### August 13, 2022 changes:
- "Other" and "Unknown" options added for patient sex

<table>
<thead>
<tr>
<th>Element Name</th>
<th>Definition</th>
<th>Answer</th>
<th>Use</th>
<th>Format</th>
<th>Max. Length</th>
<th>Closest equivalent</th>
<th>Mapping</th>
<th>Closest equivalent</th>
<th>Mapping</th>
</tr>
</thead>
<tbody>
<tr>
<td>NMD File Version Number</td>
<td>NMD File Version Number</td>
<td>2.0</td>
<td>Required</td>
<td>Numeric</td>
<td>5</td>
<td>None</td>
<td>Not applicable</td>
<td>None</td>
<td>Not applicable</td>
</tr>
<tr>
<td>Facility ID (applicable to version 2.2 only)</td>
<td>APPLICABLE TO VERSION 2.2 ONLY NRDR Facility ID</td>
<td>Required</td>
<td>nnnnnn</td>
<td>6</td>
<td>None</td>
<td>Not applicable</td>
<td>None</td>
<td>Not applicable</td>
<td>Not applicable</td>
</tr>
<tr>
<td>Patient Last Name</td>
<td>Indicate the patient's last name.</td>
<td>Required</td>
<td></td>
<td>45</td>
<td>None</td>
<td>Not applicable</td>
<td>I.4 Last name (30 chars)</td>
<td>Direct mapping</td>
<td></td>
</tr>
<tr>
<td>Patient First Name</td>
<td>Indicate the patient's first name.</td>
<td>Required</td>
<td></td>
<td>45</td>
<td>None</td>
<td>Not applicable</td>
<td>I.3 First name (30 chars)</td>
<td>Direct mapping</td>
<td></td>
</tr>
<tr>
<td>Patient's Middle Name(s)</td>
<td>Indicate the patient's middle name.</td>
<td>Optional</td>
<td></td>
<td>45</td>
<td>None</td>
<td>Not applicable</td>
<td>I.6 Middle initial (2 chars)</td>
<td>Direct mapping</td>
<td></td>
</tr>
<tr>
<td>Patient ID</td>
<td>Facility-specific unique patient identifier</td>
<td>Conditional: required if Patient SSN, Old Patient MBID and New Patient MBID not provided</td>
<td>Alphanumeric</td>
<td>50</td>
<td>None</td>
<td>Not applicable</td>
<td>I.3 Patient ID (10 chars)</td>
<td>Direct mapping</td>
<td></td>
</tr>
</tbody>
</table>
## August 13, 2022 changes:

*Other* and *Unknown* options added for patient sex

### Element Name | Definition | Answer | Use | Format | Max. Length | Closest equivalent | Mapping | Closest equivalent | Mapping
--- | --- | --- | --- | --- | --- | --- | --- | --- | ---
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-nnnn | 11 | None | Not applicable | None | Not applicable | None

Old Patient Medicare Beneficiary ID (Applicable to Version 2.2 only) | APPLICABLE TO VERSION 2.2 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 | None

New Patient Medicare Beneficiary ID (Applicable to Version 2.2 only) | APPLICABLE TO VERSION 2.2 ONLY 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 | Alphanumeric | 13 | None | Not applicable | None | Not applicable | None

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 (mm/dd/yyyy) | Direct mapping
### August 13, 2022 changes:
* "Other" and "Unknown" options added for patient sex

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<th>Mapping</th>
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</thead>
<tbody>
<tr>
<td>First Degree Relative with Breast Cancer</td>
<td>Select &quot;Yes&quot; if there is at least one first degree relative (mother, sister, daughter) who had a breast cancer diagnosis. Select &quot;Unknown&quot; if all answers are unknown, select &quot;No&quot; for any other combination.</td>
<td>Select one: 0-No 1-Yes 9-Unknown</td>
<td>Optional</td>
<td>Numeric</td>
<td>1</td>
<td>p.290 Risk factors</td>
<td>Intermediate family history of breast cancer Very strong family history of breast cancer Family history unknown</td>
<td>Mapping from BI-RADS® Data Dictionary (4th edition)</td>
<td>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</td>
</tr>
<tr>
<td>Personal History of Breast Cancer</td>
<td>Indicate whether the patient has a history of breast cancer.</td>
<td>Select one: 0-No 1-Yes 9-Unknown</td>
<td>Optional</td>
<td>Numeric</td>
<td>1</td>
<td>p.290 Risk factors</td>
<td>Personal breast cancer history</td>
<td>&quot;Personal...&quot; = 1 Anything else = 0</td>
<td>p.315 Have you ever been diagnosed with breast cancer? 0 No 1 Yes 9 Unknown</td>
</tr>
<tr>
<td>Element Name</td>
<td>Definition</td>
<td>Answer</td>
<td>Use</td>
<td>Format</td>
<td>Max. Length</td>
<td>Closest equivalent</td>
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</tr>
<tr>
<td>Race</td>
<td>Indicate the patient's race as determined by the patient / family. If more than one apply, select &quot;Other&quot;. If patient declines to respond, select &quot;Unknown&quot;.</td>
<td>Select one: 1-American Indian or Alaska Native 2-Asian 3-Black or African American 4-Native Hawaiian or Pacific Islander 5-White 6-Other 9-Unknown</td>
<td>Optional</td>
<td>Numeric</td>
<td>1</td>
<td>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</td>
<td>Not available = 9 Direct mapping for anything else</td>
<td>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</td>
<td>If only one of I.105- I.110 = 1, then select the corresponding choice. If all of I.105-I11.0 = null or 9, then 9. Anything else = 8.</td>
</tr>
<tr>
<td>Ethnicity</td>
<td>Indicate whether patient is Hispanic, as determined by the patient / family. If the patient declines to respond, select &quot;Unknown&quot;.</td>
<td>Select one: 0-No 1-Yes 9-Unknown</td>
<td>Optional</td>
<td>Numeric</td>
<td>1</td>
<td>p.283 Patient Hispanic, Spanish or Latino Yes No</td>
<td>Direct mapping</td>
<td>I.104 Hispanic or Latina origins 0 No 1 Yes 9 Unknown</td>
<td>Direct mapping</td>
</tr>
</tbody>
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### August 13, 2022 changes:

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<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Personal History of Biopsy or Breast Surgery</td>
<td>Indicate whether the patient has had a biopsy (other than FNA or cyst aspiration) or breast surgery (including core biopsy and cryoablation).</td>
<td>Select one: 0-No 1-Yes 2-Unknown</td>
<td>Optional</td>
<td>Numeric</td>
<td>1</td>
<td>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)</td>
<td>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: 1.42 Core needle biopsy 1.44 Have you had surgical biopsy (benign results) 1.46 Biopsy-not sure what type 1.50 Mastectomy 1.52 Breast reconstruction 1.56 Breast reduction 1.58 Breast implants (still present) 1.60 Breast implants (been removed) 1.62 Patient currently has silicone gel implants 1.63 Patient currently has saline implants 1.64 Patient currently has combination implants 1.65 Patient currently has pre-pectoral implants 1.66 Patient currently has retro-pectoral 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</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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: 1.42 Core needle biopsy 1.44 Have you had surgical biopsy (benign results) 1.46 Biopsy-not sure what type 1.50 Mastectomy 1.52 Breast reconstruction 1.56 Breast reduction 1.58 Breast implants (still present) 1.60 Breast implants (been removed) 1.62 Patient currently has silicone gel implants 1.63 Patient currently has saline implants 1.64 Patient currently has combination implants 1.65 Patient currently has pre-pectoral implants 1.66 Patient currently has retro-pectoral 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
### 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.

<table>
<thead>
<tr>
<th>Element Name</th>
<th>Definition</th>
<th>Answer</th>
<th>Use</th>
<th>Format</th>
<th>Max. Length</th>
<th>Closest equivalent</th>
<th>Mapping</th>
<th>Closest equivalent</th>
<th>Mapping</th>
</tr>
</thead>
</table>
| 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" | 1.88 Currently taking hormone replacement  
  1.93 Currently taking Tamoxifen or Raloxifene  
  1.97 Currently taking other hormone medications  
  0 No  
  1 Yes  
  9 Unknown | If 1.88 = 1, then "Hormone replacement therapy"  
  If 1.93 = 1, then "Tamoxifen or raloxifene"  
  If 1.97 = 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.

<table>
<thead>
<tr>
<th>Element Name</th>
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<th>Format</th>
<th>Max. Length</th>
<th>Closest equivalent</th>
<th>Mapping</th>
<th>Closest equivalent</th>
<th>Mapping</th>
</tr>
</thead>
</table>
| 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.

<table>
<thead>
<tr>
<th>Element Name</th>
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<th>Answer</th>
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<th>Format</th>
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<th>Mapping</th>
<th>Closest equivalent</th>
<th>Mapping</th>
</tr>
</thead>
</table>
| 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.

<table>
<thead>
<tr>
<th>Element Name</th>
<th>Definition</th>
<th>Answer</th>
<th>Use</th>
<th>Format</th>
<th>Max. Length</th>
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<th>Mapping</th>
<th>Closest equivalent</th>
<th>Mapping</th>
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</thead>
<tbody>
<tr>
<td>Date of Last Natural Period</td>
<td>Indicate date last natural period began. If day is unknown, use 01; if month is unknown use 01.</td>
<td>Optional</td>
<td>mm/dd/yyyy</td>
<td>10</td>
<td>None</td>
<td>Not applicable</td>
<td>I.82 Date when last menstrual period began (mm/dd/yyyy)</td>
<td>Direct mapping</td>
<td></td>
</tr>
</tbody>
</table>

### Date of Examination

Indicate the date of the mammogram.

<table>
<thead>
<tr>
<th>Element Name</th>
<th>Definition</th>
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<th>Format</th>
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<th>Closest equivalent</th>
<th>Mapping</th>
<th>Closest equivalent</th>
<th>Mapping</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date of Examination</td>
<td>Indicate the date of the mammogram.</td>
<td>Required</td>
<td>mm/dd/yyyy</td>
<td>10</td>
<td>p.285 Mammogram Study Date (mm/dd/yyyy)</td>
<td>Direct mapping</td>
<td>I.2 Exam date (mm/dd/yyyy)</td>
<td>Direct mapping</td>
<td></td>
</tr>
</tbody>
</table>

### Rescheduled Exam (applicable to version 2.2 only)

Indicate if this exam was previously scheduled on an earlier date and changed for any reason (applicable to version 2.2 only).

<table>
<thead>
<tr>
<th>Element Name</th>
<th>Definition</th>
<th>Answer</th>
<th>Use</th>
<th>Format</th>
<th>Max. Length</th>
<th>Closest equivalent</th>
<th>Mapping</th>
<th>Closest equivalent</th>
<th>Mapping</th>
</tr>
</thead>
</table>
| Rescheduled Exam            | Indicate if this exam was previously scheduled on an earlier date and changed for any reason (applicable to version 2.2 only). | Select one:  
  N- No  
  Y- Yes  
  U- Unknown | Optional | Alphanumeric | 1 | None | Not applicable | None | Not applicable | Not applicable |
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<th>Mapping</th>
</tr>
</thead>
<tbody>
<tr>
<td>Originally scheduled exam date (applicable to version 2.2 only)</td>
<td>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 (applicable to version 2.2 only).</td>
<td>Optional</td>
<td>mm/dd/yyyy</td>
<td>10</td>
<td>None</td>
<td>Not applicable</td>
<td>None</td>
<td>Not applicable</td>
<td>None</td>
</tr>
<tr>
<td>Reschedule Reason (applicable to version 2.2 only)</td>
<td>Indicate the primary reason the exam was rescheduled (applicable to version 2.2 only).</td>
<td>Optional</td>
<td>Numeric</td>
<td>1</td>
<td>None</td>
<td>Not applicable</td>
<td>None</td>
<td>Not applicable</td>
<td>None</td>
</tr>
<tr>
<td>NPI of Interpreting Radiologist</td>
<td>Indicate NPI of the MSQA-qualified interpreting radiologist.</td>
<td>Optional</td>
<td>Numeric</td>
<td>10</td>
<td>None</td>
<td>Not applicable</td>
<td>None</td>
<td>Not applicable</td>
<td>None</td>
</tr>
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<td>Definition</td>
<td>Answer</td>
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<td>---------</td>
</tr>
<tr>
<td>Indication for Examination</td>
<td>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.</td>
<td>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</td>
<td>Required</td>
<td>Numeric</td>
<td>1</td>
<td>p.290 Reason for this Mammogram</td>
<td>Any reason under &quot;screening&quot; = 1 4 &quot;Follow-up at short...&quot; = 3 &quot;Clinical finding&quot; = 4 5 Known biopsy-proven malignancy = 5 Anything else, discard</td>
<td>II.3 Indication for exam</td>
<td>If 5, then discard. Anything else = direct mapping</td>
</tr>
</tbody>
</table>

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<tr>
<td>Symptoms</td>
<td>Indicate self-reported symptoms, limited to new symptoms in the past 3 months. Select &quot;Asymptomatic&quot; for patients with no symptoms, breast pain only, or symptoms present for longer than 3 months. Select &quot;Palpable lump&quot; for patients with both lump and other symptoms.</td>
<td>Select one: 1-Asymptomatic 2-Palpable lump or thickening 3-Symptoms other than lump</td>
<td>Optional</td>
<td>Numeric</td>
<td>1</td>
<td>p.291 Indicated problems Select all that apply. Palpable abnormality or lump Bloody discharge (from nipple) Non-blood discharge (from nipple) Difficult physical / clinical examination Lump or thickening Nipple abnormality Pain Cancer elsewhere Large axillary lymph nodes Skin changes to breast</td>
<td>Null = 1 &quot;Palpable...&quot; and/or &quot;Lump or thickening&quot; = 2 &quot;Pain&quot; only = 1 Anything else = 3</td>
<td>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 0 No 1 Right breast only 2 Left breast only 4 Bilateral 5 Yes, woman-level information only 9 Unknown</td>
<td>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.</td>
</tr>
</tbody>
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<tbody>
<tr>
<td>Date of Previous Mammogram</td>
<td>Indicate the date of the most recent prior mammogram, if known.</td>
<td>Optional</td>
<td>mm/dd/yyyy</td>
<td>10</td>
<td>None</td>
<td>Not applicable</td>
<td>I.30 When was your last mammogram? (mm/dd/yyyy)</td>
<td>Direct mapping</td>
<td></td>
</tr>
<tr>
<td>Comparison to Previous Mammogram</td>
<td>Indicate whether the mammogram was compared to a previous mammogram. Do not include comparisons to MRI's or ultrasound.</td>
<td>Select one: 0-No comparison made, or unknown 1-Yes, no significant change 2-Yes, significant change 3-Yes, NOS</td>
<td>Optional</td>
<td>Numeric</td>
<td>1</td>
<td>p.292 Changes since last study (select all that apply) ●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</td>
<td>If all fields null, then 0 &quot;No significant changes...&quot; = 1 Anything else = 2</td>
<td>II.26 Comparison with previous mammograms 0 No (first examination) 1 No (previous films not available) 2 Yes 7 Pending, waiting for outside films 9 Unknown</td>
<td>Direct mapping</td>
</tr>
<tr>
<td>Date of Previous Mammogram Compared</td>
<td>Indicate the date of the most recent prior mammogram compared, if known.</td>
<td>Optional</td>
<td>mm/dd/yyyy</td>
<td>10</td>
<td>None</td>
<td>Not applicable</td>
<td>II.29 Date of previous mammogram compared</td>
<td>Direct mapping</td>
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<tbody>
<tr>
<td>Breast Density</td>
<td>Indicate breast density based on BI-RADS® scale. If left and right breasts differ, use the higher density.</td>
<td>Select one: 1-Almost entirely fat (&lt;25% fibroglandular) 2-Scattered fibroglandular densities (25-50%) 3- Heterogeneously dense (51-75%) 4-Extremely dense (&gt;75%) 9-Unknown</td>
<td>Required</td>
<td>Numeric</td>
<td>1</td>
<td>p.292 Overall breast composition</td>
<td>Direct mapping</td>
<td>II.30 Breast density</td>
<td>Direct mapping</td>
</tr>
<tr>
<td>Assessment Category</td>
<td>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 9 indicates the next level, and Categories 4-5 indicate the highest levels. Do not include mammography examinations with final assessments of 6 (Known malignancy).</td>
<td>Select one: 0 - Need additional imaging evaluation 1 - Negative 2 - Benign finding 3 - Probably benign finding 4 - Suspicious abnormality 5 - Highly suggestive of malignancy</td>
<td>Required</td>
<td>Numeric</td>
<td>1</td>
<td>p.296 Assessment 0 Need additional imaging information Cat. 1 Negative Cat. 2 Benign finding Cat. 3 Probably benign finding Cat. 4 Suspicious abnormality Cat. 5 Highly suggestive of malignancy Cat. 6 Known malignancy</td>
<td>Cat. 6 = discard Anything else = direct mapping</td>
<td>II.31 BI-RADS assessment category - right II.33 BI-RADS assessment category - left 0 Need additional imaging evaluation 1 Negative 2 Benign finding 3 Probably benign finding 4 Suspicious abnormality 5 Highly suggestive of malignancy 6 Known malignancy 9 Unknown</td>
<td>Cat. 6 = discard Anything else = direct mapping</td>
</tr>
<tr>
<td>Element Name</td>
<td>Definition</td>
<td>Answer</td>
<td>Use</td>
<td>Format</td>
<td>Max. Length</td>
<td>Closest equivalent</td>
<td>Mapping</td>
<td>Closest equivalent</td>
<td>Mapping</td>
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<td>---------</td>
</tr>
<tr>
<td>Subcategory of Assessment Category 4</td>
<td>Indicate subcategory of Assessment Category 4, if applicable.</td>
<td>Select one: 0-Not applicable 1-4A - Low suspicion level 2-4B - Intermediate suspicion level 3-4C - Moderate suspicion level 9-Unknown</td>
<td>Optional</td>
<td>Numeric</td>
<td>1</td>
<td>p.296 Assessment Category 4A low 4B intermediate 4C moderate</td>
<td>If null and Assessment Category = 4, then 9. If null and Assessment Category &lt;&gt; 4, then 0. Anything else = direct mapping</td>
<td>II.32 BI-RADS assessment category suspicion level - right II.34 BI-RADS assessment category suspicion level - left 0 Not applicable 1 4A low 2 4B intermediate 3 4C moderate 9 Unknown</td>
<td>If null and Assessment Category = 4, then 9. If null and Assessment Category &lt;&gt; 4, then 0. Anything else = direct mapping. If right and left differ, select the higher value between 0 and 3.</td>
</tr>
</tbody>
</table>

August 13, 2022 changes:
"Other" and "Unknown" options added for patient sex
### August 13, 2022 changes:
- "Other" and "Unknown" options added for patient sex

#### Element Name: Management recommendation(s)

**Definition**: Indicate all recommendations that apply.

**Use**: Optional

**Format**: Numeric (12 fields): 0-Selection does not apply 1-Selection applies

**Max. Length**: 12 fields with a max. length of 1

**Closest equivalent**:
- "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

**Mapping**:
- "Biopsy should be considered"=5
- "Needle localization and biopsy"
- "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

**Specify next course of action:**
- 0 No
- 1 Right breast only
- 2 Left breast only
- 4 Bilateral
- 5 Yes, woman-level only
- 9 Unknown

---

**Mapping from Bi-RADS® Data Dictionary (4th edition)**

- 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 10.
- If II.54 between 1 and 5, then 7.
- If II.55 between 1 and 5, then 7.
- If II.56 between 1 and 5, then 88.
### Description of the Most Significant Mammogram Finding

Indicate the choice that most accurately describes the most significant mammogram finding.

<table>
<thead>
<tr>
<th>Element Name</th>
<th>Definition</th>
<th>Answer</th>
<th>Use</th>
<th>Format</th>
<th>Max. Length</th>
<th>Closest equivalent</th>
<th>Mapping</th>
<th>Closest equivalent</th>
<th>Mapping</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Description of the Most Significant Mammogram Finding</strong></td>
<td>Indicate the choice that most accurately describes the most significant mammogram finding.</td>
<td>Select one: 0-None 1-Mass 2-Calcification 3-Architectural distortion 4-Asymmetries 8-Other</td>
<td>Optional</td>
<td>Numeric</td>
<td>1</td>
<td>p.292 Mass shape Round, oval, etc. p.293 Number of calcifications 1-5 6-10 &gt;10 p.293 Architectural distortion Architectural distortion p.293 Special cases: Asymmetric tubular structure / solitary dilated duct Intramammary lymph node Global asymmetry Focal asymmetry</td>
<td>If &quot;Mass shape&quot; &lt;&gt; null, then 1. If &quot;Number of calcifications&quot; &lt;&gt; null, then 2. If &quot;Architectural...&quot; &lt;&gt; null, then 3. If &quot;Special cases&quot; = &quot;Asymmetric...&quot;, &quot;Global asymmetry&quot; or &quot;Focal asymmetry&quot;, then 4. If &quot;Special cases&quot; = &quot;Intramammary...&quot;, then 8. If more than one of the above, then 8. If none of the above, then 0.</td>
<td>None</td>
<td>Not applicable</td>
</tr>
</tbody>
</table>
### August 13, 2022 changes:
"Other" and "Unknown" options added for patient sex

<table>
<thead>
<tr>
<th>Element Name</th>
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<th>Closest equivalent</th>
<th>Mapping</th>
<th>Closest equivalent</th>
<th>Mapping</th>
</tr>
</thead>
<tbody>
<tr>
<td>Integrated Assessment Category</td>
<td>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).</td>
<td>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</td>
<td>Optional Numeric</td>
<td>1</td>
<td>None</td>
<td>Not applicable</td>
<td>None</td>
<td>Not applicable</td>
<td></td>
</tr>
</tbody>
</table>
August 13, 2022 changes:
"Other" and "Unknown" options added for patient sex

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<th>Mapping</th>
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</tr>
</thead>
<tbody>
<tr>
<td>Subcategory of Integrated Assessment Category 4</td>
<td>Indicate subcategory of Integrated Assessment Category 4, if applicable.</td>
<td>Select one: 0-Not applicable 1-4A - Low suspicion level 2-4B - Intermediate suspicion level 3-4C - Moderate suspicion level 9-Unknown</td>
<td>Optional</td>
<td>Numeric</td>
<td>1</td>
<td>None</td>
<td>Not applicable</td>
<td>None</td>
<td>Not applicable</td>
</tr>
<tr>
<td>Final disposition, if recorded assessment is 0</td>
<td>Indicate final disposition if the recorded assessment is 0 and additional imaging is performed at a different facility.</td>
<td>Select one: 1 - Negative 2 - Benign finding 3 - Probably benign finding 4 - Suspicious abnormality 5 - Highly suggestive of malignancy 9 - Unknown</td>
<td>Optional</td>
<td>Numeric</td>
<td>1</td>
<td>None</td>
<td>Not applicable</td>
<td>None</td>
<td>Not applicable</td>
</tr>
<tr>
<td>Element Name</td>
<td>Definition</td>
<td>Answer</td>
<td>Use</td>
<td>Format</td>
<td>Max. Length</td>
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</tr>
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</tr>
<tr>
<td>Film or Digital</td>
<td>Indicate whether the image was recorded on film or digitally. If unknown, indicate &quot;film&quot;.</td>
<td>Select one: 1-Film 2-Digital</td>
<td>Optional</td>
<td>Numeric</td>
<td>1</td>
<td>None</td>
<td>Not applicable</td>
<td>II.14 Hard copy digital on standard views</td>
<td>II.14 = 1, then 1, else 2</td>
</tr>
<tr>
<td>Use of Computer Aided Detection (CAD)</td>
<td>Indicate whether Computer Aided Detection (CAD) was used.</td>
<td>Select one: 0-No 1-Yes - standard views 2-Yes - additional views 3-Yes - both standard and additional views 4-Yes - NOS 9-Unknown</td>
<td>Optional</td>
<td>Numeric</td>
<td>1</td>
<td>None</td>
<td>Not applicable</td>
<td>II.10 CAD on standard views</td>
<td>II.10=0 and II.11=0, then 0.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>II.11 CAD on additional views</td>
<td>II.10=1 and II.11=0, then 1.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>0 No 1 Yes 9 Unknown</td>
<td>II.10=1 and II.11=9 or null, then 4.</td>
</tr>
</tbody>
</table>

August 13, 2022 changes:
"Other" and "Unknown" options added for patient sex

If any of II.14-II.17 = 1, then 2, else 1.
### August 13, 2022 changes:
- "Other" and "Unknown" options added for patient sex

<table>
<thead>
<tr>
<th>Element Name</th>
<th>Definition</th>
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<th>Mapping</th>
<th>Closest equivalent</th>
<th>Mapping</th>
</tr>
</thead>
<tbody>
<tr>
<td>Double Read</td>
<td>Indicate whether the mammogram was read by more than one radiologist, as part of double-read process.</td>
<td>Select one: 0-No 1-Yes - standard views 2-Yes - additional views 3-Yes - both standard and additional views 4-Yes - NOS 9-Unknown</td>
<td>Optional</td>
<td>Numeric</td>
<td>1</td>
<td>None</td>
<td>Not applicable</td>
<td>II.12 Double read on standard views II.13 Double read on additional views 0 No 1 Yes 9 Unknown</td>
<td></td>
</tr>
<tr>
<td>Biopsy procedure</td>
<td>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.</td>
<td>Select one: 1-Excisional biopsy 2-Core biopsy 3-Fine needle aspiration 8-Other 9-Biopsy performed, type unknown</td>
<td>Optional</td>
<td>Numeric</td>
<td>1</td>
<td>p.299 Biopsy procedure: Localization for surgical biopsy Fine needle aspiration Cyst aspiration Core biopsy Excisional biopsy</td>
<td>If null and &quot;Biopsy Date&quot; not null, then 9. If null and &quot;Biopsy Date&quot; null, then null. &quot;Localization...&quot; = null &quot;Fine...&quot; = 3 &quot;Cyst...&quot; =null &quot;Core...&quot; = 2 &quot;Excisional...&quot; = 1</td>
<td>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</td>
<td></td>
</tr>
<tr>
<td>Biopsy date</td>
<td>Indicate the date the biopsy was performed.</td>
<td>Optional</td>
<td>mm/dd/yyyy</td>
<td>10</td>
<td>p.299 Date of biopsy (mm/dd/yyyy)</td>
<td>Direct mapping</td>
<td>IV.7 Biopsy/Surgery procedure date</td>
<td>Direct mapping</td>
<td></td>
</tr>
</tbody>
</table>

Direct mapping:

- p.299: Page 299

Mapping from Bi-RADS® Data Dictionary (4th edition)

- II.12 Double read on standard views
- II.13 Double read on additional views
- 0 No
- 1 Yes
- 9 Unknown

Mapping from ACR/BCSC Data Dictionary (Bi-RADS® 4th edition)
## Classification of lesion

Indicate the biopsy result. Use BI-RADS® classification of benign, high risk and malignant.

<table>
<thead>
<tr>
<th>Element Name</th>
<th>Definition</th>
<th>Answer</th>
<th>Use</th>
<th>Format</th>
<th>Max. Length</th>
<th>Closest equivalent</th>
<th>Mapping</th>
<th>Closest equivalent</th>
<th>Mapping</th>
</tr>
</thead>
<tbody>
<tr>
<td>Classification of lesion</td>
<td>Indicate the biopsy result. Use BI-RADS® classification of benign, high risk and malignant.</td>
<td>Select one: 1-Benign 2-High risk 3-Malignant 9-Unknown</td>
<td>Optional</td>
<td>Numeric</td>
<td>1</td>
<td>Physical</td>
<td>Direct mapping</td>
<td>None</td>
<td>Direct mapping</td>
</tr>
</tbody>
</table>

## Malignancy Type

Indicate malignancy type.

<table>
<thead>
<tr>
<th>Element Name</th>
<th>Definition</th>
<th>Answer</th>
<th>Use</th>
<th>Format</th>
<th>Max. Length</th>
<th>Closest equivalent</th>
<th>Mapping</th>
<th>Closest equivalent</th>
<th>Mapping</th>
</tr>
</thead>
<tbody>
<tr>
<td>Malignancy Type</td>
<td>Indicate malignancy type.</td>
<td>Select one: 1-Invasive carcinoma 2-DCIS 8-Other</td>
<td>Optional</td>
<td>Numeric</td>
<td>1</td>
<td>Invasive DCIS Other</td>
<td>Direct mapping</td>
<td>Direct mapping</td>
<td></td>
</tr>
</tbody>
</table>

## 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.

<table>
<thead>
<tr>
<th>Element Name</th>
<th>Definition</th>
<th>Answer</th>
<th>Use</th>
<th>Format</th>
<th>Max. Length</th>
<th>Closest equivalent</th>
<th>Mapping</th>
<th>Closest equivalent</th>
<th>Mapping</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tumor Size</td>
<td>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.</td>
<td>Optional</td>
<td>Numeric</td>
<td>3</td>
<td></td>
<td>Pathological Size of Tumor in mm. May include decimal to the 10th place, if used, include decimal point, 4 digit number.</td>
<td>Round off to the nearest mm. If more than one reported, use the largest one.</td>
<td>None</td>
<td>Not applicable</td>
</tr>
</tbody>
</table>
### August 13, 2022 changes:
* "Other" and "Unknown" options added for patient sex

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<th>Mapping</th>
<th>Closest equivalent</th>
<th>Mapping</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nodal Status</td>
<td>Indicate nodal stage. Select one: 1-Negative 2-Positive 9-Unknown</td>
<td>Optional</td>
<td>Numeric</td>
<td>1</td>
<td>p.301 Nodes Removed. 1 or 2 digit number. Nodes Positive. 1 or 2 digit number.</td>
<td>If &quot;nodes removed&quot; = null, then 0, else If &quot;nodes removed&quot; = 0, then 1, else If &quot;nodes positive&quot; = 0 then 1, else 2</td>
<td>None</td>
<td>Not applicable</td>
<td></td>
</tr>
<tr>
<td>Tumor Stage</td>
<td>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</td>
<td>Optional</td>
<td>Numeric</td>
<td>1</td>
<td>p.302 Stage Stage 0 Stage 1 Stage 2A Stage 2B Stage 3A Stage 3B Stage 3C Stage 4</td>
<td>Direct mapping. Disregard the alpha character in the Stage designation.</td>
<td>None</td>
<td>Not applicable</td>
<td></td>
</tr>
<tr>
<td>Sex</td>
<td>Indicate the patient's sex at birth Select one: 1-Male 2-Female 3-Other 9-Unknown</td>
<td>Optional</td>
<td>Numeric</td>
<td>1</td>
<td>p.283 Patient sex Female Male Other Unknown</td>
<td>Direct mapping</td>
<td>None</td>
<td>Not applicable</td>
<td></td>
</tr>
</tbody>
</table>
### August 13, 2022 changes:
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Mapping from Bi-RADS® Data Dictionary (4th edition)

Mapping from ACR/BCSC Data Dictionary (Bi-RADS® 4th edition)
### August 13, 2022 changes:
- "Other" and "Unknown" options added for patient sex

<table>
<thead>
<tr>
<th>Element Name</th>
<th>Definition</th>
<th>Answer</th>
<th>TID¹</th>
<th>Name / Context name</th>
<th>Code Meaning</th>
<th>Mapping</th>
</tr>
</thead>
<tbody>
<tr>
<td>NMD File Version Number</td>
<td>NMD File Version Number</td>
<td>2.0</td>
<td>Not applicable</td>
<td>Not applicable</td>
<td>Not applicable</td>
<td>Not applicable</td>
</tr>
<tr>
<td>Facility ID</td>
<td>APPLICABLE TO VERSION 2.2 ONLY NRDR Facility ID</td>
<td></td>
<td>Not applicable</td>
<td>Not applicable</td>
<td>Not applicable</td>
<td>Not applicable</td>
</tr>
<tr>
<td>Patient Last Name</td>
<td>Indicate the patient's last name.</td>
<td>DICOM</td>
<td></td>
<td></td>
<td></td>
<td>Direct mapping</td>
</tr>
<tr>
<td>Patient First Name</td>
<td>Indicate the patient's first name.</td>
<td>DICOM</td>
<td></td>
<td></td>
<td></td>
<td>Direct mapping</td>
</tr>
<tr>
<td>Patient's Middle Name(s)</td>
<td>Indicate the patient's middle name.</td>
<td>DICOM</td>
<td></td>
<td></td>
<td></td>
<td>Direct mapping</td>
</tr>
<tr>
<td>Patient ID</td>
<td>Facility-specific unique patient identifier</td>
<td>DICOM</td>
<td></td>
<td></td>
<td></td>
<td>Direct mapping</td>
</tr>
</tbody>
</table>

¹ Mapping from DICOM header:
- Direct mapping
- Not applicable
### August 13, 2022 changes:
* "Other" and "Unknown" options added for patient sex

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<tr>
<th>Element Name</th>
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<th>Name / Context name</th>
<th>Code Meaning</th>
<th>Mapping</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient SSN</td>
<td>Indicate the nine-digit Patient's Social Security Number (SSN).</td>
<td>Not applicable</td>
<td></td>
<td>Not applicable</td>
<td>Not applicable</td>
<td>Not applicable</td>
</tr>
<tr>
<td>Old Patient Medicare Beneficiary ID</td>
<td>APPLICABLE TO VERSION 2.2 ONLY Indicate patient's Medicare Beneficiary ID, if issued prior to</td>
<td>Not applicable</td>
<td></td>
<td>Not applicable</td>
<td>Not applicable</td>
<td>Not applicable</td>
</tr>
<tr>
<td>New Patient Medicare Beneficiary ID</td>
<td>APPLICABLE TO VERSION 2.2 ONLY Indicate patient's Medicare Beneficiary ID, if issued on or</td>
<td>Not applicable</td>
<td></td>
<td>Not applicable</td>
<td>Not applicable</td>
<td>Not applicable</td>
</tr>
<tr>
<td>Patients ZIP Code / Postal Code</td>
<td>Indicate U.S. ZIP code or Canadian postal code.</td>
<td>Not applicable</td>
<td></td>
<td>Not applicable</td>
<td>Not applicable</td>
<td>Not applicable</td>
</tr>
<tr>
<td>Date of Birth</td>
<td>Indicate the patient's date of birth.</td>
<td>DICOM header</td>
<td></td>
<td></td>
<td>Direct mapping</td>
<td></td>
</tr>
<tr>
<td>Element Name</td>
<td>Definition</td>
<td>Answer</td>
<td>TID1</td>
<td>Name / Context name</td>
<td>Code Meaning</td>
<td>Mapping from DICOM</td>
</tr>
<tr>
<td>--------------------------------------------</td>
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<td>----------------------------------------------------------------------</td>
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<td>---------------------</td>
<td>------------------------------------------------------------------------------------------------</td>
<td>---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
</tbody>
</table>
| 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 (at least 1 occurrence, mandatory) | (CID 6081) Breast Cancer Risk Factors  
  ● 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 |
| Personal History of Breast Cancer          | Indicate whether the patient has a history of breast cancer.               | Select one: 0-No 1-Yes 9-Unknown                                       | 4200 > 4208 > 4201     | Reason for Procedure (exactly 1 occurrence, optional) | (CID 6051) Breast Imaging Procedure Modifiers  
  ● Screening  
  ● Diagnostic  
  ● Targeted  
  ● Survey  
  Breast Procedure Reason  
  ● Additional evaluation requested from prior study  
  ● Follow-up at short interval from prior study  
  ● History of breast augmentation, asymptomatic  
  ● Review of an outside study  
  ● Clinical finding  
  ● Reduction mammoplasty  
  ● Radiation therapy  
  ● Augmentation mammoplasty  
  ● Additional evaluation requested from abnormal screening exam  
  ● Brachytherapy  
  ● History of benign breast biopsy  
  ● Personal history of breast cancer with breast conservation therapy  
  ● Personal history of breast cancer with breast conservation therapy  
  ● Known biopsy proven malignancy  
  ● Personal history of breast cancer  
  ● Otherwise, 0 | Personal history of breast cancer with breast conservation therapy = 1  
  Personal history of breast cancer with mastectomy = 1  
  Personal history of breast cancer = 1  
  Personal breast cancer history = 1  
  Known biopsy proven malignancy=1  
  Otherwise, 0 |
## August 13, 2022 changes:
"Other" and "Unknown" options added for patient sex

<table>
<thead>
<tr>
<th>Element Name</th>
<th>Definition</th>
<th>Answer</th>
<th>TID</th>
<th>Name / Context name</th>
<th>Code Meaning</th>
<th>Mapping</th>
</tr>
</thead>
<tbody>
<tr>
<td>Race</td>
<td>Indicate the patient's race as determined by the patient / family. If more than one apply, select &quot;Other&quot;. If patient declines to respond, select &quot;Unknown&quot;.</td>
<td>Select one: 1-American Indian or Alaska Native 2-Asian 3-Black or African American 4-Native Hawaiian or Pacific Islander 5-White 6-Other 9-Unknown</td>
<td>Not applicable</td>
<td>Not applicable</td>
<td>Not applicable</td>
<td>Not applicable</td>
</tr>
<tr>
<td>Ethnicity</td>
<td>Indicate whether patient is Hispanic, as determined by the patient / family. If the patient declines to respond, select &quot;Unknown&quot;.</td>
<td>Select one: 0-No 1-Yes 9-Unknown</td>
<td>Not applicable</td>
<td>Not applicable</td>
<td>Not applicable</td>
<td>Not applicable</td>
</tr>
<tr>
<td>Element Name</td>
<td>Definition</td>
<td>Answer</td>
<td>TID¹</td>
<td>Name / Context name</td>
<td>Code Meaning</td>
<td>Mapping</td>
</tr>
<tr>
<td>--------------------------------------</td>
<td>-----------------------------------------------------------------------------</td>
<td>----------------------------------------------------------------------</td>
<td>------</td>
<td>---------------------</td>
<td>--------------------------------------------------------------------------------------------------------</td>
<td>----------------------------------------------------------------------------------------------</td>
</tr>
</tbody>
</table>
| 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 2-Unknown                                       | 4200 > 4208 > 4201 | Reason for Procedure (exactly 1 occurrence, optional) | (CID 6051) Breast Imaging Procedure Modifiers  
  ● Screening  
  ● Diagnostic  
  ● Targeted  
  ● Survey  
  Breast Procedure Reason  
  ● Additional evaluation requested from prior study  
  ● Follow-up at short interval from prior study  
  ● History of breast augmentation, asymptomatic  
  ● Review of an outside study  
  ● Clinical finding  
  ● Reduction mammoplasty  
  ● Radiation therapy  
  ● Augmentation mammoplasty  
  ● Additional evaluation requested from abnormal screening exam  
  ● Brachytherapy  
  ● History of benign breast biopsy  
  ● Personal history of breast cancer with breast conservation therapy  
  ● Personal history of breast cancer with mastectomy  
  ● Known biopsy proven malignancy  
  ● Personal history of breast cancer | Missing = 0  
  History of breast augmentation, asymptomatic = 1  
  History of benign breast biopsy = 1  
  Known biopsy proven malignancy = 1  
  History of high risk lesion on previous biopsy = 1  
  Anything else = 0 |
|                                      |                                                                             |                                                                      | 9000 > 9005 | Risk Factor (at least 1 occurrence, mandatory) | (CID 6081) Breast Cancer Risk Factors  
  ● History of high risk lesion on previous biopsy  
  ● Others | |
### 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.

- None
- Hormone-replacement therapy
- Tamoxifen or raloxifene
- Other
- Unknown

Note: If "None" or "Unknown" is selected, then no other choice should be selected.

<table>
<thead>
<tr>
<th>Element Name</th>
<th>Definition</th>
<th>Answer</th>
<th>TID</th>
<th>Name / Context name</th>
<th>Code Meaning</th>
<th>Mapping</th>
</tr>
</thead>
<tbody>
<tr>
<td>HRT / Hormone Use</td>
<td>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.</td>
<td>Select all that apply:</td>
<td>9000 &gt; 9002</td>
<td>Medication Type (at least 1 occurrence, mandatory)</td>
<td>(CID 6080) Gynecological Hormones</td>
<td>Missing = &quot;None&quot; Estrogen product = &quot;Hormone-replacement therapy&quot; Progesterone product = &quot;Hormone-replacement therapy&quot; Tamoxifen = &quot;Tamoxifen or raloxifene&quot; Raloxifene = &quot;Tamoxifen or raloxifene&quot; Others = &quot;Other&quot;</td>
</tr>
<tr>
<td>Height</td>
<td>Indicate height to the nearest inch.</td>
<td>Not applicable</td>
<td>Not applicable</td>
<td>Not applicable</td>
<td>Not applicable</td>
<td></td>
</tr>
<tr>
<td>Weight</td>
<td>Indicate weight to the nearest pound.</td>
<td>Not applicable</td>
<td>Not applicable</td>
<td>Not applicable</td>
<td>Not applicable</td>
<td></td>
</tr>
<tr>
<td>Date of Last Natural Period</td>
<td>Indicate date last natural period began. If day is unknown, use 01; if month is unknown use 01.</td>
<td>9000 &gt; 9001</td>
<td>Date of last menstrual period (exactly 1 occurrence, optional)</td>
<td>Direct mapping.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Date of Examination</td>
<td>Indicate the date of the mammogram.</td>
<td>4200 &gt; 4208 &gt; 4201</td>
<td>Procedure reported (exactly 1 occurrence, mandatory)</td>
<td>Study date</td>
<td>Direct mapping.</td>
<td></td>
</tr>
<tr>
<td>Rescheduled Exam (applicable to version 2.2 only)</td>
<td>Indicate if this exam was previously scheduled on an earlier date and changed for any reason (applicable to version 2.2 only).</td>
<td>Select one: N-No Y-Yes U-Unknown</td>
<td>Not applicable</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### August 13, 2022 changes:

*“Other” and “Unknown” options added for patient sex

<table>
<thead>
<tr>
<th>Element Name</th>
<th>Definition</th>
<th>Answer</th>
<th>TID^1</th>
<th>Name / Context name</th>
<th>Code Meaning</th>
<th>Mapping</th>
</tr>
</thead>
<tbody>
<tr>
<td>Originally scheduled exam date</td>
<td>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 (applicable to version 2.2 only).</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Not applicable</td>
</tr>
<tr>
<td>Reschedule Reason</td>
<td>Indicate the primary reason the exam was rescheduled (applicable to version 2.2 only).</td>
<td>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</td>
<td></td>
<td></td>
<td></td>
<td>Not applicable</td>
</tr>
<tr>
<td>NPI of Interpreting Radiologist</td>
<td>Indicate NPI of the MSQA-qualified interpreting radiologist.</td>
<td>Not applicable</td>
<td></td>
<td></td>
<td></td>
<td>Not applicable</td>
</tr>
</tbody>
</table>
## 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.

<table>
<thead>
<tr>
<th>Element Name</th>
<th>Definition</th>
<th>Answer</th>
<th>TID</th>
<th>Name / Context name</th>
<th>Code Meaning</th>
<th>Mapping</th>
</tr>
</thead>
<tbody>
<tr>
<td>Indication for Examination</td>
<td>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.</td>
<td>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</td>
<td>4200 &gt; 4208 &gt; 4201</td>
<td>Reason for Procedure (exactly 1 occurrence, optional)</td>
<td>Breast Imaging Procedure Modifiers  ● Screening  ● Diagnostic  ● Targeted  ● Survey  Breast Procedure Reason  ● Additional evaluation requested from prior study  ● Follow-up at short interval from prior study  ● History of breast augmentation, asymptomatic  ● Review of an outside study  ● Clinical finding  ● Reduction mammoplasty  ● Augmentation mammoplasty  ● Additional evaluation requested from abnormal screening exam  ● Brachytherapy  ● History of benign breast biopsy  ● Personal history of breast cancer with breast conservation therapy  ● Personal history of breast cancer with mastectomy  ● Known biopsy proven malignancy  ● Personal history of breast cancer</td>
<td>If Screening, then 1, else if Personal history of breast cancer with breast conservation therapy and/or Personal history of breast cancer with mastectomy and/or Known biopsy proven malignancy and/or Personal history of breast cancer, then 5, else if Clinical finding and/or Additional evaluation requested from abnormal screening exam, then 2, else if Follow-up at short interval from prior study, then 3, else if Additional evaluation requested from prior diagnostic study, then 4, else Discard exam</td>
</tr>
</tbody>
</table>
## 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

### Mapping from DICOM

<table>
<thead>
<tr>
<th>Element Name</th>
<th>Definition</th>
<th>Answer</th>
<th>TID</th>
<th>Name / Context name</th>
<th>Code Meaning</th>
<th>Mapping</th>
</tr>
</thead>
<tbody>
<tr>
<td>Symptoms</td>
<td>Indicated problem (1 or more occurrences, mandatory)</td>
<td>9000 &gt; 9004</td>
<td>(CID 6055)</td>
<td></td>
<td><strong>Breast Clinical Finding or Indicated Problem</strong></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>If missing, then 1</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>O/E - Breast lump palpated = 2</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Breast lump = 2</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Breast pain (if &quot;breast pain&quot; is the only occurrence) = 1</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Anything else (if none of the above apply) = 3</td>
</tr>
</tbody>
</table>
### August 13, 2022 changes:
- "Other" and "Unknown" options added for patient sex

#### Date of Previous Mammogram
Indicate the date of the most recent prior mammogram, if known.

- **Element Name:** Date of Previous Mammogram
- **Definition:** Indicate the date of the most recent prior mammogram, if known.
- **Answer:** 9000 > 9003
- **TID:** Previous Procedure (at least 1 occurrence, mandatory)
- **Code Meaning:**
  - (CID 6050) Breast Procedure Reported
    - Film Screen Mammography
    - Digital Mammography
    - Others
  - Estimated Timeframe (exactly 1 occurrence, optional)
    - < 3 months ago
    - 4 months to 1 year ago
    - > 1 year ago
    - Not sure

#### Comparison to Previous Mammogram
Indicate whether the mammogram was compared to a previous mammogram. Do not include comparisons to MRI's or ultrasound.

- **Element Name:** Comparison to Previous Mammogram
- **Definition:** Indicate whether the mammogram was compared to a previous mammogram. Do not include comparisons to MRI's or ultrasound.
- **Answer:** Select one:
  - 0-No comparison made, or unknown
  - 1-Yes, no significant change
  - 2-Yes, significant change
  - 3-Yes, NOS
- **TID:** Change since last mammogram or prior surgery (at least 1 occurrence, optional)
- **Code Meaning:**
  - (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

#### Date of Previous Mammogram Compared
Indicate the date of the most recent prior mammogram compared, if known.

- **Element Name:** Date of Previous Mammogram Compared
- **Definition:** Indicate the date of the most recent prior mammogram compared, if known.
- **Answer:** Not applicable
- **TID:** Not applicable
### August 13, 2022 changes:
*“Other” and “Unknown” options added for patient sex

<table>
<thead>
<tr>
<th>Element Name</th>
<th>Definition</th>
<th>Answer</th>
<th>TID¹</th>
<th>Name / Context name</th>
<th>Code Meaning</th>
<th>Mapping</th>
</tr>
</thead>
</table>
| 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) (at least one of Breast Composition and Percent Glandular Tissue must be reported) | (CID 6000) Breast Composition  
Overall Breast composition  
- Almost entirely fat  
- Scattered fibroglandular densities  
- Heterogeneously dense  
- Extremely dense  
Percent glandular tissue  
percent value | 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 5 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 (exactly 1 occurrence, mandatory) | (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 |
### August 13, 2022 changes:

* "Other" and "Unknown" options added for patient sex

<table>
<thead>
<tr>
<th>Element Name</th>
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<th>Answer</th>
<th>TID</th>
<th>Name / Context name</th>
<th>Code Meaning</th>
<th>Mapping</th>
</tr>
</thead>
<tbody>
<tr>
<td>Subcategory of Assessment Category 4</td>
<td>Indicate subcategory of Assessment Category 4, if applicable.</td>
<td>Select one: 0-Not applicable 1-4A - Low suspicion level 2-4B - Intermediate suspicion level 3-4C - Moderate suspicion level 9-Unknown</td>
<td>4200 &gt; 4208 &gt; 4206 &gt; 4203</td>
<td>Assessment Category (exactly 1 occurrence, mandatory)</td>
<td>(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</td>
<td>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</td>
</tr>
<tr>
<td>Element Name</td>
<td>Definition</td>
<td>Answer</td>
<td>TID</td>
<td>Name / Context name</td>
<td>Code Meaning</td>
<td>Mapping</td>
</tr>
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</tr>
<tr>
<td>Management recommendation(s)</td>
<td>Indicate all recommendations that apply.</td>
<td>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</td>
<td>4200 &gt; 4208 &gt; 4206 &gt; 4203 and 4200 &gt; 4208 &gt; 4203</td>
<td>Recommended Follow-up (1 or more occurrences, optional) (CID 6028)</td>
<td>Recommended Follow-up from BI-RADS®  ● 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  ● Other  ● Follow-up post biopsy as directed by clinician  ● Nuclear medicine procedure  ● Evaluation procedure  ● Surgical consult</td>
<td>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</td>
</tr>
</tbody>
</table>
## 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

### Mapping from DICOM

<table>
<thead>
<tr>
<th>TID1</th>
<th>Name / Context name</th>
<th>Code Meaning</th>
<th>Mapping</th>
</tr>
</thead>
</table>
| 4200 > 4208 > 4206 | Finding (1 or more occurrences, mandatory) | (CID 6054, includes 6016,6057(n/a),6064(n/a)) Breast Imaging Findings  
Breast normal  
Calcification of breast  
Implant  
Mammography Composite Feature (CID 6016, includes 6014(n/a),6017)  
Mass with calcifications  
Single Image Finding from BI-RADS (CID 6017)  
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  
More than 1: = 8 |
August 13, 2022 changes:
"Other" and "Unknown" options added for patient sex

<table>
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<tr>
<th>Element Name</th>
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<th>TID1</th>
<th>Name / Context name</th>
<th>Code Meaning</th>
<th>Mapping</th>
</tr>
</thead>
</table>
| 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 (exactly 1 occurrence, mandatory) | (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 |
### August 13, 2022 changes:
"Other" and "Unknown" options added for patient sex

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<tr>
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<th>Answer</th>
<th>TID</th>
<th>Name / Context name</th>
<th>Code Meaning</th>
<th>Mapping</th>
</tr>
</thead>
</table>
| 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 (exactly 1 occurrence, mandatory) | (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.  
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 |

---

Text in red indicates changes since the November 24, 2021, version of this document.
### August 13, 2022 changes:

*Other* and *Unknown* options added for patient sex

### Film or Digital

<table>
<thead>
<tr>
<th>Element Name</th>
<th>Definition</th>
<th>Answer</th>
<th>TID(^1)</th>
<th>Name / Context name</th>
<th>Code Meaning</th>
<th>Mapping</th>
</tr>
</thead>
<tbody>
<tr>
<td>Film or Digital</td>
<td>Indicate whether the image was recorded on film or digitally. If unknown, indicate &quot;film&quot;.</td>
<td>Select one: 1-Film 2-Digital</td>
<td>4200 &gt; 4208 &gt; 4201</td>
<td>Procedure reported (exactly 1 occurrence, mandatory)</td>
<td>(CID 6050) Breast Procedure Reported  ● 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</td>
<td>Film Screen Mammography = 1 Digital Mammography = 2</td>
</tr>
</tbody>
</table>

### Use of Computer Aided Detection (CAD)

<table>
<thead>
<tr>
<th>Element Name</th>
<th>Definition</th>
<th>Answer</th>
<th>TID(^1)</th>
<th>Name / Context name</th>
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</tr>
</thead>
<tbody>
<tr>
<td>Use of Computer Aided Detection (CAD)</td>
<td>Indicate whether Computer Aided Detection (CAD) was used.</td>
<td>Select one: 0-No 1-Yes - standard views 2-Yes - additional views 3-Yes - both standard and additional views 4-Yes - NOS 9-Unknown</td>
<td>4200 &gt; 4208 &gt; 4201</td>
<td>(CID 6050) Breast Procedure Reported  ● Mammography CAD  ● Others</td>
<td>Mammography CAD = 4</td>
<td></td>
</tr>
</tbody>
</table>
### August 13, 2022 changes:
"Other" and "Unknown" options added for patient sex

<table>
<thead>
<tr>
<th>Element Name</th>
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<tbody>
<tr>
<td>Double Read</td>
<td>Indicate whether the mammogram was read by more than one radiologist, as part of double-read process.</td>
<td>Select one: 0-No 1-Yes - standard views 2-Yes - additional views 3-Yes - both standard and additional views 4-Yes - NOS 9-Unknown</td>
<td>Not applicable</td>
<td>Not applicable</td>
<td>Not applicable</td>
<td>Not applicable</td>
</tr>
</tbody>
</table>
| 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 (exactly 1 occurrence, mandatory) | (CID 6050) Breast Procedure Reported  
- 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 (exactly 1 occurrence, optional) | Direct mapping | | |
### August 13, 2022 changes:
"Other" and "Unknown" options added for patient sex

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<tr>
<td>Classification of lesion</td>
<td>Indicate the biopsy result. Use BI-RADS® classification of benign, high risk and malignant.</td>
<td>Select one: 1-Benign 2-High risk 3-Malignant 9-Unknown</td>
<td>4200 &gt; 4208 &gt; 4206 &gt; AND/OR 4200 &gt; 4208 &gt; 4203 &gt; 4207</td>
<td>Procedure Result (exactly 1 occurrence, mandatory)</td>
<td>(CID 6063) Interventional Procedure Results</td>
<td>If missing and &quot;Biopsy date&quot; null, then null. If missing and &quot;Biopsy date&quot; not null, then 9. Benign = 1, High risk tumor = 2, Malignant = 3, Other = 9</td>
</tr>
<tr>
<td>Malignancy Type</td>
<td>Indicate malignancy type.</td>
<td>Select one: 1-Invasive carcinoma 2-DCIS 8-Other</td>
<td>4200 &gt; 4208 &gt; AND/OR 4200 &gt; 4208 &gt; 4203 &gt; 4207</td>
<td>Pathology (at least 1 occurrence; optional) Malignancy type (exactly 1 occurrence per Pathology; optional)</td>
<td>(CID 6030) Pathology Mammography Pathology Codes Benign Pathology Codes from BI-RADS same as p.300 of BI-RADS with minor wording differences</td>
<td>Invasive breast carcinoma = 1, Intraductal carcinoma, non-infiltrating = 2, Other malignancy type = 8</td>
</tr>
<tr>
<td>Tumor Size</td>
<td>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.</td>
<td>Not applicable</td>
<td>Not applicable</td>
<td>Not applicable</td>
<td>Not applicable</td>
<td>Not applicable</td>
</tr>
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### August 13, 2022 changes:
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<tr>
<td>Nodal Status</td>
<td>Indicate nodal stage.</td>
<td>Select one:</td>
<td>4200</td>
<td>&gt; 4208</td>
<td>Number of nodes removed (exactly 1 occurrence per Pathology; optional)</td>
<td>Missing = null</td>
</tr>
<tr>
<td></td>
<td></td>
<td>1-Negative</td>
<td>&gt; 4206</td>
<td>&gt; 4207</td>
<td>Number of nodes positive (exactly 1 occurrence per Pathology; mandatory if &quot;nodes removed&quot; &gt; 0)</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>2-Positive</td>
<td>AND/OR</td>
<td>4200 &gt; 4208</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>9-Unknown</td>
<td>4203</td>
<td>&gt; 4207</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>&gt; 4200</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>&gt; 4203</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>&gt; 4207</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tumor Stage</td>
<td>Indicate tumor stage.</td>
<td>Select one:</td>
<td>4200</td>
<td>&gt; 4208</td>
<td>Tumor stage finding (exactly 1 occurrence per Pathology; optional)</td>
<td>Direct mapping. Disregard the alpha character in the Stage designation.</td>
</tr>
<tr>
<td></td>
<td>If more than one tumor is found, indicate the stage of the largest tumor.</td>
<td>0-Stage 0</td>
<td>&gt; 4206</td>
<td>&gt; 4207</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>1-Stage I</td>
<td>AND/OR</td>
<td>4200 &gt; 4208</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>2-Stage II</td>
<td></td>
<td>&gt; 4203</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>3-Stage III</td>
<td></td>
<td>&gt; 4207</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>4-Stage IV</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Sex</td>
<td>Indicate the patient's sex at birth</td>
<td>Select one:</td>
<td>4200</td>
<td>= Breast Imaging Report</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>1-Male</td>
<td></td>
<td>= 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)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>2-Female</td>
<td></td>
<td>= 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)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>3-Other</td>
<td></td>
<td>= Breast Imaging Report Intervention Section (included in 4208, at least 1 occurrence, optional)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>9-Unknown</td>
<td></td>
<td>= Breast Imaging Report Intervention Section (included in 4208, at least 1 occurrence, optional)</td>
<td></td>
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</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>= 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)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>= Breast Imaging Report Supplementary Data (included in 4200, exactly 1 occurrence, optional)</td>
<td></td>
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<td></td>
<td></td>
<td>= Relevant Patient Information for Breast Imaging</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>= Gynecological History (included in 9000, exactly 1 occurrence, optional)</td>
<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td>= Medication, Substance, Environmental Exposure (included in 9000, exactly 1 occurrence, optional)</td>
<td></td>
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<td></td>
<td></td>
<td></td>
<td>= Previous Procedure (included in 9000, exactly 1 occurrence, optional)</td>
<td></td>
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</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>= Indicated Problem (included in 9000, exactly 1 occurrence, optional)</td>
<td></td>
<td></td>
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**M** = 1
F = 2
anything else = null
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<td></td>
<td></td>
<td></td>
<td>9005</td>
<td>Risk Factor (included in 9000, exactly 1 occurrence, optional)</td>
<td></td>
<td></td>
</tr>
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</table>

Text in red indicates changes since the November 24, 2021, version of this document.