in Section 4; required otherwise (manual entry).

Range: 0 – 99

172   **Equipment: Fluoroscopy (excluding IR / neuro IR)**

Indicate the total number of fluoroscopy and radiography / fluoroscopy units, excluding IR and neuro IR fluoroscopy units and c-arms.

Usage: Optional (file upload/web services); Disabled if “Not applicable” is checked for the number of fluoroscopy procedures (excluding IR / neuro IR) in Section 4; required otherwise (manual entry).

Range: 0 – 99
173 **Equipment: Bone densitometry**

Indicate the total number of bone densitometry units.

Usage: Optional (file upload/web services); Disabled if “Not applicable” is checked for the number of bone densitometry procedures in Section 4; required otherwise (manual entry).

Range: 0 – 99

174 **Name of person who completed this paper form – Last name**

Indicate the last name of the person who completed the paper form.

Usage: Required (manual entry), not applicable (file upload/web services)

Permitted values:
- Combinations of letters and spaces between 2 and 45 characters long. An apostrophe (‘) is permitted in the second position. The combination may include one hyphen (-), provided the hyphen is not in the first or last position.
- An initial followed by a period

175 **Name of person who completed this paper form – First name**

Indicate the first name of the person who completed the paper form.

Usage: Required (manual entry), not applicable (file upload/web services)

Permitted values:
- Combinations of letters and spaces between 2 and 45 characters long. An apostrophe (‘) is permitted in the second position. The combination may include one hyphen (-), provided the hyphen is not in the first or last position.
- An initial followed by a period
2. Monthly Data Form by Facility

201 Facility number

Facility number is the number assigned to the facility by NRDR.

Usage: Populated automatically (manual entry), required (web services), optional-if not used, defaults to facility number in picker (file upload).

Permitted values: Numeric, max length 10 digits

202 Month to which form applies

Indicate the month to which the form applies.

Usage: Required.

Range: 1 – 12

203 Year to which form applies

Indicate the year to which the form applies. A Facility Form for the corresponding year must be submitted before the Monthly Data Form by Facility is submitted.

Usage: Required.

Range: 2005 – Current Year

204 Patient wait time (outpatient): Radiography

Indicate the mean and median outpatient wait time in minutes for radiography. Wait time is defined as the time from when the patient signs in at the patient receiving area to the time patient imaging starts (the machine start time). The mean and median must be calculated from all patient wait times over a period of at least 5 consecutive days.

Usage: Optional, disabled if “Not applicable” is checked for the number of radiography procedures in Section 4 of the Facility Form

Range: 0 – 999
2. Monthly Data Form by Facility

205  Patient wait time (outpatient): Ultrasound (excluding breast ultrasound)

Indicate the mean and median outpatient wait time in minutes for ultrasound (excluding breast ultrasound). Wait time is defined as the time from when the patient signs in at the patient receiving area to the time patient imaging starts (the machine start time). The mean and median must be calculated from all patient wait times over a period of at least 5 consecutive days.

Usage: Optional, disabled if “Not applicable” is checked for the number of ultrasound procedures (excluding breast ultrasound) in Section 4 of the Facility Form

Range: 0 – 999

206  Patient wait time (outpatient): MRI without oral contrast

Indicate the mean and median outpatient wait time in minutes for MRI without oral contrast. Wait time is defined as the time from when the patient signs in at the patient receiving area to the time patient imaging starts (the machine start time), unless a sedative is administered. In this case, wait time is defined as the time from when the patient signs in at the patient receiving area to the time the sedative is administered. The mean and median must be calculated from all patient wait times over a period of at least 5 consecutive days.

Usage: Optional, disabled if “Not applicable” is checked for the number of MRI procedures in Section 4 of the Facility Form

Range: 0 – 999

207  Patient wait time (outpatient): CT without oral contrast

Indicate the mean and median outpatient wait time in minutes for CT without oral contrast. Wait time is defined as the time from when the patient signs in at the patient receiving area to the time patient imaging starts (the machine start time). The mean and median must be calculated from all patient wait times over a period of at least 5 consecutive days.

Usage: Optional, disabled if “Not applicable” is checked for the number of CT procedures and the number of PET / CT procedures in Section 4 of the Facility Form

Range: 0 – 999

208  Patient wait time (outpatient): PET

Indicate the mean and median outpatient wait time in minutes for PET. Wait time is defined as the time from when the patient signs in at the patient receiving area to the time patient imaging starts (the machine start time). The mean and median must be calculated from all patient wait times over a period of at least 5 consecutive days. Do not include PET / CT exams.

Usage: Optional, disabled if “Not applicable” is checked for the number of PET procedures in Section 4 of the Facility Form

Range: 0 – 999
209  **Time from order to exam for inpatient stat CT exams**

Indicate the mean and median time in minutes from order to exam for inpatient stat CT exams.

Usage: Optional, disabled if “Not applicable” is checked for the number of CT procedures in Section 4 of the Facility Form and “Number of Admissions” is shown as “Not Applicable” in Section 3 of the Facility Form

Range: 0 – 999

210  **Time from order to exam for inpatient routine CT exams**

Indicate the mean and median time in minutes from order to exam for inpatient routine CT exams.

Usage: Optional, disabled if “Not applicable” is checked for the number of CT procedures in Section 4 of the Facility Form and “Number of Admissions” is shown as “Not Applicable” in Section 3 of the Facility Form

Range: 0 – 999

211  **Does the facility perform digital radiography?**

Indicate whether the facility performs digital radiography (not including computed radiography).

Usage: Optional (manual entry)

Permitted values:
- No
- Yes

212  **If yes, number of digital radiography images**

Indicate the number of digital radiography images (not including computed radiography).

Usage (optional for file upload/web services, following applies to manual entry):
- Required if a value is entered for “If yes, number of digital radiography images that had to be repeated and resulted in additional exposure to the patient”;
- Optional if “Yes” is selected in response to “Does the facility perform digital radiography?” and no value is entered for “If yes, number of digital radiography images that had to be repeated and resulted in additional exposure to the patient”;
- Disabled otherwise.

Range: 0 – 999999
213 If yes, number of digital radiography images that had to be repeated and resulted in additional exposure to the patient

Indicate the number of digital radiography images that had to be repeated and resulted in additional exposure to the patient (not including computed radiography).

Usage: Optional if “yes” is selected in response to “Does the facility perform digital radiography?”; disabled otherwise (manual entry).

Range: 0 – 99999

214 Report turnaround time (time from when exam was completed until final report was signed):
Radiography

Indicate the following:
• Number of radiography exams completed this month. Range: 0 – 99999
• Number of radiography exams with report signed less than 12 hours after completion. Range: 0 – 99999
• Number of radiography exams with report signed at least 12 hours but less than 24 hours after completion. Range: 0 – 99999
• Number of radiography exams with report signed at least 24 hours but less than 48 hours after completion. Range: 0 – 99999
• Mean report turnaround time in hours for radiography exams. Range: 0 – 999

Usage: Optional (file upload/web services); all fields are disabled if “Not applicable” is checked for the number of radiography procedures in Section 4 of the Facility Form (manual entry)

215 Report turnaround time (time from when exam was completed until final report was signed):
Ultrasound (excluding breast ultrasound)

Indicate the following:
• Number of ultrasound exams completed this month. Range: 0 – 99999
• Number of ultrasound exams with report signed less than 12 hours after completion. Range: 0 – 99999
• Number of ultrasound exams with report signed at least 12 hours but less than 24 hours after completion. Range: 0 – 99999
• Number of ultrasound exams with report signed at least 24 hours but less than 48 hours after completion. Range: 0 – 99999
• Mean report turnaround time in hours for ultrasound exams. Range: 0 – 999

Usage: Optional; all fields are disabled if “Not applicable” is checked for the number of ultrasound procedures (excluding breast ultrasound) in Section 4 of the Facility Form (manual entry)
216  Report turnaround time (time from when exam was completed until final report was signed): MRI

Indicate the following:
- Number of MRI exams completed this month. Range: 0 – 99999
- Number of MRI exams with report signed less than 12 hours after completion. Range: 0 – 99999
- Number of MRI exams with report signed at least 12 hours but less than 24 hours after completion. Range: 0 – 99999
- Number of MRI exams with report signed at least 24 hours but less than 48 hours after completion. Range: 0 – 99999
- Mean report turnaround time in hours for MRI exams. Range: 0 – 999

Usage: Optional; all fields are disabled if “Not applicable” is checked for the number of MRI procedures in Section 4 of the Facility Form (manual entry)

217  Report turnaround time (time from when exam was completed until final report was signed): CT

Indicate the following:
- Number of CT exams completed this month. Range: 0 – 99999
- Number of CT exams with report signed less than 12 hours after completion. Range: 0 – 99999
- Number of CT exams with report signed at least 12 hours but less than 24 hours after completion. Range: 0 – 99999
- Number of CT exams with report signed at least 24 hours but less than 48 hours after completion. Range: 0 – 99999
- Mean report turnaround time in hours for CT exams. Range: 0 – 999

Usage: Optional; all fields are disabled if “Not applicable” is checked for the number of CT procedures in Section 4 of the Facility Form (manual entry)

218  Report turnaround time (time from when exam was completed until final report was signed): PET

Indicate the following:
- Number of PET exams completed this month. Range: 0 – 99999
- Number of PET exams with report signed less than 12 hours after completion. Range: 0 – 99999
- Number of PET exams with report signed at least 12 hours but less than 24 hours after completion. Range: 0 – 99999
- Number of PET exams with report signed at least 24 hours but less than 48 hours after completion. Range: 0 – 99999
- Mean report turnaround time in hours for PET exams. Range: 0 – 999 Do not include PET / CT exams.

Usage: Optional; all fields are disabled if “Not applicable” is checked for the number of PET procedures in Section 4 of the Facility Form (manual entry)
219 **Liver biopsies performed by radiologists**

Indicate the number of liver biopsies performed by radiologists. Include core biopsies, FNA, and transjugular liver biopsies at the time of a TIPS procedure. For applicable CPT codes, refer to the [GRID CPT Code List](#). Include CPT codes where “Liver biopsy” = “Y” or “Y if body site is liver”.

Usage: Optional

Range: 0 – 9999

220 **Liver biopsies performed by radiologists reported as non-diagnostic**

Indicate the number of liver biopsies performed by radiologists that were non-diagnostic. Include core biopsies, FNA, and transjugular liver biopsies at the time of a TIPS procedure. For applicable CPT codes, refer to the [GRID CPT Code List](#). Include CPT codes where “Liver biopsy” = “Y” or “Y if body site is liver”.

Usage: Optional

Range: 0 – 9999

221 **Lung biopsies performed by radiologists**

Indicate the number of lung biopsies performed by radiologists. Include core biopsies and FNA. For applicable CPT codes, refer to the [GRID CPT Code List](#). Include CPT codes where “Lung biopsy” = “Y” or “Y if body site is lung”.

Usage: Optional

Range: 0 – 9999

222 **Lung biopsies performed by radiologists reported as non-diagnostic**

Indicate the number of lung biopsies performed by radiologists that were non-diagnostic. Include core biopsies and FNA. For applicable CPT codes, refer to the [GRID CPT Code List](#). Include CPT codes where “Lung biopsy” = “Y” or “Y if body site is lung”.

Usage: Optional

Range: 0 – 9999
### 2. Monthly Data Form by Facility

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>223</td>
<td>Lung biopsies performed by radiologists resulting in pneumothorax requiring chest tube</td>
<td>Indicate the number of lung biopsies performed by the radiologist that resulted in pneumothorax requiring a chest tube. Include biopsies with the following codes: J93.9 ICD-10CM (pneumothorax) + CPT 32555. Usage: Optional. Range: 0 – 9999</td>
</tr>
<tr>
<td>224</td>
<td>NOT USED</td>
<td></td>
</tr>
<tr>
<td>225</td>
<td>NOT USED</td>
<td></td>
</tr>
<tr>
<td>226</td>
<td>NOT USED</td>
<td></td>
</tr>
<tr>
<td>227</td>
<td>NOT USED</td>
<td></td>
</tr>
<tr>
<td>228</td>
<td><strong>Stereotactic breast biopsies performed</strong></td>
<td>Indicate the number of stereotactic breast biopsies performed. For applicable CPT codes, refer to the <a href="#">GRID CPT Code List</a>. Include CPT codes where “Stereotactic breast biopsy” = “Y”. Usage: Optional; disabled if ‘Not applicable” is checked for the number of stereotactic breast biopsies in Section 4 of the Facility Form (manual entry). Range: 0 – 999</td>
</tr>
<tr>
<td>229</td>
<td><strong>Stereotactic breast biopsies performed which were non-concordant with imaging findings</strong></td>
<td>Indicate the number of stereotactic breast biopsies performed which were non-concordant with imaging characteristics, indicating that the lesion was not adequately biopsied. Include all incidences, regardless of whether further patient care confirmed imaging findings. For applicable CPT codes, refer to the <a href="#">GRID CPT Code List</a>. Include CPT codes where “Stereotactic breast biopsy” = “Y”. Usage: Optional (file upload/web services); disabled if ‘Not applicable” is checked for the number of stereotactic breast biopsies in Section 4 of the Facility Form (manual entry). Range: 0 – 999</td>
</tr>
</tbody>
</table>
230  Name of person who completed this paper form – Last name

Indicate the last name of the person who completed the paper form.

Usage: Required (manual entry)

Permitted values: Combinations of letters and spaces between 2 and 45 characters long. An apostrophe (’) is permitted in the second position. The combination may include one hyphen (-), provided the hyphen is not in the first or last position.

231  Name of person who completed this paper form – First name

Indicate the first name of the person who completed the paper form.

Usage: Required (manual entry)

Permitted values:
- Combinations of letters and spaces between 2 and 45 characters long. An apostrophe (’) is permitted in the second position. The combination may include one hyphen (-), provided the hyphen is not in the first or last position.
- An initial followed by a period.
3. Monthly Data Form by Physician

301 Facility number

Facility number is the number assigned to the facility by NRDR.

Usage: Populated automatically (manual entry), required (web services), optional-if not used, defaults to facility number in picker (file upload).

Permitted values: Numeric, max length 10 digits

302 Physician

Select physician from the drop-down menu. The physician must be entered in the NRDR Physician Dictionary and marked as a GRID physician in order to appear in the menu.

Usage: Required.

Permitted values: Physicians marked as GRID physicians in the NRDR Physician Dictionary.

303 Month to which form applies

Indicate the month to which the form applies.

Usage: Required.

Range: 1 – 12

304 Year to which form applies

Indicate the year to which the form applies. A Facility Form for the corresponding year must be submitted before the Monthly Data Form by Physician is submitted.

Usage: Required.

Range: 2005 – Current Year

305 Number of digital radiography images

Indicate the number of digital radiography images (not including computed radiography).

Usage (optional; below applies to manual entry):
- Required if a value is entered for “If yes, number of digital radiography images that had to be repeated and resulted in additional exposure to the patient”;
- Optional if no value is entered for “If yes, number of digital radiography images that had to be repeated and resulted in additional exposure to the patient”.

Range: 0 – 99999
3. Monthly Data Form by Physician

306 Number of digital radiography images that had to be repeated and resulted in additional exposure to the patient

Indicate the number of digital radiography images performed that had to be repeated and resulted in additional exposure to the patient (not including computed radiography).

Usage: Optional

Range: 0 – 99999

307 Report turnaround time (time from when exam was completed until final report was signed): Radiography

Indicate the following:

- Number of radiography exams completed this month. Range: 0 – 9999
- Number of radiography exams with report signed less than 12 hours after completion. Range: 0 – 9999
- Number of radiography exams with report signed at least 12 hours but less than 24 hours after completion. Range: 0 – 9999
- Number of radiography exams with report signed at least 24 hours but less than 48 hours after completion. Range: 0 – 9999
- Mean report turnaround time in hours for radiography exams. Range: 0 – 999

Usage: Optional (file upload/web services); all fields are disabled if “Not applicable” is checked for the number of radiography procedures in Section 4 of the Facility Form (manual entry). However, if a value for one of the fields is entered, then all other fields in the row are required.

308 Report turnaround time (time from when exam was completed until final report was signed): Ultrasound (excluding breast ultrasound)

Indicate the following:

- Number of ultrasound exams completed this month. Range: 0 – 9999
- Number of ultrasound exams with report signed less than 12 hours after completion. Range: 0 – 9999
- Number of ultrasound exams with report signed at least 12 hours but less than 24 hours after completion. Range: 0 – 9999
- Number of ultrasound exams with report signed at least 24 hours but less than 48 hours after completion. Range: 0 – 9999
- Mean report turnaround time in hours for ultrasound exams. Range: 0 – 999

Usage: Optional (file upload/web services); all fields are disabled if “Not applicable” is checked for the number of ultrasound procedures (excluding breast ultrasound) in Section 4 of the Facility Form (manual entry). However, if a value for one of the fields is entered, then all other fields in the row are required.
309  Report turnaround time (time from when exam was completed until final report was signed): MRI

Indicate the following:
• Number of MRI exams completed this month. Range: 0 – 9999
• Number of MRI exams with report signed less than 12 hours after completion. Range: 0 – 9999
• Number of MRI exams with report signed at least 12 hours but less than 24 hours after completion. Range: 0 – 9999
• Number of MRI exams with report signed at least 24 hours but less than 48 hours after completion. Range: 0 – 9999
• Mean report turnaround time in hours for MRI exams. Range: 0 – 999

Usage: Optional (file upload/web services); all fields are disabled if “Not applicable” is checked for the number of MRI procedures in Section 4 of the Facility Form (manual entry). However, if a value for one of the fields is entered, then all other fields in the row are required.

310  Report turnaround time (time from when exam was completed until final report was signed): CT

Indicate the following:
• Number of CT exams completed this month. Range: 0 – 9999
• Number of CT exams with report signed less than 12 hours after completion. Range: 0 – 9999
• Number of CT exams with report signed at least 12 hours but less than 24 hours after completion. Range: 0 – 9999
• Number of CT exams with report signed at least 24 hours but less than 48 hours after completion. Range: 0 – 9999
• Mean report turnaround time in hours for CT exams. Range: 0 – 999

Usage: Optional (file upload/web services); all fields are disabled if “Not applicable” is checked for the number of CT procedures in Section 4 of the Facility Form (manual entry). However, if a value for one of the fields is entered, then all other fields in the row are required.

311  Report turnaround time (time from when exam was completed until final report was signed): PET

Indicate the following:
• Number of PET exams completed this month. Range: 0 – 9999
• Number of PET exams with report signed less than 12 hours after completion. Range: 0 – 9999
• Number of PET exams with report signed at least 12 hours but less than 24 hours after completion. Range: 0 – 9999
• Number of PET exams with report signed at least 24 hours but less than 48 hours after completion. Range: 0 – 9999
• Mean report turnaround time in hours for PET exams. Range: 0 – 999

Do not include PET / CT exams.

Usage: Optional (file upload/web services); all fields are disabled if “Not applicable” is checked for the number of PET procedures in Section 4 of the Facility Form (manual entry). However, if a value for one of the fields is entered, then all other fields in the row are required.
312  Liver biopsies performed by radiologist

Indicate the number of liver biopsies performed by the radiologist. Include core biopsies and FNA. For applicable CPT codes, refer to the GRID CPT Code List. Include CPT codes where “Liver biopsy” = “Y” or “Y if body site is liver”.

Usage: Optional; required if “Liver biopsies performed by radiologist reported as non-diagnostic” is entered

Range: 0 – 99

313  Liver biopsies performed by radiologist reported as non-diagnostic

Indicate the number of liver biopsies performed by the radiologist that were non-diagnostic. Include core biopsies and FNA. For applicable CPT codes, refer to the GRID CPT Code List. Include CPT codes where “Liver biopsy” = “Y” or “Y if body site is liver”.

Usage: Optional; required if “Liver biopsies performed by radiologist” is entered

Range: 0 – 99

314  Lung biopsies performed by radiologist

Indicate the number of lung biopsies performed by the radiologist. Include core biopsies and FNA. For applicable CPT codes, refer to the GRID CPT Code List. Include CPT codes where “Lung biopsy” = “Y” or “Y if body site is lung”.

Usage: Optional; required if “Lung biopsies performed by radiologist reported as non-diagnostic” or “Patients developing pneumothorax requiring chest tube as a result of lung biopsy performed by radiologist” is entered

Range: 0 – 99

315  Lung biopsies performed by radiologist reported as non-diagnostic

Indicate the number of lung biopsies performed by the radiologist that were non-diagnostic. Include core biopsies and FNA. For applicable CPT codes, refer to the GRID CPT Code List. Include CPT codes where “Lung biopsy” = “Y” or “Y if body site is lung”.

Usage: Optional; required if “Lung biopsies performed by radiologist” is entered

Range: 0 – 99
316  Lung biopsies performed by radiologist resulting in pneumothorax requiring chest tube

Indicate the number of lung biopsies performed by the radiologist that resulted in pneumothorax requiring a chest tube. Include biopsies with the following codes:

J93.9 ICD-10CM (pneumothorax) + CPT 32555

Usage: Optional; required if “Lung biopsies performed by radiologist” is entered

Range: 0 – 99

317  Stereotactic breast biopsies performed

Indicate the number of stereotactic breast biopsies performed. For applicable CPT codes, refer to the GRID CPT Code List. Include CPT codes where “Stereotactic breast biopsy” = “Y”.

Usage: Optional; required if “Stereotactic breast biopsies performed which were non-concordant with imaging findings” is entered

Range: 0 – 99

318  Stereotactic breast biopsies performed which were non-concordant with imaging findings

Indicate the number of stereotactic breast biopsies performed which were non-concordant with imaging characteristics, indicating that the lesion was not adequately biopsied. Include all incidences, regardless of whether further patient care confirmed imaging findings. For applicable CPT codes, refer to the GRID CPT Code List. Include CPT codes where “Stereotactic breast biopsy” = “Y”.

Usage: Optional; required if “Stereotactic breast biopsies performed” is entered

Range: 0 – 99

319  Name of person who completed this paper form – Last name

Indicate the last name of the person who completed the paper form.

Usage: Required (manual entry)

Permitted values: Combinations of letters and spaces between 2 and 45 characters long. An apostrophe (’) is permitted in the second position. The combination may include one hyphen (-), provided the hyphen is not in the first or last position.
3. Monthly Data Form by Physician

320 Name of person who completed this paper form – First name

Indicate the first name of the person who completed the paper form.

Usage: Required (manual entry)

Permitted values:
- Combinations of letters and spaces between 2 and 45 characters long. An apostrophe (‘) is permitted in the second position. The combination may include one hyphen (-), provided the hyphen is not in the first or last position.
- An initial followed by a period.
401  File Version

Number of file version.

Usage: Required (file upload)

Permitted values:
- 2.0
- 2.1

402  Facility ID

A unique identifier of a facility

Usage: Required (web services), optional if not used, defaults to facility number in picker (file upload).

Range: 0 – 9999999999

403  Exam Unique ID

A unique identifier of an exam within the partner network

Usage: Required

Permitted values: Alphanumeric values up to 500 characters in length

404  Patient Age

Age of the patient at the time the exam took place

Usage: Required

Permitted values: 0 – 120

405  Patient Sex

Usage: Required

Permitted values:
- M - Male
- F - Female
- U - Unknown
- O – Other
406  **Study Name**

Text description of study, for example "CT Head without contrast".

Usage: Optional

Permitted values: Alphanumeric values of up to 255 characters in length

---

407  **Physician NPI**

Physician's 10-digit NPI.

Usage: Required

Range: 0 – 9999999999

---

408  **Physician Local ID**

Usage: Optional

Permitted values: Alphanumeric values of up to 50 characters

---

409  **Multiple Readers**

Indicate if the exam was read by more than one provider (for example, an attending physician and resident in training).

Usage: Required

Permitted Value:
0 – No
1 – Yes
9 - Unknown

---

410  **CPT HCPCS Code**

CPT (Current Procedural Terminology) or CMS HCPCS code used to bill for this procedure.

Usage: Conditional. Required if neither "ICD-10 Procedure code" nor "Modality or procedure" is provided. Otherwise, optional.

Permitted values: Alphanumeric values of up to 5 characters in length
411 ICD-10 Procedure Code

If CPT code is not available, but ICD-10 procedure code is available instead, it may be provided.

Usage: Conditional. Required if neither "CPT_HCPCS_code" nor "Modality or procedure" is provided; otherwise, optional.

Permitted values: Alphanumeric values of up to 25 characters in length

412 Modality Procedure

Select one modality. More than one modality is not supported. If CPT, HCPCS, and ICD-10 procedure codes are all unavailable, enter the modality that most closely corresponds to this exam.

Usage: Conditional. Required if neither "CPT_HCPCS_code" nor "ICD-10 Procedure code" is provided; otherwise, optional.

Permitted values:
Select one of the numeric values listed below:
1 – Bone densitometry
2 – CT
3 – Interventional or fluoroscopy
4 – Mammography
5 – MRI
6 – Nuclear medicine
7 – PET
8 – Radiography
9 – Stereotactic breast biopsy
10 – Ultrasound
88 – Other
4. Exam Level Data

**413 Place of Service**

Indicate the location within the facility where the exam was performed.

**Usage:** Required

**Permitted values:**
- **1** – Ambulatory
  - Off campus – outpatient hospital
  - On campus – outpatient hospital
  - Independent clinic
  - Comprehensive outpatient rehabilitation facility
  - State or local public health clinic
  - Rural health clinic
- **2** – Inpatient (this includes observation patients)
  - Inpatient hospital
  - Inpatient psychiatric facility
  - Comprehensive inpatient rehabilitation facility
- **3** – Emergency department
  - Urgent care facility
  - Emergency room – hospital
- **88** – Other
- **99** – Unknown

<table>
<thead>
<tr>
<th>For this Medicare Place of Service</th>
<th>Enter this GRID Descriptor</th>
</tr>
</thead>
<tbody>
<tr>
<td>19 Off campus – outpatient hospital</td>
<td>1 (Ambulatory)</td>
</tr>
<tr>
<td>20 Urgent care facility</td>
<td>3 (Emergency department)</td>
</tr>
<tr>
<td>21 Inpatient hospital</td>
<td>2 (Inpatient)</td>
</tr>
<tr>
<td>22 On campus – outpatient hospital</td>
<td>1 (Ambulatory)</td>
</tr>
<tr>
<td>23 Emergency room – hospital</td>
<td>3 (Emergency department)</td>
</tr>
<tr>
<td>49 Independent clinic</td>
<td>1 (Ambulatory)</td>
</tr>
<tr>
<td>51 Inpatient psychiatric facility</td>
<td>2 (Inpatient)</td>
</tr>
<tr>
<td>61 Comprehensive inpatient rehab.</td>
<td>2 (Inpatient)</td>
</tr>
<tr>
<td>62 Comprehensive outpatient rehab.</td>
<td>1 (Ambulatory)</td>
</tr>
<tr>
<td>71 State or local public health clinic</td>
<td>1 (Ambulatory)</td>
</tr>
<tr>
<td>72 Rural health clinic</td>
<td>1 (Ambulatory)</td>
</tr>
<tr>
<td>99 Other place of service</td>
<td>88 (Other)</td>
</tr>
</tbody>
</table>

For places of service not listed above, enter **88 – Other**.

414 Breast Ultrasound

Indicate whether this exam is a breast ultrasound. This field will be ignored if CPT HCPCS or ICD-10 is provided.

Usage: Conditional. Required if "CPT_HCPCS_code" is not provided.

Permitted values:
N – No
Y – Yes

415 Date Exam Completed

Indicate the date when the exam was completed.

Usage: Required

Permitted values: Dates in MM/DD/YYYY format equal or greater than 1/1/2000

416 Time Exam Completed

Indicate the time when the exam was completed.

Usage: Required

Permitted values: times in HH:MI:SS (military time format)

417 Date Final Report Signed

Indicate the date when the final report was signed.

Usage: Required

Permitted values: Dates in MM/DD/YYYY format

418 Time Final Report Signed

Indicate when the time when the final report was signed.

Usage: Required

Permitted values: Times in HH:MI:SS (military time format)
419  NOT USED

420  Extravasation Occurred

Indicate whether a contrast extravasation event occurred during this exam.

Usage: Optional

Permitted values:
N – No
Y – Yes

421  Patient’s height (inches)

Indicate patient height in inches.

Usage: Optional

Range: 00.00 – 99.99

422  Patient’s weight (pounds)

Indicate patient weight in pounds.

Usage: Optional

Range: 00.00 – 999.99

423  Patient’s Body Mass Index (BMI)

Indicate patient Body Mass Index percentage by number.

Usage: Optional

Range: 00.00 – 99.99
424  **Patient’s Medical History**

Usage: Optional

Permitted values. Select all that apply:
None (0) cannot include any other selection
Unknown (99) cannot include any other selection

0 – None
1 – Cancer (any prior)
2 – Cancer (any current non-metastatic)
3 – Cancer (any current metastatic)
4 – Cirrhosis
5 – Hepatitis B
6 – Metabolic Disorder
7 – Meningitis
8 – Nephrolithiasis / Urolithiasis
9 – Stable Renal Lesion (≥ 5 years)
10 – Trauma (current)
11 – Lung screening patient (current)
88 – Other / Not listed
99 – Unknown

425  **Procedure History**

Usage: Optional

Permitted values. Select all that apply:

0 – None; cannot be selected with any other selection
1 – Cardiac
88 – Other / Not listed
99 – Not reported/Unknown; cannot be selected with any other selection
426 Smoking Status

Indicate the patient’s smoking status.

Usage: Optional

Permitted values. Select One:
1 – Current smoker
2 – Former smoker
3 – Never smoker
4 – Smoker, current status unknown
5 – Unknown if ever smoked; cannot be selected with any other selection

427 Number of years since quit smoking

Indicate number of years since the patient quit smoking.


Type of Response: 00.01 – 99.99. If less than 1.0, the leading 0 must be entered. For example:

1/12=0.08
2/12=0.17
3/12=0.25
4/12=0.33
5/12=0.42
6/12=0.5
7/12=0.58
8/12=0.67
9/12=0.75
10/12=0.83
11/12=0.92
12/12=1

If unknown= 99
428  **Number of pack-years of smoking (cigarettes)**

Indicate the number of pack-years smoking by the patient.

Pack-years as reported by the ordering practitioner on the order form. Pack-years are defined as the number of packs per day x total years smoked.


Type of Response: number between 0.1 and 999.9

If unknown = 999

*Pack years should not include cigars, e-cigarettes, or chewing tobacco. Calculate the pack-years for cigarettes only.*

---

429  **Body Region**

Indicate the body region examined.

Usage: Optional

Permitted values. Select all that apply:

1 – Abdomen  
2 – Breast  
3 – Chest  
4 – Head  
5 – Heart  
6 – Neck  
7 – Pelvis  
8 – Spine  
77 – Whole body  
99 – Not reported/Unknown; cannot be selected with any other selection
430  Anatomy

Indicate the body anatomy examined.

Usage: Optional

Permitted values. Select all that apply:

1 – Adrenal Gland
2 – Brain
3 – Colon
5 – Cranium
7 – Kidney
10 – Liver
15 – Lung
20 – Prostate
22 – Retroperitoneal
25 – Spinal cord
30 – Thyroid Gland
88 – Other
99 – Not reported/Unknown; cannot be selected with any other selection

431  Clinical Focus

Usage: Optional

Permitted values. Select all that apply:

1 – Cancer screen
2 – Ventricular shunt malfunction
3 – Thyroid screen
4 – Cancer Staging
5 – Evaluation for Urologic Stones
88 – Other / Not Listed
99 – Not reported/Unknown; cannot be selected with any other selection
432  **Use of Contrast**

Indicate whether contrast was used.

Usage: Optional

Permitted values:

1 – With intravenous contrast
2 – Without intravenous contrast
3 – With and without intravenous contrast
88 – Other
99 – Not reported/Unknown; cannot be selected with any other selection

433  **Modality Modifier**

Usage: Optional

Permitted values. Select all that apply:

1 – Angiogram
2 – Colonography
99 – Not reported/Unknown; cannot be selected with any other selection

434  **Procedure Modifier**

Usage: Optional

Permitted values:

20 – Low Dose

For Measure “Use of Low Dose Cranial CT or MRI Examinations for Patients with Ventricular Shunts” (ACRad 38): **Low-dose** cranial CT is defined as dose length product (DLP) < 300 mGy for patients aged 2 years and younger; DLP < 405 for patients aged 3 through 6; DLP < 492 for patients aged 7 through 10, DLP < 604 for patients aged 11 through 14, and DLP < 739 for patients aged 15 and up.

For Measure “Use of Low Dose CT Studies for Adults with Suspicion of Urolithiasis or Nephrolithiasis” (ACRad 39): **Low-dose** CT is defined as dose length product (DLP) < 650 mGy.
435  **Nuclear Agent**

Usage: Optional

Permitted values:

10 – FDG
99 – Not reported/Unknown; cannot be selected with any other selection

436  **Final Report Findings**

Indicate the findings of the Final Report

Usage: Optional

Permitted values. Select all that apply:

Only one of (1, 2 or 3) permitted
Only one of (4, 5) permitted

1 – Coronary artery calcification present
2 – Coronary artery calcification absent
3 – Coronary artery calcification not evaluable
4 – Pulmonary embolism present
5 – Pulmonary embolism absent
6 – Liver nodule <10mm

437  **FDG PET Measurements Documented**

Indicate if FDG PET measurements were documented.

Usage: Optional

Permitted values. Select all that apply:

1 – Serum glucose
2 – Uptake time
3 – Reference background SUV measurement
4 – Lesional SUV measurement
5 – Diagnosis of “no disease-specific abnormal uptake”
438 PE Documentation

Usage: Optional

Permitted values. Select all that apply:

1 – PE recorded in narrative and diagnosis code
2 – PE branching order level documented

439 Structured Scoring System Method

Indicate if a scoring system was used.

Usage: Optional

Permitted values. Select all that apply:

1 – Reporting and Data System (LI-RADS, PI-RADS, TI-RADS, etc.)
8 – Other structured scoring system
9 – Documented medical reason for not referencing structured scoring system; cannot be selected with any other selection
10 – No scoring system documented; cannot be selected with any other selection

440 Incidental Findings

Usage: Optional

Permitted values. Select all that apply:

1 – Coronary artery calcification
2 – Mass/Nodule
88 – Other
441  Incidental Mass Type (5 occurrences)

Indicate type of mass found.

Usage: Optional

Permitted values:

1 – Adrenal Mass
2 – Liver Nodule
3 – Pulmonary Nodule
4 – Cystic/Renal Mass
5 – Ovarian mass
6 – Thyroid nodule
88 – Other Incidental Mass

442  Incidental Mass Size (5 occurrences)

Indicate size of mass found in mm.

Usage: Optional

Range: 0.0 – 99999.9

443  Incidental Mass Impression (5 occurrences)

Usage: Optional

Permitted values:

0 – Incomplete Assessment
1 – Negative
2 – Benign / Simple Appearing
3 – Probably Benign
4 – Suspicious
5 – Highly Suggestive of Malignancy
**Final Report Follow-up Imaging Recommendations**

Indicate if any follow-up imaging recommendations were mentioned.

Usage: Optional

Permitted values:

1 – Follow-up imaging recommended
2 – Follow-up imaging not recommended
3 – Follow-up imaging recommendation not documented

**Recommended Follow-up Imaging Modality (5 occurrences)**

Indicate modality for any follow-up imaging recommendations.

Usage: Optional

Permitted values:
Select one of the numeric values listed below:

1 – Bone densitometry
2 – CT
3 – Interventional or fluoroscopy
4 – Mammography
5 – MRI
6 – Nuclear medicine
7 – PET
8 – Radiography
9 – Stereotactic breast biopsy
10 – Ultrasound
88 – Other

**Recommended Follow-up Imaging Time (5 occurrences)**

Indicate interval in days for the recommended procedure.

Usage: Optional

Range: 0 – 9999
447 Follow-up Imaging Recommendation Source Documented (5 occurrences)

Indicate if any follow-up imaging recommendation sources were documented.

Usage: Optional

Permitted values:

0 – No
1 – Yes
2 – Documented Exception for not following guideline

448 Final Report Follow-up Procedure Recommendations

Indicate if any follow-up procedure recommendations were mentioned.

Usage: Optional

Permitted values:

1 – Recommendation for follow-up procedure documented
2 – Recommendation for follow-up procedure not needed
3 – Recommendation for follow-up procedure not documented

449 Recommended Follow-up Procedure Type (3 occurrences)

Indicate type of follow-up procedures recommended.

Usage: Optional

Permitted values:

5 – Biopsy
88 – Other
450 **Recommended Follow-up Procedure Anatomy/Location (3 occurrences)**

Indicate area of follow-up procedures recommended.

Usage: Optional

Permitted values:

1 – Brain
5 – Cranium
10 – Liver
15 – Lung
20 – Prostate
25 – Spinal cord
88 – Other

451 **Recommended Follow-up Procedure Time (3 occurrences)**

Indicate interval in days for the recommended procedure.

Usage: Optional

Range: 0 – 9999

452 **Follow-up Procedure Recommendation Source Documented**

Indicate if any follow-up imaging recommendation sources were documented.

Usage: Optional

Permitted values:

0 – No
1 – Yes
2 – Documented Exception for not following guideline

453 **Physician TIN**

Tax identification number registered in NRDR for GRID, applicable to this facility / NPI combination.

Usage: Optional.

Range: 0 – 999999999
<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Full Form</th>
</tr>
</thead>
<tbody>
<tr>
<td>ACLS</td>
<td>Advanced Cardiac Life Support</td>
</tr>
<tr>
<td>ACR</td>
<td>American College of Radiology</td>
</tr>
<tr>
<td>ARLS</td>
<td>Advanced Radiology Life Support</td>
</tr>
<tr>
<td>CT</td>
<td>Computed tomography</td>
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<tr>
<td>ED</td>
<td>Emergency department</td>
</tr>
<tr>
<td>ER</td>
<td>Emergency room</td>
</tr>
<tr>
<td>FDG</td>
<td>Fluorodeoxyglucose</td>
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<tr>
<td>FNA</td>
<td>Fine need aspiration</td>
</tr>
<tr>
<td>FTE</td>
<td>Full time equivalent</td>
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<td>Gd</td>
<td>Gadolinium</td>
</tr>
<tr>
<td>GI</td>
<td>Gastrointestinal</td>
</tr>
<tr>
<td>IR</td>
<td>Interventional radiology</td>
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<td>National Radiology Data Registry</td>
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<tr>
<td>NSF</td>
<td>Nephrogenic systemic fibrosis</td>
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<td>PA</td>
<td>Physician assistant</td>
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<tr>
<td>PE</td>
<td>Pulmonary embolism</td>
</tr>
<tr>
<td>RN</td>
<td>Registered nurse</td>
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