

## **Introduction**

This document is to provide format specifications for the RADPEER peer review data file.

## **Contact Information**

Phone: 703-715-3490

Support Ticket: [RadpeerSupport.acr.org](https://radpeerSupport.acr.org)

Hours of Operation: Mon-Fri, 8:30am-12:30pm ET and 1:30pm-5pm ET

## Appendices

The following appendices are contained in this section:

- Appendix A – Modality
- Appendix B – Score
- Appendix C – Category/Body Region
- Appendix D – Data Item

### APPENDIX A – MODALITY

<b>Numeric Data Value</b>	<b>Abbreviated Data Value</b>	<b>Definition</b>
1	XR	Radiography
2	US	Ultrasound
3	CT	Computed Tomography
4	MR	Magnetic Resonance Imaging
5	NM	Nuclear Medicine
6	MG	Mammography
7	IR	Interventional
8	PT	PET
9	RF	Fluoroscopy

### APPENDIX B – SCORE

<b>Numeric Data Value</b>	<b>Definition</b>
1	Concur with interpretation
2a	Discrepancy in interpretation / not ordinarily expected to be made (understandable miss). Unlikely to be significant.
2b	Discrepancy in interpretation / not ordinarily expected to be made (understandable miss). Likely to be significant.
3a	Discrepancy in interpretation / should be made most of the time. Unlikely to be clinically significant.
3b	Discrepancy in interpretation / should be made most of the time. Likely to be clinically significant.

APPENDIX C – CATEGORY / BODY REGION

<b>Numeric Data Value</b>	<b>Definition</b>
1	Abdomen
2	Breast
3	Cardiovascular
4	Chest
5	GU
6	MSK
7	Neuro
8	OB/GYN
9	Vascular

APPENDIX D – DISCREPANCY REASON

<b>Numeric Data Value</b>	<b>Definition</b>
1	Interpretation
2	Perception
3	Communication

APPENDIX E – Yes / No

<b>Data Value</b>	<b>Definition</b>
Y	Yes
N	No
S	Pending review before submitting to ACR for reporting
A	Completed, to be included in reports

APPENDIX F – DATA ITEM

Column Header Value	Required / Optional	Max. Length	Value	Default Value	Comments
facility_code	Required	15			RADPEER Group ID # provided by ACR.
reviewer_code	Required	24			ID of physician performing peer review. Must be the same as input on RADPEER account.
reviewee_code	Required	24			ID of physician under review. Must be the same as input on RADPEER account.
modality	Required	2	1 to 9		See APPENDIX - A
score	Required	2	1 to 3b		See APPENDIX – B
score_date	Optional	24	YYYY-MM-DD HH:MM:SS as 2008-01-22 20:22:23 or empty	If empty, use the data time ACR processes the record	Peer review score date.
has_reviewed	Optional	2	Y or N or empty	If empty, insert null value	See APPENDIX – E Has been reviewed by committee/chair; for score 2 with clinical significance (see clinical_significant item), score 3 the record should be reviewed before sending to ACR as permanent record.
location	Optional	24		If empty, insert null value	Location Code, specified by group administrator.
process_flag	Optional	1	S or A	If empty, insert as 'A'	See APPENDIX – E Whether or not to count in the reports.
clinical_significant	Optional	1	Y or N or empty	If empty, insert as 'N'	See APPENDIX – E For Score 2 – 4, record should provide either 'Y' or 'N'.
category	Optional	2	1 to 9	If empty, insert null value	See APPENDIX – C Defined category/body region item for tracking.
is_pediatric	Optional	1	Y or N or empty	If empty, insert null value	See APPENDIX – E Is patient pediatric or not.
comment	Optional	400		If empty, insert null value	Reviewer's comments. No " " allowed.
adminNote	Optional	400		If empty, insert null value	Committee/Chair's comments. No " " allowed.
discrepancy_reason	Optional	2	1 to 3	If empty, insert null value	See APPENDIX – D Used on scores 2b – 3b.