

SPECIALTY OF CARDIOLOGY

Delineation of Clinical Privileges

Criteria for granting privileges: Current board certification in Internal Medicine by the American Board of Internal Medicine or the American Osteopathic Board of Internal Medicine and subspecialty certification in Cardiology.
Or
Current board certification in Pediatrics by the American Board of Pediatrics and subspecialty certification in Cardiology.
Or
Successful completion of an accredited ACGME or AOA accredited post-graduate training program in Internal Medicine or Pediatrics and completion of an accredited ACGME or AOA accredited post-graduate training program in Cardiology and board certification within 5 years of program completion.

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 (acute hospital care/surgery center (ASC) 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
Cardiology Core	<p>Current board certification in Internal Medicine by the American Board of Internal Medicine or the American Osteopathic Board of Internal Medicine and subspecialty certification in Cardiology</p> <p>OR</p> <p>Successful completion of an ACGME or AOA accredited post-graduate training program in Internal Medicine and completion of an ACGME or AOA accredited post-graduate training program in Cardiology and board certification within 5 years of completion.</p> <p><u>In order for Moderate Procedural Sedation to be a Cardiology Core privilege, applicant must:</u> <u>Provide her/his Program Director's verification of successful performance of, and clinical competency in providing moderate procedural sedation</u></p> <p><u>AND</u> <u>Successfully complete the MLH Cornerstone module Moderate Sedation For Non-Anesthesia Staff</u></p> <p><u>OR</u> <u>Cardiologists who currently hold the Moderate Procedural Sedation privilege and successfully met the maintenance requirement for this privilege during their previous credentialing cycle are eligible to have moderate procedural sedation added as a core Cardiology privilege.</u></p>	<p>Aggregate data from primary practice facility for the previous 12 month time period indentifying the top 10 diagnosis codes and the number of inpatients per code. Any complications/poor outcomes should be delineated and accompanied by an explanation.</p> <p>Procedure list from primary practice 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.</p>	First 5 Cases	<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>
Cardiology Pediatric Core	<p>Current board certification in Pediatrics by the American Board of Pediatrics and subspecialty certification in Cardiology</p> <p>OR</p> <p>Successful completion of an ACGME accredited post-graduate training program in Pediatrics and completion of an ACGME accredited post-graduate training program in Cardiology and board</p>	<p>Aggregate data from primary practice facility for the previous 12 month time period indentifying the top 10 diagnosis codes and the number of inpatients per code. Any complications/poor outcomes should be delineated and accompanied by an explanation.</p> <p>Procedure list from primary practice facility</p>	First five patients being evaluated for heart disease	<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</p>

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	certification within 5 years of completion.	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.		<p>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>
Invasive Cardiology Core		Procedure list from primary practice 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.	<p>First 5 Cardiac Cath cases</p> <p>Pediatric: 100% of charts and angiograms reviewed in first 3 months</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>
Invasive Pediatric/Congenital Cardiology Core		Procedure list from primary practice 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 showing 50 cases over previous two years of procedures representative of congenital cardiology.	First 5 invasive Cases	25 cases every two years.

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Clinical Pediatric/Congenital Cardiac Electrophysiology Core	Completion of an additional one year program in congenital electrophysiology cardiology	Procedure list from primary practice 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 log showing 50 EP/RF cases over previous two years and 20 permanent pacemaker and/or ICD cases.	First 5 EP and RF cases; first 3 pacemakers/ICDs	25 EP/RF cases every two years; 10 PM/ICD cases every two years
Interventional Cardiology Core	<p>Completion of an additional one year program in interventional cardiology.</p> <p>A. For applicants who completed subspecialty training after January 1, 1995 requires program in interventional cardiology documented/certified by the training institution through its Chief of Cardiology or Director of Training Program or subspecialty certification.</p> <p>B. For applicants who completed subspecialty training before January 1, 1995 requires documentation of performance of primary operator of 500 coronary intervention cases over lifetime or 150 cases in previous 2 years. Case documentation must include endorsement/certification by Chief of Cardiology or designee from the institution(s) where cases performed. Privileges may also be requested based on subspecialty certification in interventional cardiology.</p>	Procedure list from primary practice 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.	First 5 PTCA cases	<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>
Interventional Pediatric/Congenital Cardiology Core	Completion of an additional one year program in congenital interventional cardiology	Procedure list from primary practice 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.	First 5 interventional cases	50 cases every two years

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		Case logs showing 50 cases over previous two years of procedures representative of congenital cardiology.		
Adult Congenital Heart Disease Core	<p>Current board certification in Cardiology by the American Board of Internal Medicine OR current board certification in Pediatric Cardiology by the American Board of Pediatrics AND subspecialty certification in ACHD via one of the following pathways:</p> <ol style="list-style-type: none"> 1. Until 2019, the applicant who is currently board certified in either Cardiology or Pediatric Cardiology may apply to sit for the ACHD subspecialty board exam if approved by the ABIM. <p>OR</p> <ol style="list-style-type: none"> 2. After 2019, an applicant must complete an additional fellowship in ACHD at an approved ACGME program in order to sit for the ACHD subspecialty board exam. 	<p>Aggregate data from primary practice facility for the previous 12 month time period identifying the top 10 diagnosis codes and the number of inpatients per code. Any complications/poor outcomes should be delineated and accompanied by an explanation.</p> <p>Procedure list from primary practice 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.</p>	First 5 patients	Case log documenting 25 cases within the previous 24 months.
Peripheral Interventional Procedures	Must maintain current Cardiology and Interventional Cardiology Core privileges.	<p>If interventional Cardiology Fellowship was completed in the last 12 months provide;</p> <ul style="list-style-type: none"> • Case log of 300 diagnostic coronary angiograms with 200 as primary operator • Case log of 100 diagnostic peripheral angiograms with 50 as the primary operator • Case log of 50 peripheral interventional cases with 25 as the primary operator <p>OR</p> <p>If applying with current experience, provide:</p> <ul style="list-style-type: none"> • Case log of 25 peripheral interventional procedures in the past 12 months 	First 5 cases	Case log documenting 25 procedures within the previous 24 months.

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Clinical Cardiac Electrophysiology Core	Must maintain both Cardiology and Invasive Cardiology Core privileges. Documentation of successful completion of an accredited training program in CCEP.	Case log documenting the performance of at least 150 intracardiac procedures, 50 primary permanent pacemaker implantations, 20 pacemaker system revisions or replacements, 100 pacemaker follow up visits, 25 primary ICD implantations, 10 ICD revisions or replacements, and a minimum of 50 ICD follow up visits Case log documenting 100 procedures within the previous 24 months	First 5 AICD cases, and first 5 RFA cases	Case log documenting 300 intracardiac procedures over the reappointment cycle including 10 ICD and CRT procedures per year and 40 patients in follow up.
<i>AF Ablation</i>	Must maintain CCEP Core privileges. Demonstrate completion of training in the difference in technique of AF Ablations, If fellowship training included AF Ablations, demonstrate competency by training director recommendation. If not trained during fellowship, current practicing electrophysiologists who were not trained during fellowship should provide documentation of special training course in AF ablations. Or Observation/preceptee of 5 AF ablation cases.	Case log documenting 30 successful ablations for AF during fellowship. If not trained during fellowship, current practicing electrophysiologists will provide 5 concurrently proctored AF ablations with successful outcomes.	First 5 procedures	Case log documenting 10 successful AF ablations annually.
<i>Left Atrial Appendage Closure (LAAC) Device Placement (Watchman)</i>	Maintain current clinical privileges in Clinical Cardiac Electrophysiology Core or Interventional Cardiology Core, And Successful completion of didactic and laboratory training in LAA Closure device as part of the structured Watchman training program and documented by a certificate of completion from Boston Scientific.	Certificate validating successful completion of Watchman training program And Case log documenting 25 interventional cardiology procedures involving transeptal puncture through an intact septum with at least 10 of the 25 procedures being performed within the most recent 12 months. And Two (2) successfully proctored cases as evidenced by proctor evaluation forms OR Case log documenting performance of 25 interventional cardiology procedures that involve transeptal puncture through an intact septum, 12 of which were LAAC placements performed within the past 24 months.	First 5 procedures	Case log documenting 12 LAAC (Watchman) placements performed within the past 24 months.

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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 sponsored or endorsed Level 2 or Level 3 CCT (CCTA) 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 Cardiology that included cardiac CT angiography including education in cardiac anatomy, physiology, pathology and cardiac CT imaging for a time equivalent to at least 20 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 sponsored or endorsed Level 2 or Level 3 CCT (CCTA) training course, submission of a case log documenting 50 contrast CCT exams interpreted during training, which may include primary interpretation, blinded over-reading, proctored reading, or from a teaching file.</p> <p>Or</p> <p>If completing an ACGME or AOA approved postgraduate training program in Cardiology that included cardiac CT angiography documentation indicating interpretation, reporting, and or supervised review of at least 150 cardiac CT examinations (in which 50 cases the physician is physically involved in the acquisition and interpretation of the case) excluding coronary artery calcium scanning</p>	First 5 cases	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.
Leadless Pacemaker	Maintain Clinical Cardiac Electrophysiology Core privileges	Certificate validating successful completion of Medtronic Implantation didactic and hands-on procedural training program	First case	Case log documenting the performance of 2 cases within the previous 24 months.
Laser Lead Extraction	<p>Maintain Clinical Cardiac Electrophysiology Core privileges</p> <p>If fellowship training included laser lead extractions, provide training director recommendation.</p> <p>Or</p> <p>If not trained in laser lead extraction during fellowship, provide certificate documenting completion of didactic and laboratory training course in laser lead extraction.</p>	<p>If CCEP Fellowship was completed in the last 12 months, provide a case log of 30 lead extractions as primary operator under the direct supervision of a qualified physician.</p> <p>Or</p> <p>If applying as an initial applicant with laser lead extraction experience at an external facility, provide a case log of 20 cases in the previous 12 months.</p> <p>Or</p> <p>If the applicant cannot provide the number of cases from fellowship or current practice as indicated above, five (5) successfully</p>	First 5 cases	Case log documenting the performance of at least 24 cases over the previous 24 months

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		proctored cases as evidenced by proctor evaluation forms.		
<i>Nuclear Cardiology</i>	<p>Certification by the Certification Board of Nuclear Cardiology (CBNC), and a letter of recommendation from the medical director of the laboratory at the institution where applicant was trained and/or has been most recently practicing.</p> <p>Or,</p> <p>Currently privileged at an ICANL (Intersocietal Commission for the Accreditation of Nuclear Medicine Laboratories) accredited laboratory and a letter of recommendation from the medical director of the laboratory at the institution where applicant was trained and/or has been most recently practicing.</p> <p>Or,</p> <p>Completion of an ACGME or AOA approved postgraduate training program in Cardiology and an approved fellowship in Nuclear Cardiology, with a letter from the training director (if within 5 years of training), and if not coming directly from training, a letter of recommendation from the medical director of the laboratory at the institution where applicant was trained and/or has been most recently practicing.</p> <p>Or,</p> <p>If the applicant did not complete a fellowship program in Nuclear Cardiology, must demonstrate training and/or experience that is equivalent to the training in a formal program, such as completion of a minimum of a four month formal training program in Nuclear Cardiology (level 2 training in nuclear cardiology) according to the 2006 ACC/ASNC COCATS (American College of Cardiology/American Society of Nuclear Cardiology, Certification Board of Cardiovascular Computer Tomography) training guidelines, with a letter from the training director (if within 5</p>	<p>If, certified by the CBNC, and if more than two years from certification, case logs documenting at least 100 nuclear cardiology cases within the previous 24 months</p> <p>Or,</p> <p>If currently privileged at an ICANL accredited laboratory, case logs documenting at least 100 nuclear cardiology cases within the previous 24 months</p> <p>Or if limited access to read Nuclear Cardiology studies prevented previous maintenance of the privilege, the applicant may request the privilege and perform 20 successfully proctored study interpretations.</p> <p>Or,</p> <p>If completing an ACGME or AOA approved postgraduate training program in Cardiology and an approved fellowship in Nuclear Cardiology, case logs documenting at least 100 nuclear cardiology cases within the previous 24 months</p> <p>Or,</p> <p>If the applicant did not complete a fellowship program in Nuclear Cardiology case logs documenting at least 100 nuclear cardiology cases within the previous 24 months.</p> <p>Special Circumstance for Initial applicants who recently completed 1 or 2 contiguous years of additional cardiology training beyond general cardiology fellowship: Applicants must meet all criteria required for initial applicant whose general</p>	First 5 cases	Case log documenting the performance of at least 25 nuclear cardiology cases within the previous 24 months. If applicant is NOT certified in Nuclear Cardiology by the CBNC, 10 hours of continuing medical education specifically in Nuclear Cardiology within the previous 24 months are required to maintain the privilege.

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	<p>years of training), and if not coming directly from training, a letter of recommendation from the medical director of the laboratory at the institution where applicant was trained and/or has been most recently practicing.</p> <p>Or,</p> <p>If training was completed prior to 1995, 10 years of Nuclear Cardiology practice with independent interpretation of at least 800 Nuclear Cardiology studies within the past 10 years of which 200 cases must have been interpreted in the past two years.</p> <p>Applicant must meet the safety requirements and be listed on the state nuclear usage license for the facility.</p>	<p>cardiology training was completed < 2 years prior to the time of application.</p> <p>-If the applicant performed at least 100 Nuclear Cardiology studies during general cardiology fellowship, but cannot document 100 over the course of the last 3 years prior to application, he/she is eligible for proctored Nuclear Cardiology credentialing. A cardiologist who has Nuclear Cardiology privileges and the applicant will be responsible for documenting the successfully proctored performance of at least 20 Nuclear Cardiology studies prior to the granting of unrestricted Nuclear Cardiology privileges. At the Cardiology Department Chair's discretion, additional mentored studies may be required.</p> <p>Or,</p> <p>If training was completed prior to 1995, 10 case logs documenting independent interpretation of at least 800 Nuclear Cardiology studies within the past 10 years of which 200 cases must have been interpreted in the past two years</p>		
<p><i>Permanent Pacemaker</i></p> <p>As of Board approval on 4/15/2020, this special privilege is no longer available to new applicants. Cardiologists who were granted the privilege prior to 4/15/2020 may maintain the privilege if they meet the maintenance requirement.</p>	<p>For those cardiology trainees who elect to obtain proficiency in the surgical aspects of transvenous bradycardia device implantation (pacemakers), previous or concurrent Level 2 training is required. The pacemaker implantation training includes developing expertise in permanent atrial and ventricular lead placement, threshold testing and programming of devices, principals of surgical asepsis, surgical techniques of implantation and management of implant-related complications. Individuals receiving qualifying training in pacemaker implantation are required to participate as the primary operator (under direct supervision) in at least 50 primary implantations of transvenous pacemakers and 20 pacemaker system revisions or replacements. At least half of the implantations involve dual chamber pacemakers. The trainee also</p>	<p>Case log documenting 50 primary implantations of transvenous pacemakers and 20 pacemaker system revisions or replacements. At least half of the implantations should involve dual chamber pacemakers.</p>	<p>First 5 cases</p>	<p>Case log documenting 20 procedures within the previous 24 months</p>

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	<p>participates in the follow-up of at least 100 pacemaker patient visits and is expected to acquire proficiency in advanced pacemaker electrocardiography, interrogation and programming of complex pacemakers. Level 2 training (6 months) with the option of training in pacemaker implantation (6 months) requires a total of one year of advanced training beyond the cardiology core Level 1. This may be obtained within a 3 year cardiology program in if 1 of the 3 years is dedicated to acquiring pacemaker implantation skills plus related management and follow up skills. This training does not meet the ABIM requirements for admission to the CCEP Examination.</p>			
<p><i>Stress Echo (Dobutamine Stress Echo and Treadmill Echo)</i> <i>*For Adult Cardiology Practitioners*</i></p>	<p>Must currently have or be concurrently applying for Trans Thoracic Echocardiogram privilege AND If cardiology training was completed less than 2 years prior to the time of application for the privilege: A letter from the cardiology training program director or echocardiography lab director documenting successful performance and interpretation of at least 100 stress echocardiograms must be provided. OR If cardiology training was completed 2 or more years prior to the time of application for privileges: A letter from the director of echocardiography at a current or previous echocardiography laboratory attesting to the applicant's successful performance and interpretation of at least 50 studies over the previous 2 years.</p>	<p>Must currently have or be concurrently applying for Trans Thoracic Echocardiogram AND If cardiology training was completed less than 2 years prior to the time of application for the privilege: Case log or hard copy reports of performance and interpretation of 100 stress echocardiograms. OR If cardiology training was completed 2 or more years prior to the time of application for privileges: Case log or hard copy reports of performance and interpretation of 50 Stress Echocardiograms</p>	<p>First 5 cases</p>	<p>Case log of at least 50 stress echocardiograms over the past 24 months. AND Maintain TTE privileges</p>
<p><i>Trans Thoracic Echocardiogram (TTE)</i> <i>*for Adult Cardiology</i></p>	<p><u>If cardiology fellowship training was completed < 2 years prior to application for the privilege:</u> Either</p>	<p>If cardiology fellowship training was completed < 2 years prior to application for the privilege: Case log or hard copy report of at least 300</p>	<p>First 3 cases</p>	<p>Case log of at least 300 TTE interpretations over the past 24 months</p>

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<i>Practitioners*</i>	<p>A letter from the fellowship program director or echocardiography lab director documenting satisfactory completion of a minimum of 6 months of COCATS level 2 echocardiography training during fellowship is obtained</p> <p>Or</p> <p>National Board of Echocardiography (NBE) certification in TTE</p> <p>OR</p> <p><u>If cardiology fellowship training was completed 2 or more years prior to application for the privilege and the physician has been performing the procedure/interpretation:</u></p> <p>Either</p> <p>A letter from the facility's director of echocardiography attesting to the successful interpretation of at least 300 studies during the previous 24 months.</p> <p>Or</p> <p>National Board of Echocardiography (NBE) certification in TTE</p>	<p>successfully mentored TTE interpretations during training</p> <p>OR</p> <p>If cardiology fellowship training was completed 2 or more years prior to application for the privilege and the physician has been performing the procedure/interpretation: Case log or hard copy report of at least 300 TTE interpretations over the previous 24 months</p>		<p>In adult MLH echo laboratories that have achieved IAC accreditation, physicians who interpret more than 10 studies per year performed in that laboratory, are required to meet the minimum annual attendance requirements for IAC quality meetings.</p>

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
<p><i>TEE Trans Esophageal Echocardiogram (TEE)</i> *For Adult Cardiology Practitioners*</p>	<p>If cardiology fellowship training was <u>completed < 2 years prior to application for the privilege:</u> Either A letter from the fellowship program director or echocardiography lab director documenting satisfactory completion of COCATS level 2 echocardiography training during fellowship was obtained that also included at least 50 successfully mentored TEE's. Or National Board of Echocardiography (NBE) certification in TEE (testamur status is insufficient). OR If cardiology fellowship training was <u>completed 2 or more years prior to application for the privilege and the physician has been performing the procedure/interpretation:</u> Either A letter from the facility's director of echocardiography attesting to the successful interpretation of at least 50 studies during the previous 24 months. OR A case log or hard copy reports of 50 TEE's within the previous 24 months prior to application</p>	<p>If cardiology fellowship training was completed < 2 years prior to application for the privilege: Case log or hard copy report of 50 successfully mentored TEEs during training. OR If cardiology fellowship training was completed 2 or more years prior to application for the privilege and the physician has been performing the procedure/interpretation: Case log or hard copy report of 50 TEEs within the previous 24 months. Special Circumstance Exemption: Initial applicants who recently completed 1 or 2 contiguous years of additional cardiology training beyond general cardiology fellowship are eligible for special circumstance credentialing criteria: - Applicants must meet all criteria required for initial applicant whose general cardiology training was completed < 2 years prior to the time of application. -If the applicant performed at least 50 TEE's during general cardiology fellowship, but cannot document 50 over the course of the last 3 years prior to their application, they are eligible for mentored TEE credentialing. - The medical director of the laboratory or their designee and the applicant will be responsible for documenting the mentored performance of at least 10 TEE prior to the granting of unrestricted TEE privileges. At the director's discretion, additional mentored studies may be required.</p>	<p>First 3 cases OR 10 mentored studies at medical director discretion for those applying under special circumstance.</p>	<p>For Adult Cardiology Practitioners: Case log documenting 25 procedures within the previous 24 months For Pediatric Cardiology Practitioners: Case log documenting 20 procedures within the previous 24 months.</p>
<p><i>Cardiac MR</i></p>	<p>If CMR training was completed < 2 years prior to application for privileges: A letter from the fellowship program director or MRI lab director documenting satisfactory completion of Level 2 or level 3 COCATS 4 cardiac MRI training is obtained.</p>	<p>If CMR training was completed < 2 years prior to application for privileges: Case log or hard copy report documentation of at least 150 mentored CMR interpretations (mentor must have been a level 2 or 3 qualified CMR physician) and documentation of</p>	<p>First 5 cases.</p>	<p>Case log of at least 30 CMR studies over the past 24 months. AND A minimum of 15 CME hours specific to cardiac MR every 2 years</p>

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
	<p>OR</p> <p>If CMR training was completed 2 or more years prior to the time of application for privileges and the physician has been performing the procedure/interpretation at a facility outside the MLH system: A letter from the external facility's MRI laboratory director attesting to the successful interpretation of at least 30 CMR studies over the previous two years is obtained.</p>	<p>involvement in the performance of at least 50 CMR studies.</p> <p>OR</p> <p>If CMR training was completed 2 or more years prior to the time of application for privileges: Case log or hard copy report documentation of interpretation of at least 30 CMR studies performed in the previous 24 months.</p>		
<i>Percutaneous Mitral Valve Device-based Repair</i>	<p>Maintain current clinical privileges in Interventional Cardiology</p> <p>AND</p> <p>For applicants who have MLH privileges as of 8/15/2018:</p> <p>EITHER</p> <p>Documentation of successful completion of a one year Structural Heart fellowship</p> <p>OR</p> <p>Letter from training director that percutaneous mitral valve device-based repair training was included in the Interventional Cardiology fellowship program</p> <p>OR</p> <p>If percutaneous mitral valve device-based repair training was not part of Interventional Cardiology fellowship program, then successful completion of an acceptable training program as evidenced by Certificate of Completion.</p> <p>For applicants who are granted MLH privileges after 8/15/2018:</p>	<p>If applicant is experienced in percutaneous mitral valve device-based repair: Provide a case log of 6 cases performed in the past 12 months.</p> <p>OR</p> <p>Certificate validating successful completion of percutaneous mitral valve device-based repair training program</p> <p>AND</p> <p>Five (5) successfully proctored cases as evidenced by proctor evaluation forms</p>	First 5 cases	Case log of at least 12 cases of percutaneous mitral valve device-based repair in the past 24 months.

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
	Documentation of successful completion of a one year Structural Heart fellowship			
Structural Heart Core	Maintain current clinical privileges in Interventional Cardiology AND Documentation of successful completion of a one year Structural Heart fellowship	Case log of: <ul style="list-style-type: none"> • 15 valvuloplasties -any combination of mitral, aortic, pulmonary and tricuspid, • 15 percutaneous valve replacements – any combination of aortic, mitral, and tricuspid valves (specifically excluding pulmonary transcatheter valve replacement), • 5 ASD, PFO, PDA, AVM or VSD closures OR documentation of successful completion of a Congenital heart fellowship 	Total of five cases to include: <ul style="list-style-type: none"> • first 2 valvuloplasties, • first 2 percutaneous valve replacements • first ASD, PFO, PDA, AAVM or VSD closure. 	Case log of 10 valvuloplasties and percutaneous valve replacements (any combination) within the previous 24 months
<i>Chemical or electrical ablation for structural heart disease</i> (Structural Heart Core only)	Maintain current clinical Structural Heart privileges	Case log of 10 chemical or electrical ablations for structural heart disease	First 3 chemical or electrical ablations for structural heart disease	Case log of 2 chemical or electrical ablations for structural heart disease within the previous 24 months
<i>Paravalvar leak closure</i> (Structural Heart Core only)	Maintain current clinical Structural Heart privileges	Case log of 5 paravalvar leak closures	First 3 cases	Case log of 5 paravalvar leak closures within the previous 24 months.
<i>Carotid filter placement prior to TAVR procedure</i> (Structural Heart Core only)	Maintain current clinical Advanced Aortic Trans Catheter Valve Placement privileges and Structural Heart privileges AND Validation of successful completion of training program as documented by a Certificate of Completion from Edwards LifeSciences or other carotid filter vendor.	Case log of 2 successful carotid filter placements OR 2 successfully proctored cases as evidenced by proctor evaluation forms	First 2 cases	Case log of 2 carotid filter placements within the previous 24 months.
<i>Percutaneous Pulmonary valve replacement</i> (Structural Heart Core only)	Maintain current clinical Structural Heart privileges	Case log of 5 successful percutaneous pulmonary valve replacements	First 2 cases	Case log of 5 percutaneous pulmonary valve replacements within the previous 24 months.
<i>Impella Percutaneous Cardiac Support System for Right Heart support</i> (Structural Heart Core only)	Maintain current clinical Structural Heart privileges	Case log of 2 successful insertions of Impella for right heart support.	First 2 cases	Case log of 2 insertions of Impella for right heart support within the previous 24 months

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
<p><i>Robotic Surgery – available only to Interventional Cardiologists having privileges for ages 13 years and above</i></p>	<p>Applicants whose formal surgical training included robotic surgery: Training director letter validating competence in robotic surgery</p> <p>OR</p> <p>Applicants without formal surgical training in robotic surgery: Training Certificate validating completion of a robotic surgery training course which included didactic and laboratory training</p>	<p>Applicants whose formal surgical training included robotic surgery:</p> <p>Case log from training reflecting applicant was primary surgeon</p> <p>OR</p> <p>If training logs are not available, privilege will be initially granted with a limit requiring five successful cases evidenced by retrospective review.</p> <p>OR</p> <p>Applicants without formal surgical training in robotic surgery:</p> <p>Privilege initially granted with a limit requiring concurrent proctoring of five successfully completed cases.</p>	<p>First 5 cases</p>	<p>Case log documenting the performance of at least 10 procedures over the previous 24 months</p>

Cardiology Core Privilege: Admit, evaluate, diagnose, treat and provide consultation to patients 13 and above presenting with diseases of the heart, lungs, and blood vessels and manage complex cardiac conditions such as heart attacks, and life threatening abnormal heartbeat rhythms.

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

Privileges include but are not limited to:

- Internal Medicine Core
- Cardioversion
- Insertion and management of pulmonary artery catheters
- Pericardiocentesis
- Holter monitor interpretation
- Arterial line placement
- Chest tube placement
- Infusion and management of (GP) glycoprotein iib/iiia inhibitor
- Intravenous thrombolytic therapy
- Loop Recorder Implantation
- EKG-treadmill stress test supervision and interpretation
- Tilt Table Testing
- Moderate Procedural Sedation (when criteria are met)

Note: *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.*

Cardiology Pediatric Core Privilege:

Admit, evaluate, diagnose, treat and provide comprehensive care to newborns, infants, children and adolescents presenting with congenital or acquired cardiovascular disease and disorders of the heart and blood vessels.

Access, stabilize and determine disposition of congenital heart patients with emergency conditions.

Privileges include but are not limited to:

- Pediatric Core
- Electrocardiography interpretation
- Echocardiography interpretation
- Cardioversion and transcutaneous cardiac pacing
- Cardiac monitoring interpretation
- Exercise testing supervision and interpretation
- Cardiac stress and autonomic (including tilt-table) testing
- Care of critically ill children with congenital and acquired cardiovascular disease in the special care units

Additional Core Privileges:

The physician requesting an additional core privilege 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.

Invasive Cardiology Core Privilege:

Privileges include but are not limited to:

- Cardiology Core
- Angiographic injections and interpretation
- Cardiac catheterization – Left and right heart catheterization
- Exercise right heart cath
- Coronary and ventricular angiography
- Graft angiography
- Peripheral angiography
- Intra-aortic balloon pump insertion
- Pericardiocentesis
- Temporary transvenous pacemaker insertion
- Myocardial biopsies

Invasive Pediatric/Congenital Cardiology Core Privilege

Privileges include but are not limited to:

- Pediatric Cardiology Core
- Pericardiocentesis
- Balloon atrioseptostomy
- Diagnostic heart catheterization including angiography
- Central venous line placement
- Myocardial biopsy
- Temporary pacing lead insertion and pacing
- Pulmonary angiography

Interventional Cardiology Core Privilege:

Admit, evaluate, treat and provide consultation to patients of all ages except as specifically excluded from practice with acute and chronic coronary artery disease, acute coronary syndromes and valvular heart disease including the provision of consultation, including but not limited to chronic ischemic heart disease, acute ischemic syndromes, and valvular heart disease and technical procedures and medications to treat abnormalities that impair the function of the heart. Care of patients in the cardiac care units, emergency department or other intensive care units.

Note: *The core privileges in this specialty include the procedures listed below and such other procedures that are extensions of the same techniques and skills.*

- Cardiology Core
- Invasive Cardiology Core
- Angiojet thrombectomy
- Atherectomy (Rotablator and Directional Cutting) for coronary arteries or grafts.
- Brachytherapy
- EkoSonic System (EKOS)

- Percutaneous thrombectomy
 - PTCA
 - Stent implant
 - Valvuloplasty
 - IVUS (intravascular ultrasound)
 - **Impella® Percutaneous Cardiac Support System:** Device is to be used in accordance with the following patient selection criteria:
 - Elective use in high risk PCI cases
 - Emergent use in AMI, STEMI, viral myocarditis and cardiogenic shock patient
 - Chronic heart disease class III & IV
- All cases will be retrospectively reviewed***

**Interventional Pediatric/Congenital Cardiology
Core Privilege:**

Admit, evaluate, treat, and provide consultation to patients of all ages except as specifically excluded from practice with congenital and acquired heart disease, including the care of patients in cardiac care units, emergency departments, and other intensive care units.

Note: The core privileges in this specialty include the procedures listed below and such other procedures that are extensions of the same techniques and skills including transcatheter and hybrid procedures.

- Pediatric Cardiology Core
- Invasive Pediatric/Congenital Cardiology Core Privilege
- Device closure of intracardiac defects
- Balloon valvuloplasty
- Balloon angioplasty
- Endovascular stent implantation
- Percutaneous pulmonary valve implantation
- Device closure of abnormal blood vessels
- Intracardiac echocardiography

Peripheral Interventional Core Privilege:

Includes: Silverhawk Atherectomy Catheter, Spectranetics Turbo Catheter, and Diamondback Catheter, IVC Filter placement

Clinical Cardiac Electrophysiology Core Privilege:

Admit, evaluate, treat and provide consultation to acute and chronically ill patients, with a variety of heart rhythm disorders; including but not limited to sinus node dysfunction, atrioventricular (AV) and intraventricular block, and supraventricular and ventricular tachyarrhythmias; clinical conditions of unexplained syncope, aborted sudden cardiac death, palpitations, Wolff-Parkinson-White (WPW) syndrome, and long QT syndrome, care of patients in the cardiac care unit, emergency room, intensive care or other invasive settings; before and after an electrophysiologic procedure; with temporary and permanent pacemakers; with postoperative arrhythmias and care of patients with ICDs

Note: The core privileges in this specialty include the procedures listed below

- Internal Medicine Core
 - Cardiology Core
 - Invasive Cardiology Core
 - Signal average ECG
 - Ablations, transcatheter radiofrequency (SVT, VT, AVN)
 - AICD/PCD implantation
 - Diagnostic electrophysiology studies
 - Implantation of left ventricular leads
 - ICE - Intracardiac Echocardiography
 - Intraoperative ICD testing
 - Intraoperative mapping
 - Permanent pacemaker insertion
 - Tilt table testing
 - Cryoablation
 - Impella® Percutaneous Cardiac Support System: Device is to be used in accordance with the following patient selection criteria:
 - Elective use in high risk PCI cases
 - Emergent use in viral myocarditis and cardiogenic shock patient
 - Chronic heart disease class III & IV
- All cases will be retrospectively reviewed**

**Clinical Pediatric/Congenital Cardiac
Electrophysiology Core Privilege:**

Admit, evaluate, treat, and provide consultation to pediatric patients and congenital heart disease patients with heart rhythm disorders in the cardiac care unit, emergency room, intensive care or other invasive settings, before or after an electrophysiologic procedure and care of patients with cardiovascular implantable electronic devices (CIEDs: permanent pacemakers, ICDs, ILRs, etc).

Note: the core privileges in this specialty include the procedures below:

- Pediatric Core
- Pediatric Cardiology Core
- Pediatric/Congenital Invasive Cardiology Core
- Diagnostic electrophysiology studies, intracardiac and esophageal
- Transcatheter radiofrequency and cryoablations
- Intraoperative mapping
- CIED insertion, revision, and management
- Intraoperative mapping

Adult Congenital Heart Disease Core Privilege:

Admit, evaluate, diagnose, treat, and provide comprehensive care to adolescents and adults presenting with congenital or acquired cardiovascular disease and disorders of the heart and blood vessels. Assess, stabilize, and determine disposition of congenital heart patients with emergency conditions.

Privileges include but are not limited to:

- Cardiology core or Pediatric Cardiology core
- Electrocardiography interpretation
- Echocardiography interpretation
- Cardioversion
- Care of critically ill patients with congenital and acquired heart disease in the special care units
- Cardiac monitoring interpretation
- Exercise testing supervision and interpretation

Structural Heart Core Privilege:

Admit, evaluate, diagnose, treat, and provide comprehensive care to adolescents and adults presenting with structural heart conditions. Assess, stabilize, and determine disposition of structural heart patients with emergency conditions.

Note: The core privileges in this specialty include the procedures listed below and such other procedures that are extensions of the same techniques and skills:

- Valvuloplasty (Mitral, aortic, pulmonary, and tricuspid)
- Percutaneous valve replacement - aortic, mitral, tricuspid-excluding pulmonary transcatheter valve replacement.
- Transcaval access and closure
- Caval valve implantation
- Use of ICE catheter
- ASD, PFO, PDA, AVM and VSD closures
- Pericardial interventions

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, reconstructed images, beta blocker administration, nitroglycerine administration, and contrast reaction treatment. Privileges are limited to adult hospitals.

Nuclear Cardiology: Nuclear cardiology involves evaluation and diagnosis of acutely and chronically ill patients presenting with confirmed or suspected cardiovascular disease. Criteria stated below are specific to cardiologists practicing in adult hospitals and for adult patients. Nuclear cardiology privileges are to supervise and interpret cardiac nuclear studies on patients with confirmed or suspected cardiovascular disease. Procedures include:

- SPECT with technetium agents and thallium
- Planar with technetium agents and thallium
- ECG gating of perfusion images for assessment of global and regional ventricular function (imaging protocols and stress protocols)
- Viability assessment, including reinjection and delayed imaging of thallium and metabolic imaging where available

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

Cardiology Clinical Privileges

Check below the particular privileges desired in Cardiology 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)	Adults & Adolescents (13 & Above)
Cardiology Core					
Pediatric Cardiology Core					
Invasive Cardiology Core					
Invasive Pediatric/Congenital Cardiology Core					
Interventional Cardiology Core					
Interventional Pediatric/Congenital Cardiology Core					
Adult Congenital Heart Disease Core					
Peripheral Interventional Core					
Clinical Cardiac Electrophysiology Core					
Clinical Pediatric/Congenital Cardiac Electrophysiology Core					
Structural Heart Core					
Special Privileges					
AF Ablations (CCEP Core only)					
CCTA					
Laser Lead Extraction (CCEP Core only)					
Leadless Pacemaker					
Nuclear Cardiology					
Permanent Pacemaker – as of 4/15/2020 this privilege is not available for new applicants					
Stress Echo (Dobutamine and Treadmill) *For Adult Cardiology Practitioners*					
TEE *For Adult Cardiology Practitioners*					
Trans Thoracic Echocardiogram (TTE) *For Adult Cardiology Practitioners*					
Privilege Description	Methodist Healthcare – Memphis Hospitals (MHMH)				Methodist

	Germantown, Le Bonheur Medical Center, North, South & University, Outpatient Clinics & Diagnostic Facilities				Healthcare – Olive Branch Hospital (MHOBH)			
Special Privileges (continued)	Neonates (0-28 days)	Infants (29 days– 2 Years)	Children & Adolescents (2-18 years)	Adults & Adolescents (13 & Above)	Adults & Adolescents (13 & Above)			
Cardiac MR								
Left Atrial Appendage Closure (LAAC) Device Placement (Watchman)								
Percutaneous Mitral Valve Device-based Repair								
Chemical or electrical ablation for structural heart disease (Structural Heart Core only)								
Paravalvar leak closure (Structural Heart Core only)								
Carotid filter placement prior to TAVR procedure (Structural Heart Core only)								
Percutaneous Pulmonary valve replacement (Structural Heart Core only)								
Impella Percutaneous Cardiac Support System for Right Heart support (Structural Heart Core only)								
Robotic surgery – available only to Interventional Cardiologists having privileges for ages 13 years and above								
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