
The American College of Radiology

National Mammography Database

NMD File Specifications

Versions 3.0 and 3.1

November 18, 2019



American College of Radiology
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Revisions

Date	Description of Revisions
March 27, 2014	Original issue
April 24, 2014	<p>Section 5, Notes for <i>Section 6, NMD Fields</i></p> <ol style="list-style-type: none"> 1. Note 4 revised 2. Note 7 added 3. Note 8 added <p>Section 6, NMD Fields</p> <ol style="list-style-type: none"> 1. NMD Fields 3 and 4 (BI-RADS Fields 8.1 and 8.2) added 2. NMD Fields 3 through 88 from the original issue renumbered 3. NMD Field 50 revised to apply to screening only 4. NMD Field 63 revised to include "Not applicable"
August 11, 2014	<p>Section 5, Notes for <i>Section 6, NMD Fields</i></p> <ol style="list-style-type: none"> 1. Note 9 added <p>Section 6, NMD Fields</p> <ol style="list-style-type: none"> 1. NMD Fields 10-12: Use changed from "Optional" to "Required if a physician-level assessment is reported; optional otherwise" 2. NMD Fields 13-15, 19-21, 25-27, 64, 66, 68, 70, 72, 74: "Type of Response" changed from "Select one." to "Select one. Must be 4 if a corresponding subcategory of category 4 is reported." 3. NMD Field 32: Use changed from "Required" to "Optional if this is not the patient's first examination ever; not applicable otherwise" 4. NMD Field 33: Use changed from "Required" to "Required if date of previous examination not reported". Description of permitted value 99 changed to "Not sure / Unknown / Not applicable" 5. NMD Field 83: Use changed from "Required" to "Optional" 6. NMD Fields 70, 72, 74: Use changed to include "required if component of combination exam"
April 14, 2015	<p>Section 2, Data Transmission Process Flow</p> <ol style="list-style-type: none"> 1. "...and possibly other criteria" deleted from Paragraph 1. <p>Section 3, NMD Data File Specification</p> <ol style="list-style-type: none"> 1. Paragraph 4(b) added. <p>Section 5, Notes for Section 6, NMD Fields</p> <ol style="list-style-type: none"> 1. Paragraph 2 revised to list fields that must be identical in component-level records 2. Paragraph 4 revised to include "and the 'Applies to' column for the appropriate modality equals Yes" <p>Section 6, NMD Fields</p> <ol style="list-style-type: none"> 1. NMD Fields 16-18, 22-24, 28-30: "Applies to MRI" changed from "No" to "Yes" 2. NMD Fields 60-62: Use changed from "Required" to conditional

<p>May 1, 2018</p>	<p>Section 3, NMD Data File Specifications</p> <ol style="list-style-type: none"> 1. Paragraphs 9 and 11 revised for Version 3.1 <p>Section 5, Notes for Section 6, Combination exams</p> <ol style="list-style-type: none"> 1. NRDR facility ID, Old patient Medicare Beneficiary ID and New patient Medicare Beneficiary ID added to table <p>Section 6, NMD Fields</p> <ol style="list-style-type: none"> 1. NMD Field 2, NRDR facility ID, added (Applicable to Version 3.1 only) 2. NMD Fields 3-90 renumbered 3. NMD Field 9, Old patient Medicare Beneficiary ID, added (Applicable to Version 3.1 only) 4. NMD Field 10, New patient Medicare Beneficiary ID, added (Applicable to Version 3.1 only) 5. NMD Field 12 (previously NMD Field 9), Patient sex, description changed to read "Patient sex at birth" 6. NMD Fields 19-21, 25-27, 31-33, 74-77: "Applies to MRI" changed from "Yes" to "No"
<p>June 28, 2019</p>	<p>Section 6, NMD Fields</p> <ol style="list-style-type: none"> 1. NMD Field 2, NRDR Facility ID, changed from "required" to "optional" 2. NMD Field 7, Patient other identifier, field name changed from "Patient identifier" 3. NMD Field 11, Patient date of birth, restricted to dates equal to or greater than 1/1/1900 4. NMD Field 46, Date of examination, restricted to dates equal to or greater than 1/1/2000 and less than or equal to the current date
<p>November 18, 2019</p>	<p>Section 1, Background</p> <ol style="list-style-type: none"> 1. Indication that web services can now be used to transmit NMD data. <p>Section 6, NMD Fields</p> <ol style="list-style-type: none"> 1. NMD Field 34, First examination ever, "Patient is unsure" added as a permitted value. "Not sure / Unknown" changed to "Unreported". NMD Field 36, Time since previous examination, "Patient is unsure" added as a permitted value. "Not sure / Unknown / Not applicable" changed to "Unreported / Not applicable". 2. NMD Field 37, Personal history of breast cancer, "Patient is unsure" added as a permitted value. "Not sure / Unknown" changed to "Unreported". 3. NMD Field 38, Breast cancer in first-degree relative – premenopausal, "Unreported" added as a permitted value. "Unsure" changed to "Patient is unsure". 4. NMD Field 39, Breast cancer in first-degree relative – postmenopausal, "Unreported" added as a permitted value. "Unsure" changed to "Patient is unsure".

1. Background

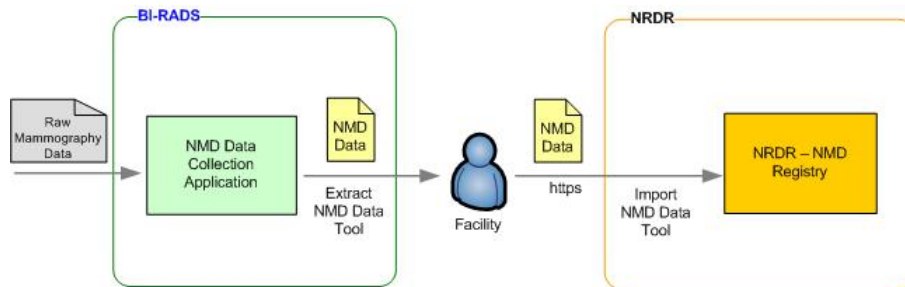
The ACR National Mammography Database (NMD™) is a data registry created for quality improvement purposes which allows facilities to benchmark their results against similar facilities and the nation. Facilities that wish to participate are required to submit their patients' breast imaging data to the registry at least every six months. Based on these data, NMD-certified software generates a text file in the format specified in this document. The facility user then exports the text file to the NMD registry using the "upload" function on the NMD website.

NMD is a component of the National Radiology Data Registry (NRDR™). Facilities must become registered users of NRDR in order to gain access to NMD for the purpose of uploading data and viewing reports.

This document describes the data transmission process flow, data file specifications, and field specifications of the NMD registry.

The ability to transmit data using web services is also available.

2. Data Transmission Process Flow



Process Flow:

1. The facility requests the NMD Data Collection Application (that is, the NMD-certified software) to generate a NMD data extract based on a specified date range of the examination date.
2. The NMD Data Collection Application generates a text file containing exam data.
3. The facility user saves the text file.
4. The facility user logs on to the NMD website.
5. The facility user clicks a button (the "Import NMD Data Tool") on the NMD website that imports the text file saved in Step 3 into NMD.

3. NMD Data File Specification

The NMD data file specifications are as follows:

1. The data file is a delimited text file.
2. The maximum recommended file size is 40 megabytes.
3. The filename extension is **.txt**.
4. The file naming convention is `nmd_<yyyymmdd-hrmiss>; yyyymmdd-hrmiss` is the time stamp at the time the file is created, where

`yyyy` is the 4 digit year,
`mm` is the 2 digit month,
`dd` is the 2 digit day,
`hr` is the 2 digit hour in military time format,
`mi` is the 2 digit minute, and
`ss` is the 2 digit second

- a. The NMD import tool will prepend the facility's NRDR facility ID to the file name so that the files can be distinguished among facilities.
- b. If the file size exceeds 40 megabytes and it becomes necessary to generate more than one file, the files should be named consecutively.

For example:

`nmd_20150213-165605.txt`
`nmd_20150213-165606.txt`
`nmd_20150213-165607.txt`

5. The data file may contain one or more records.
6. Each line contains one and only one record. The record delimiter is the CARRIAGE RETURN character followed by the LINE FEED character (CR LF).
7. Each record begins at the first position of a line.
8. Each record contains all the required, conditional and optional fields (see *Section 6, NMD Fields*) even if their values are null. Do not use the SPACE character to replace the null value.
9. Each field is separated by the vertical bar character '|'. Version 3.0 files must have 89 vertical bars, separating 90 fields. Version 3.1 files must have 92 vertical bars, separating 93 fields. NMD Field 2 (NRDR facility ID), NMD Field 9 (Old patient Medicare Beneficiary ID) and NMD Field 10 (New Medicare Beneficiary ID) must be excluded from Version 3.0 files.
10. The last value on each line, before the CARRIAGE RETURN character, is **1**, **2**, **3** or **99**, depending on the value of the "Distant Metastases" field.
11. Each record begins with **3.0** or **3.1**, that is, a version number that corresponds to BI-RADS® 5th Edition. The file must not contain records in the format of the previous NMD release.

(continued)

3. NMD Data File Specification (continued)

Example:

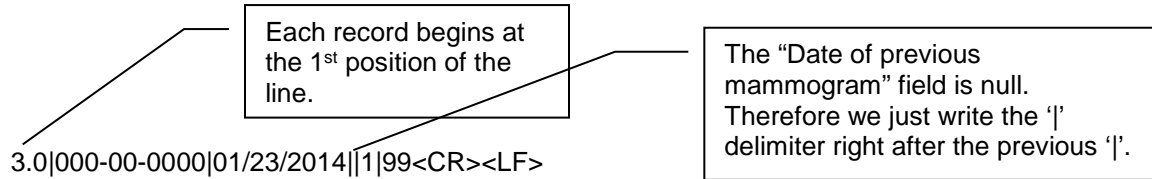
Consider the following hypothetical NMD data elements:

- Version number,
- Patient’s social security number,
- Date of examination,
- Date of previous mammogram,
- Indication for exam, and
- Distant metastases

Let’s say we have the following record:

- Version number: 3.0
- Patient’s social security number: 000-00-0000
- Date of examination: 01/23/2014
- Date of previous mammogram: <null>
- Indication for exam: screening (will be translated to **1** when output to the text file; see *Section 6, NMD Fields*)
- Distant metastases: Not applicable (will be translated to **99** when output to the text file; see *Section 6, NMD Fields*)

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



4. Extract Parameters

NMD-certified software must provide the user with the ability to generate a file containing only records where the date of examination falls within a date range specified by the user. Additional extract parameters may be provided at the discretion of the software vendor.

5. Notes for Section 6, NMD Fields

(1) Laterality of audit data

Software should have breast-level or patient-level auditing as a choice at initial set-up of the software, where a facility-wide selection is made that will apply to all data entry for all interpreting physicians. There also should be provision for a facility to change this selection facility-wide. If the facility has chosen breast-level auditing, then the value of “Laterality of audit data” should be **1** (separate-breast assessment data). Otherwise, the value should be **2** (patient-level assessment data).

Certain NMD fields are specified as “left breast”, “right breast” or “patient level”. For separate-breast assessment data collection (“Laterality of audit data = **1**), either “left breast” or “right breast” fields must be populated; patient-level data are optional. For patient-level assessment data collection (“Laterality of audit data” = **2**), “patient level” fields must be populated; breast-level data are optional.

NMD measures are calculated at the patient level. Consequently, for records where “Laterality of audit data” = **1**, only “left breast” or “right breast” data will be used in the calculations, depending on which breast has the assessment of most concern. “Patient level” fields in such records will be ignored. Conversely, for records where “Laterality of audit data” = **2**, “left breast” and “right breast” fields will be ignored.

(2) Combination examinations

Software should have component-level or combination-level auditing as a choice at initial set-up of the software, where a facility-wide selection is made that will apply to all data entry for all interpreting physicians. There also should be provision for a facility to change this selection facility-wide. If the facility has chosen component-level auditing, then the value of “Combination exams” should be **1** (component-level assessment data). Otherwise, the value should be **2** (combination-level assessment data).

For component-level assessment data, each component of a combination exam will generate a separate record. For example, a mammography / US combination exam will generate one record for the mammography component, and one record for the US component. The “assessment” fields in the mammography record will show the assessment from the mammography component only, while the US record will show the assessment from the US component only. The “modality” fields will show **1** (Mammography) and **2** (Ultrasound), respectively. The “overall assessment” fields in both records will show the overall assessment from the combination exam.

The “assessment” fields, the “modality” fields, and other fields specific to the component exam are the only fields that will differ between the two records. The “overall assessment” and all other fields will be identical. Fields that must be identical among component-level records for the same exam are listed below:

(continued)

5. Notes for Section 6, NMD Fields (continued)

NMD Field Number	Field Name
1	NMD file version number
2	NRDR facility ID (Version 3.1 only)
3	Laterality of audit data
4	Combination examinations
7	Patient identifier
8	Patient Social Security Number
9	Old patient Medicare Beneficiary ID (Version 3.1 only)
10	New Patient Medicare Beneficiary ID (Version 3.1 only)
11	Patient date of birth
12	Patient sex
34	First examination ever
35	Date of previous examination
36	Time since previous examination
37	Personal history of breast cancer
38	Breast cancer in first-degree relative - premenopausal
39	Breast cancer in first-degree relative - postmenopausal
40	Family history of breast cancer, other than first-degree relative
41	Personal history of ovarian cancer
42	Family history of ovarian cancer
43	Previous biopsy-proven hyperplasia with cellular atypia
44	Previous LCIS
45	Hormone replacement therapy
46	Date of examination
47	Indication for examination
73-78	Overall assessment
79-81	Management
82	Date of biopsy
83	Biopsy procedure
84	Classification of lesion
85	Malignancy type
86	Pathological size of tumor
87	Histology grade
88	Nodes removed
89	Nodes positive
90	Tumor stage
91	Primary tumor
92	Regional lymph nodes
93	Distant metastases

5. Notes for Section 6, NMD Fields (continued)

For combination-level assessment data, only one record per exam will be generated, regardless of the number of components. The “assessment” fields will show the overall assessment from the combination exam. The “modality” field will show a value from **4** to **7**, depending on the combination of modalities used. The overall assessment may also appear in the “overall assessment” fields, but it must be identical to the assessment in the “assessment” fields.

(3) Physician identifier

The “Follow-up and Outcome Monitoring” section of BI-RADS describes several different methods of attributing assessments to individual radiologists. Depending on the method chosen by the facility, up to three radiologists may assume responsibility for assessments. Consequently, the following fields are repeated three times, in order to report the individual assessment of up to three radiologists:

Physician identifier

Physician-level assessment – Left breast

Physician-level assessment – Left breast – Subcategory of category 4

Physician-level assessment – Right breast

Physician-level assessment – Right breast – Subcategory of category 4

Physician-level assessment – Patient level

Physician-level assessment – Patient level – Subcategory of category 4

If “Physician identifier” is reported with no corresponding assessment, then the assessment reported for the exam will apply to the physician whose assessment was not reported. Physicians who do not assume responsibility for an assessment should not be reported.

(4) “Not applicable” usage

In the “Use” column, certain fields are marked as “not applicable” under certain conditions. These fields must be null when the conditions apply. For example, if no physician identifier is reported, then all physician-level assessment fields are not applicable and must be null. If “Not applicable” is a permitted value for the field, and the “Applies to” column for the appropriate modality equals **Yes**, then the “Not applicable” permitted value may be used.

(5) “Applies to” columns

There are three columns indicating the modalities to which each field applies: “Applies to Mammography”, “Applies to Ultrasound”, and “Applies to MRI”. These columns indicate how fields are cross-checked with Field 34, “Modality”. For example, if “Modality” = **3** (MRI), then all fields where **Applies to MRI = No** should be null.

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5. Notes for Section 6, NMD Fields (continued)

(6) “NMD Field Number Version 2.0” column

The “NMD Field Number Version 2.0” column shows the number of the field in NMD Version 2.0 that approximates the field in Versions 3.0 and 3.1, if applicable. In some cases, specifications have changed from Version 2.0 to Versions 3.0 and 3.1.

(7) Standard screening mammography imaging

Software should have “Standard screening mammography imaging” as a choice at initial set-up of the software, where a facility-wide selection is made that will apply to all data entry for all interpreting physicians. There also should be provision for a facility to change this selection facility-wide. This field indicates whether the facility performs BI-RADS® standard screening mammography imaging, as described in *ACR Practice Guideline for the Performance of Screening and Diagnostic Mammography*¹ (1 CC and 1 MLO per breast), including additional images only as needed to overcome technical deficiency or inadequate tissue coverage.

(8) Standard screening ultrasound imaging

Software should have “Standard screening ultrasound imaging” as a choice at initial set-up of the software, where a facility-wide selection is made that will apply to all data entry for all interpreting physicians. There also should be provision for a facility to change this selection facility-wide. This field indicates whether the facility performs standard screening ultrasound imaging as recommended in *Introduction to Follow-Up and Outcome Monitoring, BI-RADS®, 5th Edition* (recording 1 image for each breast quadrant and the retroareolar region, hence 5 images per breast), including additional images only as needed to overcome technical deficiency.

(9) Pathology data

Only one lesion should be reported for each exam. If an exam results in a biopsy or tissue diagnosis for more than one lesion, then the lesion of most concern should be reported, with NMD Field Numbers 82-87 and 90-93 showing values pertaining to that lesion. Degrees of concern are determined by “Malignancy type”, with permitted values ranked from most to least concern as follows: “Invasive”, “DCIS”, “Other”, “Not applicable / Not available”. Determination of degrees of concern within malignancy types is at the discretion of the interpreting physician.

¹ <https://www.acr.org/-/media/ACR/Files/Practice-Parameters/Screen-Diag-Mammo.pdf>

6. NMD Fields

NMD Field Number	BI-RADS Field Number	Field Name	Description	Use	Type of Response	Permitted Values	Permitted Value Description	Max. Length	Applies to: Mam. (5) US (5) MRI (5)	NMD Field Number V. 2.0 (6)
1	0.1	NMD file version number	NMD file version number	Required	Select one.	3.0	Excludes these NMD fields: -NRDR facility ID -Old patient Medicare Beneficiary ID -New patient Medicare Beneficiary ID	3	Yes Yes Yes	N/A
						3.1	Includes all NMD fields			
2	0.2	NRDR facility ID	AVAILABLE IN VERSION 3.1 ONLY Facility ID assigned by the National Radiology Data Registry	Optional	Indicate NRDR facility ID. If not reported, this field defaults to the facility ID used when submitting the file.	6-digit NRDR facility ID		6	Yes Yes Yes	N/A
3	5	Laterality of audit data	Indicates whether the audit captures separate-breast assessment data or patient-level assessment data (1)	Required	Indicate whether audit data are reported at breast or patient level.	1	Separate-breast assessment data	1	Yes Yes Yes	N/A
						2	Patient-level assessment data			

NMD Field Number	BI-RADS Field Number	Field Name	Description	Use	Type of Response	Permitted Values	Permitted Value Description	Max. Length	Applies to: Mam. (5) US (5) MRI (5)	NMD Field Number V. 2.0 (6)		
4	6	Combination examinations	Indicates whether the audit captures data for each component of combination examinations (e.g., separate assessments for mammography and ultrasound components), or for the combination examination only (2)	Required		1	Component-level assessment data	1	Yes	Yes	Yes	N/A
						2	Combination-level assessment data					
5	8.1	Standard screening mammography imaging	Indicates how the facility defines standard screening mammography images (7)	Required	Select one.	1	BI-RADS® standard screening mammography imaging is performed.	1	Yes	No	No	N/A
						2	Mammography imaging other than BI-RADS® standard screening mammography imaging is performed.					
						3	The facility does not perform screening mammography imaging.					

NMD Field Number	BI-RADS Field Number	Field Name	Description	Use	Type of Response	Permitted Values	Permitted Value Description	Max. Length	Applies to: Mam. (5) US (5) MRI (5)	NMD Field Number V. 2.0 (6)		
6	8.2	Standard screening ultrasound imaging	Indicates whether the facility defines standard screening ultrasound images as defined in BI-RADS® 5th Ed. (8)	Required	Select one.	1	The BI-RADS®-recommended definition of recording standard screening ultrasound images is in use.	1	No	Yes	No	N/A
						2	A definition of recording standard screening ultrasound images other than the BI-RADS®-recommended definition is in use.					
						3	The facility does not perform screening ultrasound imaging.					
7	9	Patient other identifier	Unique patient identifier within the facility	Required if Social Security Number, old Medicare Beneficiary ID and new Medicare Beneficiary ID are not reported; optional otherwise	Indicate patient identifier.	Any value up to 50 characters in length		50	Yes	Yes	Yes	5

NMD Field Number	BI-RADS Field Number	Field Name	Description	Use	Type of Response	Permitted Values	Permitted Value Description	Max. Length	Applies to: Mam. (5) US (5) MRI (5)	NMD Field Number V. 2.0 (6)
8	10	Patient Social Security Number	Patient Social Security Number	Required if patient identifier, old Medicare Beneficiary ID and new Medicare Beneficiary ID are not reported; optional otherwise	Indicate patient Social Security Number.	Any valid Social Security Number in nnn-nn-nnnn format		11	Yes Yes Yes	6
9	10.1	Old patient Medicare Beneficiary ID	AVAILABLE IN VERSION 3.1 ONLY Medicare Beneficiary ID issued prior to April 1, 2018	Required if patient identifier, Social Security Number and new Medicare Beneficiary ID are not provided; optional otherwise	Indicate a Medicare Beneficiary ID issued prior to April 1, 2018	Any Medicare Beneficiary ID issued prior to April 1, 2018		12	Yes Yes Yes	N/A
10	10.2	New patient Medicare Beneficiary ID	AVAILABLE IN VERSION 3.1 ONLY Medicare Beneficiary ID issued on or after April 1, 2018	Required if patient identifier, Social Security Number and old Medicare Beneficiary ID are not reported; optional otherwise	Indicate a Medicare Beneficiary ID issued on or after April 1, 2018	Any Medicare Beneficiary ID issued on or after April 1, 2018		13	Yes Yes Yes	N/A

NMD Field Number	BI-RADS Field Number	Field Name	Description	Use	Type of Response	Permitted Values	Permitted Value Description	Max. Length	Applies to: Mam. (5) US (5) MRI (5)	NMD Field Number V. 2.0 (6)
11	11	Patient date of birth	Patient date of birth	Optional	Indicate patient's date of birth.	Any valid date in mm/dd/yyyy format, greater than or equal to 1/1/1900		12	Yes Yes Yes	8
12	12	Patient sex	Patient sex at birth	Required	Select one.	1 2 9	Male Female Unknown / Other	1	Yes Yes Yes	58
13	13	Physician identifier 1	Unique identifier of the interpreting physician, such as the National Provider Identifier (3)	Required if a physician-level assessment is reported; optional otherwise	Indicate one unique identifier for each interpreting physician taking responsibility for the assessment.	Any value up to 10 characters in length		10	Yes Yes Yes	23
14		Physician identifier 2								N/A
15		Physician identifier 3								

NMD Field Number	BI-RADS Field Number	Field Name	Description	Use	Type of Response	Permitted Values	Permitted Value Description	Max. Length	Applies to: Mam. (5) US (5) MRI (5)	NMD Field Number V. 2.0 (6)
16	14	Physician-level assessment 1 - Left breast	Assessment made by an individual physician when double reading - Left breast (1) (3)	Required if a physician identifier is reported and the physician's assessment differs from the final assessment assigned to the examination, or if subcategory reported; not applicable if a physician identifier is not reported; optional otherwise (4)	Select one. Must be 4 if a corresponding subcategory of category 4 is reported.	0	INCOMPLETE ASSESSMENT Category 0: (Mammography only) Incomplete - Need additional imaging evaluation and/or prior mammograms for comparison (Ultrasound and MRI only) Incomplete - Need additional imaging evaluation	1	Yes Yes Yes	N/A
							FINAL ASSESSMENT			
						1	Category 1: Negative			
						2	Category 2: Benign			
						3	Category 3: Probably benign			
						4	Category 4: Suspicious			
						5	Category 5: Highly suggestive of malignancy			
						6	Category 6: Known biopsy-proven malignancy			

NMD Field Number	BI-RADS Field Number	Field Name	Description	Use	Type of Response	Permitted Values	Permitted Value Description	Max. Length	Applies to: Mam. (5) US (5) MRI (5)	NMD Field Number V. 2.0 (6)
17	14	Physician-level assessment 2 - Left breast	Assessment made by an individual physician when double reading - Left breast (1) (3)	Required if a physician identifier is reported and the physician's assessment differs from the final assessment assigned to the examination, or if subcategory reported; not applicable if a physician identifier is not reported; optional otherwise (4)	Select one. Must be 4 if a corresponding subcategory of category 4 is reported.	0	INCOMPLETE ASSESSMENT Category 0: (Mammography only) Incomplete - Need additional imaging evaluation and/or prior mammograms for comparison (Ultrasound and MRI only) Incomplete - Need additional imaging evaluation	1	Yes Yes Yes	N/A
							FINAL ASSESSMENT			
						1	Category 1: Negative			
						2	Category 2: Benign			
						3	Category 3: Probably benign			
						4	Category 4: Suspicious			
						5	Category 5: Highly suggestive of malignancy			
						6	Category 6: Known biopsy-proven malignancy			

NMD Field Number	BI-RADS Field Number	Field Name	Description	Use	Type of Response	Permitted Values	Permitted Value Description	Max. Length	Applies to: Mam. (5) US (5) MRI (5)	NMD Field Number V. 2.0 (6)
18	14	Physician-level assessment 3 - Left breast	Assessment made by an individual physician when double reading - Left breast (1) (3)	Required if a physician identifier is reported and the physician's assessment differs from the final assessment assigned to the examination, or if subcategory reported; not applicable if a physician identifier is not reported; optional otherwise (4)	Select one. Must be 4 if a corresponding subcategory of category 4 is reported.	0	INCOMPLETE ASSESSMENT Category 0: (Mammography only) Incomplete - Need additional imaging evaluation and/or prior mammograms for comparison (Ultrasound and MRI only) Incomplete - Need additional imaging evaluation	1	Yes Yes Yes	N/A
							FINAL ASSESSMENT			
						1	Category 1: Negative			
						2	Category 2: Benign			
						3	Category 3: Probably benign			
						4	Category 4: Suspicious			
						5	Category 5: Highly suggestive of malignancy			
						6	Category 6: Known biopsy-proven malignancy			

NMD Field Number	BI-RADS Field Number	Field Name	Description	Use	Type of Response	Permitted Values	Permitted Value Description	Max. Length	Applies to: Mam. (5)	US (5)	MRI (5)	NMD Field Number V. 2.0 (6)
19	15	Physician-level assessment 1 - Left breast - Subcategory of category 4	Subcategory of a category 4 assessment made by an individual physician when double reading - Left breast (1) (3)	Optional if a category 4 physician-level assessment is reported; not applicable otherwise (4)	Select one.	A	Category 4A: Low suspicion for malignancy	1	Yes	Yes	No	N/A
						B	Category 4B: Moderate suspicion for malignancy					
						C	Category 4C: High suspicion for malignancy					
20		Physician-level assessment 2 - Left breast - Subcategory of category 4				A	Category 4A: Low suspicion for malignancy					
						B	Category 4B: Moderate suspicion for malignancy					
						C	Category 4C: High suspicion for malignancy					
21		Physician-level assessment 3 - Left breast - Subcategory of category 4				A	Category 4A: Low suspicion for malignancy					

NMD Field Number	BI-RADS Field Number	Field Name	Description	Use	Type of Response	Permitted Values	Permitted Value Description	Max. Length	Applies to: Mam. (5) US (5) MRI (5)	NMD Field Number V. 2.0 (6)		
21	15	Physician-level assessment 3 - Left breast - Subcategory of category 4	Subcategory of a category 4 assessment made by an individual physician when double reading - Left breast (1) (3)	Optional if a category 4 physician-level assessment is reported; not applicable otherwise (4)	Select one.	B	Category 4B: Moderate suspicion for malignancy	1	Yes	Yes	No	N/A
						C	Category 4C: High suspicion for malignancy					

NMD Field Number	BI-RADS Field Number	Field Name	Description	Use	Type of Response	Permitted Values	Permitted Value Description	Max. Length	Applies to: Mam. (5) US (5) MRI (5)	NMD Field Number V. 2.0 (6)
22	16	Physician-level assessment 1 - Right breast	Assessment made by an individual physician when double reading - Right breast (1) (3)	Required if a physician identifier is reported and the physician's assessment differs from the final assessment assigned to the examination, or if subcategory reported; not applicable if a physician identifier is not reported; optional otherwise (4)	Select one. Must be 4 if a corresponding subcategory of category 4 is reported.	0	INCOMPLETE ASSESSMENT Category 0: (Mammography only) Incomplete - Need additional imaging evaluation and/or prior mammograms for comparison (Ultrasound and MRI only) Incomplete - Need additional imaging evaluation	1	Yes Yes Yes	N/A
							FINAL ASSESSMENT			
						1	Category 1: Negative			
						2	Category 2: Benign			
						3	Category 3: Probably benign			
						4	Category 4: Suspicious			
						5	Category 5: Highly suggestive of malignancy			
						6	Category 6: Known biopsy-proven malignancy			

NMD Field Number	BI-RADS Field Number	Field Name	Description	Use	Type of Response	Permitted Values	Permitted Value Description	Max. Length	Applies to: Mam. (5) US (5) MRI (5)	NMD Field Number V. 2.0 (6)
23	16	Physician-level assessment 2 - Right breast	Assessment made by an individual physician when double reading - Right breast (1) (3)	Required if a physician identifier is reported and the physician's assessment differs from the final assessment assigned to the examination, or if subcategory reported; not applicable if a physician identifier is not reported; optional otherwise (4)	Select one. Must be 4 if a corresponding subcategory of category 4 is reported.	0	INCOMPLETE ASSESSMENT Category 0: (Mammography only) Incomplete - Need additional imaging evaluation and/or prior mammograms for comparison (Ultrasound and MRI only) Incomplete - Need additional imaging evaluation	1	Yes Yes Yes	N/A
							FINAL ASSESSMENT			
						1	Category 1: Negative			
						2	Category 2: Benign			
						3	Category 3: Probably benign			
						4	Category 4: Suspicious			
						5	Category 5: Highly suggestive of malignancy			
						6	Category 6: Known biopsy-proven malignancy			

NMD Field Number	BI-RADS Field Number	Field Name	Description	Use	Type of Response	Permitted Values	Permitted Value Description	Max. Length	Applies to: Mam. (5) US (5) MRI (5)	NMD Field Number V. 2.0 (6)
24	16	Physician-level assessment 3 - Right breast	Assessment made by an individual physician when double reading - Right breast (1) (3)	Required if a physician identifier is reported and the physician's assessment differs from the final assessment assigned to the examination, or if subcategory reported; not applicable if a physician identifier is not reported; optional otherwise (4)	Select one. Must be 4 if a corresponding subcategory of category 4 is reported.	0	INCOMPLETE ASSESSMENT Category 0: (Mammography only) Incomplete - Need additional imaging evaluation and/or prior mammograms for comparison (Ultrasound and MRI only) Incomplete - Need additional imaging evaluation	1	Yes Yes Yes	N/A
							FINAL ASSESSMENT			
						1	Category 1: Negative			
						2	Category 2: Benign			
						3	Category 3: Probably benign			
						4	Category 4: Suspicious			
						5	Category 5: Highly suggestive of malignancy			
						6	Category 6: Known biopsy-proven malignancy			

NMD Field Number	BI-RADS Field Number	Field Name	Description	Use	Type of Response	Permitted Values	Permitted Value Description	Max. Length	Applies to: Mam. (5)	US (5)	MRI (5)	NMD Field Number V. 2.0 (6)
25	17	Physician-level assessment 1 - Right breast - Subcategory of category 4	Subcategory of a category 4 assessment made by an individual physician when double reading - Right breast (1) (3)	Optional if a category 4 physician-level assessment is reported; not applicable otherwise (4)	Select one.	A	Category 4A: Low suspicion for malignancy	1	Yes	Yes	No	N/A
						B	Category 4B: Moderate suspicion for malignancy					
						C	Category 4C: High suspicion for malignancy					
26		Physician-level assessment 2 - Right breast - Subcategory of category 4				A	Category 4A: Low suspicion for malignancy					
						B	Category 4B: Moderate suspicion for malignancy					
						C	Category 4C: High suspicion for malignancy					
27		Physician-level assessment 3 - Right breast - Subcategory of category 4				A	Category 4A: Low suspicion for malignancy					

NMD Field Number	BI-RADS Field Number	Field Name	Description	Use	Type of Response	Permitted Values	Permitted Value Description	Max. Length	Applies to: Mam. (5) US (5) MRI (5)	NMD Field Number V. 2.0 (6)
27	17	Physician-level assessment 3 - Right breast - Subcategory of category 4	Subcategory of a category 4 assessment made by an individual physician when double reading - Right breast (1) (3)	Optional if a category 4 physician-level assessment is reported; not applicable otherwise (4)	Select one.	B C	Category 4B: Moderate suspicion for malignancy Category 4C: High suspicion for malignancy	1	Yes Yes No	N/A

NMD Field Number	BI-RADS Field Number	Field Name	Description	Use	Type of Response	Permitted Values	Permitted Value Description	Max. Length	Applies to: Mam. (5) US (5) MRI (5)	NMD Field Number V. 2.0 (6)
28	18	Physician-level assessment 1 - Patient level	Assessment made by an individual physician when double reading - Patient level (1) (3)	Required if a physician identifier is reported and the physician's assessment differs from the final assessment assigned to the examination, or if subcategory reported; not applicable if a physician identifier is not reported; optional otherwise (4)	Select one. Must be 4 if a corresponding subcategory of category 4 is reported.	0	INCOMPLETE ASSESSMENT Category 0: (Mammography only) Incomplete - Need additional imaging evaluation and/or prior mammograms for comparison (Ultrasound and MRI only) Incomplete - Need additional imaging evaluation	1	Yes Yes Yes	N/A
							FINAL ASSESSMENT			
						1	Category 1: Negative			
						2	Category 2: Benign			
						3	Category 3: Probably benign			
						4	Category 4: Suspicious			
						5	Category 5: Highly suggestive of malignancy			
						6	Category 6: Known biopsy-proven malignancy			

NMD Field Number	BI-RADS Field Number	Field Name	Description	Use	Type of Response	Permitted Values	Permitted Value Description	Max. Length	Applies to: Mam. (5) US (5) MRI (5)	NMD Field Number V. 2.0 (6)
29	18	Physician-level assessment 2 - Patient level	Assessment made by an individual physician when double reading - Patient level (1) (3)	Required if a physician identifier is reported and the physician's assessment differs from the final assessment assigned to the examination, or if subcategory reported; not applicable if a physician identifier is not reported; optional otherwise (4)	Select one. Must be 4 if a corresponding subcategory of category 4 is reported.	0	INCOMPLETE ASSESSMENT Category 0: (Mammography only) Incomplete - Need additional imaging evaluation and/or prior mammograms for comparison (Ultrasound and MRI only) Incomplete - Need additional imaging evaluation	1	Yes Yes Yes	N/A
							FINAL ASSESSMENT			
						1	Category 1: Negative			
						2	Category 2: Benign			
						3	Category 3: Probably benign			
						4	Category 4: Suspicious			
						5	Category 5: Highly suggestive of malignancy			
						6	Category 6: Known biopsy-proven malignancy			

NMD Field Number	BI-RADS Field Number	Field Name	Description	Use	Type of Response	Permitted Values	Permitted Value Description	Max. Length	Applies to: Mam. (5) US (5) MRI (5)	NMD Field Number V. 2.0 (6)
30	18	Physician-level assessment 3 - Patient level	Assessment made by an individual physician when double reading - Patient level (1) (3)	Required if a physician identifier is reported and the physician's assessment differs from the final assessment assigned to the examination, or if subcategory reported; not applicable if a physician identifier is not reported; optional otherwise (4)	Select one. Must be 4 if a corresponding subcategory of category 4 is reported.	0	INCOMPLETE ASSESSMENT Category 0: (Mammography only) Incomplete - Need additional imaging evaluation and/or prior mammograms for comparison (Ultrasound and MRI only) Incomplete - Need additional imaging evaluation	1	Yes Yes Yes	N/A
							FINAL ASSESSMENT			
						1	Category 1: Negative			
						2	Category 2: Benign			
						3	Category 3: Probably benign			
						4	Category 4: Suspicious			
						5	Category 5: Highly suggestive of malignancy			
						6	Category 6: Known biopsy-proven malignancy			

NMD Field Number	BI-RADS Field Number	Field Name	Description	Use	Type of Response	Permitted Values	Permitted Value Description	Max. Length	Applies to: Mam. (5) US (5) MRI (5)	NMD Field Number V. 2.0 (6)
31	19	Physician-level assessment 1 - Patient level - Subcategory of category 4	Subcategory of a category 4 assessment made by an individual physician when double reading - Patient level (1) (3)	Optional if a category 4 physician-level assessment is reported; not applicable otherwise (4)	Select one.	A	Category 4A: Low suspicion for malignancy	1	Yes Yes No	N/A
						B	Category 4B: Moderate suspicion for malignancy			
						C	Category 4C: High suspicion for malignancy			
32		Physician-level assessment 2 - Patient level - Subcategory of category 4				-----	-----			
						A	Category 4A: Low suspicion for malignancy			
						B	Category 4B: Moderate suspicion for malignancy			
33		Physician-level assessment 3 - Patient level - Subcategory of category 4				C	Category 4C: High suspicion for malignancy			
						-----	-----			
						A	Category 4A: Low suspicion for malignancy			

NMD Field Number	BI-RADS Field Number	Field Name	Description	Use	Type of Response	Permitted Values	Permitted Value Description	Max. Length	Applies to: Mam. (5) US (5) MRI (5)	NMD Field Number V. 2.0 (6)
33	19	Physician-level assessment 3 - Patient level - Subcategory of category 4	Subcategory of a category 4 assessment made by an individual physician when double reading - Patient level (1) (3)	Optional if a category 4 physician-level assessment is reported; not applicable otherwise (4)	Select one.	B	Category 4B: Moderate suspicion for malignancy	1	Yes Yes No	N/A
						C	Category 4C: High suspicion for malignancy			
34	20	First examination ever	Indicates whether this is the patient's first-ever breast imaging examination, including mammograms	Required	Select one.	0	No	1	Yes Yes Yes	N/A
						1	Yes			
						8	Patient is unsure			
						9	Unreported			
35	21	Date of previous examination	Date of the patient's most recent breast imaging examination, including mammograms	Optional if this is not the patient's first examination ever; not applicable otherwise (4)	Indicate date of previous examination.	Any valid date in mm/dd/yyyy format		10	Yes Yes Yes	26

NMD Field Number	BI-RADS Field Number	Field Name	Description	Use	Type of Response	Permitted Values	Permitted Value Description	Max. Length	Applies to: Mam. (5) US (5) MRI (5)	NMD Field Number V. 2.0 (6)
36	22	Time since previous examination	Time interval since the patient's most recent breast imaging examination, including mammograms	Required if the date of the previous examination is not reported; optional otherwise	Select one.	1	≤ 6 months	2	Yes Yes Yes	N/A
						2	≤ 1 year but > 6 months			
						3	≤ 2 years but > 1 year			
						4	> 2 years			
						88	Patient is unsure			
						99	Unreported / Not applicable			
37	23	Personal history of breast cancer	Personal history of breast cancer	Required	Select one.	0	No	1	Yes Yes Yes	10
						1	Yes			
						8	Patient is unsure			
						9	Unreported			

NMD Field Number	BI-RADS Field Number	Field Name	Description	Use	Type of Response	Permitted Values	Permitted Value Description	Max. Length	Applies to: Mam. (5) US (5) MRI (5)	NMD Field Number V. 2.0 (6)
38	24	Breast cancer in first-degree relative - premenopausal	Mother, sister, or daughter with history of premenopausal breast cancer	Required	Select one.	0	No	1	Yes	Yes
						1	Yes		Yes	Yes
						2	A first-degree relative has a history of breast cancer; unsure whether premenopausal or postmenopausal		Yes	Yes
						8	Unreported		Yes	Yes
						9	Patient is unsure whether any first-degree relative has a history of breast cancer		Yes	Yes

NMD Field Number	BI-RADS Field Number	Field Name	Description	Use	Type of Response	Permitted Values	Permitted Value Description	Max. Length	Applies to: Mam. (5) US (5) MRI (5)	NMD Field Number V. 2.0 (6)		
39	25	Breast cancer in first-degree relative - postmenopausal	Mother, sister, or daughter with history of postmenopausal breast cancer	Required	Select one.	0	No	1	Yes	Yes	Yes	9
						1	Yes					
						2	A first-degree relative has a history of breast cancer; unsure whether premenopausal or postmenopausal					
						8	Unreported					
						9	Patient is unsure whether any first-degree relative has a history of breast cancer					
40	26	Family history of breast cancer, other than first-degree relative	Family history of breast cancer, other than mother, sister or daughter	Required	Select one.	0	No	1	Yes	Yes	Yes	N/A
						1	Yes					
						9	Not sure / Unknown					
41	27	Personal history of ovarian cancer	Personal history of ovarian cancer	Required	Select one.	0	No	1	Yes	Yes	Yes	N/A
						1	Yes					
						9	Not sure / Unknown					

NMD Field Number	BI-RADS Field Number	Field Name	Description	Use	Type of Response	Permitted Values	Permitted Value Description	Max. Length	Applies to: Mam. (5) US (5) MRI (5)	NMD Field Number V. 2.0 (6)
42	28	Family history of ovarian cancer	Family history of ovarian cancer	Required	Select one.	0	No	1	Yes Yes Yes	N/A
						1	Yes			
						9	Not sure / Unknown			
43	29	Previous biopsy-proven hyperplasia with cellular atypia	Personal history of biopsy-proved hyperplasia with cellular atypia	Required	Select one.	0	No	1	Yes Yes Yes	N/A
						1	Yes			
						9	Not sure / Unknown			
44	30	Previous lobular carcinoma in situ (LCIS)	Personal history of lobular carcinoma in situ (LCIS)	Required	Select one.	0	No	1	Yes Yes Yes	N/A
						1	Yes			
						9	Not sure / Unknown			
45	31	Hormone replacement therapy	Personal history of hormone replacement therapy	Required	Select one.	0	No	1	Yes Yes Yes	14-18
						1	Yes			
						9	Not sure / Unknown			

NMD Field Number	BI-RADS Field Number	Field Name	Description	Use	Type of Response	Permitted Values	Permitted Value Description	Max. Length	Applies to: Mam. (5) US (5) MRI (5)	NMD Field Number V. 2.0 (6)
46	32	Date of examination	Date of examination	Required	Indicate date of examination.	Any valid date in mm/dd/yyyy format, greater than or equal to 1/1/2000, and less than or equal to the current date		10	Yes Yes Yes	22
47	33	Indication for examination	Indication or reason for the examination	Required	Select one.	1 2 3 4 5 99	Screening Diagnostic - evaluation of an abnormal finding at screening Diagnostic - surveillance imaging for a probably benign finding or following breast conservation treatment Diagnostic - evaluation of a breast problem - palpable abnormality Diagnostic - evaluation of a breast problem - other Unknown	2	Yes Yes Yes	24

NMD Field Number	BI-RADS Field Number	Field Name	Description	Use	Type of Response	Permitted Values	Permitted Value Description	Max. Length	Applies to: Mam. (5) US (5) MRI (5)	NMD Field Number V. 2.0 (6)		
48	34	Modality	Modality or modalities used for the examination (2)	Required	Select one.	1	Mammography	1	Yes	Yes	Yes	N/A
						2	Ultrasound					
						3	MRI					
						The following terms are valid only when data for combination examinations are reported at the combination level, i.e., not at the component level.						
						4	Mammography / Ultrasound					
						5	Mammography / MRI					
						6	Ultrasound / MRI					
7	Mammography / Ultrasound / MRI											
49	35	Use of computer-aided detection (CAD) - Additional views	Indicates whether computer-aided detection was used for additional views	Optional	Select one.	0	No	1	Yes	No	No	49
						1	Yes					
50	36	Use of tomosynthesis	Indicates whether tomosynthesis was used	Optional	Select one.	0	No	1	Yes	No	No	N/A
						1	Yes					

NMD Field Number	BI-RADS Field Number	Field Name	Description	Use	Type of Response	Permitted Values	Permitted Value Description	Max. Length	Applies to: Mam. (5)	US (5)	MRI (5)	NMD Field Number V. 2.0 (6)
51	37	Use of computer-aided detection (CAD) - Standard views	Indicates whether computer-aided detection was used for standard views	Optional	Select one.	0	No	1	Yes	No	No	49
						1	Yes					
52	38	Film or digital	Indicates whether the image was recorded on film or digitally	Optional	Select one.	1	Film	1	Yes	No	No	48
						2	Digital					
53	39	Additional imaging	Indicates whether additional imaging was performed	Required when "Indication for Examination" = "Screening"; not applicable otherwise (4)	Select one.	1	Standard imaging only	2	Yes	Yes	No	N/A
						2	Standard plus additional imaging					
						99	Unknown / Not applicable					

NMD Field Number	BI-RADS Field Number	Field Name	Description	Use	Type of Response	Permitted Values	Permitted Value Description	Max. Length	Applies to: Mam. (5)	US (5)	MRI (5)	NMD Field Number V. 2.0 (6)
54	40	Breast composition - Left breast	Visually estimated content of fibroglandular-density tissue within the breast (1)	Required if audit data are reported at breast level, and right breast composition is not reported; optional otherwise	Select one.	1	a. The breast is almost entirely fatty.	2	Yes	No	No	29
						2	b. There are scattered areas of fibroglandular density.					
						3	c. The breast is heterogeneously dense, which may obscure small masses.					
						4	d. The breast is extremely dense, which lowers the sensitivity of mammography.					
						99	Unknown					

NMD Field Number	BI-RADS Field Number	Field Name	Description	Use	Type of Response	Permitted Values	Permitted Value Description	Max. Length	Applies to: Mam. (5)	US (5)	MRI (5)	NMD Field Number V. 2.0 (6)
55	41	Breast composition - Right breast	Visually estimated content of fibroglandular-density tissue within the breast (1)	Required if audit data are reported at breast level, and left breast composition is not reported; optional otherwise	Select one.	1	a. The breast is almost entirely fatty.	2	Yes	No	No	29
						2	b. There are scattered areas of fibroglandular density.					
						3	c. The breast is heterogeneously dense, which may obscure small masses.					
						4	d. The breast is extremely dense, which lowers the sensitivity of mammography.					
						99	Unknown					

NMD Field Number	BI-RADS Field Number	Field Name	Description	Use	Type of Response	Permitted Values	Permitted Value Description	Max. Length	Applies to: Mam. (5)	US (5)	MRI (5)	NMD Field Number V. 2.0 (6)
56	42	Breast composition - Patient level	Visually estimated content of fibroglandular-density tissue within the breasts. If the breasts are not of apparently equal density, the denser breast should be used to categorize breast density. (1)	Required if audit data are reported at patient level; optional otherwise	Select one.	1	a. The breasts are almost entirely fatty.	2	Yes	No	No	29
						2	b. There are scattered areas of fibroglandular density.					
						3	c. The breasts are heterogeneously dense, which may obscure small masses.					
						4	d. The breasts are extremely dense, which lowers the sensitivity of mammography.					
						99	Unknown					

NMD Field Number	BI-RADS Field Number	Field Name	Description	Use	Type of Response	Permitted Values	Permitted Value Description	Max. Length	Applies to: Mam. (5) US (5) MRI (5)	NMD Field Number V. 2.0 (6)
57	43	Tissue composition - Left breast	The background echotexture of the breast may affect the sensitivity of breast sonograms for lesion detection. (1)	Required if audit data are reported at breast level, and right breast tissue composition is not reported; optional otherwise	Select one.	1	a. Homogeneous background echotexture — fat	2	No Yes No	N/A
						2	b. Homogeneous background echotexture — fibroglandular			
						3	c. Heterogeneous background echotexture			
						99	Unknown			

NMD Field Number	BI-RADS Field Number	Field Name	Description	Use	Type of Response	Permitted Values	Permitted Value Description	Max. Length	Applies to: Mam. (5) US (5) MRI (5)	NMD Field Number V. 2.0 (6)
58	44	Tissue composition - Right breast	The background echotexture of the breast may affect the sensitivity of breast sonograms for lesion detection. (1)	Required if audit data are reported at breast level, and left breast tissue composition is not reported; optional otherwise	Select one.	1	a. Homogeneous background echotexture — fat	2	No Yes No	N/A
						2	b. Homogeneous background echotexture — fibroglandular			
						3	c. Heterogeneous background echotexture			
						99	Unknown			
59	45	Tissue composition - Patient level	The background echotexture of the breast may affect the sensitivity of breast sonograms for lesion detection. (1)	Required if audit data are reported at patient level; optional otherwise	Select one.	1	a. Homogeneous background echotexture — fat	2	No Yes No	N/A
						2	b. Homogeneous background echotexture — fibroglandular			
						3	c. Heterogeneous background echotexture			
						99	Unknown			

NMD Field Number	BI-RADS Field Number	Field Name	Description	Use	Type of Response	Permitted Values	Permitted Value Description	Max. Length	Applies to: Mam. (5) US (5) MRI (5)	NMD Field Number V. 2.0 (6)
60	46	Amount of fibroglandular tissue (FGT) - Left breast	Assessed on fat-saturated T1W imaging or non-fat-saturated T1W imaging (1)	Required if audit data are reported at breast level, and amount of FGT in the right breast is not reported; optional otherwise	Select one.	1	a. Almost entirely fat	2	No	No Yes N/A
						2	b. Scattered fibroglandular tissue			
						3	c. Heterogeneous fibroglandular tissue			
						4	d. Extreme fibroglandular tissue			
						99	Unknown			

NMD Field Number	BI-RADS Field Number	Field Name	Description	Use	Type of Response	Permitted Values	Permitted Value Description	Max. Length	Applies to: Mam. (5)	US (5)	MRI (5)	NMD Field Number V. 2.0 (6)
61	47	Amount of fibroglandular tissue (FGT) - Right breast	Assessed on fat-saturated T1W imaging or non-fat-saturated T1W imaging (1)	Required if audit data are reported at breast level, and amount of FGT in the left breast is not reported; optional otherwise	Select one.	1	a. Almost entirely fat	2	No	No	Yes	N/A
						2	b. Scattered fibroglandular tissue					
						3	c. Heterogeneous fibroglandular tissue					
						4	d. Extreme fibroglandular tissue					
						99	Unknown					
62	48	Amount of fibroglandular tissue (FGT) - Patient level	Assessed on fat-saturated T1W imaging or non-fat-saturated T1W imaging (1)	Required if audit data are reported at patient level; optional otherwise	Select one.	1	a. Almost entirely fat	2	No	No	Yes	N/A
						2	b. Scattered fibroglandular tissue					
						3	c. Heterogeneous fibroglandular tissue					
						4	d. Extreme fibroglandular tissue					
						99	Unknown					

NMD Field Number	BI-RADS Field Number	Field Name	Description	Use	Type of Response	Permitted Values	Permitted Value Description	Max. Length	Applies to: Mam. (5)	US (5)	MRI (5)	NMD Field Number V. 2.0 (6)
63	49	Background parenchymal enhancement (BPE): Level - Left breast	Background parenchymal enhancement (BPE): Level - Left breast (1)	Required if audit data are reported at breast level, and BPE for the right breast is not reported; optional otherwise	Select one.	1	Minimal	2	No	No	Yes	N/A
						2	Mild					
						3	Moderate					
						4	Marked					
						99	Unknown					
64	50	Background parenchymal enhancement (BPE): Level - Right breast	Background parenchymal enhancement (BPE): Level - Right breast (1)	Required if audit data are reported at breast level, and BPE for the left breast is not reported; optional otherwise	Select one.	1	Minimal	2	No	No	Yes	N/A
						2	Mild					
						3	Moderate					
						4	Marked					
						99	Unknown					

NMD Field Number	BI-RADS Field Number	Field Name	Description	Use	Type of Response	Permitted Values	Permitted Value Description	Max. Length	Applies to: Mam. (5)	US (5)	MRI (5)	NMD Field Number V. 2.0 (6)
65	51	Background parenchymal enhancement (BPE): Level - Patient level	Background parenchymal enhancement (BPE): Level - Patient level (1)	Required if audit data are reported at patient level; optional otherwise	Select one.	1	Minimal	2	No	No	Yes	N/A
						2	Mild					
						3	Moderate					
						4	Marked					
						99	Unknown					
66	52	Background parenchymal enhancement (BPE): Symmetric or asymmetric	Background parenchymal enhancement (BPE): Symmetric or asymmetric	Required for bilateral scans; not applicable otherwise (4)	Select one.	1	Symmetric	2	No	No	Yes	N/A
						2	Asymmetric					
						99	Unknown / Not applicable					

NMD Field Number	BI-RADS Field Number	Field Name	Description	Use	Type of Response	Permitted Values	Permitted Value Description	Max. Length	Applies to: Mam. (5) US (5) MRI (5)	NMD Field Number V. 2.0 (6)
67	95	Assessment - Left breast	Assessment - Left breast	Required if audit data are reported at breast level, and right breast assessment is not reported; optional otherwise	Select one.		Incomplete Assessment	1	Yes Yes Yes	30
			Assessment - Left breast (1) (2)	Required if audit data are reported at breast level, and right breast assessment is not reported, or if subcategory reported; optional otherwise	Select one. Must be 4 if a corresponding subcategory of category 4 is reported.	0	INCOMPLETE ASSESSMENT Category 0: (Mammography only) Incomplete - Need additional imaging evaluation and/or prior mammograms for comparison (Ultrasound and MRI only) Incomplete - Need additional imaging evaluation FINAL ASSESSMENT			
						1	Category 1: Negative			
						2	Category 2: Benign			
						3	Category 3: Probably benign			
						4	Category 4: Suspicious			
						5	Category 5: Highly suggestive of malignancy			

NMD Field Number	BI-RADS Field Number	Field Name	Description	Use	Type of Response	Permitted Values	Permitted Value Description	Max. Length	Applies to: Mam. (5) US (5) MRI (5)	NMD Field Number V. 2.0 (6)
67	95	Assessment - Left breast	Assessment - Left breast (1) (2)	Required if audit data are reported at breast level, and right breast assessment is not reported, or if subcategory reported; optional otherwise	Select one. Must be 4 if a corresponding subcategory of category 4 is reported.	6	Category 6: Known biopsy-proven malignancy	1	Yes Yes Yes	30
68	96	Assessment - Left breast - Subcategory of category 4	Assessment - Left breast - Subcategory of category 4 (1) (2)	Optional if a category 4 assessment is reported; not applicable otherwise (4)	Select one.	A	Category 4A: Low suspicion for malignancy	1	Yes Yes No	31
						B	Category 4B: Moderate suspicion for malignancy			
						C	Category 4C: High suspicion for malignancy			

NMD Field Number	BI-RADS Field Number	Field Name	Description	Use	Type of Response	Permitted Values	Permitted Value Description	Max. Length	Applies to: Mam. (5) US (5) MRI (5)	NMD Field Number V. 2.0 (6)
69	97	Assessment - Right breast	Assessment - Right breast	Required if audit data are reported at breast level, and left breast assessment is not reported; optional otherwise	Select one.		Incomplete Assessment	1	Yes Yes Yes	30
			Assessment - Right breast (1) (2)	Required if audit data are reported at breast level, and left breast assessment is not reported, or if subcategory reported; optional otherwise	Select one. Must be 4 if a corresponding subcategory of category 4 is reported.	0	INCOMPLETE ASSESSMENT Category 0: (Mammography only) Incomplete - Need additional imaging evaluation and/or prior mammograms for comparison (Ultrasound and MRI only) Incomplete - Need additional imaging evaluation FINAL ASSESSMENT			
						1	Category 1: Negative			
						2	Category 2: Benign			
						3	Category 3: Probably benign			
						4	Category 4: Suspicious			
						5	Category 5: Highly suggestive of malignancy			

NMD Field Number	BI-RADS Field Number	Field Name	Description	Use	Type of Response	Permitted Values	Permitted Value Description	Max. Length	Applies to: Mam. (5) US (5) MRI (5)	NMD Field Number V. 2.0 (6)
69	97	Assessment - Right breast	Assessment - Right breast (1) (2)	Required if audit data are reported at breast level, and left breast assessment is not reported, or if subcategory reported; optional otherwise	Select one. Must be 4 if a corresponding subcategory of category 4 is reported.	6	Category 6: Known biopsy-proven malignancy	1	Yes Yes Yes	30
70	98	Assessment - Right breast - Subcategory of category 4	Assessment - Right breast - Subcategory of category 4 (1) (2)	Optional if a category 4 assessment is reported; not applicable otherwise (4)	Select one.	A	Category 4A: Low suspicion for malignancy	1	Yes Yes No	31
						B	Category 4B: Moderate suspicion for malignancy			
						C	Category 4C: High suspicion for malignancy			

NMD Field Number	BI-RADS Field Number	Field Name	Description	Use	Type of Response	Permitted Values	Permitted Value Description	Max. Length	Applies to: Mam. (5) US (5) MRI (5)	NMD Field Number V. 2.0 (6)
71	99	Assessment - Patient level	Assessment - Patient level	Required if audit data are reported at patient level; optional otherwise	Select one.		Incomplete Assessment	1	Yes Yes Yes	30
			Assessment - Patient level (1) (2)	Required if audit data are reported at patient level, or if subcategory reported; optional otherwise	Select one. Must be 4 if a corresponding subcategory of category 4 is reported.	0	INCOMPLETE ASSESSMENT Category 0: (Mammography only) Incomplete - Need additional imaging evaluation and/or prior mammograms for comparison (Ultrasound and MRI only) Incomplete - Need additional imaging evaluation			
							FINAL ASSESSMENT			
						1	Category 1: Negative			
						2	Category 2: Benign			
						3	Category 3: Probably benign			
						4	Category 4: Suspicious			
						5	Category 5: Highly suggestive of malignancy			
						6	Category 6: Known biopsy-proven malignancy			

NMD Field Number	BI-RADS Field Number	Field Name	Description	Use	Type of Response	Permitted Values	Permitted Value Description	Max. Length	Applies to: Mam. (5) US (5) MRI (5)	NMD Field Number V. 2.0 (6)
72	100	Assessment - Patient level - Subcategory of category 4	Assessment - Patient level - Subcategory of category 4 (1) (2)	Optional if a category 4 assessment is reported; not applicable otherwise (4)	Select one.	A B C	Category 4A: Low suspicion for malignancy Category 4B: Moderate suspicion for malignancy Category 4C: High suspicion for malignancy	1	Yes Yes No	31

NMD Field Number	BI-RADS Field Number	Field Name	Description	Use	Type of Response	Permitted Values	Permitted Value Description	Max. Length	Applies to: Mam. (5) US (5) MRI (5)	NMD Field Number V. 2.0 (6)
73	101	Overall assessment - Left breast	Overall assessment for combinations of diagnostic breast imaging examinations, performed concurrently (e.g., mammography / ultrasound) - Left breast	Required if component of combination examination; optional otherwise	Select one.		Incomplete Assessment	1	Yes Yes Yes	45
			Overall assessment for combinations of diagnostic breast imaging examinations, performed concurrently (e.g., mammography / ultrasound) - Left breast (1) (2)	Required if subcategory reported; required if component of combination exam; optional otherwise	Select one. Must be 4 if a corresponding subcategory of category 4 is reported.	0	INCOMPLETE ASSESSMENT Category 0: Incomplete - Need additional imaging evaluation			
							FINAL ASSESSMENT			
						1	Category 1: Negative			
						2	Category 2: Benign			
						3	Category 3: Probably benign			
						4	Category 4: Suspicious			
						5	Category 5: Highly suggestive of malignancy			
						6	Category 6: Known biopsy-proven malignancy			

NMD Field Number	BI-RADS Field Number	Field Name	Description	Use	Type of Response	Permitted Values	Permitted Value Description	Max. Length	Applies to: Mam. (5) US (5) MRI (5)	NMD Field Number V. 2.0 (6)
74	102	Overall assessment - Left breast - Subcategory of category 4	Overall assessment for combinations of diagnostic breast imaging examinations, performed concurrently (e.g., mammography / ultrasound) - Left breast - Subcategory of category 4 (1) (2)	Optional if a category 4 assessment is reported; not applicable otherwise (4)	Select one.	A B C	Category 4A: Low suspicion for malignancy Category 4B: Moderate suspicion for malignancy Category 4C: High suspicion for malignancy	1	Yes Yes Yes	46

NMD Field Number	BI-RADS Field Number	Field Name	Description	Use	Type of Response	Permitted Values	Permitted Value Description	Max. Length	Applies to: Mam. (5) US (5) MRI (5)	NMD Field Number V. 2.0 (6)
75	103	Overall assessment - Right breast	Overall assessment for combinations of diagnostic breast imaging examinations, performed concurrently (e.g., mammography / ultrasound) - Right breast	Required if component of combination examination; optional otherwise	Select one.		Incomplete Assessment	1	Yes Yes Yes	45
			Overall assessment for combinations of diagnostic breast imaging examinations, performed concurrently (e.g., mammography / ultrasound) - Right breast (1) (2)	Required if subcategory reported; required if component of combination exam; optional otherwise	Select one. Must be 4 if a corresponding subcategory of category 4 is reported.	0	INCOMPLETE ASSESSMENT Category 0: Incomplete - Need additional imaging evaluation			
							FINAL ASSESSMENT			
						1	Category 1: Negative			
						2	Category 2: Benign			
						3	Category 3: Probably benign			
						4	Category 4: Suspicious			
						5	Category 5: Highly suggestive of malignancy			
						6	Category 6: Known biopsy-proven malignancy			

NMD Field Number	BI-RADS Field Number	Field Name	Description	Use	Type of Response	Permitted Values	Permitted Value Description	Max. Length	Applies to: Mam. (5) US (5) MRI (5)	NMD Field Number V. 2.0 (6)
76	104	Overall assessment - Right breast - Subcategory of category 4	Overall assessment for combinations of diagnostic breast imaging examinations, performed concurrently (e.g., mammography / ultrasound) - Right breast - Subcategory of category 4 (1) (2)	Optional if a category 4 assessment is reported; not applicable otherwise (4)	Select one.	A B C	Category 4A: Low suspicion for malignancy Category 4B: Moderate suspicion for malignancy Category 4C: High suspicion for malignancy	1	Yes Yes Yes	46

NMD Field Number	BI-RADS Field Number	Field Name	Description	Use	Type of Response	Permitted Values	Permitted Value Description	Max. Length	Applies to: Mam. (5) US (5) MRI (5)	NMD Field Number V. 2.0 (6)
77	105	Overall assessment - Patient level	Overall assessment for combinations of diagnostic breast imaging examinations, performed concurrently (e.g., mammography / ultrasound) - Patient level	Required if component of combination examination; optional otherwise	Select one.		Incomplete Assessment	1	Yes Yes Yes	45
			Overall assessment for combinations of diagnostic breast imaging examinations, performed concurrently (e.g., mammography / ultrasound) - Patient level (1) (2)	Required if subcategory reported; required if component of combination exam; optional otherwise	Select one. Must be 4 if a corresponding subcategory of category 4 is reported.	0	INCOMPLETE ASSESSMENT Category 0: Incomplete - Need additional imaging evaluation			
							FINAL ASSESSMENT			
						1	Category 1: Negative			
						2	Category 2: Benign			
						3	Category 3: Probably benign			
						4	Category 4: Suspicious			
						5	Category 5: Highly suggestive of malignancy			
						6	Category 6: Known biopsy-proven malignancy			

NMD Field Number	BI-RADS Field Number	Field Name	Description	Use	Type of Response	Permitted Values	Permitted Value Description	Max. Length	Applies to: Mam. (5) US (5) MRI (5)	NMD Field Number V. 2.0 (6)
78	106	Overall assessment - Patient level - Subcategory of category 4	Overall assessment for combinations of diagnostic breast imaging examinations, performed concurrently (e.g., mammography / ultrasound) - Patient level - Subcategory of category 4 (1) (2)	Optional if a category 4 assessment is reported; not applicable otherwise (4)	Select one.	A B C	Category 4A: Low suspicion for malignancy Category 4B: Moderate suspicion for malignancy Category 4C: High suspicion for malignancy	1	Yes Yes Yes	46

NMD Field Number	BI-RADS Field Number	Field Name	Description	Use	Type of Response	Permitted Values	Permitted Value Description	Max. Length	Applies to: Mam. (5) US (5) MRI (5)	NMD Field Number V. 2.0 (6)
79	107	Management - Left breast	Management - Left breast (1)	Required if audit data are reported at breast level, and management for the right breast is not reported	Select one.	1	(Mammography only) Recall for additional imaging and/or comparison with prior examination(s)	1	Yes Yes Yes	32-43
						2	(Ultrasound only) Recall for additional imaging (MRI only) Recommend additional imaging: Mammogram or targeted ultrasound			
						3	(Mammography only) Routine mammography screening (Ultrasound only) Routine screening (MRI only) Routine breast MRI screening if cumulative lifetime risk $\geq 20\%$			
							(Mammography only) Short-interval (6-month) follow-up or continued surveillance mammography			

NMD Field Number	BI-RADS Field Number	Field Name	Description	Use	Type of Response	Permitted Values	Permitted Value Description	Max. Length	Applies to: Mam. (5) US (5) MRI (5)	NMD Field Number V. 2.0 (6)
79	107	Management - Left breast	Management - Left breast (1)	Required if audit data are reported at breast level, and management for the right breast is not reported	Select one.	3	(Ultrasound only) Short-interval (6-month) follow-up or continued surveillance	1	Yes Yes Yes	32-43
						4	(MRI only) Short-interval (6-month) follow-up			
						5	(All modalities) Tissue diagnosis			
						6	(All modalities) Surgical excision when clinically appropriate			
						6	(All modalities) Other			

NMD Field Number	BI-RADS Field Number	Field Name	Description	Use	Type of Response	Permitted Values	Permitted Value Description	Max. Length	Applies to: Mam. (5) US (5) MRI (5)	NMD Field Number V. 2.0 (6)
80	108	Management - Right breast	Management - Right breast (1)	Required if audit data are reported at breast level, and management for the left breast is not reported	Select one.	1	(Mammography only) Recall for additional imaging and/or comparison with prior examination(s)	1	Yes Yes Yes	32-43
						2	(Ultrasound only) Recall for additional imaging (MRI only) Recommend additional imaging: Mammogram or targeted ultrasound			
						3	(Mammography only) Routine mammography screening (Ultrasound only) Routine screening (MRI only) Routine breast MRI screening if cumulative lifetime risk ≥ 20%			
							(Mammography only) Short-interval (6-month) follow-up or continued surveillance mammography			

NMD Field Number	BI-RADS Field Number	Field Name	Description	Use	Type of Response	Permitted Values	Permitted Value Description	Max. Length	Applies to: Mam. (5) US (5) MRI (5)	NMD Field Number V. 2.0 (6)
80	108	Management - Right breast	Management - Right breast (1)	Required if audit data are reported at breast level, and management for the left breast is not reported	Select one.	3	(Ultrasound only) Short-interval (6-month) follow-up or continued surveillance	1	Yes Yes Yes	32-43
						4	(MRI only) Short-interval (6-month) follow-up			
						5	(All modalities) Tissue diagnosis			
						6	(All modalities) Surgical excision when clinically appropriate			
						6	(All modalities) Other			

NMD Field Number	BI-RADS Field Number	Field Name	Description	Use	Type of Response	Permitted Values	Permitted Value Description	Max. Length	Applies to: Mam. (5) US (5) MRI (5)	NMD Field Number V. 2.0 (6)
81	109	Management - Patient level	Management - Patient level (1)	Required if audit data are reported at patient level; optional otherwise	Select one.	1	(Mammography only) Recall for additional imaging and/or comparison with prior examination(s)	1	Yes Yes Yes	32-43
						2	(Ultrasound only) Recall for additional imaging (MRI only) Recommend additional imaging: Mammogram or targeted ultrasound			
						3	(Mammography only) Routine mammography screening (Ultrasound only) Routine screening (MRI only) Routine breast MRI screening if cumulative lifetime risk ≥ 20%			
							(Mammography only) Short-interval (6-month) follow-up or continued surveillance mammography (Ultrasound only) Short-interval (6-month) follow-up or continued surveillance			

NMD Field Number	BI-RADS Field Number	Field Name	Description	Use	Type of Response	Permitted Values	Permitted Value Description	Max. Length	Applies to: Mam. (5) US (5) MRI (5)	NMD Field Number V. 2.0 (6)
81	109	Management - Patient level	Management - Patient level (1)	Required if audit data are reported at patient level; optional otherwise	Select one.	3	(MRI only) Short-interval (6-month) follow-up	1	Yes Yes Yes	32-43
						4	(All modalities) Tissue diagnosis			
						5	(All modalities) Surgical excision when clinically appropriate			
						6	(All modalities) Other			
82	110	Date of biopsy	Date of biopsy	Optional	Indicate date of biopsy. (9)	Any valid date in mm/dd/yyyy format		10	Yes Yes Yes	52
83	111	Biopsy procedure	Biopsy procedure	Required	Select one. (9)	1	Fine needle aspiration cytology	2	Yes Yes Yes	51
						2	Core biopsy			
						3	Cyst aspiration - diagnostic			
						4	Incisional biopsy			
						5	Excisional biopsy			
						6	Mastectomy			
						99	Not applicable / Not available			

NMD Field Number	BI-RADS Field Number	Field Name	Description	Use	Type of Response	Permitted Values	Permitted Value Description	Max. Length	Applies to: Mam. (5) US (5) MRI (5)	NMD Field Number V. 2.0 (6)		
84	113	Classification of lesion	Classification of lesion	Required	Select one per lesion reported. Refer to Pathology Code Appendix for classification by pathology code. (9)	1	Benign	2	Yes	Yes	Yes	53
						2	High Risk					
						3	Malignant					
						99	Not applicable / Not available					
85	114	Malignancy type	Malignancy type	Required	Select one. Refer to Pathology Code Appendix (BI-RADS 5th Ed., Data Dictionary, p. 87) for malignancy type by pathology code. (9)	1	Invasive	22	Yes	Yes	Yes	54
						2	DCIS					
						88	Other					
						99	Not applicable / Not available					
86	115	Pathological size of tumor	Pathological size of tumor	Optional	Indicate tumor size in mm. (9)	0 - 999.9		5	Yes	Yes	Yes	55

NMD Field Number	BI-RADS Field Number	Field Name	Description	Use	Type of Response	Permitted Values	Permitted Value Description	Max. Length	Applies to: Mam. (5) US (5) MRI (5)	NMD Field Number V. 2.0 (6)
87	116	Histology grade	Histology grade. For invasive carcinomas, the AJCC Cancer Staging Manual, 7th Edition (2010), recommends using the Nottingham combined histologic grade (Elston-Ellis modification of the Scarff-Bloom-Richardson grading system).	Required	Select one. (9)	0	Invasive carcinoma: GX - Grade cannot be assessed	2	Yes Yes Yes	N/A
						1	Invasive carcinoma: G1 - Low combined histologic grade (favorable)			
						2	Invasive carcinoma: G2 - Intermediate combined histologic grade (moderately favorable)			
						3	Invasive carcinoma: G3 - High combined histologic grade (unfavorable)			
						4	DCIS: Low grade			
						5	DCIS: Intermediate grade			
						6	DCIS: High grade			
						99	Not applicable / Not available			

NMD Field Number	BI-RADS Field Number	Field Name	Description	Use	Type of Response	Permitted Values	Permitted Value Description	Max. Length	Applies to: Mam. (5) US (5) MRI (5)	NMD Field Number V. 2.0 (6)
88	117	Nodes removed	Nodes removed	Required	Indicate number of nodes removed.	Any integer between 0 and 99		2	Yes Yes Yes	56
89	118	Nodes positive	The number of nodes removed that were positive for breast cancer.	Required if "Nodes removed" > 0; must be 0 or null otherwise	Indicate number of nodes positive for cancer.	Any integer between 0 and 99		2	Yes Yes Yes	56
90	119	Tumor stage	Tumor stage as defined in the AJCC Cancer Staging Manual, 7th Edition	Required	Select one. (9)	0 1A 1B 2A 2B 3A 3B 3C 4 99	Stage 0 Stage IA Stage IB Stage IIA Stage IIB Stage IIIA Stage IIIB Stage IIIC Stage IV Not applicable / Not available	2	Yes Yes Yes	57

NMD Field Number	BI-RADS Field Number	Field Name	Description	Use	Type of Response	Permitted Values	Permitted Value Description	Max. Length	Applies to: Mam. (5) US (5) MRI (5)	NMD Field Number V. 2.0 (6)		
91	120	Primary tumor	Primary tumor as defined in the AJCC Cancer Staging Manual, 7th Edition (2010)	Required	Select one. (9)	1	TX	2	Yes	Yes	Yes	N/A
						2	T0					
						3	Tis					
						4	Tis (DCIS)					
						5	Tis (LCIS)					
						6	Tis (Paget's)					
						7	T1					
						8	T1mi					
						9	T1a					
						10	T1b					
						11	T1c					
						12	T2					
						13	T3					
						14	T4					
						15	T4a					
						16	T4b					
						17	T4c					
						18	T4d					

NMD Field Number	BI-RADS Field Number	Field Name	Description	Use	Type of Response	Permitted Values	Permitted Value Description	Max. Length	Applies to: Mam. (5) US (5) MRI (5)	NMD Field Number V. 2.0 (6)
91	120	Primary tumor	Primary tumor as defined in the AJCC Cancer Staging Manual, 7th Edition (2010)	Required	Select one. (9)	99	Not applicable / Not available	2	Yes Yes Yes	N/A
92	121	Regional lymph nodes	Regional lymph nodes as defined in the AJCC Cancer Staging Manual, 7th Edition (2010)	Required	Select one. (9)	1	NX	2	Yes Yes Yes	N/A
						2	N0			
						3	N1			
						4	N2			
						5	N2a			
						6	N2b			
						7	N3			
						8	N3a			
						9	N3b			
						10	N3c			
						99	Not applicable / Not available			

NMD Field Number	BI-RADS Field Number	Field Name	Description	Use	Type of Response	Permitted Values	Permitted Value Description	Max. Length	Applies to: Mam. (5) US (5) MRI (5)	NMD Field Number V. 2.0 (6)		
93	122	Distant metastases	Distant metastases as defined in the AJCC Cancer Staging Manual, 7th Edition (2010)	Required	Select one. (9)	1	M0	2	Yes	Yes	Yes	N/A
						2	cM0(i+)					
						3	M1					
						99	Not applicable / Not available					