

LIST OF CLINICAL PRIVILEGES – 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 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

Physicians requesting privileges in this subspecialty must also request Internal Medicine privileges.

I Scope		Requested	Verified
P391701	The scope of privileges in cardiology includes the evaluation, diagnosis, treatment, and provision of consultation to patients of all ages presenting with diseases of the heart, lungs, and blood vessels. Cardiologists also manage complex cardiac conditions. Practitioners may provide care to patients in the intensive care setting in accordance with MTF policies. Privileges also include the ability to assess, stabilize, and determine the disposition of patients with emergent conditions in accordance with medical staff policy.		
Diagnosis and Management (D&M)		Requested	Verified
P388142	Cardiac computerized tomography (CT) scan performance and interpretation		
P388144	Cardiac magnetic resonance imaging (MRI) interpretation		
P391896	Perform and interpret exercise stress test		
P391898	Perform and interpret exercise and pharmacologic stress echocardiogram		
P391900	Perform and interpret exercise and pharmacologic nuclear stress test		
P391904	Holter/event monitor interpretation		
P391908	Transthoracic echocardiogram		
Procedures		Requested	Verified
P388146	Right heart catheterization		
P388148	Left heart catheterization		
P388150	Coronary angiography		
P388152	Pulmonary angiography		
P388154	Intra-aortic balloon pump placement/removal		
P388158	Endomyocardial biopsy		
P388160	Tilt table testing		
P388162	Implant permanent transvenous pacemaker		
P388184	Implant implantable cardioverter/defibrillator		
P391912	Implant temporary transvenous pacemaker		
P388164	Transesophageal echocardiography		
P391914	Electrical cardioversion		
P385158	Pericardiocentesis		
P388406	Moderate sedation		
P420239	Peripheral angiogram		
P420240	Aortography		

LIST OF CLINICAL PRIVILEGES – CARDIOLOGY (CONTINUED)

Procedure Advanced Privileges (Requires Additional Training):		Requested	Verified
P420240	Implantable loop recorder implant/explant		
Other (Facility- or provider-specific privileges only):		Requested	Verified
SIGNATURE OF APPLICANT		DATE	
II CLINICAL SUPERVISOR'S RECOMMENDATION			
<input type="checkbox"/> RECOMMEND APPROVAL <input type="checkbox"/> RECOMMEND APPROVAL WITH MODIFICATION <input type="checkbox"/> RECOMMEND DISAPPROVAL (Specify below)			
STATEMENT:			
CLINICAL SUPERVISOR SIGNATURE		CLINICAL SUPERVISOR PRINTED NAME OR STAMP	DATE