# GRID Data Dictionary

## Revisions

<table>
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<tr>
<th>Date</th>
<th>Description of Revisions</th>
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<tr>
<td>July 16, 2008</td>
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</table>
| August 26, 2008 | CPT codes added. **Facility Form**  
Addition of “MRI with and without contrast”.  
Deletion of “Portable radiography”.  
Revision of “Radiography (excluding portable radiography)” to read “Radiography”.  
Addition of “Radiologists”.  
Deletion of “Equipment: Portable radiography”.  
Revision of “Equipment: Radiography (excluding portable radiography)” to read “Equipment: Radiography”.  
Addition of “Name of person who completed this paper form” **Monthly Data Form by Facility**  
Addition of “Name of person who completed this paper form” **Monthly Data Form by Physician**  
Addition of “Name of person who completed this paper form” **CMS PQRI Measures Form**  
Addition of “Name of person who completed this paper form”                                                                                      |
| August 29, 2008 | **Monthly Data Form by Facility**  
"CT exams performed with IOCM" deleted.  
"Extravasations from CT exams with IOCM" deleted. **Monthly Data Form by Physician**  
"CT exams performed with HOICM" deleted.  
"CT exams performed with LOICM" deleted.  
"CT exams performed with IOICM" deleted. **CMS PQRI Measures Form**  
"Carotid imaging final reports that do not include direct or indirect reference to measurements of distal internal carotid diameter as the denominator for stenosis measurement, due to medical exclusion" deleted. |
| September 17, 2008 | Month and year fields changed to drop-down menus. **Monthly Data Form by Facility**  
Clarification of “Patient wait time (outpatient): MRI without oral contrast”                                                                                      |
| October 22, 2008 | **Monthly Data Form by Facility**  
"Does the facility perform digital radiography?" clarified.  
"If yes, number of digital radiography exams" clarified.  
"If yes, number of digital radiography exams that had to be repeated and resulted in additional exposure to the patient" clarified.  
"Patient wait time: PET" clarified.  
"Report turnaround time: PET" clarified.  
"Stereotactic breast biopsies performed which were non-concordant with imaging findings" clarified. **Monthly Data Form by Physician**  
"Number of digital radiography exams" clarified.  
"Number of digital radiography exams that had to be repeated and resulted in additional exposure to the patient" clarified.  
"Number of exams" ranges in Section 4, “Process Measure”, expanded to accept 4 digits.  
"Report turnaround time: PET" clarified.  
"Stereotactic breast biopsies performed which were non-concordant with imaging findings" clarified.                                                                                      |
| February 13, 2009 | Green and Gold Level fields identified. **Facility Form**  
"Nuclear medicine": CPT Codes 78890, 78891 deleted  
"Bone densitometry": CPT Code 0028T deleted **CMS PQRI Measures Form** deleted. |
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<td>106 Stereotactic breast biopsy: CPT Code 77031 added.</td>
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<td>108 Ultrasound (excluding breast ultrasound): CPT Codes 37250, 37251, 93510, 93555, 93556 deleted. CPT Codes 76514, 93306, 93351 added.</td>
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<td>109 MRI without contrast: CPT Codes 75558, 75560, 76498 deleted.</td>
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<td>110 MRI with contrast: CPT Codes 71555, 72159 deleted.</td>
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<td>111 MRI with and without contrast: CPT Codes 75562, 75564 deleted.</td>
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<tr>
<td>112 CT without contrast: CPT Codes 0066T, 0144T deleted. CPT Codes 74261, 74263 added.</td>
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<td>113 CT with contrast: CPT Code 0067T deleted. CPT Code 74262 added.</td>
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<td>114 CT with and without contrast: CPT Codes 0145T, 0146T, 0147T, 0148T, 0149T, 0150T, 0151T deleted. CPT Codes 75572, 75573, 75574 added.</td>
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<td>115 Nuclear medicine: CPT codes 78020, 78460, 78461, 78464, 78465, 78478, 78480, 78496, 78730 deleted. CPT codes 78451, 78452, 78453, 78454, 78808 added.</td>
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<td>119 Fluoroscopy (IR / neuro IR): CPT Codes 75790, 40392, 40393 deleted. CPT Code 75791 added.</td>
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<td>135 Magnet incidents: Clarification of incidents to be included.</td>
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<tr>
<td>139 Attended falls in radiology department: Clarification of incidents to be included.</td>
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<tr>
<td>140 Unattended falls in radiology department: Clarification of incidents to be included.</td>
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<td>170 Equipment: Radiography: Radiography / fluoroscopy units excluded.</td>
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<td>171 Equipment: Fluoroscopy (IR / neuro IR): Radiography / fluoroscopy units included.</td>
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<td>172 Equipment: Fluoroscopy (other than IR / neuro IR): Radiography / fluoroscopy units included.</td>
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**Monthly Data Form by Facility:**

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

**Monthly Data Form by Physician:**

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

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

Usage: Populated automatically.

Permitted values: N/A

102 **Year**
Indicate the calendar year to which the data apply, other than data specifically requested for the previous year. For example, if “2010” is entered in this field, then “number of admissions”, “number of radiography exams”, and all other fields for which previous year data are requested, should be completed using 2009 data. All other fields, such as “case mix index” and “number of FTE radiologists”, should be completed using 2010 data. These values should be updated as changes occur during the course of the year.

Usage: Required.


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

Usage: Disabled if “Not applicable” is checked; required otherwise.

Range: 0 - 999999

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

Usage: Disabled if “Not applicable” is checked; required otherwise.

Range: 0.0000 – 9.9999
105 Mammography
Indicate the number of mammography exams performed during the previous calendar year. If the facility does not perform mammography, check “Not applicable”. If the facility did not perform mammography in the previous year but does perform mammography in the current year, then enter 0 for the number of exams, and do not check “Not applicable.” Include the following CPT codes:

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

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

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

© - CPT is a registered trademark of the American Medical Association.
1. Facility Form (continued)

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Usage: Disabled if “Not applicable” is checked; required otherwise.

Range: 0 - 9999999

109 MRI without contrast

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

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Include the following CPT codes if there is no corresponding gadolinium supply code (A9576 – A9579)

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Usage: Disabled if “Not applicable” is checked; required otherwise.

Range: 0 - 9999999
110 MRI with contrast
Indicate the number of MRI exams performed with contrast during the previous calendar year. If the facility does not perform MRI, check “Not applicable”. If the facility did not perform MRI in the previous year but does perform MRI in the current year, then enter 0 for the number of exams, and do not check “Not applicable.” Include the following CPT codes:

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Usage: Disabled if “Not applicable” is checked; required otherwise.
Range: 0 - 999999

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

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Include the following CPT codes if there is a corresponding gadolinium supply code (A9576 – A9579)

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Usage: Disabled if “Not applicable” is checked; required otherwise.
Range: 0 - 999999

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

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Usage: Disabled if “Not applicable” is checked; required otherwise.
Range: 0 - 999999
113 CT with contrast
Indicate the number of CT exams performed with contrast during the previous calendar year. If the facility does not perform CT, check “Not applicable”. If the facility did not perform CT in the previous year but does perform CT in the current year, then enter 0 for the number of exams, and do not check “Not applicable.” Include the following CPT codes:

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Usage: This Disabled if “Not applicable” is checked; required otherwise.
Range: 0 - 999999

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

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Usage: Disabled if “Not applicable” is checked; required otherwise.
Range: 0 – 999999

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

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

<table>
<thead>
<tr>
<th>Code 1</th>
<th>Code 2</th>
<th>Code 3</th>
<th>Code 4</th>
<th>Code 5</th>
<th>Code 6</th>
</tr>
</thead>
<tbody>
<tr>
<td>78459</td>
<td>78492</td>
<td>78609</td>
<td>78812</td>
<td>G0219</td>
<td>G0252</td>
</tr>
<tr>
<td>78491</td>
<td>78608</td>
<td>78811</td>
<td>78813</td>
<td>G0235</td>
<td></td>
</tr>
</tbody>
</table>

Usage: Disabled if “Not applicable” is checked; required otherwise.
Range: 0 – 999999

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

<table>
<thead>
<tr>
<th>Code 1</th>
<th>Code 2</th>
<th>Code 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>78814</td>
<td>78815</td>
<td>78816</td>
</tr>
</tbody>
</table>

Usage: Disabled if “Not applicable” is checked; required otherwise.
Range: 0 - 999999

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

<table>
<thead>
<tr>
<th>Code 1</th>
<th>Code 2</th>
<th>Code 3</th>
<th>Code 4</th>
<th>Code 5</th>
<th>Code 6</th>
</tr>
</thead>
<tbody>
<tr>
<td>70030</td>
<td>70190</td>
<td>70320</td>
<td>71010</td>
<td>71110</td>
<td>72069</td>
</tr>
<tr>
<td>70100</td>
<td>70200</td>
<td>70328</td>
<td>71015</td>
<td>71111</td>
<td>72070</td>
</tr>
<tr>
<td>70110</td>
<td>70210</td>
<td>70330</td>
<td>71020</td>
<td>71120</td>
<td>72072</td>
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<td>70120</td>
<td>70220</td>
<td>70350</td>
<td>71021</td>
<td>71130</td>
<td>72074</td>
</tr>
<tr>
<td>70130</td>
<td>70240</td>
<td>70355</td>
<td>71022</td>
<td>72010</td>
<td>72080</td>
</tr>
<tr>
<td>70134</td>
<td>70250</td>
<td>70360</td>
<td>71030</td>
<td>72020</td>
<td>72090</td>
</tr>
<tr>
<td>70140</td>
<td>70260</td>
<td>70370</td>
<td>71035</td>
<td>72040</td>
<td>72100</td>
</tr>
<tr>
<td>70150</td>
<td>70300</td>
<td>70371</td>
<td>71100</td>
<td>72050</td>
<td>72110</td>
</tr>
<tr>
<td>70160</td>
<td>70310</td>
<td>70380</td>
<td>71101</td>
<td>72052</td>
<td>72114</td>
</tr>
</tbody>
</table>
### 119 Fluoroscopy (IR / neuro IR)
Indicate the number of fluoroscopy exams (IR or neuro IR) performed during the previous calendar year. If the facility does not perform IR or neuro IR fluoroscopy, check “Not applicable”. If the facility did not perform IR or neuro IR fluoroscopy in the previous year but does perform IR or neuro IR fluoroscopy in the current year, then enter 0 for the number of exams, and do not check “Not applicable.” Include the following CPT codes:

<table>
<thead>
<tr>
<th>70010</th>
<th>74355</th>
<th>75685</th>
<th>75689</th>
<th>75809</th>
<th>75896</th>
<th>75968</th>
</tr>
</thead>
<tbody>
<tr>
<td>70015</td>
<td>74360</td>
<td>75705</td>
<td>75810</td>
<td>75898</td>
<td>75970</td>
<td></td>
</tr>
<tr>
<td>71090</td>
<td>74363</td>
<td>75710</td>
<td>75820</td>
<td>75900</td>
<td>75978</td>
<td></td>
</tr>
<tr>
<td>72240</td>
<td>74475</td>
<td>75716</td>
<td>75822</td>
<td>75901</td>
<td>75980</td>
<td></td>
</tr>
<tr>
<td>72255</td>
<td>74480</td>
<td>75722</td>
<td>75825</td>
<td>75902</td>
<td>75982</td>
<td></td>
</tr>
<tr>
<td>72265</td>
<td>74485</td>
<td>75724</td>
<td>75827</td>
<td>75940</td>
<td>75984</td>
<td></td>
</tr>
<tr>
<td>72270</td>
<td>74490</td>
<td>75726</td>
<td>75831</td>
<td>75945</td>
<td>75989</td>
<td></td>
</tr>
<tr>
<td>72275</td>
<td>74495</td>
<td>75731</td>
<td>75833</td>
<td>75946</td>
<td>75992</td>
<td></td>
</tr>
<tr>
<td>72280</td>
<td>74500</td>
<td>75733</td>
<td>75840</td>
<td>75952</td>
<td>75993</td>
<td></td>
</tr>
<tr>
<td>72291</td>
<td>75605</td>
<td>75736</td>
<td>75842</td>
<td>75953</td>
<td>75994</td>
<td></td>
</tr>
<tr>
<td>72295</td>
<td>75625</td>
<td>75741</td>
<td>75860</td>
<td>75954</td>
<td>75995</td>
<td></td>
</tr>
<tr>
<td>73542</td>
<td>75630</td>
<td>75743</td>
<td>75870</td>
<td>75956</td>
<td>75996</td>
<td></td>
</tr>
<tr>
<td>74300</td>
<td>75650</td>
<td>75746</td>
<td>75872</td>
<td>75957</td>
<td>77001</td>
<td></td>
</tr>
<tr>
<td>74305</td>
<td>75655</td>
<td>75756</td>
<td>75880</td>
<td>75958</td>
<td>77003</td>
<td></td>
</tr>
<tr>
<td>74327</td>
<td>75662</td>
<td>75791</td>
<td>75887</td>
<td>75960</td>
<td>G0275</td>
<td></td>
</tr>
<tr>
<td>74328</td>
<td>75665</td>
<td>75801</td>
<td>75889</td>
<td>75961</td>
<td>G0365</td>
<td></td>
</tr>
<tr>
<td>74329</td>
<td>75671</td>
<td>75803</td>
<td>75891</td>
<td>75962</td>
<td></td>
<td></td>
</tr>
<tr>
<td>74330</td>
<td>75676</td>
<td>75805</td>
<td>75893</td>
<td>75964</td>
<td></td>
<td></td>
</tr>
<tr>
<td>74340</td>
<td>75680</td>
<td>75807</td>
<td>75894</td>
<td>75966</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Usage: Disabled if “Not applicable” is checked; required otherwise.

Range: 0 - 999999

### 120 Fluoroscopy (excluding IR / neuro IR)
Indicate the number of fluoroscopy exams (excluding IR and neuro IR) performed during the previous calendar year. If the facility does not perform fluoroscopy, or performs only IR and neuro IR fluoroscopy, check “Not applicable”. If the facility did not perform fluoroscopy, other than IR or neuro IR, in the previous year, but does fluoroscopy, other than IR or
neuro IR, in the current year, then enter 0 for the number of exams, and do not check “Not applicable.” Include the following CPT codes:

70170    73525    74246    74320    74470    77002
70332    73580    74247    74400    76000    77031
70373    73615    74249    74410    76001    77032
70390    74190    74250    74415    76080    77053
71023    74210    74251    74420    76100    77054
71034    74220    74260    74425    76101    77071
71040    74230    74270    74430    76102    93555
71060    74235    74280    74440    76120    93556
73040    74240    74283    74445    76125    G0106
73085    74241    74290    74450    76150    G0120
73115    74245    74291    74455    76496    G0122

Usage: Disabled if “Not applicable” is checked; required otherwise.

Range: 0 - 999999

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

76977    77079    77081    78350    G0130
77078    77080    77082    78351

Usage: Disabled if “Not applicable” is checked; required otherwise.

Range: 0 - 999999

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

Usage: Required.

Range: 0 - 9999

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

Usage: Required.

Range: 0 - 9999
124 Fellows
Indicate the number of fellows at the facility.
Usage: Required.
Range: 0 – 9999

125 Residents
Indicate the number of residents at the facility.
Usage: Required.
Range: 0 – 9999

126 Radiologist assistants / Radiology PA's
Indicate the number of radiologist assistants and radiology PA's at the facility.
Usage: Required.
Range: 0 – 9999

127 NP's
Indicate the number of NP's at the facility.
Usage: Required.
Range: 0 – 9999

128 RN's / LPN's
Indicate the number of RN's and LPN's at the facility.
Usage: Required.
Range: 0 – 9999

129 Technologists
Indicate the total number of full-time and part-time technologists at the facility.
Usage: Required.
Range: 0 – 9999
### 1. Facility Form (continued)

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>130</td>
<td><strong>FTE technologists</strong></td>
<td>Indicate the full-time equivalent number of technologists at the facility. For example, if four technologists work half-time at the facility, enter “2” in the “FTE technologists” field, and “4” in the “Technologists” field above. Usage: Required. Range: 0 – 9999</td>
</tr>
<tr>
<td>131</td>
<td><strong>Technologist assistants</strong></td>
<td>Indicate the number of technologist assistants at the facility. Usage: Required. Range: 0 – 9999</td>
</tr>
</tbody>
</table>
| 132  | **CT certification required for technologists?**                            | Indicate whether CT certification is required for technologists. Usage: Disabled if “Not applicable” is checked for the number of CT procedures and number of PET / CT procedures in Section 4; required otherwise. Permitted values:  
  - No  
  - Yes |
| 133  | **MR certification required for technologists?**                            | Indicate whether MR certification is required for technologists. Usage: Disabled if “Not applicable” is checked for the number of MRI procedures in Section 4; required otherwise. Permitted values:  
  - No  
  - Yes |
| 134  | **ACLS certification or equivalent required for physicians performing interventional procedures?** | Indicate whether ACLS certification or equivalent (e.g., ARLS certification) is required for physicians performing interventional procedures. Usage: Required. Permitted values:  
  - No  
  - Yes  
  - Facility does not perform interventional procedures |
135 Magnet incidents
Indicate the number magnet incidents during the previous calendar year. Include only incidents attributable to or aggravated by the presence of a magnetic field.

Usage: Disabled if “Not applicable” is checked for the number of MRI procedures in Section 4 and for Green Level participants; required otherwise.

Range: 0 - 999

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

Usage: Disabled if “Not applicable” is checked for the number of MRI procedures in Section 4 and for Green Level participants; required otherwise.

Range: 0 - 999

137 Non-NSF Gd reactions
Indicate the number of non-NSF gadolinium reactions during the previous calendar year which resulted in admission to a hospital or ER, death, or consultation with another physician.

Usage: Disabled if “Not applicable” is checked for the number of MRI procedures in Section 4 and for Green Level participants; required otherwise.

Range: 0 - 999

138 Reactions for patients with implanted devices
Indicate the number of reactions for patients with implanted devices during the previous calendar year which resulted in admission to a hospital or ER, death, or consultation with another physician.

Usage: Disabled if “Not applicable” is checked for the number of MRI procedures in Section 4 and for Green Level participants; required otherwise.

Range: 0 - 999

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

Usage: Required for Gold Level participants; disabled for Green Level participants.

Range: 0 - 999
### 1. Facility Form (continued)

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
<th>Description</th>
<th>Usage:</th>
<th>Required for Gold Level participants; disabled for Green Level participants.</th>
<th>Range:</th>
<th>0 - 999</th>
</tr>
</thead>
<tbody>
<tr>
<td>140</td>
<td><strong>Unattended falls in radiology department</strong></td>
<td>Indicate the number of unattended falls that occurred in the radiology department during the previous calendar year. Include all falls that occurred while a facility staff member was not present.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>141</td>
<td><strong>Deaths in radiology department</strong></td>
<td>Indicate the number of deaths that occurred in the radiology department during the previous calendar year.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>142</td>
<td><strong>Code blues in radiology department</strong></td>
<td>Indicate the number of code blues that occurred in the radiology department during the previous calendar year.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>143</td>
<td><strong>Nosocomial infections in radiology department</strong></td>
<td>Indicate the number of nosocomial infections that occurred in the radiology department during the previous calendar year.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>144</td>
<td><strong>Wrong exam</strong></td>
<td>Indicate the number of cases during the previous year in which the exam conducted was not the exam requested by the referring physician. Exclude the following cases:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>- The exam was changed by the radiologist based on clinical indications.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>- The referring physician did not require a repeat exam that resulted in additional exposure to the patient.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>- The exam was performed on the wrong patient or the wrong site.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Usage:** Required for Gold Level participants; disabled for Green Level participants.

**Range:** 0 - 999
<table>
<thead>
<tr>
<th></th>
<th>Description</th>
<th>Usage</th>
<th>Permitted Values</th>
</tr>
</thead>
<tbody>
<tr>
<td>145</td>
<td><strong>Wrong patient</strong>&lt;br&gt;Indicate the number of cases during the previous calendar year in which an exam was conducted on the wrong patient.</td>
<td>Required for Gold Level participants; disabled for Green Level participants.</td>
<td>0 - 999</td>
</tr>
<tr>
<td>146</td>
<td><strong>Wrong site</strong>&lt;br&gt;Indicate the number of cases during the previous calendar year in which an exam was conducted on the wrong body part.</td>
<td>Required for Gold Level participants; disabled for Green Level participants.</td>
<td>0 – 999</td>
</tr>
<tr>
<td>147</td>
<td><strong>Fluoroscopy time routinely reported</strong>&lt;br&gt;Indicate whether fluoroscopy time is routinely recorded in the radiologist's dictated report.</td>
<td>Disabled if “Not applicable” is checked for the number of fluoroscopy procedures (IR / neuro IR) and number of fluoroscopy procedures (other than IR / neuro IR) in Section 4; required otherwise.</td>
<td>No, Yes</td>
</tr>
<tr>
<td>148</td>
<td><strong>Electronic report access 24/7</strong>&lt;br&gt;Indicate whether electronic reports are available 24 hours per day, with both internal and external access.</td>
<td>Required.</td>
<td>No, Yes</td>
</tr>
<tr>
<td>149</td>
<td><strong>Voice recognition software used for reporting purposes</strong>&lt;br&gt;Indicate whether voice recognition software is used for the majority of reports. If voice recognition software is implemented during the current year, indicate whether the software will have been used for the majority of reports for the year.</td>
<td>Required.</td>
<td>No, Yes</td>
</tr>
</tbody>
</table>
150 **Access to images 24/7**
Indicate whether images are available 24 hours per day.

Usage: Required.

Permitted values:
- No
- Yes

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

Usage: Required.

Permitted values:
- No
- Yes

If yes, indicate all that apply:
Indicate which types of imaging orders require a radiologist consult.

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

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

152 **Decision support (appropriateness criteria, etc.) available on order-entry system**
Indicate whether the order-entry system includes a decision support component, such as an appropriateness criteria component.

Usage: Required.

Permitted values:
- No
- Yes
153 **Patient satisfaction survey specific to radiology in regular use**
Indicate whether a patient satisfaction survey specific to radiology is in regular use.

Usage: Required.

Permitted values:
- No
- Yes

**If yes, indicate all that apply:**
Usage: Required if “Yes” is selected for “Patient satisfaction survey specific to radiology in regular use”; disabled otherwise.

Permitted values: One or both of the following:
- Inpatient
- Outpatient

154 **Management of risk of nephrotoxicity**
Indicate whether a written protocol exists for management of risk of nephrotoxicity.

Usage: Required.

Permitted values:
- No
- Yes

155 **Pregnancy screening**
Indicate whether a written protocol exists for pregnancy screening.

Usage: Required.

Permitted values:
- No
- Yes

156 **Allergy screening**
Indicate whether a written protocol exists for allergy screening.

Usage: Required.

Permitted values:
- No
- Yes
157 **Communication of critical results**
Indicate whether a protocol exists for the communication of critical results. Critical results are defined as diagnoses (even if found on routine tests) that require rapid communication of the results with documentation of the name of the physician notified and time of notification.

Usage: Required.

Permitted values:
- No
- Yes

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

Usage: Required.

Permitted values:
- No
- Yes

159 **Infection control**
Indicate whether a protocol exists for infection control.

Usage: Required.

Permitted values
- No
- Yes

160 **MR safety screening**
Indicate whether a protocol exists for MR safety screening.

Usage: Disabled if “Not applicable” is checked for the number of MRI procedures in Section 4; required otherwise.

Permitted values:
- No
- Yes
<table>
<thead>
<tr>
<th>Equipment Category</th>
<th>Description</th>
<th>Usage Notes</th>
<th>Range</th>
</tr>
</thead>
<tbody>
<tr>
<td>161 Equipment: Mammography</td>
<td>Indicate the number of mammography units accredited by the ACR, the number of units pending ACR accreditation, and the total number of units.</td>
<td>Usage: Disabled if “Not applicable” is checked for the number of mammography procedures in Section 4; required otherwise.</td>
<td>0-999</td>
</tr>
<tr>
<td>162 Equipment: Stereotactic breast biopsy</td>
<td>Indicate the number of stereotactic breast biopsy units accredited by the ACR, the number of units pending ACR accreditation, and the total number of units.</td>
<td>Usage: Disabled if “Not applicable” is checked for the number of stereotactic breast biopsy procedures in Section 4; required otherwise.</td>
<td>0-999</td>
</tr>
<tr>
<td>163 Equipment: Breast ultrasound (not used for other ultrasound procedures)</td>
<td>Indicate the number of breast ultrasound units accredited by the ACR, the number of units pending ACR accreditation, and the total number of units. Do not include units used for other ultrasound procedures in addition to breast ultrasound.</td>
<td>Usage: Disabled if “Not applicable” is checked for the number of breast ultrasound procedures in Section 4; required otherwise.</td>
<td>0-999</td>
</tr>
<tr>
<td>164 Equipment: Ultrasound (not used exclusively for breast ultrasound)</td>
<td>Indicate the number of ultrasound units accredited by the ACR, the number of units pending ACR accreditation, and the total number of units. Do not include units used exclusively for breast ultrasound.</td>
<td>Usage: Disabled if “Not applicable” is checked for the number of ultrasound (excluding breast ultrasound) procedures in Section 4; required otherwise.</td>
<td>0-999</td>
</tr>
<tr>
<td>165 Equipment: MRI</td>
<td>Indicate the number of MRI units accredited by the ACR, the number of units pending ACR accreditation, and the total number of units.</td>
<td>Usage: Disabled if “Not applicable” is checked for the number of MRI procedures in Section 4; required otherwise.</td>
<td>0-99</td>
</tr>
</tbody>
</table>
166 **Equipment: CT**
Indicate the number of CT units accredited by the ACR, the number of units pending ACR accreditation, and the total number of units. Do not include CT scanners that function as part of a PET / CT unit.

Usage: Disabled if “Not applicable” is checked for the number of CT procedures in Section 4; required otherwise.

Range: 0-99

167 **Equipment: Nuclear medicine**
Indicate the number of nuclear medicine units accredited by the ACR, the number of units pending ACR accreditation, and the total number of units.

Usage: Disabled if “Not applicable” is checked for the number of nuclear medicine procedures in Section 4; required otherwise.

Range: 0-99

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

Usage: Disabled if “Not applicable” is checked for the number of PET procedures in Section 4; required otherwise.

Range: 0-99

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

Usage: Disabled if “Not applicable” is checked for the number of PET / CT procedures in Section 4; required otherwise.

Range: 0-99
170 **Equipment: Radiography**
Indicate the total number of radiography units, including portable radiography units. Do not include radiography / fluoroscopy units.

Usage: Disabled if “Not applicable” is checked for the number of radiography procedures in Section 4; required otherwise.

Range: 0-999

171 **Equipment: Fluoroscopy (IR / neuro IR)**
Indicate the total number of IR and neuro IR fluoroscopy units. Include radiography / fluoroscopy units.

Usage: Disabled if “Not applicable” is checked for the number of IR and neuro IR fluoroscopy procedures in Section 4; required otherwise.

Range: 0-99

172 **Equipment: Fluoroscopy (excluding IR / neuro IR)**
Indicate the total number of fluoroscopy and radiography / fluoroscopy units, excluding IR and neuro IR fluoroscopy units.

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

Range: 0-99

173 **Equipment: Bone densitometry**
Indicate the total number of bone densitometry units.

Usage: Disabled if “Not applicable” is checked for the number of bone densitometry procedures in Section 4; required otherwise.

Range: 0-999

174 **Name of person who completed this paper form – Last name**
Indicate the last name of the person who completed the paper form.

Usage: Required.

Permitted values: Combinations of letters and spaces between 2 and 45 characters long. An apostrophe (’) is permitted in the second position. The combination may include one hyphen (-), provided the hyphen is not in the first or last position.
175 Name of person who completed this paper form – First name
Indicate the first name of the person who completed the paper form.

Usage: Required.

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

<table>
<thead>
<tr>
<th>Field</th>
<th>Description</th>
<th>Usage</th>
<th>Range</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facility number</td>
<td>Facility number is the number assigned to the facility by NRDR.</td>
<td>Populated automatically.</td>
<td>N/A</td>
</tr>
<tr>
<td>Month to which form applies</td>
<td>Indicate the month to which the form applies.</td>
<td>Required.</td>
<td>1-12</td>
</tr>
<tr>
<td>Year to which form applies</td>
<td>Indicate the year to which the form applies. A Facility Form for the corresponding year must be submitted before the Monthly Data Form by Facility is submitted.</td>
<td>Required.</td>
<td>2005-2015</td>
</tr>
<tr>
<td>Patient wait time (outpatient): Radiography</td>
<td>Indicate the mean and median outpatient wait time in minutes for radiography. Wait time is defined as the time from when the patient signs in at the patient receiving area to the time patient imaging starts (the machine start time). The mean and median must be calculated from all patient wait times over a period of at least 5 consecutive days.</td>
<td>Disabled if “Not applicable” is checked for the number of radiography procedures in Section 4 of the Facilities Form; required otherwise.</td>
<td>0-999</td>
</tr>
<tr>
<td>Patient wait time (outpatient): Ultrasound (excluding breast ultrasound)</td>
<td>Indicate the mean and median outpatient wait time in minutes for ultrasound (excluding breast ultrasound). Wait time is defined as the time from when the patient signs in at the patient receiving area to the time patient imaging starts (the machine start time). The mean and median must be calculated from all patient wait times over a period of at least 5 consecutive days.</td>
<td>Disabled if “Not applicable” is checked for the number of ultrasound procedures (excluding breast ultrasound) in Section 4 of the Facilities Form; required otherwise.</td>
<td>0-999</td>
</tr>
</tbody>
</table>
### 2. Monthly Data Form by Facility (continued)

<table>
<thead>
<tr>
<th></th>
<th><strong>Patient wait time (outpatient): MRI without oral contrast</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>206</td>
<td>Indicate the mean and median outpatient wait time in minutes for MRI without oral contrast. Wait time is defined as the time from when the patient signs in at the patient receiving area to the time patient imaging starts (the machine start time), unless a sedative is administered. In this case, wait time is defined as the time from when the patient signs in at the patient receiving area to the time the sedative is administered. The mean and median must be calculated from all patient wait times over a period of at least 5 consecutive days.</td>
</tr>
<tr>
<td></td>
<td>Usage: Disabled if “Not applicable” is checked for the number of MRI procedures in Section 4 of the Facilities Form; required otherwise.</td>
</tr>
<tr>
<td></td>
<td>Range: 0-999</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th><strong>Patient wait time (outpatient): CT without oral contrast</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>207</td>
<td>Indicate the mean and median outpatient wait time in minutes for CT without oral contrast. Wait time is defined as the time from when the patient signs in at the patient receiving area to the time patient imaging starts (the machine start time). The mean and median must be calculated from all patient wait times over a period of at least 5 consecutive days.</td>
</tr>
<tr>
<td></td>
<td>Usage: Disabled if “Not applicable” is checked for the number of CT procedures and the number of PET / CT procedures in Section 4 of the Facilities Form; required otherwise.</td>
</tr>
<tr>
<td></td>
<td>Range: 0-999</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th><strong>Patient wait time (outpatient): PET</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>208</td>
<td>Indicate the mean and median outpatient wait time in minutes for PET. Wait time is defined as the time from when the patient signs in at the patient receiving area to the time patient imaging starts (the machine start time). The mean and median must be calculated from all patient wait times over a period of at least 5 consecutive days. Do not include PET / CT exams.</td>
</tr>
<tr>
<td></td>
<td>Usage: Disabled if “Not applicable” is checked for the number of PET procedures in Section 4 of the Facilities Form; required otherwise.</td>
</tr>
<tr>
<td></td>
<td>Range: 0-999</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th><strong>Time from order to exam for inpatient stat CT exams</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>209</td>
<td>Indicate the mean and median time from order to exam for inpatient stat CT exams.</td>
</tr>
<tr>
<td></td>
<td>Usage: Disabled if “Not applicable” is checked for the number of CT procedures in Section 4 of the Facility Form; required otherwise.</td>
</tr>
<tr>
<td></td>
<td>Range: 0-999</td>
</tr>
</tbody>
</table>
### 2. Monthly Data Form by Facility (continued)

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>210</td>
<td>Time from order to exam for inpatient routine CT exams</td>
<td>Indicate the mean and median time from order to exam for inpatient routine CT exams. Usage: Disabled if “Not applicable” is checked for the number of CT procedures in Section 4 of the Facility Form; required otherwise. Range: 0-999</td>
</tr>
<tr>
<td>211</td>
<td>Does the facility perform digital radiography?</td>
<td>Indicate whether the facility performs digital radiography (not including computed radiography). Usage: Required. Permitted values: • No • Yes</td>
</tr>
<tr>
<td>212</td>
<td>If yes, number of digital radiography images</td>
<td>Indicate the number of digital radiography images (not including computed radiography). Usage: • Required if a value is entered for “If yes, number of digital radiography images that had to be repeated and resulted in additional exposure to the patient”; • Optional if “Yes” is selected in response to “Does the facility perform digital radiography?” and no value is entered for “If yes, number of digital radiography images that had to be repeated and resulted in additional exposure to the patient”; • Disabled otherwise. Range: 0-99999</td>
</tr>
<tr>
<td>213</td>
<td>If yes, number of digital radiography images that had to be repeated and resulted in additional exposure to the patient</td>
<td>Indicate the number of digital radiography images that had to be repeated and resulted in additional exposure to the patient (not including computed radiography). Usage: Optional if “yes” is selected in response to “Does the facility perform digital radiography?”; disabled otherwise. Range: 0-99999</td>
</tr>
</tbody>
</table>
### 2. Monthly Data Form by Facility (continued)

<table>
<thead>
<tr>
<th>Section</th>
<th>Description</th>
<th>Indicate the following:</th>
<th>Usage</th>
</tr>
</thead>
</table>
| 214     | Report turnaround time (time from when exam was completed until final report was signed): Radiography | - Number of radiography exams completed this month. Range: 0-99999  
- Number of radiography exams with report signed less than 12 hours after completion. Range: 0-99999  
- Number of radiography exams with report signed at least 12 hours but less than 24 hours after completion. Range: 0-99999  
- Number of radiography exams with report signed at least 24 hours but less than 48 hours after completion. Range: 0-99999  
- Mean report turnaround time in hours for radiography exams. Range: 0-999 | All fields are disabled if “Not applicable” is checked for the number of radiography procedures in Section 4 of the Facilities Form; required otherwise. |
| 215     | Report turnaround time (time from when exam was completed until final report was signed): Ultrasound (excluding breast ultrasound) | - Number of ultrasound exams completed this month. Range: 0-99999  
- Number of ultrasound exams with report signed less than 12 hours after completion. Range: 0-99999  
- Number of ultrasound exams with report signed at least 12 hours but less than 24 hours after completion. Range: 0-99999  
- Number of ultrasound exams with report signed at least 24 hours but less than 48 hours after completion. Range: 0-99999  
- Mean report turnaround time in hours for ultrasound exams. Range: 0-999 | All fields are disabled if “Not applicable” is checked for the number of ultrasound procedures (excluding breast ultrasound) in Section 4 of the Facilities Form; required otherwise. |
| 216     | Report turnaround time (time from when exam was completed until final report was signed): MRI | - Number of MRI exams completed this month. Range: 0-99999  
- Number of MRI exams with report signed less than 12 hours after completion. Range: 0-99999  
- Number of MRI exams with report signed at least 12 hours but less than 24 hours after completion. Range: 0-99999  
- Number of MRI exams with report signed at least 24 hours but less than 48 hours after completion. Range: 0-99999  
- Mean report turnaround time in hours for MRI exams. Range: 0-999 | All fields are disabled if “Not applicable” is checked for the number of MRI procedures in Section 4 of the Facilities Form. They are required otherwise. |
217 Report turnaround time (time from when exam was completed until final report was signed): CT
Indicate the following:
• Number of CT exams completed this month. Range: 0-99999
• Number of CT exams with report signed less than 12 hours after completion. Range: 0-99999
• Number of CT exams with report signed at least 12 hours but less than 24 hours after completion. Range: 0-99999
• Number of CT exams with report signed at least 24 hours but less than 48 hours after completion. Range: 0-99999
• Mean report turnaround time in hours for CT exams. Range: 0-999

Usage: All fields are disabled if “Not applicable” is checked for the number of CT procedures in Section 4 of the Facilities Form. They are required otherwise.

218 Report turnaround time (time from when exam was completed until final report was signed): PET
Indicate the following:
• Number of PET exams completed this month. Range: 0-99999
• Number of PET exams with report signed less than 12 hours after completion. Range: 0-99999
• Number of PET exams with report signed at least 12 hours but less than 24 hours after completion. Range: 0-99999
• Number of PET exams with report signed at least 24 hours but less than 48 hours after completion. Range: 0-99999
• Mean report turnaround time in hours for PET exams. Range: 0-999

Do not include PET / CT exams.

Usage: All fields are disabled if “Not applicable” is checked for the number of PET procedures in Section 4 of the Facilities Form. They are required otherwise.

219 Liver biopsies performed by radiologists
Indicate the number of liver biopsies performed by radiologists. Include core biopsies and FNA. Include the following CPT codes:
10021 10022 47000 47001

Usage: Required for Gold Level participants; disabled for Green Level participants.

Range: 0-9999

220 Liver biopsies performed by radiologists reported as non-diagnostic
Indicate the number of liver biopsies performed by radiologists that were non-diagnostic. Include core biopsies and FNA. Include the following CPT codes:
10021 10022 47000 47001

Usage: Required for Gold Level participants; disabled for Green Level participants.

Range: 0-9999
2. Monthly Data Form by Facility (continued)

221 Lung biopsies performed by radiologists
Indicate the number of lung biopsies performed by radiologists. Include core biopsies and FNA. Include the following CPT codes:

32400  32405  10021  10022

Usage: Required for Gold Level participants; disabled for Green Level participants.
Range: 0-9999

222 Lung biopsies performed by radiologists reported as non-diagnostic
Indicate the number of lung biopsies performed by radiologists that were non-diagnostic. Include core biopsies and FNA. Include the following CPT codes:

32400  32405  10021  10022

Usage: Required for Gold Level participants; disabled for Green Level participants.
Range: 0-9999

223 Lung biopsies performed by radiologists resulting in pneumothorax requiring chest tube
Indicate the number of biopsies performed by radiologists resulting in pneumothorax requiring chest tube. Include core biopsies and FNA. Include the following CPT codes:

32400 with 32422
32405 with 32422

Usage: Required for Gold Level participants; disabled for Green Level participants.
Range: 0-9999

224 CT exams performed with HOCM
Indicate the number of CT exams performed with HOCM. Include the following CPT codes:

Q9958  Q9960  Q9962  Q9964
Q9959  Q9961  Q9963

Usage: Disabled if "Not applicable" is checked for the number of CT procedures in Section 4 of the Facilities Form and for Green Level participants; required otherwise.
Range: 0-9999
225 CT exams performed with LOCM
Indicate the number of CT exams performed with LOCM. Include the following CPT codes:
Q9951   Q9965   Q9966   Q9967

Usage: Disabled if “Not applicable” is checked for the number of CT procedures in Section 4 of the Facilities Form and for Green Level participants; required otherwise.

Range: 0-9999

226 Extravasations from CT exams with HOCM
Indicate the number of extravasations from CT exams with HOCM. Include the following CPT codes:
Q9958   Q9960   Q9962   Q9964
Q9959   Q9961   Q9963

Usage: Disabled if “Not applicable” is checked for the number of CT procedures in Section 4 of the Facility Form and for Green Level participants; required otherwise.

Range: 0-9999

227 Extravasations from CT exams with LOCM
Indicate the number of extravasations from CT exams with LOCM. Include the following CPT codes:
Q9951   Q9965   Q9966   Q9967

Usage: Disabled if “Not applicable” is checked for the number of CT procedures in Section 4 of the Facility Form and for Green Level participants; required otherwise.

Range: 0-9999

228 Stereotactic breast biopsies performed
Indicate the number of stereotactic breast biopsies performed. Include the following CPT codes:
19102 with 77031
19103 with 77031

Usage: Disabled if “Not applicable” is checked for the number of stereotactic breast biopsies in Section 4 of the Facility Form and for Green Level participants; required otherwise.

Range: 0-999
229 **Stereotactic breast biopsies performed which were non-concordant with imaging findings**

Indicate the number of stereotactic breast biopsies performed which were non-concordant with imaging characteristics, indicating that the lesion was not adequately biopsied. Include all incidences, regardless of whether further patient care confirmed imaging findings. Include the following CPT codes:

- 19102 with 77031
- 19103 with 77031

Usage: Disabled if "Not applicable" is checked for the number of stereotactic breast biopsies in Section 4 of the Facility Form and for Green Level participants; required otherwise.

Range: 0-999

---

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

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

Usage: Required.

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

---

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

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

Usage: Required.

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

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

Usage: Populated automatically.

Permitted values: N/A

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

Usage: Required.

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

303 **Month to which form applies**
Indicate the month to which the form applies.

Usage: Required.

Range: 1-12

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

Usage: Required.


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

Usage:
- Required if a value is entered for "If yes, number of digital radiography images that had to be repeated and resulted in additional exposure to the patient";
- Optional if no value is entered for "If yes, number of digital radiography images that had to be repeated and resulted in additional exposure to the patient".

Range: 0-99999

306 **Number of digital radiography images that had to be repeated and resulted in additional exposure to the patient**
Indicate the number of digital radiography images performed that had to be repeated and resulted in additional exposure to the patient (not including computed radiography).
3. Monthly Data Form by Physician

Usage: Optional.

Range: 0-99999

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

Indicate the following:

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

Usage: All fields are disabled if “Not applicable” is checked for the number of radiography procedures in Section 4 of the Facilities Form; optional otherwise. However, if a value for one of the fields is entered, then all other fields in the row are required.

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

Indicate the following:

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

Usage: All fields are disabled if “Not applicable” is checked for the number of ultrasound procedures (excluding breast ultrasound) in Section 4 of the Facilities Form; optional otherwise. However, if a value for one of the fields is entered, then all other fields in the row are required.
309  Report turnaround time (time from when exam was completed until final report was signed): MRI
Indicate the following:
- Number of MRI exams completed this month. Range:0-9999
- Number of MRI exams with report signed less than 12 hours after completion. Range:0-9999
- Number of MRI exams with report signed at least 12 hours but less than 24 hours after completion. Range:0-9999
- Number of MRI exams with report signed at least 24 hours but less than 48 hours after completion. Range:0-9999
- Mean report turnaround time in hours for MRI exams. Range:0-999
Usage: All fields are disabled if “Not applicable” is checked for the number of MRI procedures in Section 4 of the Facilities Form; optional otherwise. However, if a value for one of the fields is entered, then all other fields in the row are required.

310  Report turnaround time (time from when exam was completed until final report was signed): CT
Indicate the following:
- Number of CT exams completed this month. Range:0-9999
- Number of CT exams with report signed less than 12 hours after completion. Range:0-9999
- Number of CT exams with report signed at least 12 hours but less than 24 hours after completion. Range:0-9999
- Number of CT exams with report signed at least 24 hours but less than 48 hours after completion. Range:0-9999
- Mean report turnaround time in hours for CT exams. Range:0-999
Usage: All fields are disabled if “Not applicable” is checked for the number of CT procedures in Section 4 of the Facilities Form; optional otherwise. However, if a value for one of the fields is entered, then all other fields in the row are required.

311  Report turnaround time (time from when exam was completed until final report was signed): PET
Indicate the following:
- Number of PET exams completed this month. Range:0-9999
- Number of PET exams with report signed less than 12 hours after completion. Range:0-9999
- Number of PET exams with report signed at least 12 hours but less than 24 hours after completion. Range:0-9999
- Number of PET exams with report signed at least 24 hours but less than 48 hours after completion. Range:0-9999
- Mean report turnaround time in hours for PET exams. Range:0-999
Do not include PET / CT exams.
Usage: All fields are disabled if “Not applicable” is checked for the number of PET procedures in Section 4 of the Facilities Form; optional otherwise. However, if a value for one of the fields is entered, then all other fields in the row are required.
3. Monthly Data Form by Physician (continued)

312 Liver biopsies performed by radiologist
Indicate the number of liver biopsies performed by the radiologist. Include core biopsies and FNA. Include the following CPT codes:
10021  10022  47000  47001

Usage: Required if “Liver biopsies performed by radiologist reported as non-diagnostic” is entered; not permitted otherwise. Disabled for Green Level participants.

Range: 0-99

313 Liver biopsies performed by radiologist reported as non-diagnostic
Indicate the number of liver biopsies performed by the radiologist that were non-diagnostic. Include core biopsies and FNA. Include the following CPT codes:
10021  10022  47000  47001

Usage: Required if “Liver biopsies performed by radiologist” is entered; not permitted otherwise. Disabled for Green Level participants.

Range: 0-99

314 Lung biopsies performed by radiologist
Indicate the number of lung biopsies performed by the radiologist. Include core biopsies and FNA. Include the following CPT codes:
32400  32405  10021  10022

Usage: Required if “Lung biopsies performed by radiologist reported as non-diagnostic” or “Patients developing pneumothorax requiring chest tube as a result of lung biopsy performed by radiologist” is entered; optional otherwise. Disabled for Green Level participants.

Range: 0-99

315 Lung biopsies performed by radiologist reported as non-diagnostic
Indicate the number of lung biopsies performed by the radiologist that were non-diagnostic. Include core biopsies and FNA. Include the following CPT codes:
32400  32405  10021  10022

Usage: Required if “Lung biopsies performed by radiologist” is entered; not permitted otherwise. Disabled for Green Level participants.

Range: 0-99
316 Lung biopsies performed by radiologist resulting in pneumothorax requiring chest tube
Indicate the number of lung biopsies performed by the radiologist that resulted in pneumothorax requiring a chest tube. Include the following CPT codes:
32400 with 32422
32405 with 32422

Usage: Required if “Lung biopsies performed by radiologist” is entered; not permitted otherwise. Disabled for Green Level participants.

Range: 0-99

317 Stereotactic breast biopsies performed
Indicate the number of stereotactic breast biopsies performed. Include the following CPT codes:
19102 with 77031
19103 with 77031

Usage: Required if “Stereotactic breast biopsies performed which were non-concordant with imaging findings” is entered; not permitted otherwise. Disabled for Green Level participants.

Range: 0-99

318 Stereotactic breast biopsies performed which were non-concordant with imaging findings
Indicate the number of stereotactic breast biopsies performed which were non-concordant with imaging characteristics, indicating that the lesion was not adequately biopsied. Include all incidences, regardless of whether further patient care confirmed imaging findings. Include the following CPT codes:
19102 with 77031
19103 with 77031

Usage: Required if “Stereotactic breast biopsies performed” is entered; not permitted otherwise. Disabled for Green Level participants.

Range: 0-99

319 Name of person who completed this paper form – Last name
Indicate the last name of the person who completed the paper form.

Usage: Required.

Permitted values: Combinations of letters and spaces between 2 and 45 characters long. An apostrophe (‘) is permitted in the second position. The combination may include one hyphen (-), provided the hyphen is not in the first or last position.
320 Name of person who completed this paper form – First name
Indicate the first name of the person who completed the paper form.

Usage: Required.

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

Glossary

<table>
<thead>
<tr>
<th>Acronym</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>ACLS</td>
<td>Advanced Cardiac Life Support</td>
</tr>
<tr>
<td>ACR</td>
<td>American College of Radiology</td>
</tr>
<tr>
<td>ARLS</td>
<td>Advanced Radiology Life Support</td>
</tr>
<tr>
<td>CT</td>
<td>Computed tomography</td>
</tr>
<tr>
<td>ED</td>
<td>Emergency department</td>
</tr>
<tr>
<td>ER</td>
<td>Emergency room</td>
</tr>
<tr>
<td>FNA</td>
<td>Fine need aspiration</td>
</tr>
<tr>
<td>FTE</td>
<td>Full time equivalent</td>
</tr>
<tr>
<td>Gd</td>
<td>Gadolinium</td>
</tr>
<tr>
<td>GI</td>
<td>Gastrointestinal</td>
</tr>
<tr>
<td>Gold</td>
<td>GRID offers two levels of participation, “green” and “gold”. Facilities that wish to take advantage of the full range of metrics provided by GRID participate at the “gold” level. These facilities provide all data elements requested by GRID and receive a complete report at the end of each reporting period.</td>
</tr>
<tr>
<td>Green</td>
<td>GRID offers two levels of participation, “green” and “gold”. The “green” level applies to facilities that are unable to provide outcomes data. “Green” level participants supply a subset of GRID data elements, and receive a report of all GRID metrics other than those reflecting outcomes.</td>
</tr>
<tr>
<td>HOCM</td>
<td>High-osmolar contrast media</td>
</tr>
<tr>
<td>IR</td>
<td>Interventional radiology</td>
</tr>
<tr>
<td>LOCM</td>
<td>Low-osmolar contrast media</td>
</tr>
<tr>
<td>LPN</td>
<td>Licensed practice nurse</td>
</tr>
<tr>
<td>MR</td>
<td>Magnetic resonance</td>
</tr>
<tr>
<td>MRI</td>
<td>Magnetic resonance imaging</td>
</tr>
<tr>
<td>N/A</td>
<td>Not applicable</td>
</tr>
<tr>
<td>NP</td>
<td>Nurse practitioner</td>
</tr>
<tr>
<td>NRDR</td>
<td>National Radiology Data Registry</td>
</tr>
<tr>
<td>NSF</td>
<td>Nephrogenic systemic fibrosis</td>
</tr>
<tr>
<td>PA</td>
<td>Physician assistant</td>
</tr>
<tr>
<td>PE</td>
<td>Pulmonary embolism</td>
</tr>
<tr>
<td>RN</td>
<td>Registered nurse</td>
</tr>
</tbody>
</table>