

LIST OF CLINICAL PRIVILEGES – DIAGNOSTIC 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 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, 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:

| I Scope | | Requested | Verified |
|---|---|------------------|-----------------|
| P384882 | The scope of privileges in Diagnostic Radiology include the diagnosis and treatment of diseases in patients of all ages through the performance and interpretation of a broad range of diagnostic imaging examinations. Diagnostic imaging modalities include, but not limited to, radiography, bone densitometry, computed tomography, diagnostic nuclear radiology, magnetic resonance imaging, positron emission tomography, | | |
| Diagnosis and Management (D&M) | | Requested | Verified |
| P384884 | Interpretation of Computed Tomographic Coronary Angiography | | |
| P384886 | Interpretation of Cardiac MRI | | |
| P384888 | Scoring coronary calcium | | |
| Provider must meet applicable regulatory agency requirements for the following privileges: | | Requested | Verified |
| P384890 | Radioimmunoassay using Chromium-51, Iodine-125 and Cobalt radionuclides | | |
| P384892 | Nuclear Medicine procedures using the radioisotopes Technetium-99m, Iodine-131, Iodine-123, Gallium-67, Thallium-201, Indium-111, Fluorine-18 FDG, Xenon-133, and Xenon-127 | | |
| P384894 | Interpretation of mammograms | | |
| Procedures | | Requested | Verified |
| P384896 | Fluoroscopic procedures of the gastrointestinal tract, e.g., barium swallow, enteroclysis, upper gastrointestinal series, small bowel follow through, air contrast and solid column Barium enemas | | |
| P384898 | Radiologic procedures of the genitourinary tract, e.g., intravenous pyelograms, voiding cystourethrogram, hysterosalpingogram, and nephrostogram | | |
| P384900 | Radiologic procedures of the musculoskeletal system, e.g., arthrography, intra-articular aspirations and infusions | | |
| P384902 | Myelogram of the cervical, thoracic and lumbar spine via a lumbar puncture using fluoroscopic guidance | | |
| P384904 | Guided biopsies using fluoroscopy, computerized tomography or ultrasound of solid masses, organs, or bones | | |
| P384906 | Imaging-guided puncture and drainage of fluid collections and abscesses to include cystostomy and cholecystostomy | | |
| P384908 | Breast procedures including ductography, mammographic-guided wire localizations; ultrasound-guided aspiration, biopsy or localization; and stereotactic-guided localizations and biopsies | | |
| P384910 | MRI guided breast biopsies | | |
| P389289 | Venous access procedures to include non-tunnelled peripherally inserted central catheters and central venous catheters | | |
| P421192 | Ultrasound guided procedures, e.g. abdominal, small parts, vascular, pelvis, and musculoskeletal | | |

| LIST OF CLINICAL PRIVILEGES – DIAGNOSTIC RADIOLOGY (CONTINUED) | | | |
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| Other (Facility- or provider-specific privileges only): | | Requested | Verified |
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| | | | |
| 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 |