

NATIONAL MAMMOGRAPHY DATABASE DATA ELEMENTS - July 28, 2020 - Versions 2.0, 2.1 and 2.2

Text in red indicates changes since the April 22, 2020, version of this document.

July 28, 2020, changes: Language added to reflect COVID/coronavirus only						Mapping from BI-RADS® Data Dictionary (4th edition)		Mapping from ACR/BCSC Data Dictionary (BI-RADS® 4th edition)	
Element Name	Definition	Answer	Use	Format	Max. Length	Closest equivalent	Mapping	Closest equivalent	Mapping
NMD File Version Number	NMD File Version Number	2.0 2.1 2.2	Required	Numeric	5	None	Not applicable	None	Not applicable
Facility ID (not applicable to version 2.0)	NOT APPLICABLE TO VERSION 2.0 NRDR Facility ID		Required	nnnnnn	6	None	Not applicable	None	Not applicable
Patient Last Name	Indicate the patient's last name.		Required		45	None	Not applicable	I.4 Last name (30 chars)	Direct mapping
Patient First Name	Indicate the patient's first name.		Required	Alphanumeric	45	None	Not applicable	I.3 First name (30 chars)	Direct mapping
Patient's Middle Name(s)	Indicate the patient's middle name.		Optional	Alphanumeric	45	None	Not applicable	I.6 Middle initial (2 chars)	Direct mapping
Patient ID	Facility-specific unique patient identifier		Conditional: required if Patient SSN, Old Patient MBID and New Patient MBID not provided	Alphanumeric	50	None	Not applicable	I.3 Patient ID (10 chars)	Direct mapping

NATIONAL MAMMOGRAPHY DATABASE DATA ELEMENTS - April 22, 2020 - Versions 2.0, 2.1 and 2.2

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Patient SSN	Indicate the nine-digit Patient's Social Security Number (SSN).		Conditional: required if Patient ID, Old Patient MBID and New Patient MBID not provided	nnn-nn-xxxx	11	None	Not applicable	None	Not applicable
Old Patient Medicare Beneficiary ID (Not Applicable to Version 2.0)	APPLICABLE TO VERSION 2.1 ONLY Indicate patient's Medicare Beneficiary ID, if issued prior to April 1, 2018		Conditional: required if Patient ID, Patient SSN and New Patient MBID not provided	Alphanumeric	12	None	Not applicable	None	Not applicable
New Patient Medicare Beneficiary ID (Not Applicable to Version 2.0)	NOT APPLICABLE TO VERSION 2.0 Indicate patient's Medicare Beneficiary ID, if issued on or after April 1, 2018		Conditional: required if Patient ID, Patient SSN and Old Patient MBID not provided	xxxx-xxx-xxxx or xxxxxxxxxxxx Alphanumeric	13	None	Not applicable	None	Not applicable
Patients ZIP Code / Postal Code	Indicate U.S. ZIP code or Canadian postal code.		Optional	Alphanumeric	10	p.283 Patient ZIP Code	Direct mapping	I.12 ZIP code (9 chars)	Direct mapping
Date of Birth	Indicate the patient's date of birth.		Optional	mm/dd/yyyy	10	p.283 Patient Date of Birth (mm/dd/yyyy)	Direct mapping	I.14 Date of birth (mmdyyy)	Direct mapping
First Degree Relative with Breast Cancer	Select "Yes" if there is at least one first degree relative (mother, sister, daughter) who had a breast cancer diagnosis. Select "Unknown" if all answers are unknown, select "No" for any other combination.	Select one: 0-No 1-Yes 9-Unknown	Optional	Numeric	1	p.290 Risk factors <i>Intermediate family history of breast cancer</i> <i>Very strong family history of breast cancer</i> <i>Family history unknown</i>	"Intermediate..." or "Very strong" = 1 "Family history unknown" = 9 Anything else = 0	I.68 Mother ever diagnosed with breast cancer I.70 Sister(s) ever diagnosed with breast cancer I.72 Daughter(s) ever diagnosed with breast cancer 0 No 1 Yes 9 Not sure	If any of I.68, I.70 and I.72 = 1, then 1. If all of I.68, I.70 and I.72 = null or 9, then 9. Anything else = 0.

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Personal History of Breast Cancer	Indicate whether the patient has a history of breast cancer.	Select one: 0-No 1-Yes 9-Unknown	Optional	Numeric	1	p.290 Risk factors <i>Personal breast cancer history</i>	"Personal..." = 1 Anything else = 0	p.315 Have you ever been diagnosed with breast cancer? 0 No 1 Yes 9 Unknown	Direct mapping
Race	Indicate the patient's race as determined by the patient / family. If more than one apply, select "Other". If patient declines to respond, select "Unknown".	Select one: 1-American Indian or Alaska Native 2-Asian 3-Black or African American 4-Native Hawaiian or Pacific Islander 5-White 8-Other 9-Unknown	Optional	Numeric	1	p.283 Patient ethnic origin Select one: White Black / African American American Indian or Alaska Native Asian Native Hawaiian or other Pacific Islander Other race Not available	Not available = 9 Direct mapping for anything else	Race: I.105 White I.106 Black / African American I.107 Asian I.108 Native Hawaiian or Other Pacific Islander I.109 American Indian or Alaska native I.110 Other 0 No 1 Yes 9 Unknown	If only one of I.105-I.110 = 1, then select the corresponding choice. If all of I.105-I.110 = null or 9, then 9. Anything else = 8.

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Ethnicity	Indicate whether patient is Hispanic, as determined by the patient / family. If the patient declines to respond, select "Unknown".	Select one: 0-No 1-Yes 9-Unknown	Optional	Numeric	1	p.283 Patient Hispanic, Spanish or Latino Yes No	Direct mapping	I.104 Hispanic or Latina origins 0 No 1 Yes 9 Unknown	Direct mapping
Personal History of Biopsy or Breast Surgery	Indicate whether the patient has had a biopsy (other than FNA or cyst aspiration) or breast surgery (including core biopsy and cryoablation).	Select one: 0-No 1-Yes 9-Unknown	Optional	Numeric	1	Excisional Biopsy on p.287 left breast p.287 right breast p.287 both breasts on the same occasion Lumpectomy for cancer on p.288 left breast p.288 right breast p.288 both breasts on the same occasion mastectomy p.288 left breast p.288 right breast p.288 both breasts on the same occasion Implant p.288 right breast p.289 left breast p.289 both breasts History of breast reduction p.289 right breast p.289 left breast p.289 both breasts History of explantation p.289 right breast p.289 left breast p.289 both breasts Number of procedures performed (0-9)	Value of 0 in all fields = 0 Value of 1 in at least one field = 1 Value of null in at least one field with all other fields null or 0 = 9	Have you had: I.42 Core needle biopsy I.44 Have you had surgical biopsy (benign results) I.46 Biopsy-not sure what type I.48 Lumpectomy for breast cancer I.50 mastectomy I.52 Breast reconstruction I.56 Breast reduction I.58 Breast implants (still present) I.60 Breast implants (been removed) I.62 Patient currently has silicone gel implants I.63 Patient currently has saline implants I.64 Patient currently has combination implants I.65 Patient currently has prepectoral implants I.66 Patient currently has retropectoral implants 0 No 1 Right breast only 2 Left breast only 4 Bilateral (both breasts) 5 Yes, woman-level information only (unknown if bilateral or unilateral) 9 Unknown	If all fields = 0, then 0. If any field = 9 or null, and all other fields = 0, 9 or null, then 9. Anything else = 1.

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HRT / Hormone Use	Indicate whether the patient currently uses any hormone-related medications or hormone replacement therapy, e.g., Premarin, tamoxifen, raloxifene. Do not include thyroid medications or hormone-based birth control.	Select all that apply: ●None ●Hormone-replacement therapy ●Tamoxifen or raloxifene ●Other ●Unknown Note: If "None" or "Unknown" is selected, then no other choice should be selected.	Optional	Numeric (5 fields): 0-Selection does not apply 1-Selection applies	5 fields with a max. length of 1	p.286 Currently using Estrogen p.286 Currently using Progesterone p.287 Currently using Tamoxifen	"Currently using Estrogen" = "Hormone replacement therapy" "Currently using Progesterone" = "Hormone replacement therapy" "Currently using Tamoxifen" = "Tamoxifen or raloxifene"	I.88 Currently taking hormone replacement I.93 Currently taking Tamoxifen or Raloxifene I.97 Currently taking other hormone medications 0 No 1 Yes 9 Unknown	If I.88 = 1, then "Hormone replacement therapy" If I.93 = 1, then "Tamoxifen or raloxifene" If I.97 = 1, then "Other" If all fields = 0, then "None" If at least one field = 9 or null and all other fields = 0, 9 or null, then "Unknown"
Height	Indicate height to the nearest inch.		Optional	Numeric	2	p.285 Patient Height	Direct mapping	I.102 Current height in inches xx Height 88 Structural missing 99 Unknown	If 88 or 99, then null, else direct mapping
Weight	Indicate weight to the nearest pound.		Optional	Numeric	3	p.285 Patient Weight	Direct mapping	I.103 Current weight in inches 88 Structural missing 99 Unknown	If 88 or 99, then null, else direct mapping
Date of Last Natural Period	Indicate date last natural period began. If day is unknown, use 01; if month is unknown use 01.		Optional	mm/dd/yyyy	10	None	Not applicable	I.82 Date when last menstrual period began (mmddyyyy)	Direct mapping
Date of Examination	Indicate the date of the mammogram.		Required	mm/dd/yyyy	10	p.285 Mammogram Study Date (mm/dd/yyyy)	Direct mapping	I.2 Exam date (mmddyyyy)	Direct mapping
Rescheduled Exam	Indicate if this exam was previously scheduled on an earlier date and changed for any reason.	Select one: N-No Y-Yes U-Unknown	Optional	Alphanumeric	1	None	Not applicable	None	Not applicable

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Originally scheduled exam date	Indicate the date on which the exam was previously scheduled. If the exam has been rescheduled multiple times, use the first originally scheduled date of exam.		Optional	mm/dd/yyyy	10	None	Not applicable	None	Not applicable
Reschedule Reason	Indicate the primary reason the exam was rescheduled.	Select one: 1 - Patient Reason: COVID/coronavirus related; 2 - Patient Reason: Other; 3 - Facility Reason: COVID/coronavirus related; 4 - Facility Reason: Other; 9 - Reason Unknown	Optional	Numeric	1	None	Not applicable	None	Not applicable
NPI of Interpreting Radiologist	Indicate NPI of the MSQA-qualified interpreting radiologist.		Optional	Numeric	10	None	Not applicable	None	Not applicable

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Indication for Examination	Indicate the purpose of the examination. Mammography examinations performed to monitor clip placement after core biopsy, or to assess for success of any other interventional breast procedure, should not be submitted.	Select one: 1-Routine screening 2-Additional evaluation of recent screening mammogram 3-Diagnostic: Short interval follow up 4-Diagnostic: Evaluation of breast problem 5-Diagnostic: Previous history of breast cancer 9-Unknown	Required	Numeric	1	p.290 Reason for this Mammogram Reasons that equate to screening: Screening (asymptomatic) History of breast augmentation, asymptomatic Pre-reduction mammography Personal history of breast cancer with breast conservation therapy Personal history of breast cancer with mastectomy Reasons that equate to diagnostic: Additional evaluation requested from prior study Follow-up at short interval from prior study History of benign breast biopsy Review of an outside study Clinical finding Pre-radiation therapy Additional evaluation requested from abnormal screening exam Known biopsy-proven malignancy	Any reason under "screening" = 1 "Additional evaluation requested from prior diagnostic study" = 4 "Follow-up at short..." = 3 "Clinical finding" = 4 "Additional evaluation requested from abnormal screening exam" = 2 "Known biopsy-proven malignancy" = 5 Anything else, discard	II.3 Indication for exam 1 Routine screening (asymptomatic) 2 Additional evaluation of recent mammogram 3 Short interval follow-up 4 Evaluation of breast problem (symptomatic) 5 Other procedures 9 Unknown	If 5, then discard. Anything else = direct mapping

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Symptoms	Indicate self-reported symptoms, limited to new symptoms in the past 3 months. Select "Asymptomatic" for patients with no symptoms, breast pain only, or symptoms present for longer than 3 months. Select "Palpable lump" for patients with both lump and other symptoms.	Select one: 1-Asymptomatic 2-Palpable lump or thickening 3-Symptoms other than lump	Optional	Numeric	1	p.291 Indicated problems Select all that apply. Palpable abnormality or lump Bloody discharge (from nipple) Non-bloody discharge (from nipple) Difficult physical / clinical examination Lump or thickening Nipple abnormality Pain Cancer elsewhere Large axillary lymph nodes Skin changes to breast	Null = 1 "Palpable..." and/or "Lump or thickening" = 2 "Pain" only = 1 Anything else = 3	Breast problems or changes in the last 3 months (I.15 None) I.16 Palpable lump I.17 Nipple discharge (I.19 Pain) I.20 Skin thickening or retraction I.21 Large Axillary lymph node I.22 Breast implant problem I.23 Abnormal nipple I.24 Presence of other cancer I.25 Difficult clinical examination I.26 Other <i>0 No</i> <i>1 Right breast only</i> <i>2 Left breast only</i> <i>4 Bilateral</i> <i>5 Yes, woman-level information only</i> <i>9 Unknown</i>	If I.16 between 1 and 5, then 2, else If I.16 = 0 or 9 and any of I.17 and I.20-I.26 between 1 and 5, then 3, else 1.

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Date of Previous Mammogram	Indicate the date of the most recent prior mammogram, if known.		Optional	mm/dd/yyyy	10	None	Not applicable	I.30 When was your last mammogram? (mmdyyy)	Direct mapping
Comparison to Previous Mammogram	Indicate whether the mammogram was compared to a previous mammogram. Do not include comparisons to MRI's or ultrasound.	Select one: 0-No comparison made, or unknown 1-Yes, no significant change 2-Yes, significant change 3-Yes, NOS	Optional	Numeric	1	p.292 Changes since last study (select all that apply) <ul style="list-style-type: none"> ●New finding ●Finding partially removed ●No significant changes in the finding ●Increase in size ●Decrease in size ●Increase in number of calcifications ●Decrease in number of calcifications ●Less defined ●More defined ●Implant removed ●Implant revised 	If all fields null, then 0 "No significant changes..." = 1 Anything else = 2	II.28 Comparison with previous mammograms 0 No (first examination) 1 No (previous films not available) 2 Yes 7 Pending, waiting for outside films 9 Unknown	If 0, 1, 7 or 9, then 0 If 2, then 3
Date of Previous Mammogram Compared	Indicate the date of the most recent prior mammogram compared, if known.		Optional	mm/dd/yyyy	10	None	Not applicable	II.29 Date of previous mammogram compared	Direct mapping

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Element Name	Definition	Answer	Use	Format	Max. Length	Closest equivalent	Mapping	Closest equivalent	Mapping
Breast Density	Indicate breast density based on BI-RADS® scale. If left and right breasts differ, use the higher density.	Select one: 1-Almost entirely fat (<25% fibroglandular) 2-Scattered fibroglandular densities (25-50%) 3-Heterogeneously dense (51-75%) 4-Extremely dense (>75%) 9-Unknown	Required	Numeric	1	p.292 Overall breast composition	Direct mapping	II.30 Breast density	Direct mapping
Assessment Category	Indicate assessment category. If the assessment for each breast is different, indicate the assessment with the higher level of concern. Categories 1-3 indicate the lowest levels of concern, Category 0 indicates the next level, and Categories 4-5 indicate the highest levels. Do not include mammography examinations with final assessments of 6 (Known malignancy).	Select one: 0 - Need additional imaging evaluation 1 - Negative 2 - Benign finding 3 - Probably benign finding 4 - Suspicious abnormality 5 - Highly suggestive of malignancy	Required	Numeric	1	p.296 Assessment <i>0 Need additional imaging information</i> <i>Cat. 1 Negative</i> <i>Cat. 2 Benign finding</i> <i>Cat. 3 Probably benign finding</i> <i>Cat. 4 Suspicious abnormality</i> <i>Cat. 5 Highly suggestive of malignancy</i> <i>Cat. 6 Known malignancy</i>	Cat. 6 = discard Anything else = direct mapping	II.31 BI-RADS assessment category - right II.33 BI-RADS assessment category - left <i>0 Need additional imaging information</i> <i>1 Negative</i> <i>2 Benign finding</i> <i>3 Probably benign finding</i> <i>4 Suspicious abnormality</i> <i>5 Highly suggestive of malignancy</i> <i>6 Known malignancy</i> <i>9 Unknown</i>	Cat. 6 = discard Anything else = direct mapping

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Subcategory of Assessment Category 4	Indicate subcategory of Assessment Category 4, if applicable.	Select one: 0-Not applicable 1-4A - Low suspicion level 2-4B - Intermediate suspicion level 3-4C - Moderate suspicion level 9-Unknown	Optional	Numeric	1	p.296 Assessment <i>4A low</i> <i>4B intermediate</i> <i>4C moderate</i>	If null and Assessment Category = 4, then 9. If null and Assessment Category <> 4, then 0. Anything else = direct mapping	II.32 BI-RADS assessment category suspicion level - right II.34 BI-RADS assessment category suspicion level - left <i>0 Not applicable</i> <i>1 4A low</i> <i>2 4B intermediate</i> <i>3 4C moderate</i> <i>9 Unknown</i>	If null and Assessment Category = 4, then 9. If null and Assessment Category <> 4, then 0. Anything else = direct mapping. If right and left differ, select the higher value between 0 and 3.

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Management recommendation(s)	Indicate all recommendations that apply.	Select all that apply: 1.Normal interval follow-up mammography 2.Short interval follow-up mammography 3.Additional views 4.Ultrasound 5.Nuclear medicine 6.MRI 7.Clinical exam 8.Surgical consult 9.FNA 10.Biopsy 11.Compare with previous mammograms 88.Other	Optional	Numeric (12 fields): 0-Selection does not apply 1-Selection applies	12 fields with a max. length of 1	p. 297 Recommendations Select one for Categories 1-5. Select all that apply for Category 0. Cat. 0 <i>Additional projections</i> <i>Magnification views</i> <i>Spot compression</i> <i>Spot magnification view(s)</i> <i>Old films for comparison</i> <i>Ductography</i> <i>Ultrasound</i> <i>MRI</i> Cat. 1 <i>Normal interval follow-up</i> Cat. 2 <i>Normal interval follow-up</i> Cat. 3 <i>Follow-up at short interval</i> Cat. 4 <i>Biopsy should be considered</i> <i>Needle localization and biopsy</i> <i>Histology using core biopsy</i> <i>Suggestive of malignancy - take appropriate action</i> <i>Cytologic analysis</i> Cat. 5 <i>Biopsy should be strongly considered</i> <i>Needle localization and biopsy</i> <i>Histology using core biopsy</i> <i>Suggestive of malignancy - take appropriate action</i> <i>Cytologic analysis</i>	"Additional projections"=3 "Magnification views"=3 "Spot compression"=3 "Spot magnification view(s)"=3 "Old films for comparison"= 11 "Ductography" "Ultrasound"=4 "MRI"=6 "Normal interval follow-up" "Follow-up at short interval"=2 "Biopsy should be considered"=8, 9 and 10 "Needle localization"=10 "Histology"=10 "Suggestive of malignancy"=8, 9 and 10 "Cytologic analysis"=9 Anything else=88	Recommendation for routine interval follow-up II.35 1 year II.36 Return at age 40 II.37 Other Recommendation for short interval follow-up II.39 6 months II.40 other Recommendation for: II.42 additional imaging evaluation II.43 consider biopsy II.44 appropriate action should be taken Specify immediate management: II.45 compare with previous mammograms II.46 additional mammographic views II.47 ultrasound II.48 MRI II.49 nuclear medicine II.50 cyst aspiration II.51 FNA biopsy II.52 core biopsy II.53 needle localization II.54 clinical examination II.55 surgical consult II.56 other <i>0 No 1 Right breast only</i> <i>2 Left breast only</i> <i>4 Bilateral</i> <i>5 Yes, woman-level only</i> <i>9 Unknown</i>	If II.35, II.36 or II.37 between 1 and 5, then 1. If II.39 or II.40 between 1 and 5, then 2. If II.42 between 1 and 5, ignore. If II.43 between 1 and 5, then 8, 9 and 10. If II.44 between 1 and 5, then 8, 9 and 10. If II.45 between 1 and 5, then 11. If II.46 between 1 and 5, then 3. If II.47 between 1 and 5, then 4. If II.48 between 1 and 5, then 6. If II.49 between 1 and 5, then 5. If II.50 between 1 and 5, then 9. If II.51 between 1 and 5, then 9. If II.52 between 1 and 5, then 10. If II.53 between 1 and 5, then 88. If II.54 between 1 and 5, then 7. If II.55 between 1 and 5, then 8. If II.56 between 1 and 5, then 88.

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Description of the Most Significant Mammogram Finding	Indicate the choice that most accurately describes the most significant mammogram finding.	Select one: 0-None 1-Mass 2-Calcification 3-Architectural distortion 4-Asymmetries 8-Other	Optional	Numeric	1	<p>p.292 Mass shape <i>Round, oval, etc.</i></p> <p>p.293 Number of calcifications 1-5 6-10 >10</p> <p>p.293 Architectural distortion <i>Architectural distortion</i></p> <p>p.293 Special cases: <i>Asymmetric tubular structure / solitary dilated duct</i> <i>Intramammary lymph node</i> <i>Global asymmetry</i> <i>Focal asymmetry</i></p>	<p>If "Mass shape" <> null, then 1. If "Number of calcifications" <> null, then 2. If "Architectural..." <> null, then 3. If "Special cases" = "Asymmetric...", "Global asymmetry" or "Focal asymmetry", then 4. If "Special cases" = "Intramammary...", then 8. If more than one of the above, then 8. If none of the above, then 0.</p>	None	Not applicable

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Integrated Assessment Category	Indicate integrated assessment category, i.e., assessment category incorporating the findings of both mammography and ultrasound if performed on the same day. If the assessment for each breast is different, indicate the assessment with the higher level of concern. Categories 1-3 indicate the lowest levels of concern, Category 0 indicates the next level, and Categories 4-5 indicate the highest levels. Do not include mammography examinations with final assessments of 6 (Known malignancy).	Select one: 0 - Need additional imaging evaluation 1 - Negative 2 - Benign finding 3 - Probably benign finding 4 - Suspicious abnormality 5 - Highly suggestive of malignancy 9 - Unknown	Optional	Numeric	1	None	Not applicable	None	Not applicable

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Subcategory of Integrated Assessment Category 4	Indicate subcategory of Integrated Assessment Category 4, if applicable.	Select one: 0-Not applicable 1-4A - Low suspicion level 2-4B - Intermediate suspicion level 3-4C - Moderate suspicion level 9-Unknown	Optional	Numeric	1	None	Not applicable	None	Not applicable
Final disposition, if recorded assessment is 0	Indicate final disposition if the recorded assessment is 0 and additional imaging is performed at a different facility.	Select one: 1 - Negative 2 - Benign finding 3 - Probably benign finding 4 - Suspicious abnormality 5 - Highly suggestive of malignancy 9 - Unknown	Optional	Numeric	1	None	Not applicable	None	Not applicable

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Element Name	Definition	Answer	Use	Format	Max. Length	Closest equivalent	Mapping	Closest equivalent	Mapping
Film or Digital	Indicate whether the image was recorded on film or digitally. If unknown, indicate "film".	Select one: 1-Film 2-Digital	Optional	Numeric	1	None	Not applicable	II.14 Hard copy digital on standard views II.15 Hard copy digital on additional views II.16 Soft copy digital on standard views II.17 Soft copy digital on additional views 0 No 1 Yes 9 Unknown	If any of II.14-II.17 = 1, then 2, else 1.
Use of Computer Aided Detection (CAD)	Indicate whether Computer Aided Detection (CAD) was used.	Select one: 0-No 1-Yes - standard views 2-Yes - additional views 3-Yes - both standard and additional views 4-Yes - NOS 9-Unknown	Optional	Numeric	1	None	Not applicable	II.10 CAD on standard views II.11 CAD on additional views 0 No 1 Yes 9 Unknown	If II.10=0 and II.11=0, then 0. If II.10=1 and II.11=0, then 1. If II.10=1 and II.11=9 or null, then 4. If II.10=0 and II.11=1, then 2. If II.10=9 or null and II.11=1, then 4. If II.10=1 and II.11=1, then 3. Anything else = 9.

NATIONAL MAMMOGRAPHY DATABASE DATA ELEMENTS - April 22, 2020 - Versions 2.0, 2.1 and 2.2

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July 28, 2020, changes: Language added to reflect COVID/coronavirus only						Mapping from BI-RADS® Data Dictionary (4th edition)		Mapping from ACR/BCSC Data Dictionary (BI-RADS® 4th edition)	
Element Name	Definition	Answer	Use	Format	Max. Length	Closest equivalent	Mapping	Closest equivalent	Mapping
Double Read	Indicate whether the mammogram was read by more than one radiologist, as part of double-read process.	Select one: 0-No 1-Yes - standard views 2-Yes - additional views 3-Yes - both standard and additional views 4-Yes - NOS 9-Unknown	Optional	Numeric	1	None	Not applicable	II.12 Double read on standard views II.13 Double read on additional views 0 No 1 Yes 9 Unknown	If II.12=0 and II.13=0, then 0. If II.12=1 and II.13=0, then 1. If II.12=1 and II.13=9 or null, then 4. If II.12=0 and II.13=1, then 2. If II.12=9 or null and II.13=1, then 4. If II.12=1 and II.13=1, then 3. Anything else = 9.
Biopsy procedure	Indicate the type of biopsy procedure, if biopsy is performed. Enter a choice only if biopsy was performed. If more than one biopsy was performed, report only on the biopsy of the most severe assessment.	Select one: 1-Excisional biopsy 2-Core biopsy 3-Fine needle aspiration 8-Other 9-Biopsy performed, type unknown	Optional	Numeric	1	p.299 Biopsy procedure: <i>Localization for surgical biopsy</i> <i>Fine needle aspiration</i> <i>Cyst aspiration</i> <i>Core biopsy</i> <i>Excisional biopsy</i>	If null and "Biopsy Date" not null, then 9. If null and "Biopsy Date" null, then null. "Localization..." = null "Fine..." = 3 "Cyst..." = null "Core..." = 2 "Excisional..." = 1	IV.9 Biopsy procedure type: 01 Excisional biopsy 02 Core biopsy 03 Surgical biopsy NOS (excisional biopsy / core biopsy / incisional biopsy) 04 FNA 05 Cyst aspiration 06 Other surgery (non-biopsy, e.g., mastectomy, partial mastectomy....) 07 Lymph nodes 08 Ductogram 99 Unknown	01 = 1 02 = 2 03 = 9 04 = 3 99 = 9 others = null
Biopsy date	Indicate the date the biopsy was performed.		Optional	mm/dd/yyyy	10	p.299 Date of biopsy (mm/dd/yyyy)	Direct mapping	IV.7 Biopsy/Surgery procedure date	Direct mapping

NATIONAL MAMMOGRAPHY DATABASE DATA ELEMENTS - April 22, 2020 - Versions 2.0, 2.1 and 2.2

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Element Name	Definition	Answer	Use	Format	Max. Length	Closest equivalent	Mapping	Closest equivalent	Mapping
Classification of lesion	Indicate the biopsy result. Use BI-RADS® classification of benign, high risk and malignant.	Select one: 1-Benign 2-High risk 3-Malignant 9-Unknown	Optional	Numeric	1	p.301 Classification of lesion <i>Benign</i> <i>High risk</i> <i>Malignant</i>	f null and "Biopsy Date" not null, then 9. If null and "Biopsy Date" null, then null. Anything else, direct mapping	None	Not applicable
Malignancy Type	Indicate malignancy type.	Select one: 1-Invasive carcinoma 2-DCIS 8-Other	Optional	Numeric	1	p.301 Malignancy type: Invasive DCIS Other	Direct mapping	Malignancy type: Invasive DCIS Other	Direct mapping
Tumor Size	Indicate tumor size to the nearest mm. If more than one tumor is found, indicate the size of the largest tumor. Use histopathology tumor size, or if unavailable, then use tumor size at imaging.		Optional	Numeric	3	p.301 Pathological Size of Tumor in mm. May include decimal to the 10th place, if used, include decimal point. 1-4 digit number.	Round off to the nearest mm. If more than one reported, use the largest one.	None	Not applicable

NATIONAL MAMMOGRAPHY DATABASE DATA ELEMENTS - April 22, 2020 - Versions 2.0, 2.1 and 2.2

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Element Name	Definition	Answer	Use	Format	Max. Length	Closest equivalent	Mapping	Closest equivalent	Mapping
Nodal Status	Indicate nodal stage.	Select one: 1-Negative 2-Positive 9-Unknown	Optional	Numeric	1	p.301 Nodes Removed. 1 or 2 digit number. Nodes Positive. 1 or 2 digit number.	If "nodes removed" = null, then 9, else If "nodes removed" = 0, then 1, else If "nodes positive" = 0 then 1, else 2	None	Not applicable
Tumor Stage	Indicate tumor stage. If more than one tumor is found, indicate the stage of the largest tumor.	Select one: 0-Stage 0 1-Stage I 2-Stage II 3-Stage III 4-Stage IV	Optional	Numeric	1	p.302 Stage Stage 0 Stage 1 Stage 2A Stage 2B Stage 3A Stage 3B Stage 3C Stage 4	Direct mapping. Disregard the alpha character in the Stage designation.	None	Not applicable
Sex	Indicate the patient's sex at birth	Select one: 1-Male 2-Female	Optional	Numeric	1	p.283 Patient sex <i>Female</i> <i>Male</i>	Direct mapping	None	Not applicable

NATIONAL MAMMOGRAPHY DATABASE DATA ELEMENTS - April 22, 2020 - Versions 2.0, 2.1 and 2.2

Text in red indicates changes since the May 1, 2018, version of this document.

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Element Name	Definition	Answer	TID ¹	Name / Context name	Code Meaning	Mapping
NMD File Version Number	NMD File Version Number	2.0 2.1 2.2	Not applicable	Not applicable	Not applicable	Not applicable
Facility ID (not applicable to version 2.0)	NOT APPLICABLE TO VERSION 2.0 NRDR Facility ID		Not applicable	Not applicable	Not applicable	Not applicable
Patient Last Name	Indicate the patient's last name.		DICOM header			Direct mapping
Patient First Name	Indicate the patient's first name.		DICOM header			Direct mapping
Patient's Middle Name(s)	Indicate the patient's middle name.		DICOM header			Direct mapping
Patient ID	Facility-specific unique patient identifier		DICOM header			Direct mapping

NATIONAL MAMMOGRAPHY DATABASE DATA ELEMENTS - April 22, 2020 - Versions 2.0, 2.1 and 2.2

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Element Name	Definition	Answer	TID ¹	Name / Context name	Code Meaning	Mapping
Patient SSN	Indicate the nine-digit Patient's Social Security Number (SSN).		Not applicable	Not applicable	Not applicable	Not applicable
Old Patient Medicare Beneficiary ID (Not Applicable to Version 2.0)	APPLICABLE TO VERSION 2.1 ONLY Indicate patient's Medicare Beneficiary ID, if issued prior to April 1, 2018		Not applicable	Not applicable	Not applicable	Not applicable
New Patient Medicare Beneficiary ID (Not Applicable to Version 2.0)	NOT APPLICABLE TO VERSION 2.0 Indicate patient's Medicare Beneficiary ID, if issued on or after April 1, 2018		Not applicable	Not applicable	Not applicable	Not applicable
Patients ZIP Code / Postal Code	Indicate U.S. ZIP code or Canadian postal code.		Not applicable	Not applicable	Not applicable	Not applicable
Date of Birth	Indicate the patient's date of birth.		DICOM header			Direct mapping
First Degree Relative with Breast Cancer	Select "Yes" if there is at least one first degree relative (mother, sister, daughter) who had a breast cancer diagnosis. Select "Unknown" if all answers are unknown, select "No" for any other combination.	Select one: 0-No 1-Yes 9-Unknown	9000 > 9005	Risk Factor (<i>at least 1 occurrence, mandatory</i>)	(CID 6081) Breast Cancer Risk Factors <ul style="list-style-type: none"> ●Weak family history of breast cancer ●Intermediate family history of breast cancer ●Very strong family history of breast cancer ●Family history unknown ●No family history of breast carcinoma 	Missing = 9 Weak family history of breast cancer (if no other occurrence present) = 0 Intermediate family history of breast cancer = 1 Very strong family history of breast cancer = 1 Family history unknown = 9 No family history of breast carcinoma = 0

NATIONAL MAMMOGRAPHY DATABASE DATA ELEMENTS - April 22, 2020 - Versions 2.0, 2.1 and 2.2

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Element Name	Definition	Answer	TID ¹	Name / Context name	Code Meaning	Mapping
HRT / Hormone Use	Indicate whether the patient currently uses any hormone-related medications or hormone replacement therapy, e.g., Premarin, tamoxifen, raloxifene. Do not include thyroid medications or hormone-based birth control.	Select all that apply: <ul style="list-style-type: none"> ●None ●Hormone-replacement therapy ●Tamoxifen or raloxifene ●Other ●Unknown Note: If "None" or "Unknown" is selected, then no other choice should be selected.	9000 > 9002	Medication Type (<i>at least 1 occurrence, mandatory</i>)	(CID 6080) Gynecological Hormones <ul style="list-style-type: none"> ●Contraceptives ●Estrogen product ●Progesterone product ●Tamoxifen ●Unspecified gynecological hormone ●Raloxifene ●Anastrozole 	Missing = "None" Estrogen product = "Hormone-replacement therapy" Progesterone product = "Hormone-replacement therapy" Tamoxifen = "Tamoxifen or raloxifene" Raxofilene = "Tamoxifen or raloxifene" Others = "Other"
Height	Indicate height to the nearest inch.		Not applicable	Not applicable	Not applicable	Not applicable
Weight	Indicate weight to the nearest pound.		Not applicable	Not applicable	Not applicable	Not applicable
Date of Last Natural Period	Indicate date last natural period began. If day is unknown, use 01; if month is unknown use 01.		9000 > 9001	Date of last menstrual period (<i>exactly 1 occurrence, optional</i>)		Direct mapping.
Date of Examination	Indicate the date of the mammogram.		4200 > 4208 > 4201	Procedure reported (<i>exactly 1 occurrence, mandatory</i>)	Study date	Direct mapping.
Rescheduled Exam	Indicate if this exam was previously scheduled on an earlier date and changed for any reason.	Select one: N-No Y-Yes U-Unknown				Not applicable

NATIONAL MAMMOGRAPHY DATABASE DATA ELEMENTS - April 22, 2020 - Versions 2.0, 2.1 and 2.2

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Element Name	Definition	Answer	TID ¹	Name / Context name	Code Meaning	Mapping
Originally scheduled exam date	Indicate the date on which the exam was previously scheduled. If the exam has been rescheduled multiple times, use the first originally scheduled date of exam.					Not applicable
Reschedule Reason	Indicate the primary reason the exam was rescheduled.	Select one: 1 - Patient Reason: COVID/coronavirus related; 2 - Patient Reason: Other; 3 - Facility Reason: COVID/coronavirus related; 4 - Facility Reason: Other; 9 - Reason Unknown				Not applicable
NPI of Interpreting Radiologist	Indicate NPI of the MSQA-qualified interpreting radiologist.		Not applicable	Not applicable	Not applicable	Not applicable

NATIONAL MAMMOGRAPHY DATABASE DATA ELEMENTS - April 22, 2020 - Versions 2.0, 2.1 and 2.2

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Element Name	Definition	Answer	TID ¹	Name / Context name	Code Meaning	Mapping
Symptoms	Indicate self-reported symptoms, limited to new symptoms in the past 3 months. Select "Asymptomatic" for patients with no symptoms, breast pain only, or symptoms present for longer than 3 months. Select "Palpable lump" for patients with both lump and other symptoms.	Select one: 1-Asymptomatic 2-Palpable lump or thickening 3-Symptoms other than lump	9000 > 9004	Indicated problem (<i>1 or more occurrences, mandatory</i>)	(CID 6055) Breast Clinical Finding or Indicated Problem <ul style="list-style-type: none"> ●O/E - Breast lump palpated ●Bloody nipple discharge ●Non-bloody discharge (from nipple) ●Difficult physical/clinical examination ●Disorder of breast implant ●Skin thickening of breast ●Skin retraction of breast ●Peau d'orange surface of breast ●Nipple problem ●O/E – axillary lymphadenopathy ●Breast pain ●Cancer elsewhere ●Breast lump ●Discoloration of skin of breast ●Radiographic calcification finding ●Image detected mass 	If missing, then 1 O/E - Breast lump palpated = 2 Breast lump = 2 Breast pain (if "breast pain" is the only occurrence) = 1 Anything else (if none of the above apply) = 3

NATIONAL MAMMOGRAPHY DATABASE DATA ELEMENTS - April 22, 2020 - Versions 2.0, 2.1 and 2.2

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Element Name	Definition	Answer	TID ¹	Name / Context name	Code Meaning	Mapping
Date of Previous Mammogram	Indicate the date of the most recent prior mammogram, if known.		9000 > 9003	Previous Procedure (at least 1 occurrence, mandatory)	<p>(CID 6050) Breast Procedure Reported ●Film Screen Mammography ●Digital Mammography ●Others</p> <p>Procedure DateTime (exactly 1 occurrence, optional)</p> <p>Estimated Timeframe (exactly 1 occurrence, optional) ●< 3 months ago ●4 months to 1 year ago ●> 1 year ago ●Not sure</p> <p>Each Breast Procedure Reported may have either Procedure DateTime or Estimated Timeframe coded, but not both.</p>	Extract date from the latest Procedure DateTime that applies to Film Screen Mammography or Digital Mammography. If only estimated timeframes provided, leave blank.
Comparison to Previous Mammogram	Indicate whether the mammogram was compared to a previous mammogram. Do not include comparisons to MRI's or ultrasound.	Select one: 0-No comparison made, or unknown 1-Yes, no significant change 2-Yes, significant change 3-Yes, NOS	4200 > 4208 > 4206	Change since last mammogram (at least 1 occurrence, optional)	<p>(CID 6002) Change since last mammogram or prior surgery ●New finding ●Finding partially removed ●No significant changes in the finding ●Increase in size ●Decrease in size ●Increase in number of calcifications ●Decrease in number of calcifications ●Less defined ●More defined ●Removal of implant since previous mammogram ●Implant revised since previous mammogram</p>	If missing then 0, else If No significant changes in the finding, then 1, else 2
Date of Previous Mammogram Compared	Indicate the date of the most recent prior mammogram compared, if known.		Not applicable	Not applicable	Not applicable	Not applicable

NATIONAL MAMMOGRAPHY DATABASE DATA ELEMENTS - April 22, 2020 - Versions 2.0, 2.1 and 2.2

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Element Name	Definition	Answer	TID ¹	Name / Context name	Code Meaning	Mapping
Breast Density	Indicate breast density based on BI-RADS® scale. If left and right breasts differ, use the higher density.	Select one: 1-Almost entirely fat (<25% fibroglandular) 2-Scattered fibroglandular densities (25-50%) 3- Heterogeneously dense (51-75%) 4-Extremely dense (>75%) 9-Unknown	4200 > 4208 > 4205	Breast composition (at least 1 occurrence) Percent glandular tissue (at least 1 occurrence) <i>(at least one of Breast Composition and Percent Glandular Tissue must be reported)</i>	(CID 6000) Breast Composition Overall Breast composition ●Almost entirely fat ●Scattered fibroglandular densities ●Heterogeneously dense ●Extremely dense Percent glandular tissue <i>percent value</i>	Direct mapping. In case of multiple densities, select the highest.
Assessment Category	Indicate assessment category. If the assessment for each breast is different, indicate the assessment with the higher level of concern. Categories 1-3 indicate the lowest levels of concern, Category 0 indicates the next level, and Categories 4-5 indicate the highest levels. Do not include mammography examinations with final assessments of 6 (Known malignancy).	Select one: 0 - Need additional imaging evaluation 1 - Negative 2 - Benign finding 3 - Probably benign finding 4 - Suspicious abnormality 5 - Highly suggestive of malignancy	4200 > 4208 > 4206 > 4203	Assessment Category <i>(exactly 1 occurrence, mandatory)</i>	(CID 6026) Mammography Assessment Assessment from BI-RADS® ●0 - Need additional imaging evaluation ●1 – Negative ●2 – Benign Finding ●3 - Probably Benign Finding – short interval follow-up ●4 - Suspicious abnormality, biopsy should be considered ●4A – Low suspicion ●4B – Intermediate suspicion ●4C – Moderate suspicion ●5 - Highly suggestive of malignancy, take appropriate action ●6 - Known biopsy proven malignancy Other ●Post Procedure Mammograms for Marker Placement	If missing, use integrated assessment category below. If both Assessment Category and Integrated Assessment Category are missing, discard exam. If multiple assessments, select highest level of concern (see Column B). 4, 4A, 4B, 4C = 4 0, 1, 2, 3, 5 = direct mapping Discard all others

NATIONAL MAMMOGRAPHY DATABASE DATA ELEMENTS - April 22, 2020 - Versions 2.0, 2.1 and 2.2

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Element Name	Definition	Answer	TID ¹	Name / Context name	Code Meaning	Mapping
Subcategory of Assessment Category 4	Indicate subcategory of Assessment Category 4, if applicable.	Select one: 0-Not applicable 1-4A - Low suspicion level 2-4B - Intermediate suspicion level 3-4C - Moderate suspicion level 9-Unknown	4200 > 4208 > 4206 > 4203	Assessment Category <i>(exactly 1 occurrence, mandatory)</i>	(CID 6026) Mammography Assessment Assessment from BI-RADS® <ul style="list-style-type: none"> ●0 - Need additional imaging evaluation ●1 - Negative ●2 - Benign Finding ●3 - Probably Benign Finding – short interval follow-up ●4 - Suspicious abnormality, biopsy should be considered ●4A – Low suspicion ●4B – Intermediate suspicion ●4C – Moderate suspicion ●5 - Highly suggestive of malignancy, take appropriate action ●6 - Known biopsy proven malignancy Other <ul style="list-style-type: none"> ●Post Procedure Mammograms for Marker Placement 	If missing, use integrated subcategory below. If multiple assessments, select highest level of concern. 4A = 1 4B = 2 4C = 3 4 = 9 0, 1, 2, 3, 5 = 0 Discard all others

NATIONAL MAMMOGRAPHY DATABASE DATA ELEMENTS - April 22, 2020 - Versions 2.0, 2.1 and 2.2

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Element Name	Definition	Answer	TID ¹	Name / Context name	Code Meaning	Mapping
Management recommendation(s)	Indicate all recommendations that apply.	Select all that apply: 1.Normal interval follow-up mammography 2.Short interval follow-up mammography 3.Additional views 4.Ultrasound 5.Nuclear medicine 6.MRI 7.Clinical exam 8.Surgical consult 9.FNA 10.Biopsy 11.Compare with previous mammograms 88.Other	4200 > 4208 > 4206 > 4203 and 4200 > 4208 > 4203	Recommended Follow-up (1 or more occurrences, optional)	<p>(CID 6028) Recommended Follow-up from BI-RADS®</p> <ul style="list-style-type: none"> ●Additional projections ●Magnification views ●Spot compression ●Spot magnification view(s) ●Ultrasound procedure ●Old films for comparison ●Mammary ductogram ●Normal interval follow-up ●Any decision to biopsy should be based on clinical assessment ●Follow-up at short interval (1-11 months) ●Biopsy should be considered ●Needle localization and biopsy ●Histology using core biopsy ●Suggestive of malignancy – take appropriate action ●Cytologic analysis ●Biopsy should be strongly considered ●Highly suggestive of malignancy – take appropriate action ●Known biopsy proven malignancy – take appropriate action ●MRI of breast <p>Other</p> <ul style="list-style-type: none"> ●Follow-up post biopsy as directed by clinician ●Nuclear medicine procedure ●Evaluation procedure ●Surgical consult 	Additional projections = 3 Magnification views = 3 Spot compression = 3 Spot magnification view(s) = 3 Ultrasound procedure = 4 Normal interval follow-up = 1 Follow-up at short interval = 2 Biopsy should be considered = 10 Needle localization and biopsy = 10 Histology using core biopsy = 10 Biopsy should be strongly considered = 10 MRI of breast = 6 Follow-up post biopsy as directed by clinician = 10 Nuclear medicine procedure = 5 Surgical consult = 8 Suggestive of malignancy = 8, 9 and 10 Highly suggestive of malignancy = 8, 9 and 10 Others = 88

NATIONAL MAMMOGRAPHY DATABASE DATA ELEMENTS - April 22, 2020 - Versions 2.0, 2.1 and 2.2

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Element Name	Definition	Answer	TID ¹	Name / Context name	Code Meaning	Mapping
Description of the Most Significant Mammogram Finding	Indicate the choice that most accurately describes the most significant mammogram finding.	Select one: 0-None 1-Mass 2-Calcification 3-Architectural distortion 4-Asymmetries 8-Other	4200 > 4208 > 4206	Finding (<i>1 or more occurrences, mandatory</i>)	(CID 6054, includes 6016,6057(n/a),6064(n/a)) Breast Imaging Findings <ul style="list-style-type: none"> ●Breast normal ●Calcification of breast ●Implant Mammography Composite Feature (CID 6016, includes 6014(n/a),6017) <ul style="list-style-type: none"> ●Mass with calcifications Single Image Finding from BI-RADS (CID 6017) <ul style="list-style-type: none"> ●Mammographic breast density ●Individual Calcification ●Calcification Cluster ●Architectural distortion of breast ●Tubular density ●Intra-mammary lymph node ●Trabecular thickening of breast ●Breast composition ●Skin retraction of breast ●Skin thickening of breast ●Axillary adenopathy ●Skin lesion ●Cooper's ligament changes ●Edema ●Mass in the skin ●Mass on the skin ●Axillary lymph node 	If only 1: ===Breast normal = 0 ===Calcification of breast = 2 ===Individual calcification = 2 ===Calcification cluster = 2 ===Architectural distortion of breast = 3 ===Mass with calcifications = 1 ===Mass in the skin = 1 ===Mass on the skin = 1 ===Anything else = 8 More than 1: = 8

NATIONAL MAMMOGRAPHY DATABASE DATA ELEMENTS - April 22, 2020 - Versions 2.0, 2.1 and 2.2

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Element Name	Definition	Answer	TID ¹	Name / Context name	Code Meaning	Mapping
Integrated Assessment Category	Indicate integrated assessment category, i.e., assessment category incorporating the findings of both mammography and ultrasound if performed on the same day. If the assessment for each breast is different, indicate the assessment with the higher level of concern. Categories 1-3 indicate the lowest levels of concern, Category 0 indicates the next level, and Categories 4-5 indicate the highest levels. Do not include mammography examinations with final assessments of 6 (Known malignancy).	Select one: 0 - Need additional imaging evaluation 1 - Negative 2 - Benign finding 3 - Probably benign finding 4 - Suspicious abnormality 5 - Highly suggestive of malignancy 9 - Unknown	4200 > 4208 > 4203	Assessment Category (<i>exactly 1 occurrence, mandatory</i>)	(CID 6026) Mammography Assessment Assessment from BI-RADS® ●0 - Need additional imaging evaluation ●1 - Negative ●2 - Benign Finding ●3 - Probably Benign Finding – short interval follow-up ●4 - Suspicious abnormality, biopsy should be considered ●4A – Low suspicion ●4B – Intermediate suspicion ●4C – Moderate suspicion ●5 - Highly suggestive of malignancy, take appropriate action ●6 - Known biopsy proven malignancy Other ●Post Procedure Mammograms for Marker Placement	If multiple assessments, select highest level of concern (see Column B). 4, 4A, 4B, 4C = 4 0, 1, 2, 3, 5 = direct mapping Discard all others

NATIONAL MAMMOGRAPHY DATABASE DATA ELEMENTS - April 22, 2020 - Versions 2.0, 2.1 and 2.2

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Element Name	Definition	Answer	TID ¹	Name / Context name	Code Meaning	Mapping
Subcategory of Integrated Assessment Category 4	Indicate subcategory of Integrated Assessment Category 4, if applicable.	Select one: 0-Not applicable 1-4A - Low suspicion level 2-4B - Intermediate suspicion level 3-4C - Moderate suspicion level 9-Unknown	4200 > 4208 > 4203	Assessment Category (<i>exactly 1 occurrence, mandatory</i>)	(CID 6026) Mammography Assessment Assessment from BI-RADS® <ul style="list-style-type: none"> ●0 - Need additional imaging evaluation ●1 - Negative ●2 - Benign Finding ●3 - Probably Benign Finding – short interval follow-up ●4 - Suspicious abnormality, biopsy should be considered ●4A – Low suspicion ●4B – Intermediate suspicion ●4C – Moderate suspicion ●5 - Highly suggestive of malignancy, take appropriate action ●6 - Known biopsy proven malignancy Other <ul style="list-style-type: none"> ●Post Procedure Mammograms for Marker Placement 	If multiple assessments, select highest level of concern. 4A = 1 4B = 2 4C = 3 4 = 9 0, 1, 2, 3, 5 = 0 Discard all others
Final disposition, if recorded assessment is 0	Indicate final disposition if the recorded assessment is 0 and additional imaging is performed at a different facility.	Select one: 1 - Negative 2 - Benign finding 3 - Probably benign finding 4 - Suspicious abnormality 5 - Highly suggestive of malignancy 9 - Unknown	Not applicable	Not applicable	Not applicable	Not applicable

NATIONAL MAMMOGRAPHY DATABASE DATA ELEMENTS - April 22, 2020 - Versions 2.0, 2.1 and 2.2

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Element Name	Definition	Answer	TID ¹	Name / Context name	Code Meaning	Mapping
Film or Digital	Indicate whether the image was recorded on film or digitally. If unknown, indicate "film".	Select one: 1-Film 2-Digital	4200 > 4208 > 4201	Procedure reported (<i>exactly 1 occurrence, mandatory</i>)	(CID 6050) Breast Procedure Reported <ul style="list-style-type: none"> ●Film Screen Mammography ●Digital Mammography ●Ultrasonography of breast ●MRI of breast ●Pre-biopsy localization of breast lesion ●Fine needle aspiration of breast ●Diagnostic aspiration of breast cyst ●Core needle biopsy of breast ●Breast – surgical biopsy ●Mammary ductogram ●CT of breast ●Radionuclide localization of tumor, limited area ●Specimen radiography of breast ●Examination of breast ●Surgical consult ●Mammography CAD ●Sentinel lymph node biopsy ●Radioisotope scan of lymphatic system ●Clip placement ●Insertion of catheter 	Film Screen Mammography = 1 Digital Mammography = 2
Use of Computer Aided Detection (CAD)	Indicate whether Computer Aided Detection (CAD) was used.	Select one: 0-No 1-Yes - standard views 2-Yes - additional views 3-Yes - both standard and additional views 4-Yes - NOS 9-Unknown	4200 > 4208 > 4201 AND/OR 4200 > 4208 > 4204 > 4201		(CID 6050) Breast Procedure Reported <ul style="list-style-type: none"> ●Mammography CAD ●Others 	Mammography CAD = 4

NATIONAL MAMMOGRAPHY DATABASE DATA ELEMENTS - April 22, 2020 - Versions 2.0, 2.1 and 2.2

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Element Name	Definition	Answer	TID ¹	Name / Context name	Code Meaning	Mapping
Double Read	Indicate whether the mammogram was read by more than one radiologist, as part of double-read process.	Select one: 0-No 1-Yes - standard views 2-Yes - additional views 3-Yes - both standard and additional views 4-Yes - NOS 9-Unknown	Not applicable	Not applicable	Not applicable	Not applicable
Biopsy procedure	Indicate the type of biopsy procedure, if biopsy is performed. Enter a choice only if biopsy was performed. If more than one biopsy was performed, report only on the biopsy of the most severe assessment.	Select one: 1-Excisional biopsy 2-Core biopsy 3-Fine needle aspiration 8-Other 9-Biopsy performed, type unknown	4200 > 4208 > 4204 > 4201	Procedure Reported <i>(exactly 1 occurrence, mandatory)</i>	(CID 6050) Breast Procedure Reported <ul style="list-style-type: none"> ●Film Screen Mammography ●Digital Mammography ●Ultrasonography of breast ●MRI of breast ●Pre-biopsy localization of breast lesion ●Fine needle aspiration of breast ●Diagnostic aspiration of breast cyst ●Core needle biopsy of breast ●Breast – surgical biopsy ●Mammary ductogram ●CT of breast ●Radionuclide localization of tumor, limited area ●Specimen radiography of breast ●Examination of breast ●Surgical consult ●Mammography CAD ●Sentinel lymph node biopsy ●Radioisotope scan of lymphatic system ●Clip placement ●Insertion of catheter 	Fine needle aspiration of breast = 3 Diagnostic aspiration of breast cyst =8 Core needle biopsy of breast = 2 Breast - surgical biopsy = 1 Sentinel lymph node biopsy = 8
Biopsy date	Indicate the date the biopsy was performed.		4200 > 4208 > 4204 > 4201	Study date <i>(exactly 1 occurrence, optional)</i>		Direct mapping

NATIONAL MAMMOGRAPHY DATABASE DATA ELEMENTS - April 22, 2020 - Versions 2.0, 2.1 and 2.2

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Element Name	Definition	Answer	TID ¹	Name / Context name	Code Meaning	Mapping
Classification of lesion	Indicate the biopsy result. Use BI-RADS® classification of benign, high risk and malignant.	Select one: 1-Benign 2-High risk 3-Malignant 9-Unknown	4200 > 4208 > 4206 > 4203 > 4207 AND/OR 4200 > 4208 > 4203 > 4207	Procedure Result <i>(exactly 1 occurrence, mandatory)</i>	(CID 6063) Interventional Procedure Results Benign High risk tumor Malignant Insufficient sample Indeterminate result	If missing and "Biopsy date" null, then null. If missing and "Biopsy date" not null, then 9. Benign = 1 High risk tumor = 2 Malignant = 3 Other = 9
Malignancy Type	Indicate malignancy type.	Select one: 1-Invasive carcinoma 2-DCIS 8-Other	4200 > 4208 > 4206 > 4203 > 4207 AND/OR 4200 > 4208 > 4203 > 4207	Pathology <i>(at least 1 occurrence; optional)</i> Malignancy type <i>(exactly 1 occurrence per Pathology; optional)</i>	(CID 6030) Pathology Mammography Pathology Codes Benign Pathology Codes from BI-RADS <i>same as p.300 of BI-RADS with minor wording differences</i> High Risk Lesions Pathology codes from BI-RADS <i>same as p.300 of BI-RADS</i> Malignant Pathology Codes from BI-RADS <i>same as p.300 of BI-RADS with minor wording differences</i> (CID 6159) Malignancy Type Malignancy Type Invasive breast carcinoma Intraductal carcinoma, non-infiltrating Other malignancy type	Invasive breast carcinoma = 1 Intraductal carcinoma, non-infiltrating = 2 Other malignancy type = 8
Tumor Size	Indicate tumor size to the nearest mm. If more than one tumor is found, indicate the size of the largest tumor. Use histopathology tumor size, or if unavailable, then use tumor size at imaging.		Not applicable	Not applicable	Not applicable	Not applicable

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Element Name	Definition	Answer	TID ¹	Name / Context name	Code Meaning	Mapping
Nodal Status	Indicate nodal stage.	Select one: 1-Negative 2-Positive 9-Unknown	4200 > 4208 > 4206 > 4203 > 4207 AND/OR 4200 > 4208 > 4203 > 4207	Number of nodes removed (<i>exactly 1 occurrence per Pathology; optional</i>) Number of nodes positive (<i>exactly 1 occurrence per Pathology; mandatory if "nodes removed" > 0</i>)		Missing = null If "Number of nodes removed" = 0, then 1, else If "Number of nodes positive" = 0 then 1, else 2
Tumor Stage	Indicate tumor stage. If more than one tumor is found, indicate the stage of the largest tumor.	Select one: 0-Stage 0 1-Stage I 2-Stage II 3-Stage III 4-Stage IV	4200 > 4208 > 4206 > 4203 > 4207 AND/OR 4200 > 4208 > 4203 > 4207	Tumor stage finding (<i>exactly 1 occurrence per Pathology, optional</i>)	(CID 6068) Tumor stages from AJCC Stage 0 Stage I Stage IIA Stage IIB Stage IIIA Stage IIIB Stage IIIC Stage IV	Direct mapping. Disregard the alpha character in the Stage designation.
Sex	Indicate the patient's sex at birth	Select one: 1-Male 2-Female	DICOM header			M = 1 F = 2 anything else = null
			4200 = Breast Imaging Report 4201 = Breast Imaging Procedure Reported (included in 4208, at least 1 occurrence, mandatory; ALSO in 4205, at least 1 occurrence, optional; ALSO in 4204, exactly 1 occurrence, mandatory) 4203 = Breast Imaging Assessment (included in 4206, exactly 1 occurrence, optional; AND/OR included in Overall Assessment (exactly 1 occurrence, optional) in 4208, exactly 1 occurrence, mandatory) 4204 = Breast Imaging Report Intervention Section (included in 4208, at least 1 occurrence, optional) 4205 = Breast Composition Section (included in 4208, exactly 1 occurrence, optional) 4206 = Breast Imaging Report Finding Section (included in 4208, at least 1 occurrence, optional) 4207 = Breast Imaging Pathology Results (included in 4203, at least 1 occurrence, optional; AND/OR included in Specimen (at least 1 occurrence, optional) in 4204, at least 1 occurrence, optional) 4208 = Breast Imaging Report Supplementary Data (included in 4200, exactly 1 occurrence, optional) 9000 = Relevant Patient Information for Breast Imaging 9001 = Gynecological History (included in 9000, exactly 1 occurrence, optional) 9002 = Medication, Substance, Environmental Exposure (included in 9000, exactly 1 occurrence, optional) 9003 = Previous Procedure (included in 9000, exactly 1 occurrence, optional) 9004 = Indicated Problem (included in 9000, exactly 1 occurrence, optional) 9005 = Risk Factor (included in 9000, exactly 1 occurrence, optional)			