SPECIALTY OF RADIOLOGY
Delineation of Clinical Privileges

Criteria for granting privileges:

Current board certification in Radiology by the American Board of Radiology or the American Osteopathic Board of Radiology.

Or

Successful completion of an accredited ACGME or AOA accredited post-graduate training program in Radiology and board certification within 5 years of program completion.

Or

Current board certification in Radiology by the American Board of Radiology or the American Osteopathic Board of Radiology and subspecialty certification in Pediatric Radiology.

Or

Successful completion of an accredited ACGME or AOA accredited post-graduate training programs in Radiology and Pediatric Radiology and board certification within 5 years of program completion.

Or

Current board certification in Radiology by the American Board of Radiology or the American Osteopathic Board of Radiology and subspecialty certification in Vascular, Interventional Angiographic Radiology.

Or

Successful completion of an accredited ACGME or AOA accredited post-graduate training programs in Radiology and Vascular, Interventional Angiographic Radiology and board certification within 5 years of program completion.

Or

Current board certification in Radiology with special competence in Nuclear Radiology by the American Board of Radiology or board certification by the American Board of Nuclear Medicine.

Or

Current board certification in Radiation Oncology by the American Board of Radiology or the American Osteopathic Board of Radiology.

Or

Current board certification in Radiology by the American Board of Radiology or the American Osteopathic Board of Radiology and subspecialty certification in Neuroradiology.

Or

Successful completion of an accredited ACGME or AOA accredited post-graduate training programs in Radiology and Neuroradiology and board certification within 5 years of program completion.

Or

Current board certification in Radiology by the American Board of Radiology or the American Osteopathic Board of Radiology and subspecialty certification in Neuroradiology with additional training in Neuroradiology Interventional procedures.

Or

Successful completion of an accredited ACGME or AOA accredited post-graduate training programs in Radiology and Neuroradiology and board certification within 5 years of program completion with additional training in Neuroradiology Interventional procedures.
Applicants will be requested to provide documentation of practice and current clinical competence as defined on the attached competency grid. Applicants have the burden of producing information deemed adequate by the hospital for a proper evaluation of current clinical competence, and other qualifications and for resolving any doubts.

Current Clinical Competence - MLH

In addition to the required education, experience and/or training specified on each DOP (Delineation of Privilege) form, documentation of current clinical competence is required. Current clinical competence is described as having “performed the privilege recently and performed it well”.

Current clinical competence is assessed prior to granting privileges initially and is reassessed when renewing privileges at reappointment – for maintenance of privileges. Current Clinical Competence (CCC) may be location specific and/or age specific (adult, pediatric, neonatal).

This should not be confused with Focused Professional Practice Evaluation (FPPE)

- FPPE: an evaluation of clinical competence of all new privileges as performed at the specific licensed MLH facility (MHMH, MHOBH) for which they have been initially granted. This applies to privileges for all new applicants as well as to new/additional privileges for current members.

Both FPPE and current clinical competence assessments are privilege-specific. FPPE is conducted during the period after granting new/additional privileges. FPPE must occur at the MLH facility(ies) where privileges/membership are held. Current clinical competence may be evaluated from case logs provided by non-MLH facilities.

Current Clinical Competence: Requirements for New Applicants

- If applying directly from training, or based on the training received in a formal training program, provider should submit case* logs from the program authenticated by the program director along with their recommendation attesting to the comparable training, experience and qualifications relative to the criteria for the clinical privileges requested.

- If applying more than 1 year after training completion, submit the following:
  - Aggregate data from acute care or surgery center facility for the previous 12 month time period, identifying the top 10 diagnosis codes and the number of patients per code. Any complications/poor outcomes should be delineated and accompanied by an explanation.
  - Procedure list from acute care or surgery center facility for the previous 12 month time period, identifying the top 10 CPT/ICD codes and the number of procedures per code. Any complications/poor outcomes should be delineated and accompanied by an explanation.
  - Case logs (see specifications below) for any special privileges requested that meet the criteria specific for the number of procedures defined for current clinical competence.
Current Clinical Competence: Maintenance of Privileges for Current Members

- **For active staff members**: MLH source data will be aggregated to review cases and procedures performed. If this does not meet the minimum requirement for core and/or special privileges, the practitioner will be required to submit additional case logs from other facilities.

- **For courtesy staff members with low activity and for certain active staff with activity that has diminished and is now low**: Department chair recommendation should be obtained from their primary facility; and the practitioner should submit the following:
  
  o Aggregate data from acute care or surgery center facility for the previous 12 month time period, identifying the top 10 diagnosis codes and the number of patients per code. Any complications/poor outcomes should be delineated and accompanied by an explanation.

  o Procedure list from acute care or surgery center facility for the previous 12 month time period, identifying the top 10 CPT/ICD codes and the number of procedures per code. Any complications/poor outcomes should be delineated and accompanied by an explanation.

  o Case logs (see specifications below) for any special privileges requested that meet the specific number of procedures defined for current clinical competence.

**Case Logs**

All required case logs and/or procedure lists must contain the following information at a minimum: Date, patient identifier, CPT/ICD procedure code, diagnosis, complications, and disposition, and the facility name, name/title of the person authenticating the log, signature, date signed, and contact information. If the information requested is not available, please provide an explanation.

*A “case” is defined as an episode of care – either cognitive or procedural. For interpretive care, “case” is interpretation of one diagnostic study.

**Ongoing Professional Performance Evaluation (OPPE)**

OPPE is evaluated periodically (more frequently than annually) in the facility where membership/privileges are held.

To assure OPPE requirements are satisfied, the practitioner must periodically exercise the privileges in the MLH facility(ies) where he/she has membership. OPPE must occur regularly on patient encounters in the MLH facility(ies) where privileges/membership are held.
<table>
<thead>
<tr>
<th>Specialty/Procedure</th>
<th>Education/Training</th>
<th>Initial Application</th>
<th>FPPE – Validation of competence after appointment and/or granting of a new or additional privilege (To be completed within one year)</th>
<th>Maintenance Requirements</th>
</tr>
</thead>
</table>
| **Delineation of Privilege Form** | **Documentation for Initial Granting** | **Initial Application (Proof of current clinical competence)** | **First 5 cases:** MR Angiogram, Overreads of diagnostic films First 5 pediatric cases: Ultrasound pylorus (1), Chest X-ray (1), MRI of brain (1), Upper GI (1), CT of Head (1) | **MLH Data will be obtained for active members when available, the applicant should supply additional case logs from other facilities’ HIM departments, if necessary, to meet the minimum requirement(s) to be considered for the privilege.**
| **Diagnostic Radiology Core** | Current board certification in Radiology by the American Board of Radiology or the American Osteopathic Board of Radiology. Or Successful completion of an accredited ACGME or AOA accredited post-graduate training program in Radiology and board certification within 5 years of program completion. If Practice is predominantly in pediatric patients less than 13 years of age, Then Current board certification in Radiology by the American Board of Radiology or the American Osteopathic Board of Radiology and subspecialty certification in Pediatric Radiology. Or Successful completion of an accredited ACGME or AOA accredited post-graduate training programs in Radiology and in Pediatric Radiology and board certification within 5 years of program completion. | Procedure list identifying the top 10 CPT/ICD codes for your practice within the previous 12 months and the number of procedures performed and identify the facility(ies) at which procedures were performed. | **Aggregate data submitted should include the top 10 diagnosis codes, with the number of inpatients per code, and procedure lists indicating the top 10 CPT/ICD codes, with the number of procedures per code for the previous 12 months.** Any complications/poor outcomes should be delineated and accompanied by an explanation. Department chair recommendation will be obtained from primary practice facility. | **Courtesy members should supply case logs from other facilities’ HIM departments to meet the minimum requirement(s) to be considered for the privilege.** Aggregate data submitted should include the top 10 diagnosis codes, with the number of inpatients per code, and procedure lists indicating the top 10 CPT/ICD codes, with the number of procedures per code for the previous 12 months. Any complications/poor outcomes should be delineated and accompanied by an explanation. Department chair recommendation will be obtained from primary practice facility. |
| **Radiology Vascular, Interventional, Angiographic Core** | Current board certification in Radiology by the American Board of Radiology or the American Osteopathic Board of Radiology and subspecialty certification in Vascular, Interventional Angiographic Radiology. Or Successful completion of an accredited ACGME or AOA accredited post-graduate training programs in Radiology and in Vascular, Interventional Angiographic Radiology and board certification within 5 years of program completion. | Procedure list identifying the top 10 CPT/ICD codes for your practice within the previous 12 months and the number of procedures performed and identify the facility(ies) at which procedures were performed. | **First 5 cases** | **MLH Data will be obtained for active members when available, the applicant should supply additional case logs from other facilities’ HIM departments, if necessary, to meet the minimum requirement(s) to be considered for the privilege.**
<p>| | | | | <strong>Courtesy members should supply case logs from other facilities’ HIM departments to meet the minimum requirement(s) to be considered for the privilege.</strong> Aggregate data submitted should include the top 10 diagnosis codes, with the number of inpatients per code, and procedure lists indicating the top 10 CPT/ICD codes, with the number of procedures per code for the previous 12 months. Any complications/poor outcomes should be delineated and accompanied by an explanation. Department chair recommendation will be obtained from primary practice facility. |</p>
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<td>Nuclear Medicine Core</td>
<td>Current board certification in Radiology by the American Board of Nuclear Medicine, or American Board of Radiology or the American Osteopathic Board of Radiology and subspecialty certification in Nuclear Medicine. Or Successful completion of an accredited ACGME or AOA accredited post-graduate training programs in Radiology and Nuclear Medicine and board certification within 5 years of program completion.</td>
<td>Procedure list identifying the top 10 CPT/ICD codes for your practice within the previous 12 months and the number of procedures performed and identify the facility(ies) at which procedures were performed.</td>
<td>First 5 cases</td>
<td>MLH Data will be obtained for active members when available, the applicant should supply additional case logs from other facilities’ HIM departments, if necessary, to meet the minimum requirement(s) to be considered for the privilege. Courtesy members should supply case logs from other facilities’ HIM departments to meet the minimum requirement(s) to be considered for the privilege. Aggregate data submitted should include the top 10 diagnosis codes, with the number of inpatients per code, and procedure lists indicating the top 10 CPT/ICD codes, with the number of procedures per code for the previous 12 months. Any complications/poor outcomes should be delineated and accompanied by an explanation. Department chair recommendation will be obtained from primary practice facility.</td>
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<td>Radiology Oncology Core</td>
<td>Current board certification in Radiology by the American Board of Radiology or the American Osteopathic Board of Radiology with special competence in Radiation Oncology.</td>
<td>Procedure list identifying the top 10 CPT/ICD codes for your practice within the previous 12 months and the number of procedures performed and identify the facility(ies) at which procedures were performed.</td>
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<td>Neuroradiology Core</td>
<td>Current board certification in Radiology by the American Board of Radiology or the American Osteopathic Board of Radiology and subspecialty certification in Neuro Radiology. Or Successful completion of an accredited ACGME or AOA accredited post-graduate training programs in Radiology and in Neuro Radiology and board certification within 5 years of program completion.</td>
<td>Procedure list identifying the top 10 CPT/ICD9 codes for your practice within the previous 12 months and the number of procedures performed and identify the facility(ies) at which procedures were performed.</td>
<td>First 5 cases MLH Data will be obtained for active members when available, the applicant should supply additional case logs from other facilities’ HIM departments, if necessary, to meet the minimum requirement(s) to be considered for the privilege. Courtesy members should supply case logs from other facilities’ HIM departments to meet the minimum requirement(s) to be considered for the privilege. Aggregate data submitted should include the top 10 diagnosis codes, with the number of inpatients per code, and procedure lists indicating the top 10 CPT/ICD codes, with the number of procedures per code for the previous 12 months. Any complications/poor outcomes should be delineated and accompanied by an explanation. Department chair recommendation will be obtained from primary practice facility.</td>
<td>Meet the minimum requirement(s) to be considered for the privilege. Aggregate data submitted should include the top 10 diagnosis codes, with the number of inpatients per code, and procedure lists indicating the top 10 CPT/ICD codes, with the number of procedures per code for the previous 12 months. Any complications/poor outcomes should be delineated and accompanied by an explanation. Department chair recommendation will be obtained from primary practice facility.</td>
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<td><strong>Neuroradiology Interventional Core</strong></td>
<td>Current board certification in Radiology by the American Board of Radiology or the American Osteopathic Board of Radiology and subspecialty certification in Neuro- Radiology with additional training in Neuro-Interventional procedures. Or Successful completion of an accredited ACGME or AOA accredited post-graduate training programs in Radiology and in Neuro Radiology and board certification within 5 years of program completion with additional training in Neuro-Interventional procedures.</td>
<td>Procedure list identifying the top 10 CPT/ICD9 codes for your practice within the previous 12 months and the number of procedures performed and identify the facility(ies) at which procedures were performed.</td>
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<td>MLH Data will be obtained for active members when available, the applicant should supply additional case logs from other facilities’ HIM departments, if necessary, to meet the minimum requirement(s) to be considered for the privilege. Courtesy members should supply case logs from other facilities’ HIM departments to meet the minimum requirement(s) to be considered for the privilege. Aggregate data submitted should include the top 10 diagnosis codes, with the number of inpatients per code, and procedure lists indicating the top 10 CPT/ICD codes, with the number of procedures per code for the previous 12 months. Any complications/poor outcomes should be delineated and accompanied by an explanation. Department chair recommendation will be obtained from primary practice facility. Any complications/poor outcomes should be delineated and accompanied by an explanation.</td>
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<td><strong>CCTA</strong></td>
<td>CBCCT Board Certification and documentation of continuing education: 6 hours category I CME relevant to CCTA in the previous two year period. Or Completion of a SCCT or ACR sponsored training course with documentation or letter from course director. Or Completion of an ACGME or AOA approved postgraduate training program in Radiology that included cardiac CT angiography including education in cardiac anatomy, physiology, pathology and cardiac CT imaging for a time equivalent to at least 30 hours of CME</td>
<td>If CBCCT Board Certified, submission of a case log documenting 20 contrast CCT exams interpreted within the previous 24 months, which may include primary interpretation, blinded over-reading, proctored reading, or from a teaching file. Or If completing a SCCT or ACR sponsored training course, and submission of a case log documenting 50 contrast CCT exams interpreted during training, which may include</td>
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<td>Central venous catheter placement</td>
<td>Or Completion of at least 30 hours of Category I CME in cardiac imaging, including education in cardiac CT, anatomy, physiology, pathology or documented equivalent supervised experience (documented supervised experience is defined as supervision at a center where the proctoring physician meets these criteria to independently interpret cardiac CT) in a center actively performing cardiac CT</td>
<td>primary interpretation, blinded over-reading, proctored reading, or from a teaching file. Or If completing an ACGME or AOA approved postgraduate training program in Radiology that included cardiac CT angiography submission of a case log documenting interpretation, reporting, and or supervised review of at least 50 cardiac CT examinations in the last 36 months (excluding coronary artery calcium scanning) Or If completing at least 30 hours of Category I CME in cardiac imaging, submission of a case log documenting interpretation, reporting, and or supervised review of at least 50 cardiac CT examinations in the last 36 months (excluding coronary artery calcium scanning)</td>
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<td>PICC Insertion</td>
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<td>primary interpretation, blinded over-reading, proctored reading, or from a teaching file. Or If completing an ACGME or AOA approved postgraduate training program in Radiology that included cardiac CT angiography submission of a case log documenting interpretation, reporting, and or supervised review of at least 50 cardiac CT examinations in the last 36 months (excluding coronary artery calcium scanning) Or If completing at least 30 hours of Category I CME in cardiac imaging, submission of a case log documenting interpretation, reporting, and or supervised review of at least 50 cardiac CT examinations in the last 36 months (excluding coronary artery calcium scanning)</td>
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<td>Silverhawk Atherectomy Catheter</td>
<td>Or Completion of at least 30 hours of Category I CME in cardiac imaging, including education in cardiac CT, anatomy, physiology, pathology or documented equivalent supervised experience (documented supervised experience is defined as supervision at a center where the proctoring physician meets these criteria to independently interpret cardiac CT) in a center actively performing cardiac CT</td>
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<td><strong>Implantable Intraspinal Pump or Stimulator</strong></td>
<td>Current board certification in Radiology by the American Board of Radiology or the American Osteopathic Board of Radiology and subspecialty certification in Neuro-Radiology with additional training in Neuro-Interventional procedures  <strong>Or</strong>  Successful completion of an accredited ACGME or AOA accredited post-graduate training programs in Radiology and in Neuro-Radiology and board certification within 5 years of program completion with additional training in Neuro-Interventional procedures.</td>
<td>Case log documenting 3 proctored procedures in the previous 12 months.</td>
<td>First 5 procedures</td>
<td>Case log documenting 5 procedures within the previous 24 months.</td>
</tr>
</tbody>
</table>
**Diagnostic Radiology Core Privilege:** Admit, evaluate, diagnose, consult, and perform general diagnostic radiology, diagnostic ultrasound, diagnosis and treatment using radionuclides, nuclear medicine studies, diagnostic neuroradiology, diagnostic invasive procedures and diagnostic body imaging, computerized tomography, MRI, mammography, and myelography to diagnose and treat diseases of patients of all ages except as specifically excluded from practice.

Access, stabilize and determine disposition of patients with emergency conditions consistent with the Medical Staff policy regarding emergency or consultative services.

The attached procedure list reflects the scope of practice included in this core.

**Vascular, Interventional and Angiographic Core Privilege:** Admit, evaluate, diagnose, treat, and/or provide consultation to patients except as specifically excluded from practice by percutaneous methods guided by various radiologic imaging modalities. These include fluoroscopy, digital radiography, computed tomography, sonography and magnetic resonance imaging, and performance of invasive diagnostic and therapeutic radiological procedures.

Access, stabilize and determine disposition of patients with emergency conditions consistent with the Medical Staff policy regarding emergency or consultative services.

The attached procedure list reflects the scope of practice included in this core.

**Nuclear Medicine Core Privilege:** Admit, evaluate, diagnose, treat, and/or provide consultation to patients that require therapeutic procedures using radiopharmaceuticals (Unsealed radionuclide sources).

Access, stabilize and determine disposition of patients with emergency conditions consistent with the Medical Staff policy regarding emergency or consultative services.

The core privileges in this specialty include the procedures on the attached list and such other procedures that are extensions of the same techniques and skills.

**Radiation Oncology Core Privilege:** Admit, evaluate, diagnose, treat, and/or provide consultation to patients except as specifically excluded from practice.

Access, stabilize and determine disposition of patients with emergency conditions consistent with the Medical Staff policy regarding emergency or consultative services.

The core privileges in this specialty include the procedures brachytherapy (interstitial and intracavitary), brachytherapy (high dose rate), fine needle aspiration and biopsy, hyperthermia, unsealed radionuclide therapy, administration of drugs and medicines related to radiation oncology and cancer supportive care, administration of external beam radiotherapy, and radiology department management and supervision.

**Neuroradiology Core Privilege:** Admit, evaluate, diagnose, consult, and perform diagnostic and interventional techniques, including computed tomography, magnetic resonance imaging, myelography, and radiographs to evaluate and treat conditions of the central nervous system, spine, and head and neck to diagnose and treat diseases of patients of all ages except as specifically excluded from practice.
Access, stabilize and determine disposition of patients with emergency conditions consistent with the Medical Staff policy regarding emergency or consultative services.

The attached procedure list reflects the scope of practice included in this core.

**Neuroradiology Interventional Core Privilege:** Admit, evaluate, diagnose, consult, and perform diagnostic and interventional techniques, including computed tomography, magnetic resonance imaging, angiography, myelography, and radiographs to evaluate and treat conditions of the central nervous system, spine, and head and neck to diagnose and treat diseases of patients of all ages except as specifically excluded from practice.

Access, stabilize and determine disposition of patients with emergency conditions consistent with the Medical Staff policy regarding emergency or consultative services.

The attached procedure list reflects the scope of practice included in this core.

**Special:** The physician requesting special privileges must meet the minimum criteria for the specialty core and demonstrate the appropriate post graduate training and/or demonstrate successful completion of an approved, recognized course when such exists, or other acceptable experience.

**CCTA:** Privilege includes all aspects of examination performance and interpretation. This includes but is not limited to: scanning parameters image reconstruction, beta blocker administration, nitroglycerine administration, and contrast reaction treatment. Privileges are limited to adult hospitals.

**Central venous catheter placement:** Insertion must be completed with the use of the central line bundle.

**PICC Insertion:** Insertion must be completed with the use of the central line bundle.

**Silverhawk Atherectomy Catheter:** Use of the catheter must be in accordance with the established clinical patient selection criteria and criteria for atherectomy. Applicant must hold peripheral interventional privileges and peripheral vascular angiography.

**Administration of moderate sedation:** See Credentialing Policy for Sedation and Analgesia by Non-Anesthesiologists. Requires: Separate DOP, ACLS, NRP or PALS certification

**Carotid Stents:** Requires: Separate DOP
Radiology Clinical Privileges
*Check below the particular privileges desired Radiology for each facility:*

Please check (✓) applicable age categories for each privilege requested.

<table>
<thead>
<tr>
<th>Privilege Description</th>
<th>Methodist Healthcare – Memphis Hospitals (MHMH)</th>
<th>Methodist Healthcare – Olive Branch Hospital (MOBH)</th>
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<td>Methodist Healthcare – Olive Branch Hospital (MOBH)</td>
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<td></td>
<td>Germantown, Le Bonheur Medical Center, North, South &amp; University, Outpatient Clinics &amp; Diagnostic Facilities</td>
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<td>Methodist Healthcare – Olive Branch Hospital (MOBH)</td>
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<td>All Ages</td>
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<tr>
<th>Privilege Description</th>
<th>Neonates (0-28 days)</th>
<th>Infants (29 days – 2 Years)</th>
<th>Children &amp; Adolescents (2-18 years)</th>
<th>Adults &amp; Adolescents (13 &amp; Above)</th>
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<td>Diagnostic Radiology Core</td>
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<td>Radiology Vascular, Interventional, Angiographic Core</td>
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<td>Nuclear Medicine Core</td>
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<td>Radiology Oncology Core</td>
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<td>Special Privileges</td>
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<td>CCTA</td>
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<td>Silverhawk Atherectomy Catheter</td>
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<td>Implantable Intraspinal Therapy Device</td>
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Limitations

Clinical privileges are granted only to the extent privileges are available at each facility.

Note: Privileges for administration of moderate sedation and carotid stent placement require completion of a separate Delineation of Privilege form.

Acknowledgement of practitioner

I have requested only those privileges for which by education, training, current experience and demonstrated performance I am qualified to perform and for which I wish to exercise at the facilities indicated above, to the extent services are available at each facility, and I understand that:

(a) in exercising any clinical privileges granted, I am constrained by facility and medical staff policies and rules applicable generally and any applicable to the particular situation

(b) any restriction on the clinical privileges granted to me is waived in an emergency situation and in such situation my actions are governed by the applicable section of the medical staff bylaws or related documents

______________________________  ____________________________
Physician’s Signature          Date

______________________________
Printed Name
Radiology Diagnostic Core Privileges

All conventional radiographs
All contrast studies
All fluoroscopy
MR angiogram
MR all organ systems with and without contrast
CT all organ systems with and without contrast
CT interventional studies, biopsy, aspiration, abscess drainage
Contrast injections of the gastric feeding tube
Percutaneous Cholecystostomy
Cholangiogram
Percutaneous Transhep Cholangiogram
Placement of long GI tube into small bowel
Biopsy procedures
Nephrostogram
Loopogram
Aspiration/injection bladder
Suprapubic catheter insertion
Catheterization, urethra simple
Urethrocystogram, retrograde
Paravert nerve block single level
Chest tube insertion for drainage
Heimlich/chest tube for PTX
Spinal puncture, lumbar, diagnostic and fluoro
Myelography
Breast nodule/calcification localization
Galactogram
Sialogram
Laryngogram
Bronchogram unilateral
Hysterosalpingogram
Fistula or sinus tract
Abscessogram
Abscess drainage (any modality)
Thoracentesis
Breast cyst aspiration
Arthrocentesis
Aspiration of hip
Paracentesis: abdominal
Nuclear Medicine Procedures

Abd shunt study
Adrenal imaging - NP59, 131 I or 123 I MIBG
Bone imaging/WB/Spots/single area/SPECT
Bone imaging - 3 phase
Brain scan w/vascular flow
Brain scan w/SPECT
Cisternogram Shunt
Deep vein thrombosis imaging-bilateral
Acute thrombosis imaging-bilateral
Gallbladder Imaging
Hepatobiliary function w/EF
Gallium scan/WB/Spots
Gastric emptying - solid and liquid
GI bleeding study
Gastroesophageal reflux study
Stress/rest MUGA
Peritoneal shunt study
Renal imaging w/function study and/or Pharm intervention
Renal imaging w/Vascular flow
Neck and Mediastinum w/131 I
Injection of sentinel node in OR
Lymphoscintigraphy/Sentinel Node mapping
Liver spleen scan w/vascular flow
Liver spleen scan
Hemangioma SPECT
Mammoscintigraphy
Myocardial infarct imaging (PYP)/SPECT
Parathyroid imaging/SPECT
Stress/Rest cardiac scan w/SPECT
V/P or V/Q lung imaging
Salivary gland imaging
Thyroid uptake and scan
Testicular vascular flow and scan
Spinal Puncture-lumbar-diagnostic
Infection/abscess imaging-WB/SPECT-111 indium, 99m Tc HMPAO, 67 Ga
TSH Stimulation study
Cystogram
C 14 Urea breath test
Monoclonal Antibody imaging/SPECT-111 In prostascint, 111 in oncoscint 99mTc CEA

Ultrasound Procedures
Abdominal aorta Echo
Abdominal Echo-complete (Routine series)
Abdominal Echo, Complete w/color flow
Amniocentesis by US
Percutaneous Needle organ biopsy Breast ultrasoundChest ultrasound
Abd. Imaging doppler study
Gallbladder real time ultrasound
Transrectal study w/biopsy (Comp)
Transvaginal US study
Transrectal US study
Pelvic Diagnostic Echo
Pregnancy Echo
Acute pregnancy US
Testicular US
Thoracentesis by US
Thyroid Echo
Urinary bladder Echo
Paracentesis
Arterial/Venous study/upper extremity w/doppler
Arterial/Venous study/lower extremity w/doppler
Carotid Imaging, Bilateral Doppler w/color flow
Transcranial doppler

Radiology Vascular, Interventional, and Angiographic Core Privileges

Arteriography Aorta
- Arch (including neck)
- Extremity (upper & lower)
- Pelvic
- Carotid cerebral
- Carotid cervical
- Carotid external
- Vertebral
- Spinal
- Renal
- Visceral
- Internal Mammary
- Adrenal
- Pulmonary
- Venography
- IVC
- SVC
- Extremity (upper & lower)
- Renal
- Adrenal
- Orbital
- Venous Sinus/Jugular
- Superior Sagittal Sinus
- Gonadal
- Testicular
- Hepatic w/o hemodynamic monitoring

PTA
- Peripheral Artery
- Renal
- Other Visceral
- Aorta
- Venous

Venous sampling
Intravascular Stent Placement
Transluminal Peripheral Arterial Atherectomy
Transluminal Peripheral Arterial Laser Atherectomy
IVC Filter placement
  Transcatheter biopsy
  Transcatheter Infusion for thrombolysis
Transcatheter Therapeutic Infusion (i.e. spasmolytic, vasoconstrictive)
  Thrombolysis of access device/catheter
AV Graft/Fistula Declot
Percutaneous Transluminal Arterial Thrombectomy
Percutaneous Transluminal Venous Thrombectomy
Transcatheter Therapeutic Embolization
Chemoembolization
Uterine Fibroid Embolization
Endovenous Ablation (Laser & Radiofrequency)
Stab Phlebectomy
Superficial Venous Sclerosis
Peripheral AVM Sclerosis
Transcatheter Retrieval of Foreign Body
Aortic Stent Graft
Endovascular Repair Iliac Art/Pseudo Aneurysm
Thrombin injection for pseudo aneurysm repair
Nontunneled Central Venous Catheter Placement
PICC Line Placement
Tunneled central venous catheter placement
Tunneled central venous catheter w/ port placement
Peripheral central venous device w/ port placement
Pericatheter obstructive material removal (ie. fibrin sheath stripping)
Intraluminal obstructive material removal from catheter/port
Abscess Drainage
Abscessogram
Therapeutic injection for Abscess/Lymphocele Sclerosis
Paracentesis
Thoracentesis
Renal Cyst Aspiration
Chest Tube Placement
Percutaneous Transhepatic Cholangiogram
Biliary Tube/Drain Placement
Biliary Stent Placement
Transhepatic Dilation Biliary Stricture
Biliary Duct Calculus Removal
Placement of long GI tube into Small Bowel
Percutaneous Gastrostomy Tube Placement
Transjugular Liver Biopsy
TIPS Placement
TIPS Revision
Vertebroplasty
Kyphoplasty
Percutaneous Fluid Drainage
Percutaneous Fine Needle Aspiration
Percutaneous Biopsy
Thermal Tumor Ablation (All Modalities, ie, RFA, Cryo, Microwave, UHF Ultrasound)
AV Fistulagram
AV Fistula Declot
Antegrade Pyelogram
Nephrostomy Tube Placement
Ureteral Stent Placement
Aspiration/Injection Bladder
Suprapubic Catheter Placement
Urethral Catheter/Stent Placement
Nephrostomy Tract Dilation
Ureteral Dilation
Contrast Injections of gastric feeding tube
Infusion Alcohol Sclerosis
Loopogram
Urethrocystogram, Retrograde
Fallopian Tube Dilation
Paravertebral Nerve Block
Celiac Ganglion Block
Spinal Puncture
Myelography
Galactogram
Sialogram
Laryngogram
Bronchogram
Hysterosalpingogram
Arthrocentesis

**Nuclear Medicine Diagnostic & Therapeutic Core Privileges**

- Somatostatin receptor imaging-111 in Octreotide, 131 I MIBG
- Radionuclide Hyperthyroid therapy -131 I
- Positron Emission tomography
- Radionuclide ablative therapy - 131 I
- Palliative Therapy - 89Sr, 153Sm
- Radionuclide therapy - 32 P(Chromic)
- Radionuclide therapy - 32 P (Sodium Phosphate)
- Lymphoma Therapy I 131, Y90
- Pet imaging (positron emission tomography)
- FDG tumor imaging/C-Spect
- FDG cardiac imaging/C-Spect
- Positron emission tomography

**Radiation Oncology Core Privileges**

- 6 MV accelerator therapy
- 18 MV accelerator therapy
- Cobalt therapy
- Electron therapy
- HDR brachytherapy
- Intravascular brachytherapy
- Superficial brachytherapy
- Interstitial brachytherapy
- Special treatment procedures hemibody, whole body, oral cone
- Simulation of radiation ports
- Port verification
- Microdosimetry
- Treatment planning
Treatment devices stents, bit blocks, mask, bolus, contours
Indirect laryngoscopy
Direct fiberoptic laryngopharyngoscopy

Neuroradiology Core Privileges

- All conventional radiographs for head, neck and spine
- All contrast studies for head, neck and spine
- All fluoroscopy for head, neck and spine
- MR angiogram for head, neck and spine with and without contrast
- CT for head, neck and spine with and without contrast
- Paravert nerve block
- Spinal puncture, lumbar, diagnostic and fluoro
- Myelography for head, neck and spine
- Sialogram
- Facet Block
- Celiac Ganglion Block

Neuroradiology Interventional Core Privileges

- Intracranial PTA
- Dilate Intracranial Vasospasm
- Intracranial Stent Placement
- Vertebral PTA
- Vertebral Stent Placement
- Carotid PTA
- Temporary Balloon Artery Occlusion Head/Neck
- WADA Activation Test w/ EEG
- Intracranial embolization
- Spinal embolization
- Extracranial Neuro Embolization
- Cerebral Aneurysm Coiling
- Endovascular Treatment of Cerebral Vascular Malformations
- Intracranial Thrombolysis (ie Acute Stroke)
- Intracranial Arterial Thrombectomy
- Transcatheter Therapy Infusion (ie. vasospasmolytic)
- Thrombolysis of Venous Sinus/Superior Sagittal Sinus
- Venous Sampling
- Blood Patch
- Paravertebral Nerve Block
- Facet Block
Vertebroplasty
Arteriography Aorta
- Arch (including neck)
- Extremity (upper & lower)
- Carotid cerebral
- Carotid cervical
- Carotid external
- Vertebral
- Spinal
Venography
- Orbital
- Venous Sinus/Jugular
- Superior Sagittal Sinus
PTA
- Venous
Venous sampling
Intravascular Stent Placement
Transluminal Peripheral Arterial Atherectomy
Transluminal Peripheral Arterial Laser Atherectomy

Transcatheter Infusion for thrombolysis
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Chemoembolization
Endovenous Ablation (Laser & Radiofrequency)
Transcatheter Retrieval of Foreign Body
Intraluminal obstructive material removal from catheter/port
Vertebroplasty
Paravertebral Nerve Block
Celiac Ganglion Block
Spinal Puncture
Myelography
Sialogram