

## 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 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.  
Physicians requesting privileges in this subspecialty must also request Cardiology privileges.

I Scope		Requested	Verified
<b>P388138</b>	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.		
<b>Diagnosis and Management (D&amp;M)</b>		<b>Requested</b>	<b>Verified</b>
N/A			
<b>Procedures</b>		<b>Requested</b>	<b>Verified</b>
<b>P388168</b>	Atherectomy		
<b>P388170</b>	Coronary stent placement		
<b>P391875</b>	Percutaneous transluminal coronary angioplasty		
<b>P388174</b>	Intracoronary flow wire		
<b>P388180</b>	Intravascular / intracardiac ultrasound		
<b>P391877</b>	Trans-septal catheterization		
<b>P388182</b>	Septal defect closure device		
<b>P388176</b>	Percutaneous valvuloplasty		
<b>P391880</b>	Peripheral arterial angiography		
<b>P391882</b>	Peripheral arterial transluminal angioplasty		
<b>P391884</b>	Peripheral arterial stent placement		
<b>P388158</b>	Endomyocardial biopsy		
<b>P391886</b>	Transcutaneous aortic valve replacement		
<b>P391888</b>	Inferior vena cava (IVC) filter, replacement and retrieval		
<b>P420241</b>	Percutaneous left ventricular assist device distal embolic protection device		
<b>P420242</b>	Percutaneous thrombectomy percutaneous coil embolization		
<b>Other (Facility- or provider-specific privileges only)</b>		<b>Requested</b>	<b>Verified</b>
<b>SIGNATURE OF APPLICANT</b>		<b>DATE</b>	

**LIST OF CLINICAL PRIVILEGES – INTERVENTIONAL CARDIOLOGY (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**