

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:
 - 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 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.

Specialty/Procedure Delineation of Privilege Form	Education/Training Documentation for Initial Granting	Initial Application (Proof of current clinical competence)	FPPE – Validation of competence after appointment and/or granting of a new or additional privilege (To be completed within one year)	Maintenance Requirements
Diagnostic Radiology Core	<p>Current board certification in Radiology by the American Board of Radiology or the American Osteopathic Board of Radiology.</p> <p>Or</p> <p>Successful completion of an accredited ACGME or AOA accredited post-graduate training program in Radiology and board certification within 5 years of program completion.</p> <p>If</p> <p>Practice is predominantly in pediatric patients less than 13 years of age,</p> <p>Then</p> <p>Current board certification in Radiology by the American Board of Radiology or the American Osteopathic Board of Radiology and subspecialty certification in Pediatric Radiology.</p> <p>Or</p> <p>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.</p>	<p>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.</p>	<p>First 5 cases: MR Angiogram, Overreads of diagnostic films</p> <p>First 5 pediatric cases: Ultrasounds-pylorus (1), Chest X-ray (1), MRI of brain (1), Upper GI (1), CT of Head (1)</p>	<p>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> <p>Courtesy members should supply case logs from other facilities' HIM departments to meet the minimum requirement(s) to be considered for the privilege.</p> <p>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.</p> <p>Any complications/poor outcomes should be delineated and accompanied by an explanation.</p> <p>Department chair recommendation will be obtained from primary practice facility.</p>
Radiology Vascular, Interventional, Angiographic Core	<p>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.</p> <p>Or</p> <p>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.</p>	<p>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.</p>	<p>First 5 cases</p>	<p>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> <p>Courtesy members should supply case logs from other facilities' HIM departments to meet the minimum requirement(s) to be considered for the privilege.</p> <p>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</p>

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				<p>previous 12 months.</p> <p>Any complications/poor outcomes should be delineated and accompanied by an explanation.</p> <p>Department chair recommendation will be obtained from primary practice facility.</p>
Nuclear Medicine Core	<p>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.</p> <p>Or</p> <p>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.</p>	<p>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.</p>	<p>First 5 cases</p>	<p>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> <p>Courtesy members should supply case logs from other facilities' HIM departments to meet the minimum requirement(s) to be considered for the privilege.</p> <p>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.</p> <p>Any complications/poor outcomes should be delineated and accompanied by an explanation.</p> <p>Department chair recommendation will be obtained from primary practice facility.</p>
Radiation Oncology Core	<p>Current board certification in Radiology by the American Board of Radiology or the American Osteopathic Board of Radiology with special competence in Radiation Oncology.</p>	<p>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.</p>	<p>First 5 cases</p>	<p>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> <p>Courtesy members should supply case logs from other facilities' HIM departments to</p>

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				<p>meet the minimum requirement(s) to be considered for the privilege.</p> <p>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.</p> <p>Any complications/poor outcomes should be delineated and accompanied by an explanation.</p> <p>Department chair recommendation will be obtained from primary practice facility.</p>
Neuroradiology Core	<p>Current board certification in Radiology by the American Board of Radiology or the American Osteopathic Board of Radiology and subspecialty certification in Neuro Radiology.</p> <p>Or</p> <p>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.</p>	<p>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.</p>	<p>First 5 cases</p>	<p>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> <p>Courtesy members should supply case logs from other facilities' HIM departments to meet the minimum requirement(s) to be considered for the privilege.</p> <p>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.</p> <p>Any complications/poor outcomes should be delineated and accompanied by an explanation.</p> <p>Department chair recommendation will be obtained from primary practice facility.</p>

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Neuroradiology Interventional Core	<p>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 .</p> <p>Or</p> <p>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.</p>	<p>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.</p>	<p>First 5 cases</p>	<p>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> <p>Courtesy members should supply case logs from other facilities' HIM departments to meet the minimum requirement(s) to be considered for the privilege.</p> <p>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.</p> <p>Any complications/poor outcomes should be delineated and accompanied by an explanation.</p> <p>Department chair recommendation will be obtained from primary practice facility. Any complications/poor outcomes should be delineated and accompanied by an explanation.</p>
CCTA	<p>CBCCT Board Certification and documentation of continuing education: 6 hours category I CME relevant to CCTA in the previous two year period.</p> <p>Or</p> <p>Completion of a SCCT or ACR sponsored training course with documentation or letter from course director.</p> <p>Or</p> <p>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</p>	<p>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.</p> <p>Or</p> <p>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</p>	<p>First 5 cases</p>	<p>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. Documentation of continuing education: 6 hours category I CME relevant to CCTA per 2 year period.</p>

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	<p>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</p>	<p>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)</p>		
<i>Central venous catheter placement</i>		Case* log documenting 5 procedures within the previous 12 months.	First 5 procedures	Case log documenting 5 procedures within the previous 24 months.
<i>PICC Insertion</i>		Case* log documenting 5 procedures within the previous 12 months.	First 5 procedures	Case log documenting 5 procedures within the previous 24 months.
<i>Silverhawk Atherectomy Catheter</i>		Case* log documenting 6 procedures within the previous 24 months	First 5 cases	Case log documenting 6 procedures within the previous 24 months

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<i>Implantable Intraspinial Pump or Stimulator</i>	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.	Case log documenting 3 proctored procedures in the previous 12 months.	First 5 procedures	Case log documenting 5 procedures within the previous 24 months.

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.

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 Transhepatic Cholangiogram
Placement of long GI tube into small bowel
Biopsy procedures
Nephrostogram
Loopogram
Aspiration/injection bladder
Suprapubic catheter insertion
Catheterization, urethra simple
Urethrocytogram, 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
Ultrasound Procedures

Abdominal aorta Echo
 Abdominal Echo-complete (Routine series)
 Abdominal Echo, Complete w/color flow
 Amniocentesis by US
 Percutaneous Needle organ biopsy Breast ultrasound
 Chest 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

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.

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/ 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 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.

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
 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
 FDG tumor imaging/C-Spect
 FDG cardiac imaging/C-Spect

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.

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 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.

- 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
- Paravertebral nerve block
- Spinal puncture, lumbar, diagnostic and fluoro
- Myelography for head, neck and spine
- Sialogram
- Facet Block
- Celiac Ganglion Block

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.

- Intracranial Percutaneous Transluminal Angioplasty (PTA)
- Dilate Intracranial Vasospasm
- Intracranial Stent Placement
- Vertebral PTA
- Vertebral Stent Placement
- Carotid PTA
- Carotid Stent Placement
- 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 (i.e. Acute Stroke)

Intracranial Arterial Thrombectomy
 Transcatheter Therapy Infusion (i.e. vasospasmolytic)
 Thrombolysis of Venous Sinus/Superior Sagittal Sinus
 Venous Sinus Sampling
 Blood Patch
 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 sinus
 Intravascular Stent Placement
 Transluminal Peripheral Arterial Atherectomy
 Transluminal Peripheral Arterial Laser Atherectomy
 Transcatheter biopsy
 Transcatheter Infusion for thrombolysis
 Transcatheter Therapeutic Infusion (i.e. spasmolytic, vasoconstrictive)
 Thrombolysis of access device/catheter
 Percutaneous Transluminal Arterial Thrombectomy
 Percutaneous Transluminal Venous Thrombectomy
 Transcatheter Therapeutic Embolization
 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

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.

Privilege Description	Methodist Healthcare – Memphis Hospitals (MHMH) Germantown, Le Bonheur Medical Center, North, South & University, Outpatient Clinics & Diagnostic Facilities				Methodist Healthcare – Olive Branch Hospital (MHOBH)
	Neonates (0-28 days)	Infants (29 days– 2 Years)	Children & Adolescents (2-18 years)	Adults & Adolescents (13 & Above)	All Ages
Diagnostic Radiology Core					
Radiology Vascular, Interventional, Angiographic Core					
Nuclear Medicine Core					
Radiation Oncology Core					
Neuroradiology Core					
Neuroradiology Interventional Core					
Special Privileges					
<i>CCTA</i>					
<i>Central venous catheter placement</i>					
<i>PICC Insertion</i>					
<i>Silverhawk Atherectomy Catheter</i>					
<i>Implantable Intraspinal Therapy Device</i>					
Limitations	Clinical privileges are granted only to the extent privileges are available at each facility.				
Darkly shaded areas represent privileges not available to any practitioner due to the privilege not being offered by the 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