LIST OF CLINICAL PRIVILEGES – INTERVENTIONAL RADIOLOGY

AUTHORITY: Title 10, U.S.C. Chapter 55, Sections 1094 and 1102.
PRINCIPAL PURPOSE: To define the scope and limits of practice for individual providers. Privileges are based on evaluation of the individual's credentials and performance.
ROUTINE USE: Information on this form may be released to government boards or agencies, or to professional societies or organizations, if needed to license or monitor professional standards of health care providers. It may also be released to civilian medical institutions or organizations where the provider is applying for staff privileges during or after separating from the Air Force.
DISCLOSURE IS VOLUNTARY: However, failure to provide information may result in the limitation or termination of clinical privileges

INSTRUCTIONS

APPLICANT: In Part I, enter Code 1, 2, or 4 in each REQUESTED block for every privilege listed. This is to reflect your current capability. Sign and date the form and forward to your Clinical Supervisor
CLINICAL SUPERVISOR: In Part I, using the facility master privileges list, enter Code 1, 2, or 4 in in each VERIFIED block in answer to each requested privilege. In Part II, check appropriate block either to recommend approval, to recommend approval with modification, or to recommend disapproval. Sign and date the form and forward the form to the Credentials Office.
CODES: 1. Fully competent within defined scope of practice.
2. Supervision required. (Unlicensed/uncertified or lacks current relevant clinical experience.
3. Not approved due to lack of facility support. (*Reference facility master Strawman. Use of this code is reserved for the Credentials Function.***)**
4. Not requested/not approved due to lack of expertise or proficiency, or due to physical disability or limitation.
CHANGES: Any change to a verified/approved privileges list must be made in accordance with Service specific credentialing and privileging policy

NAME OF APPLICANT	NAME OF MEDICAL FACILITY

I Scope		**Requested**	**Verified**
P389257	The scope of privileges in Interventional and Vascular Radiology includes evaluation, diagnosis and treatment of diseases that involve abnormalities of all organ systems utilizing various radiologic imaging technologies, including fluoroscopy, digital radiography, CT, sonography, and MRI. Therapies include, but are not limited to, angioplasty, stent placement, thrombolysis, embolization, and placement of drains.		
Diagnosis and Management (D&M)		**Requested**	**Verified**
	N/A		
Procedures		**Requested**	**Verified**
P388406	Moderate sedation		
	Neuroradiological procedures:	**Requested**	**Verified**
P389259	Diagnostic cerebral and spinal angiography		
P389261	Intracranial balloon angioplasty and stenting		
P389263	Intracranial balloon test occlusion		
P389265	Intracranial thrombolysis		
P389267	Intracranial and spinal arterial and venous embolization and chemoembolization		
P389269	Head and neck arterial and venous embolization and chemoembolization		
P389271	Advanced spinal interventions such as kyphoplasty, vertebroplasty		
P389273	Intervertebral discography		
P389275	Advanced neurologic pain management procedures such as nerve root block and ablation, facet joint block, epidural steroid injection		
	Angiographic procedures:	**Requested**	**Verified**
P389277	Performance and interpretation of angiography of the thoracic and abdominal aorta, extracranial carotid, vertebral, iliofemoral, and peripheral arteries		
P389279	Performance and interpretation of visceral and renal angiography		
P389281	Transluminal angioplasty, stenting, coiling and embolization of non-neurologic arterial, venous and nonvascular structures		
P389283	Performance and interpretation of contrast venography of major vessels		
P389285	Vena cava filter placement		
P389287	Venous access procedures including tunneled catheters and venous access ports		
P389289	Venous access procedures to include non-tunnelled peripherally inserted central catheters and central venous catheters		
P389291	Embolization for malignancy, including chemoembolization and radioembolization procedures		
P389293	Transjugular intrahepatic portosystemic shunt (TIPS)		

LIST OF CLINICAL PRIVILEGES – INTERVENTIONAL RADIOLOGY (CONTINUED)

Procedures (Con't)		Requested	Verified
	Other interventional procedures:	**Requested**	**Verified**
P389295	Percutaneous biliary procedures including drainage, cholangiography and biliary stent placement		
P389297	Percutaneous nephrostomy and subsequent drainage		
P389299	Percutaneous placement of enteric tubes		
P389301	Foreign body retrieval		
P389303	Extracranial intravascular, intralesional and intracavitary thrombolysis		
P389305	Intralesional and intravascular ablation procedures including radiofrequency, thermal, ethanol and laser		
Other (Facility- or provider-specific privileges only):		**Requested**	**Verified**

LIST OF CLINICAL PRIVILEGES – INTERVENTIONAL RADIOLOGY (CONTINUED)

II **CLINICAL SUPERVISOR'S RECOMMENDATION**

☐ **RECOMMEND APPROVAL**

☐ **RECOMMEND APPROVAL WITH MODIFICATION (Specify below)**

☐ **RECOMMEND DISAPPROVAL (Specify below)**

STATEMENT:

CLINICAL SUPERVISOR SIGNATURE	CLINICAL SUPERVISOR PRINTED NAME OR STAMP	DATE