

LIST OF CLINICAL PRIVILEGES – INTERVENTIONAL CARDIOLOGY

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 military service.

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, 3, or 4 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 local facility privilege list. Use of this code is reserved for the Credentials Committee/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:

ADDRESS:

PHYSICIANS REQUESTING PRIVILEGES IN THIS SUBSPECIALTY MUST ALSO REQUEST INTERNAL MEDICINE PRIVILEGES

PHYSICIANS REQUESTING PRIVILEGES IN THIS SUBSPECIALTY MUST ALSO REQUEST CARDIOLOGY PRIVILEGES

I Scope		Requested	Verified
P388138	The scope of privileges in interventional cardiology includes the scope of privileges for cardiology. Interventional cardiology involves the use of nonsurgical diagnostic and therapeutic catheter procedures that are performed in patients with symptoms of coronary artery disease, valvular heart disease, peripheral vascular disease, and other cardiovascular ailments.		
Procedures		Requested	Verified
P388168	Atherectomy		
P388170	Coronary stent placement		
P391875	Percutaneous transluminal coronary angioplasty		
P388174	Intracoronary flow wire		
P388180	Intravascular / intracardiac ultrasound		
P391877	Trans-septal catheterization		
P388182	Septal defect closure device		
P388176	Percutaneous valvuloplasty		
P391880	Peripheral arterial angiography		
P391882	Peripheral arterial transluminal angioplasty		
P391884	Peripheral arterial stent placement		
P388158	Endomyocardial biopsy		
P391886	Transcatheter aortic valve replacement		
P391888	Inferior vena cava (IVC) filter, replacement and retrieval		
P420241	Percutaneous left ventricular assist device		
P420242	Percutaneous thrombectomy percutaneous coil embolization		
P421190	Distal embolic protection device		

LIST OF CLINICAL PRIVILEGES – INTERVENTIONAL CARDIOLOGY (CONTINUED)			
Other (Facility- or provider-specific privileges only):		Requested	Verified
SIGNATURE OF APPLICANT		DATE	
II CLINICAL SUPERVISOR'S RECOMMENDATION			
<div> <input type="checkbox"/> RECOMMEND APPROVAL <input type="checkbox"/> RECOMMEND APPROVAL WITH MODIFICATION (Specify below) <input type="checkbox"/> RECOMMEND DISAPPROVAL (Specify below) </div> <p>STATEMENT:</p>			
CLINICAL SUPERVISOR SIGNATURE		CLINICAL SUPERVISOR PRINTED NAME OR STAMP	DATE