

MAMMOLOGIX

SAMPLE

Policy 1.02

Interpreting Physician Continuing Qualifications

Standard Operating Policy & Procedure

Breast Imaging / Mammography Services



I. Administrative Document Information

Facility Name	SAMPLE
Policy Number	1.02
Policy Title	Interpreting Physician Continuing Qualifications
Department	Breast Imaging / Mammography Services
Primary Regulations	21 CFR 900.12(a)(1)(ii) — Continuing experience and education 21 CFR 900.12(a)(1)(iv) — Reestablishing qualifications
Supporting Regulations	21 CFR 900.12(a)(4) — Personnel records 21 CFR 900.2 — Definitions 21 CFR 900.12(d)(1) — QA responsibility / Lead Interpreting Physician
Effective Date	[INSERT EFFECTIVE DATE]
Version	2.0
Reviewed By	[Lead Interpreting Physician / Medical Director Full Name, MD/DO] [Date]
Approved By	[Facility Administrator / MQSA Responsible Individual Name, Title] [Date]
Next Review Date	[Effective Date + 2 Years, or sooner if MQSA/FDA/accreditation requirements change]
Related Policies	1.01 1.17 1.19 1.21 1.22 1.25 1.26 1.27 3.02 3.04
Keywords	MQSA, Interpreting Physician, Lead Interpreting Physician, Continuing Experience, Continuing Education, CME, Mammographic Modality, Reestablishing Qualifications, Personnel Records
Applies To	All physicians who independently interpret mammograms for this facility, including employed, contracted, locum tenens, temporary coverage, and teleradiology physicians.

II. Quick Reference Summary

Review this table before credentialing, scheduling, monitoring, or reestablishing an interpreting physician under this policy. This table reflects the federal MQSA baseline and facility operational controls.

Requirement	Federal Baseline / Facility Control	Responsible Role	If Not Met
Continuing experience	At least 960 mammographic examinations interpreted or multi-read during the applicable 24-month MQSA measurement period.	Interpreting Physician; Credentialing Coordinator; Lead Interpreting Physician	Do not schedule independent interpretation. Begin reestablishing qualifications if the physician failed the requirement.
Continuing education	At least 15 Category I CME credits in mammography during the applicable 36-month MQSA measurement period. Track the required modality-specific component for each mammographic modality used.	Interpreting Physician; Credentialing Coordinator	Do not schedule independent interpretation until sufficient CME is documented.
New mammographic modality	At least 8 hours of training in a mammographic modality not previously used by the physician before independent interpretation in that modality.	Lead Interpreting Physician; Credentialing Coordinator	Physician may not independently interpret that modality until training is documented.
Official MQSA measurement date	Facility must choose one permitted date to determine the 24-month continuing experience period and 36-month CME period: the annual MQSA inspection date, the last day of the calendar quarter preceding the inspection, or any date between those two dates. Facility default: last day of the preceding calendar quarter.	Lead Interpreting Physician / Medical Director; Credentialing Coordinator	Do not finalize the annual qualification review until the selected measurement date is documented and applied consistently.
Reestablishing experience	Under direct supervision, interpret or multi-read either 240 exams or the number needed to bring the prior 24-month total to 960, whichever is less. Required supervised interpretations must occur within the 6 months immediately before resuming independent interpretation.	Lead Interpreting Physician; Supervising Interpreting Physician	Independent interpretation remains prohibited until reestablishment is complete and documented.
Personnel record retention	Federal minimum: maintain personnel qualification records for no less than 24 months after departure and make them available for annual inspections during that period. Facility retention standard: [insert facility standard, e.g., 3 years or longer].	Credentialing Coordinator; Facility Administrator	Inspection finding risk; inability to verify qualifications.
Leave of absence / practice interruption	MQSA does not pause or prorate the federal measurement windows. Return-to-practice review is required before scheduling independent interpretation after a material interruption.	Lead Interpreting Physician; Credentialing Coordinator	If current qualifications cannot be verified, independent interpretation is not permitted.

ABSOLUTE RULE — NO INDEPENDENT INTERPRETATION WITHOUT VERIFIED CURRENT QUALIFICATION

No physician may independently interpret mammograms for this facility unless the facility has documented that the physician currently meets MQSA interpreting physician requirements or has reestablished qualifications as required by 21 CFR 900.12(a)(1)(iv). This applies to every

III. Revision History

Version	Date	Revised By	Summary of Changes
2.0	[INSERT DATE]	[INSERT NAME]	Initial issue of Version 2.0.

1. Policy Statement

This facility shall ensure that every physician who independently interprets mammograms for the facility meets and maintains the interpreting physician qualification requirements established under the Mammography Quality Standards Act (MQSA) and FDA regulations at 21 CFR 900.12(a)(1).

The facility shall verify, track, and retain documentation of each interpreting physician's continuing experience, continuing education, and mammographic modality training. A physician who fails to maintain continuing experience or continuing education requirements shall reestablish qualifications before resuming independent mammography interpretation.

This policy establishes facility controls for ongoing monitoring. Where this policy is more conservative than the federal minimum, it functions as a facility standard. Where a federal, state, accreditation, medical staff, contract, or facility requirement is more stringent, the more stringent requirement shall be applied after review by the Lead Interpreting Physician and Facility Administrator.

2. Purpose

The purpose of this policy is to:

- Define the federal MQSA continuing qualification requirements for interpreting physicians.
- Create a standard, auditable process for documenting 24-month continuing experience and 36-month continuing education.
- Prevent unqualified or undocumented physicians from independently interpreting mammograms.
- Define the correct FDA reestablishing qualifications pathway after a continuing experience or CME lapse.
- Clarify how locum tenens, temporary coverage, contracted, and teleradiology physicians will be verified.
- Clarify that leave of absence or practice interruption does not pause the federal MQSA measurement period.
- Maintain inspection-ready personnel qualification records.

3. Scope

This policy applies to all physicians who independently interpret mammograms for this facility, regardless of employment status or reading location, including:

- Full-time and part-time radiologists employed by the facility.
- Contracted radiologists.
- Locum tenens physicians.
- Temporary or emergency coverage physicians.
- Teleradiology physicians and physicians reading through contracted reading groups.
- Physicians returning after a leave of absence, extended non-reading interval, or other interruption in mammography interpretation practice.
- Physicians initially qualified elsewhere who seek authorization to interpret mammograms for this facility.

4. Responsibility

4A. Lead Interpreting Physician / Medical Director

The Lead Interpreting Physician is the interpreting physician assigned general responsibility for ensuring that the facility's mammography quality assurance program meets MQSA requirements. If the facility uses the title Medical Director for this function, the Medical Director must also be identified as the Lead Interpreting Physician or the relationship between the two roles must be documented.

- Approves the facility method for determining the official 24-month and 36-month MQSA measurement periods.
- Reviews continuing qualification summaries at least quarterly and before each annual MQSA inspection.
- Determines whether a physician may begin, continue, suspend, or resume independent interpretation.
- Approves supervised reestablishing qualification arrangements.
- Ensures supervising physicians are currently qualified interpreting physicians.
- Reviews and signs reestablishment and return-to-practice authorization records.
- Ensures any delegated credentialing or QA task is assigned only to personnel qualified to perform that task.

4B. Facility Administrator / MQSA Responsible Individual

- Ensures this policy is implemented and resourced.
- Ensures physician qualification files are maintained and available for inspection.
- Ensures teleradiology and contracted-reading agreements require timely production of qualification documentation.
- Escalates any personnel qualification gap to the Lead Interpreting Physician immediately.
- Participates in corrective action when a qualification lapse, documentation failure, or unauthorized interpretation is discovered.

4C. Credentialing Coordinator

- Maintains the continuing qualification file and tracking record for each interpreting physician.
- Collects, reviews, and files experience documentation, CME documentation, modality training records, and authorizations.
- Prepares quarterly internal monitoring reports and the annual MQSA inspection qualification packet.
- Calculates examination counts and CME totals using the facility's documented measurement method.
- Issues early-warning notices and immediately escalates possible lapses or missing documentation.
- Maintains records according to Section 12.

4D. Interpreting Physician

- Maintains his or her own MQSA continuing experience, continuing education, and mammographic modality training.
- Submits current CME and experience documentation when requested and before any coverage engagement.
- Notifies the facility before any anticipated interruption in mammography interpretation practice that may affect qualification status.
- Does not independently interpret mammograms when notified of a lapse, missing documentation, or suspension of facility authorization.
- Participates in supervised reestablishing qualification activities when required.

5. Definitions

Interpreting Physician

A licensed physician who interprets mammograms and meets the requirements of 21 CFR 900.12(a)(1).

Lead Interpreting Physician

The interpreting physician assigned general responsibility for ensuring the facility's quality assurance program meets the requirements of 21 CFR 900.12(d) through (f).

Continuing Experience Requirement

The requirement that, after the applicable regulatory anniversary, an interpreting physician must have interpreted or multi-read at least 960 mammographic examinations during the applicable 24-month MQSA measurement period.

Continuing Education Requirement

The requirement that, after the applicable regulatory anniversary, an interpreting physician must have taught or completed at least 15 Category I CME credits in mammography during the applicable 36-month MQSA measurement period.

Mammographic Modality

A technology for radiography of the breast, such as screen-film mammography, full-field digital mammography, or digital breast tomosynthesis.

Modality-Specific CME Component

The facility tracking requirement to document the modality-specific CME component stated in 21 CFR 900.12(a)(1)(ii)(B): at least 6 Category I CME credits in each mammographic modality used by the interpreting physician in practice.

New Mammographic Modality Training

At least 8 hours of training required before a physician independently interprets mammograms produced by a mammographic modality in which the physician has not previously been trained.

Official MQSA Measurement Date

The date selected by the facility to determine the 24-month continuing experience period or the 36-month continuing education period: the annual MQSA inspection date, the last day of the calendar quarter preceding the inspection, or a date between those two dates.

Calendar Quarter

January 1–March 31, April 1–June 30, July 1–September 30, or October 1–December 31.

Multi-reading

Two or more physicians, at least one of whom is an interpreting physician, interpreting the same mammogram.

Direct Supervision — Joint Interpretation

During joint interpretation, the supervising interpreting physician reviews, discusses, and confirms the diagnosis of the physician being supervised and signs the resulting report before it is entered into the patient's record.

Qualification Lapse

Failure to maintain the required continuing experience or continuing education documentation. A lapse requires reestablishing qualifications before independent interpretation resumes.

Reestablishing Qualifications

The FDA-required process under 21 CFR 900.12(a)(1)(iv) for an interpreting physician who failed to maintain required continuing experience or continuing education.

Facility Authorization

Facility-level written authorization, issued or confirmed by the Lead Interpreting Physician or Medical Director, allowing a physician to independently interpret mammograms for this facility after MQSA qualifications are verified.

6. Regulatory & Authority References

1. 21 CFR 900.2 — Definitions, including Category I, direct supervision, interpreting physician, lead interpreting physician, mammographic modality, and multi-reading.
2. 21 CFR 900.12(a)(1)(i) — Initial qualifications of interpreting physicians; cross-reference Policy 1.01.
3. 21 CFR 900.12(a)(1)(ii) — Continuing experience and education of interpreting physicians.
4. 21 CFR 900.12(a)(1)(iv) — Reestablishing qualifications for interpreting physicians who fail to maintain continuing experience or continuing education.
5. 21 CFR 900.12(a)(4) — Retention and availability of personnel records.
6. 21 CFR 900.12(d)(1) — QA responsibility and Lead Interpreting Physician responsibility.
7. Mammography Quality Standards Act of 1992, as amended, 42 U.S.C. 263b.
8. FDA 2023 MQSA Final Rule, 88 FR 15126, effective September 10, 2024.
9. FDA MQSA Inspection Resources and annual inspection preparation materials.
10. Facility accreditation body requirements and facility medical staff credentialing requirements, as applicable.

7. Continuing Qualification Requirements

7A. Continuing Experience

Each interpreting physician shall maintain continuing experience by interpreting or multi-reading at least **960 mammographic examinations** during the applicable 24-month MQSA measurement period.

- The federal continuing experience requirement applies after the second anniversary date of the end of the calendar quarter in which the physician completed the initial interpreting physician qualification requirements.
- The 24-month period is determined using the annual MQSA inspection date, the last day of the calendar quarter preceding the inspection, or a date between those two dates, as selected and documented by the facility.
- This facility's default official measurement date is the last day of the calendar quarter immediately preceding the annual MQSA inspection, unless the Lead Interpreting Physician documents another allowed date before the inspection qualification packet is finalized.
- Screening and diagnostic mammograms both count toward the experience requirement when they are mammographic examinations interpreted or multi-read by the physician.
- A separate assessment for each breast, if used under an FDA-approved alternative standard, does not convert one examination into two examinations for experience-counting purposes.
- Counts may include interpretations performed at other certified facilities when documented by reliable records or attestation sufficient for inspection.

7B. Continuing Education

Each interpreting physician shall maintain continuing education by teaching or completing at least **15 Category I CME credits** in mammography during the applicable 36-month MQSA measurement period.

- The federal continuing education requirement applies after the third anniversary date of the end of the calendar quarter in which the physician completed the initial interpreting physician qualification requirements.
- The 36-month period is determined using the annual MQSA inspection date, the last day of the calendar quarter preceding the inspection, or a date between those two dates, as selected and documented by the facility.
- CME must be Category I and related to mammography or to diagnosis or treatment of breast disease.
- The facility shall track the modality-specific CME component stated in the regulation: at least 6 Category I CME credits in each mammographic modality used by the interpreting physician in practice.
- Teaching a specific course may be counted only once toward the 15-credit requirement during the 36-month period, even if the course is taught multiple times.
- Documentation must identify the institution or educational organization, course/training name, date(s), and hours or credits awarded.

7C. New Mammographic Modality Training

Before an interpreting physician independently interprets mammograms produced by a mammographic modality in which the physician has not previously been trained, the physician must have at least **8 hours of training** in that new mammographic modality. This requirement is independent of the 15-credit continuing education requirement and must be documented before the physician is scheduled to interpret that modality independently.

8. Internal Monitoring and Early Warning Controls

Quarterly monitoring is a facility control designed to prevent lapses. It does not replace the official MQSA measurement method tied to the annual inspection period.

Monitoring Point	Action Triggered
Quarterly review	At the end of each calendar quarter, the Credentialing Coordinator updates each physician's 24-month rolling experience count and flags physicians trending below the 960-exam threshold.
12-month experience midpoint	At the 12-month mark of the 24-month period, a physician with fewer than 480 exams is issued an early-warning notice.
24-month projected experience risk	At the 18-month mark, any physician projected to fall short of 960 exams is notified and the Lead Interpreting Physician is alerted.
24-month CME midpoint	At 18 months of the 36-month CME period, a physician with fewer than 8 Category I credits receives a notice.
Modality training gap	Before any scheduling change that adds a new modality, the Credentialing Coordinator confirms 8-hour training documentation is on file.

9. Locum Tenens, Temporary Coverage, Contracted, and Teleradiology Physicians

The same MQSA continuing qualification requirements apply to every physician who independently interprets mammograms for this facility. The facility shall not rely on verbal assurances or contract language alone when current qualification documentation is needed.

- Before first engagement and before each re-engagement after a material gap, the Credentialing Coordinator shall obtain current documentation or attestation sufficient to verify continuing experience, CME, licensure, initial qualification status, and applicable modality training.
- For physicians reading at multiple facilities, documentation may include RIS/PACS volume reports, credentialing-office attestations, or signed reading-group attestations identifying the measurement period and examination count.
- Teleradiology contracts must require the group to maintain MQSA qualification records, produce them upon request, notify the facility promptly of any qualification lapse, and prevent assignment of unqualified physicians to this facility's mammography work.
- If documentation is incomplete, stale, inconsistent, or unavailable, the physician shall not be scheduled for independent interpretation until the Lead Interpreting Physician determines that the qualification file is complete.

10. Leave of Absence, Practice Interruption, and Return-to-Practice Review

A leave of absence or practice interruption does not pause, suspend, or prorate the federal MQSA 24-month continuing experience period or 36-month continuing education period. The facility may conduct internal return-to-practice review, but it shall not represent a paused clock as the federal standard.

- The interpreting physician shall notify the Credentialing Coordinator of any anticipated absence or interruption likely to affect mammography interpretation volume, CME completion, or modality training currency.
- Before the physician resumes independent interpretation after a material interruption, the Credentialing Coordinator shall update experience, CME, and modality training documentation and present the return-to-practice assessment to the Lead Interpreting Physician.
- If current continuing experience or CME cannot be verified under the applicable MQSA measurement period, the physician shall not resume independent interpretation until qualifications are reestablished.

- The Lead Interpreting Physician may impose a facility-level focused review, peer review, supervised ramp-up, or other quality-control measure after a long interruption, provided the measure does not replace or weaken federal MQSA reestablishment requirements.

11. Reestablishing Qualifications After a Lapse

11A. Continuing Experience Lapse

If an interpreting physician fails to meet the **960-examination** continuing experience requirement, the physician must complete supervised interpretation or multi-reading under the direct supervision of a qualified interpreting physician. The required amount is the lesser of:

- At least **240 mammographic examinations** under direct supervision; or
- A sufficient number of mammographic examinations under direct supervision to bring the physician's total to **960 examinations** for the prior 24 months.

The required supervised interpretations must be performed within the 6 months immediately before the physician resumes independent interpretation. The supervising interpreting physician must review, discuss, and confirm the diagnosis and sign the resulting report before it is entered into the patient record.

11B. Continuing Education Lapse

If an interpreting physician fails to meet the continuing education requirement, the physician must obtain enough additional Category I CME credits in mammography to bring the physician's total to at least **15 credits** in the previous 36 months before resuming independent interpretation. The facility shall also review modality-specific CME documentation and any new-modality training documentation before authorization resumes.

11C. Combined Experience and Education Lapse

If both continuing experience and continuing education are deficient, both deficiencies must be corrected before independent interpretation resumes. Supervised interpretation does not substitute for CME. CME does not substitute for supervised interpretation when the experience requirement has lapsed.

11D. Facility Authorization to Resume

After reestablishing qualifications, the Credentialing Coordinator shall assemble the reestablishment packet and submit it to the Lead Interpreting Physician. The physician may resume independent interpretation only after written authorization is signed and dated by the Lead Interpreting Physician or Medical Director.

12. Documentation and Record Retention

The following records shall be maintained in each interpreting physician's qualification file and made available for MQSA inspection:

- Initial interpreting physician qualification documentation, as applicable and cross-referenced to Policy 1.01.
- Current medical license documentation.
- Board certification or alternative initial qualification documentation, as applicable.
- Continuing experience documentation showing mammographic examinations interpreted or multi-read during applicable periods.

- CME documentation showing Category I mammography CME, date(s), issuing organization, course/training name, and credits/hours.
- Mammographic modality training documentation, including at least 8 hours for each new modality before independent interpretation.
- Modality-specific CME tracking documentation.
- Quarterly internal monitoring reports and annual official MQSA measurement summaries.
- Early-warning notices and physician responses.
- Leave/interruption and return-to-practice assessments.
- Reestablishing qualification records, including supervised interpretation logs and authorization letters.
- Teleradiology or locum tenens qualification attestations and supporting records.
- Corrective action records related to qualification lapses or unauthorized interpretation.

Federal Retention Minimum

Personnel records for individuals no longer employed by or affiliated with the facility shall be maintained for no less than 24 months from the date of departure and shall be available for review at any annual inspection occurring during that 24-month period. The facility shall also provide copies of personnel records to current personnel upon request and to former personnel who request them within 24 months of departure.

Facility Retention Standard

[INSERT FACILITY STANDARD — e.g., retain interpreting physician qualification files for at least 3 years after last affiliation, or longer if required by medical staff bylaws, contract, state law, accreditation body, or facility policy].

■ *Patient medical-record retention and dense-breast notification requirements belong in the medical records, patient notification, and dense breast policies. They should not be embedded in this interpreting physician qualification policy unless a state requirement specifically changes personnel qualification record retention or physician credentialing documentation.*

13. Procedures

13A. Open or Update Qualification File

Step	Role	Action	Output
13A	Credentialing Coordinator	Upon initial facility authorization or re-engagement, open or update the physician qualification file. Record the physician name, NPI, license, initial qualification documentation, mammographic modalities used, facility authorization date, and initial qualification completion date when known.	Qualification file current; physician added to tracking roster.

13B. Determine Official MQSA Measurement Method

Step	Role	Action	Output
13B	Lead Interpreting Physician + Credentialing Coordinator	Before each annual MQSA inspection packet is finalized, confirm the official measurement date. Facility default is the last day of the calendar quarter immediately preceding inspection unless another allowed date is documented.	Measurement date documented consistently for all affected physicians unless a justified exception is recorded.

13C. Quarterly Continuing Experience Monitoring

Step	Role	Action	Output
13C	Credentialing Coordinator	At the end of each calendar quarter, pull or obtain physician-specific interpretation volume data for the most recent 24 months and update the tracking record.	Quarterly experience total updated and filed.

13D. CME Monitoring

Step	Role	Action	Output
13D	Credentialing Coordinator	At least annually and whenever CME is submitted, review CME documentation for Category I status, mammography relevance, date, course title, issuing organization, total credits, and modality-specific applicability.	CME tracking record updated and annotated.

13E. New Modality Training Verification

Step	Role	Action	Output
13E	Lead Interpreting Physician + Credentialing Coordinator	Before a physician interprets a new mammographic modality independently, verify at least 8 hours of training in that modality and record the modality in the tracking file.	New modality training verified before scheduling.

13F. Early Warning

Step	Role	Action	Output
13F	Credentialing Coordinator	If internal thresholds indicate risk of future lapse or documentation is missing, notify the physician and Lead Interpreting Physician in writing and request a corrective plan.	Early-warning notice and corrective plan filed.

13G. Lapse Determination

Step	Role	Action	Output
13G	Lead Interpreting Physician	If continuing experience or continuing education is not met or cannot be verified, suspend independent interpretation assignments and determine the correct reestablishment pathway.	Suspension and reestablishment plan documented.

13H. Supervised Experience Reestablishment			
Step	Role	Action	Output
13H	Supervising Interpreting Physician + Credentialing Coordinator	For an experience lapse, document each supervised interpretation or multi-read. The supervising physician must review, discuss, confirm diagnosis, and sign the report before it enters the patient record.	Supervised interpretation log completed and filed.

13I. CME Reestablishment			
Step	Role	Action	Output
13I	Interpreting Physician + Credentialing Coordinator	For a CME lapse, obtain sufficient additional Category I mammography CME to bring the previous 36-month total to at least 15 credits. Confirm modality-specific tracking before resuming.	CME deficiency corrected and filed.

13J. Authorization to Resume			
Step	Role	Action	Output
13J	Lead Interpreting Physician / Medical Director	Review the complete reestablishment packet and issue signed written authorization before independent interpretation resumes.	Authorization letter filed; scheduling access restored only after authorization.

13K. Annual Compliance Review			
Step	Role	Action	Output
13K	Credentialing Coordinator + Lead Interpreting Physician + Facility Administrator	Perform annual review of all active interpreting physician qualification files before inspection. Confirm experience, CME, modality training, reestablishment, and personnel-record retention status.	Annual review signed and filed; CAPA initiated for any deficiency.

14. Corrective Action and Nonconformance

If the facility discovers that an interpreting physician independently interpreted mammograms without verified current qualifications or after a lapse occurred, the following actions are required:

- Immediately stop further independent mammography interpretation by the physician pending review.
- Notify the Lead Interpreting Physician, Facility Administrator / MQSA Responsible Individual, and Credentialing Coordinator.
- Secure the affected date range, examination list, physician qualification records, and scheduling records.
- Determine whether the event represents a documentation gap, a true qualification lapse, or both.
- Determine whether any mammograms interpreted during the affected period require review, re-interpretation, patient notification, referring-provider notification, accreditation-body consultation, FDA/MQSA consultation, or state agency consultation.
- Open a corrective and preventive action record under Policy 1.26.

- Identify root cause, including credentialing process failure, scheduling control failure, teleradiology contract failure, missing documentation, or failure to monitor early-warning indicators.
- Do not reinstate the physician to independent interpretation until qualifications are verified or reestablished and written authorization is filed.

15. Inspection Readiness

The Credentialing Coordinator shall maintain an inspection-ready roster of all interpreting physicians currently authorized to interpret mammograms for the facility. The roster shall identify:

- Physician full name and NPI.
- Current licensure status.
- Facility authorization status.
- Mammographic modalities the physician is authorized to interpret.
- Official continuing experience measurement period and examination count.
- Official continuing education measurement period and CME total.
- Modality-specific CME tracking status.
- New modality training documentation status.
- Any pending early-warning, reestablishment, return-to-practice, or CAPA item.

The facility shall be prepared to produce each active physician qualification file during an MQSA inspection without creating or reconstructing records after the request. Records shall be organized so that the inspector can readily determine whether each interpreting physician meets the applicable MQSA qualifications.

APPENDIX A

Interpreting Physician Continuing Qualification Checklist

Use for each active interpreting physician at least annually and before each MQSA inspection.

Physician Name		NPI	
Facility Authorization Date		Assessment / Review Date	

Checklist Items — Complete for Each Annual Review / Inspection Packet

Item	Date Verified	Verified By / Notes
■ Physician full name, NPI, license, and facility authorization status recorded.		
■ Initial qualification documentation cross-referenced to Policy 1.01.		
■ Mammographic modalities used by physician listed.		
■ 8-hour training documented for each modality not included in initial training.		
■ Official MQSA experience measurement date selected and documented.		
■ 24-month experience count calculated using official measurement date.		
■ Experience count is at least 960 examinations, or reestablishment pathway initiated.		
■ Official MQSA CME measurement date selected and documented.		
■ 36-month Category I mammography CME total calculated and documented.		
■ CME total is at least 15 credits, or CME reestablishment pathway initiated.		
■ Modality-specific CME component reviewed and documented for each modality used.		
■ Teaching credits counted only once per specific course in the 36-month period.		
■ Locum/teleradiology external documentation obtained, if applicable.		
■ Return-to-practice review completed, if applicable.		
■ Reestablishment documentation complete, if applicable.		

Checklist Items — Complete for Each Annual Review / Inspection Packet

Item	Date Verified	Verified By / Notes
■ Written authorization to resume independent interpretation filed, if applicable.		
■ Personnel record retention status reviewed.		
■ Any deficiency escalated and CAPA opened, if applicable.		

Signatures

Role	Signature	Date
Credentialing Coordinator		
Lead Interpreting Physician / Medical Director		

Lead Interpreting Physician Authorization to Resume Independent Interpretation

<input type="checkbox"/> Approved	<input type="checkbox"/> Not Approved
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Lead Interpreting Physician Signature		Date	
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APPENDIX C

Official MQSA Measurement Date Record

Complete for each annual MQSA inspection cycle or when the facility prepares the inspection qualification packet.

Annual MQSA Inspection Date (if known)	
Last Day of Calendar Quarter Preceding Inspection	
Official Measurement Date Selected	

Date Option Used

<input type="checkbox"/> Inspection date	<input type="checkbox"/> Last day of preceding calendar quarter	<input type="checkbox"/> Date between those two dates
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Reason if Default Not Used

Approvals

Lead Interpreting Physician Signature		Date	
Credentialing Coordinator Signature		Date	

APPENDIX D

Policy Acknowledgment & Approval

By signing below, authorized individuals confirm this policy has been reviewed and is effective as of the date indicated.

By signing below, the authorized individuals confirm this policy has been reviewed for facility use, aligned with current MQSA interpreting physician continuing qualification requirements, and is effective as of the date indicated. Facility legal counsel, accreditation leadership, and state regulatory specialists should review state-specific overlays before final adoption.

Lead Interpreting Physician / Medical Director

Name	
Signature	
Date	

Facility Administrator / MQSA Responsible Individual

Name	
Signature	
Date	

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