

Multi-Reading of Mammograms by Interpreting Physicians

Questions Key Words/Related Topics

Citation:

900.2(hh) *Multi-reading means two or more physicians, at least one of whom is an interpreting physician, interpreting the same mammogram.*

Discussion:

Multi-read/Double read means two or more interpreting physicians interpreting the same mammographic examination. This applies when reading and interpreting current examinations or previously interpreted examinations. Interpreting physicians may re-interpret a previously interpreted mammographic examination and count it towards meeting the MQSA requirement, as long as he/she did not do the initial interpretation. Multi-reading/Double reading of mammograms by interpreting physicians can be used to meet the Initial, Continuing, or Requalification Requirements.

If a physician is comparing a current mammographic examination with a mammographic examination taken previously and is not the interpreter of record for the previous mammographic examination, then he/she may count these as interpretations from two mammographic examinations. If the physician is the interpreter of record for the previous mammographic examination, the previous mammographic examination could not be counted again and only the current mammographic examination would count towards the requirement.

Additional reading(s) of a mammographic examination by multiple interpreting physicians can be counted toward the requirement by all the interpreting physicians who have read the mammographic examination. However, to receive credit for all mammographic examinations read, the interpreting physician must have documentation indicating the total number of mammographic examinations read, both as the original reader (interpreter of record) and as a multi-reader.

Multi-readings (done on previously interpreted mammographic examinations or on new mammographic examinations) shall be documented by the same method(s) as are used for original interpretations. These include all mechanisms used for documenting original reader activity and include letters and logs/charts maintained by the facility or logs/charts maintained by the physician (with confirmation by the facility). This documentation may be either computerized (printouts, diskettes) or manual (handwritten).

If mammographic examinations are being read under direct supervision, letters from the facility administration or supervisory interpreting physician documenting the multi-reading activity would be acceptable when adequate records exist to justify such letters (i.e., facility maintained logs/charts or physician maintained logs/charts with facility confirmation and/or billing records). If mammographic examinations are being read retrospectively under direct supervision, the usual requirement that the multi-reading be done before the patient receives their results is waived.

For the initial experience requirement received before October 1, 1994, if no other documentation is available, proper attestation may be used. However, it is important to understand that attestation by an interpreting physician is not adequate to meet the continuing experience requirement, the requalification requirement, or the initial experience requirement after October 1, 1994.

Question 1: Must each mammographic examination be interpreted by two qualified interpreting physicians (double read)?

No.

Key Words:

Interpreting Physician , Continuing Experience , Initial Requirement , Requalification , Direct Supervision

Related Topics:

[Interpreting Physician's Initial Experience](#)

[Interpreting Physician's Continuing Experience](#)

[Reestablishing the Interpreting Physician's Continuing Experience Requirement](#)