

 NRDR

GRID Exam Data File Specification and Data Elements

 Version 1.4

October 27, 2023

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# Change History

|  |  |
| --- | --- |
| Date | Description |
| 10/13/2014 | Initial draft |
| 03/09/2017 | The data element “Extravasation Occurred” is required for ACRad 20 |
| 08/09/2018 | Added description of file version ‘1.1’ |
| 10/16/2018 | Added validation rules for Patient Age and Date Exam Completed |
| 04/17/2019 | Added description of file version ‘1.2’ |
| 09/12/2019 | Added description of file version ‘2.0’ |
| 08/27/2020 | Versions ‘1.0’ and ‘1.1’ retired |
| 08/27/2020 | Added description of file version ‘2.1’ |
| 04/01/2021 | Version ‘1.2’ retired |
| 11/18/2021 | Changed definition of data element from “Patient Gender” to “Patient Sex” |
| 11/18/2021 | Changed definition of modality procedure 3 from “Fluoroscopy” to “Interventional or fluoroscopy”  |
| 01/18/2022 | Added new selection option “88 – Other” for “Body Region” field |
| 03/16/2022 | Made editorial changes |
| 04/07/2022 | Added new selection option to “Nuclear Agent” field: 88 – Other |
| 02/01/2023 | Updated file naming convention and acceptable format for date and time fields |
| 04/24/2023 | Updated validation rule for “Breast Ultrasound” field in 2.0 and 2.1 schema |
| 05/15/2023 | GRID 2.0 version retired |
|  |  |
|  |  |
|  |  |

ACR GRID Exam Data File Specifications

# Background

The ACR GRID Exam Uploader allows NRDR facilities to upload GRID exam data in bulk.

This document describes the data file specification and data elements specification of the GRID exam data.

# GRID Exam Data File Specification

The GRID Exam data file specifications are listed as follows:

1. The data file is a delimited text file.
2. The maximum recommended file size is 40 M.
3. The filename extension is ‘.txt’, ‘xlsx’.

The file naming convention is grid\_exam\_<postfix>; where <postfix> should be unique number or unique string for this Facility ID which will be used as unique identifier of the uploaded file

**Note**: The NRDR GRID import tool will amend the facility’s internal NRDR facility id to the file name so that the files can be distinguished among facilities.

1. The data file must contain at least one record.
2. Each line must contain one and only one record; record delimiter is the CARRIAGE RETURN character followed by the LINE FEED character (CR LF).
3. Each record must begin at the first position of a line.
4. Existing exam can be updated by uploading of record with the same key identifiers. The key identifiers of an exam record are:
	1. Facility ID,
	2. Exam Unique ID
	3. CPT\_HCPCS Code
5. Each record of the file version 2.1 must contain data elements listed in the section Version 2.1.

Record layout is as follows:

2.1|<facility\_ID>|<exam\_unique\_id>|<patient\_age>|<patient\_gender>|<study\_name>|<physician\_NPI>|<physician\_local\_ID>|<multiple\_readers>|<cpt\_hcpcs\_code>|<ICD\_10\_procedure\_code>|

<modality\_procedure>|<place\_of\_service>|<breast\_ultrasound>|<date\_exam\_complete>|

<time\_exam\_complete>|<date\_final\_report\_signed>|<time\_final\_report\_signed>|

<extravasation\_occurred>|<height>|<weight>|<BMI>|<medical\_history>|<procedure\_history>|<smoking\_status>|<number\_of\_years\_since\_quite\_smoking>|<number\_pack\_years>|<body\_region>|<anatomy>|<clinical\_focus>|<use\_of\_contrast>|<modality\_modifier>|<procedure\_modifier>|<nuclear\_agent>|<final\_report\_findings>|<FDG\_PET\_measurements\_documented>|<PE\_documentation>|<structured\_scoring\_system\_method>|<incidental\_findings>|<incidental\_mass\_1\_type>|<incidental\_mass\_1\_size>|<incidental\_mass\_1\_impression>|<incidental\_mass\_2\_type>|<incidental\_mass\_2\_size>|<incidental\_mass\_2\_impression>|

<incidental\_mass\_3\_type>|<incidental\_mass\_3\_size>|<incidental\_mass\_3\_impression>|<incidental\_mass\_4\_type>|<incidental\_mass\_4\_size>|<incidental\_mass\_4\_impression>|<incidental\_mass\_5\_type>|<incidental\_mass\_5\_size>|<incidental\_mass\_5\_impression>|<followup\_imaging\_recommendations>|<recommended\_followup\_imaging\_1\_modality>|<recommended\_followup\_imaging\_1\_time>|<followup\_imaging\_1\_recommendation\_source\_documented>|<recommended\_followup\_imaging\_2\_modality>|<recommended\_followup\_imaging\_2\_time>|<followup\_imaging\_2\_recommendation\_source\_documented>|<recommended\_followup\_imaging\_3\_modality>|<recommended\_followup\_imaging\_3\_time>|<followup\_imaging\_3\_recommendation\_source\_documented>|<recommended\_followup\_imaging\_4\_modality>|<recommended\_followup\_imaging\_4\_time>|<followup\_imaging\_4\_recommendation\_source\_documented>|<recommended\_followup\_imaging\_5\_modality>|<recommended\_followup\_imaging\_5\_time>|<followup\_imaging\_5\_ recommendation\_source\_documented>|<followup\_procedure\_recommendations>|<followup\_procedure\_1\_type>|<followup\_procedure\_1\_anatomy>|<followup\_procedure\_1\_time>|<followup\_procedure\_1\_recommendation\_source\_documented>|<followup\_procedure\_2\_type>|<followup\_procedure\_2\_anatomy>|<followup\_procedure\_2\_time>|<followup\_procedure\_2\_recommendation\_source\_documented>|<followup\_procedure\_3\_type>|<followup\_procedure\_3\_anatomy>|<followup\_procedure\_3\_time>|<followup\_procedure\_3\_recommendation\_source\_documented>|<TIN>

**Note**: If existing GRID exam is updated then all arrays of associated sub-entities (e.g., Incidental Mass, Recommended Followup Imaging, Recommended Followup Procedure) shall be totally updated (replaced) by new arrays of uploaded data. I.e., all sets of the data must be included in the uploaded exams in case of update of an exam uploaded earlier.

1. Each data element is separated by the vertical bar character ‘|’; if there is no answer for a data element you should write the ‘|’ character immediately after the previous ‘|’. Do not use the SPACE character to substitute for no data value.

Example:

A valid record structure on the text file should look like:

E123456|35|M|Head CT|1234567890||70450||1|Y|10/04/2014|13:05:00|10/05/2014|09:35:23|Y|N

Data elements without values

# GRID Exam Data Elements and Mapping

This section describes the GRID Exam data elements. Some of the elements are expected to be in numeric format and their mapping rules are described under the Answer column. Although the output is a delimited text file the data should not exceed the Maximum Length if indicated.

## Version 2.1

| # | Element Name | Definition | Answer | Use | Format | Max Len |
| --- | --- | --- | --- | --- | --- | --- |
| 1 | File Version | Number of file version | Valid value is ‘2.1’ | Required | Alphanumeric | 3 |
| 2 | Facility ID | A unique identifier of a facility |  | Optional | Numeric | 10 |
| 3 | Exam Unique ID | A unique identifier of an exam within the partner network.Protected Health Information (including actual or hashed Medical Record Number, Social Security Number, etc.) should not be used to construct the exam identifier |   | Required | Alphanumeric | 500 |
| 4 | Patient Age | Age of the patient at the time the exam took place | Patient Age must be equal or less than 120 years | Required | Numeric | 3 |
| 5 | Patient Sex | M=Male; F=Female; U=Unknown; O=Others | Select one:M, F, U, or O | Required | Alpha | 1 |
| 6 | Study Name | Text description of study, for example "CT Head without contrast" |   | Optional | Alphanumeric | 256 |
| 7 | Physician NPI | Physician's 10-digit NPI |   | Required | Numeric | 10 |
| 8 | Physician Local ID |  |   | Optional | Alphanumeric | 50 |
| 9 | Multiple Readers | Indicate if the exam was read by more than one provider (Ex. An attending physician and resident in training) | Select one:0 – No,1 – Yes,9 - Unknown | Required | Numeric | 1 |
| 10 | CPT HCPCS Code | CPT (Current Procedural Terminology) or CMS HCPCS code used to bill for this procedure |  5 characters | ConditionalRequired if neither "ICD-10 Procedure code" nor "Modality or procedure" is provided otherwise, optional. | Alphanumeric | 5 |
| 11 | ICD 10 Procedure Code | If CPT code is not available, but ICD-10 procedure code is available instead, it may be provided |  | ConditionalRequired if neither "CPT\_HCPCS\_code" nor "Modality or procedure" is provided; otherwise, optional. | Alphanumeric | 25 |
| 12 | Modality Procedure | This is a "Select one" question where the person has to select one of the modalities on the list. More than one modality is not supported. If CPT, HCPCS, and ICD-10 procedure codes are all unavailable, please provide a description of the modality that most closely represents this exam. | Select one of the numeric value the list 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 | ConditionalRequired if neither "CPT\_HCPCS\_code" nor "ICD-10 Procedure code" is provided; otherwise, optional. | Numeric | 2 |
| 13 | Place of Service | Indicate the location within the facility where the exam was performed | Select one of the numeric value:1 – Ambulatory,2 – Inpatient,3 - Emergency department,88 - Other,99 - Unknown | Required | Numeric | 2 |
| 14 | Breast Ultrasound | Indicate whether this exam is a breast ultrasound. This field is not required if CPT, HCPCS was provided. Also, this field will be ignored if CPT, HCPCS or ICD-10 is provided.Need this in order to be able to calculate ultrasound TAT correctly | Select one:Y or N | ConditionalRequired if "CPT\_HCPCS\_code" is not provided and “Modality Procedure”is 4 (Mammography) or 10 (Ultrasound) or 88 (Other).Otherwise, optional. |  | 1 |
| 15 | Date Exam Completed | Date exam was completed | Must be equal or greater than 1/1/2000 | Required | MM/DD/YYYY or M/D/YYYY |  10 |
| 16 | Time Exam Completed | Time exam was completed |  | Required | HH:MI:SS or H:M:S (military time format) |  8 |
| 17 | Date Final Report Signed | Date final report was signed.Warning: Date&Time Final Report Signed must be >= Date&Time Exam Completed | MM/DD/YYYY | Required | MM/DD/YYYY or M/D/YYYY |  10 |
| 18 | Time Final Report Signed | Time final report was signed.Warning: Date&Time Final Report Signed must be >= Date&Time Exam Completed | HH:MI:SS (military time format) | Required | HH:MI:SS or H:M:S (military time format) |  8 |
| 19 | Extravasation Occurred | Indicate whether a contrast extravasation event occurred during this exam. | Select one:Y or N | Optional |  | 1 |
| 20 | Height | Height (in) |  | Optional | nn.nn | 5 |
| 21 | Weight | Weight (lbs) |  | Optional | nnn.nn | 6 |
| 22 | BMI | BMI |  | Optional | nn.nn | 5 |
| 23 | Medical History | Medical History | Multi 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 yrs),10 - Trauma (current),11 – Lung Screening Patient (current),88 - Other/Not Listed,99 – Not Reported/Unknown0 and 99 are not compatible with any other selection. | Optional | String with numbers separated by comma | 2 |
| 24 | Procedure History | Procedure History | Multi selection:0 – None,1 – Cardiac,88 - Other/Not Listed,99 – Not Reported/Unknown0 and 99 are not compatible with any other selection. | Optional | String with numbers separated by comma | 2 |
| 25 | Smoking Status  | Smoking Status | Select one:1 – Current smoker,2 – Former smoker,3 – Never smoker,4 – Smoker, Current Status Unknown,5 – Unknown If Ever Smoked | Optional |  | 2 |
| 26 | Number of Years since Quit Smoking | Number of Years since Quit Smoking |  | ConditionalIf Smoking Status is "Former Smoker" then Number of Years since Quit is optional with warning;Otherwise, this field should be left blank. | nn.nn | 5 |
| 27 | Number Pack Years | Number Pack Years |  | ConditionalIf Smoking Status is “Current Smoker" or "Former Smoker" or "Smoker, current status unknown” then Number of Packs Year smoking is optional with warning; Otherwise, this field should be left blank. | nnn.n | 5 |
| 28 | Body Region | Body Region | Multi selection:1 – Abdomen,2 – Breast,3 – Chest,4 – Head,5 – Heart, 6 – Neck,7 – Pelvis,8 – Spine,77 – Whole body, 88 – Other, 99 – Not Reported/Unknown 99 is not compatible with any other selection. | Optional | String with numbers separated by comma | 2 |
| 29 | Anatomy | Anatomy | Multi selection: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/Unknown99 is not compatible with any other selection. | Optional | String with numbers separated by comma | 2 |
| 30 | Clinical Focus | Clinical Focus | Multi selection: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/Unknown99 is not compatible with any other selection. | Optional | String with numbers separated by comma | 2 |
| 31 | Use Of Contrast  | Use Of Contrast  | Select one:1 – With IV contrast,2 – Without IV contrast,3 – With & Without IV contrast,88 – Other,99 – Not Reported/Unknown99 is not compatible with any other selection. | Optional |  | 2 |
| 32 | Modality Modifier | Modality Modifier | Multi selection:1 – Angiogram,2 – Colonography,99 – Not Reported/Unknown99 is not compatible with any other selection. | Optional | String with numbers separated by comma | 2 |
| 33 | Procedure Modifier | Procedure Modifier | Select one:20 - Low Dose | Optional |  | 2 |
| 34 | Nuclear Agent  | Nuclear Agent  | Multi selection:10 – FDG,88 – Other,99 – Not Reported/Unknown99 is not compatible with any other selection. | Optional |  | 2 |
| 35 | Final Report Findings  | Final Report Findings  | Multi selection: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 <10mmOnly one of 1, 2, 3 permitted. Only one of 4 and 5 permitted. | Optional | String with numbers separated by comma | 2 |
| 36 | FDG PET Measurements Documented | FDG PET Measurements Documented | Multi selection:1 – Serum glucose,2 – Uptake time,3 – Reference background SUV measurement,4 – Lesional SUV measurement,5 – Diagnosis of "no disease-specific abnormal uptake" | Optional | String with numbers separated by comma | 2 |
| 37 | PE Documentation | PE Documentation | Multi selection:1 – PE recorded in narrative and diagnosis code,2 – PE branching order level documented | Optional | String with numbers separated by comma | 2 |
| 38 | Structured Scoring System Method | Structured Scoring System Method | Multi selection: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,10 – No scoring system documented9 and 10 are not compatible with any other selection. | Optional | String with numbers separated by comma | 2 |
| 39 | Incidental Findings | Incidental Findings | Multi selection:1 – Coronary Artery Calcification,2 – Mass/Nodule,88 – Other | Optional | String with numbers separated by comma | 2 |
| 40 | Incidental 1 Mass Type | Incidental 1 Mass Type | Select one:1 – Adrenal Mass,2 – Liver Nodule,3 – Pulmonary Nodule,4 – Cystic/Renal Mass,5 – Ovarian Mass,6 – Thyroid Nodule,88 - Other Incidental Mass | Optional |  | 2 |
| 41 | Incidental 1 Mass Size  | Incidental 1 Mass Size (mm) | Put 0.0, if too small to characterize | Optional | nnnn.n | 6 |
| 42 | Incidental 1 Mass Impression | Incidental 1 Mass Impression | Multi selection:0 - Incomplete Assessment,1 – Negative,2 - Benign/Simple Appearing,3 - Probably Benign,4 – Suspicious,5 - Highly Suggestive of Malignancy | Optional | String with numbers separated by comma | 2 |
| 43 | Incidental 2 Mass Type | Incidental 2 Mass Type | Select one:1 – Adrenal Mass,2 – Liver Nodule,3 – Pulmonary Nodule,4 – Cystic/Renal Mass,5 – Ovarian Mass,6 – Thyroid Nodule,88 - Other Incidental Mass | Optional |  | 2 |
| 44 | Incidental 2 Mass Size  | Incidental 2 Mass Size (mm) | Put 0.0, if too small to characterize | Optional | nnnn.n | 6 |
| 45 | Incidental 2 Mass Impression | Incidental 2 Mass Impression | Multi selection:0 - Incomplete Assessment,1 – Negative,2 - Benign/Simple Appearing,3 - Probably Benign,4 – Suspicious,5 - Highly Suggestive of Malignancy | Optional | String with numbers separated by comma | 2 |
| 46 | Incidental 3 Mass Type | Incidental 3 Mass Type | Select one:1 – Adrenal Mass,2 – Liver Nodule,3 – Pulmonary Nodule,4 – Cystic/Renal Mass,5 – Ovarian Mass,6 – Thyroid Nodule, 88 - Other Incidental Mass | Optional |  | 2 |
| 47 | Incidental 3 Mass Size  | Incidental 3 Mass Size (mm) | Put 0.0, if too small to characterize | Optional | nnnn.n | 6 |
| 48 | Incidental 3 Mass Impression | Incidental 3 Mass Impression | Multi selection:0 – Incomplete Assessment,1 – Negative,2 – Benign/Simple Appearing,3 – Probably Benign,4 – Suspicious,5 – Highly Suggestive of Malignancy | Optional | String with numbers separated by comma | 2 |
| 49 | Incidental 4 Mass Type | Incidental 4 Mass Type | Select one:1 – Adrenal Mass,2 – Liver Nodule,3 – Pulmonary Nodule,4 – Cystic/Renal Mass,5 – Ovarian Mass,6 – Thyroid Nodule,88 – Other Incidental Mass | Optional |  | 2 |
| 50 | Incidental 4 Mass Size  | Incidental 4 Mass Size (mm) | Put 0.0, if too small to characterize | Optional | nnnn.n | 6 |
| 51 | Incidental 4 Mass Impression | Incidental 4 Mass Impression | Multi selection:0 – Incomplete Assessment,1 – Negative,2 - Benign/Simple Appearing,3 – Probably Benign,4 – Suspicious,5 – Highly Suggestive of Malignancy | Optional | String with numbers separated by comma | 2 |
| 52 | Incidental 5 Mass Type | Incidental 5 Mass Type | Select one:1 – Adrenal Mass,2 – Liver Nodule,3 – Pulmonary Nodule,4 – Cystic/Renal Mass,5 – Ovarian Mass,6 – Thyroid Nodule, 88 – Other Incidental Mass | Optional |  | 2 |
| 53 | Incidental 5 Mass Size  | Incidental 5 Mass Size (mm) | Put 0.0, if too small to characterize | Optional | nnnn.n | 6 |
| 54 | Incidental 5 Mass Impression | Incidental 5 Mass Impression | Multi selection:0 - Incomplete Assessment,1 – Negative,2 – Benign/Simple Appearing,3 – Probably Benign,4 – Suspicious,5 – Highly Suggestive of Malignancy | Optional | String with numbers separated by comma | 2 |
| 55 | Final Report Followup Imaging Recommendations | Final Report Followup Imaging Recommendations | Select one:1 – Follow Up Imaging recommended,2 – Follow Up Imaging NOT recommended,3 – Follow Up Imaging recommendation not documented | Optional |  | 2 |
| 56 | Recommended Followup Imaging 1 Modality | Recommended Followup Imaging 1 Modality | Select one: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 | Optional |  | 2 |
| 57 | Recommended Followup Imaging 1 Time - Integer (days- use multiples of 30 for months and 365 for years) | Recommended Followup Imaging 1 Time - Integer (days- use multiples of 30 for months and 365 for years) (days) |   | Optional |  | 4 |
| 58 | Followup Imaging 1 Recommendation Source Documented  | Followup Imaging 1 Recommendation Source Documented  | Select one:0 – No,1 – Yes,2 – Documented Exception for Not Following Guideline | Optional |  | 2 |
| 59 | Recommended Followup Imaging 2 Modality | Recommended Followup Imaging 2 Modality | Select one: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 | Optional |  | 2 |
| 60 | Recommended Followup Imaging 2 Time - Integer (days- use multiples of 30 for months and 365 for years) | Recommended Followup Imaging 2 Time - Integer (days- use multiples of 30 for months and 365 for years) (days) |   | Optional |  | 4 |
| 61 | Followup Imaging 2 Recommendation Source Documented  | Followup Imaging 2 Recommendation Source Documented  | Select one:0 – No,1 – Yes,2 – Documented Exception for Not Following Guideline | Optional |  | 2 |
| 62 | Recommended Followup Imaging 3 Modality | Recommended Followup Imaging 3 Modality | Select one: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 | Optional |  | 2 |
| 63 | Recommended Followup Imaging 3 Time - Integer (days- use multiples of 30 for months and 365 for years) | Recommended Followup Imaging 3 Time - Integer (days- use multiples of 30 for months and 365 for years) (days) |   | Optional |  | 4 |
| 64 | Followup Imaging 3 Recommendation Source Documented  | Followup Imaging 3 Recommendation Source Documented  | Select one:0 – No,1 – Yes,2 – Documented Exception for Not Following Guideline | Optional |  | 2 |
| 65 | Recommended Followup Imaging 4 Modality | Recommended Followup Imaging 4 Modality | Select one: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 | Optional |  | 2 |
| 66 | Recommended Followup Imaging 4 Time - Integer (days- use multiples of 30 for months and 365 for years) | Recommended Followup Imaging 4 Time - Integer (days- use multiples of 30 for months and 365 for years) (days) |   | Optional |  | 4 |
| 67 | Followup Imaging 4 Recommendation Source Documented  | Followup Imaging 4 Recommendation Source Documented  | Select one:0 – No,1 – Yes,2 – Documented Exception for Not Following Guideline | Optional |  | 2 |
| 68 | Recommended Followup Imaging 5 Modality | Recommended Followup Imaging 5 Modality | Select one: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 | Optional |  | 2 |
| 69 | Recommended Followup Imaging 5 Time - Integer (days- use multiples of 30 for months and 365 for years) | Recommended Followup Imaging 5 Time - Integer (days- use multiples of 30 for months and 365 for years) (days) |   | Optional |  | 4 |
| 70 | Followup Imaging 5 Recommendation Source Documented  | Followup Imaging 5 Recommendation Source Documented  | Select one:0 – No,1 – Yes,2 – Documented Exception for Not Following Guideline | Optional |  | 2 |
| 71 | Final Report Followup Procedure Recommendations | Final Report Followup Procedure Recommendations | Select one:1 – Follow-up procedure recommended,2 – Follow-up procedure NOT needed/recommended,3 – Follow-up visit procedure not documented | Optional |  | 2 |
| 72 | Recommended Followup Procedure 1 Type | Recommended Followup Procedure 1 Type | Select one:5 – Biopsy,88 – Other | Optional |  | 2 |
| 73 | Recommended Followup Procedure 1 Anatomy/Location | Recommended Followup Procedure 1 Anatomy/Location | Select one:1 – Brain,5 – Cranium,10 – Liver,15 – Lung,20 – Prostate,25 – Spinal Cord,88 – Other | Optional |  | 2 |
| 74 | Recommended Followup Procedure 1 Time - Integer (days- use multiples of 30 for months and 365 for years) | Recommended Followup Procedure 1 Time - Integer (days- use multiples of 30 for months and 365 for years) (days) |   | Optional |  | 4 |
| 75 | Followup Procedure 1 Recommendation Source Documented  | Followup Procedure 1 Recommendation Source Documented  | Select one:0 – No,1 – Yes,2 – Documented Exception for Not Following Guideline | Optional |  | 2 |
| 76 | Recommended Followup Procedure 2 Type | Recommended Followup Procedure 2 Type | Select one:5 – Biopsy,88 – Other | Optional |  | 2 |
| 77 | Recommended Followup Procedure 2 Anatomy/Location | Recommended Followup Procedure 2 Anatomy/Location | Select one:1 – Brain,5 – Cranium,10 – Liver,15 – Lung,20 – Prostate,25 – Spinal Cord,88 – Other | Optional |  | 2 |
| 78 | Recommended Followup Procedure 2 Time - Integer (days- use multiples of 30 for months and 365 for years) | Recommended Followup Procedure 2 Time - Integer (days- use multiples of 30 for months and 365 for years) (days) |   | Optional |  | 4 |
| 79 | Followup Procedure 2 Recommendation Source Documented  | Followup Procedure 2 Recommendation Source Documented  | Select one:0 – No,1 – Yes,2 – Documented Exception for Not Following Guideline | Optional |  | 2 |
| 80 | Recommended Followup Procedure 3 Type | Recommended Followup Procedure 3 Type | Select one:5 – Biopsy,88 – Other | Optional |  | 2 |
| 81 | Recommended Followup Procedure Anatomy/Location | Recommended Followup Procedure Anatomy/Location | Select one:1 – Brain,5 – Cranium,10 – Liver,15 – Lung,20 – Prostate,25 – Spinal Cord,88 – Other | Optional |  | 2 |
| 82 | Recommended Followup Procedure 3 Time - Integer (days- use multiples of 30 for months and 365 for years) | Recommended Followup Procedure 3 Time - Integer (days- use multiples of 30 for months and 365 for years) (days) |   | Optional |  | 4 |
| 83 | Followup Procedure 3 Recommendation Source Documented  | Followup Procedure 3 Recommendation Source Documented  | Select one:0 – No,1 – Yes,2 – Documented Exception for Not Following Guideline | Optional |  | 2 |
| 84 | TIN | Tax identification number registered in NRDR for GRID, applicable to this facility/NPI combination |  | Optional | 9 digits | 9 |