

Privileges for: Radiology

Request

ST. ELIZABETH - EDGEWOOD
 ST. ELIZABETH - FLORENCE
 ST. ELIZABETH - FT. THOMAS
 ST. ELIZABETH - GRANT CO. (Surgical & other invasive procedures requiring general anesthetic are not offered)

MEC Approval: August 27, 2009; Rev. October 25, 2012, February 27, 2014
 BOARD Approval: September 14, 2009; Rev. November 5, 2012, May 5, 2014

DEPARTMENT APPROVAL

_____ Approved _____ Disapproved

 Department/Section Chair Signature Date

MINIMUM REQUIREMENTS

Degree required: MD or DO

Successful completion of ACGME or AOA approved residency training program in radiology or its equivalent

Note: For Practitioners (excluding AHPs) who apply for membership after March 2, 2009 be and remain (with a lapse of no longer than one year) board certified in their principal practice specialty, or become and remain (with a lapse of no longer than one year) board certified within six years of completion of their post-graduate medical training. Only those boards recognized by the American Board of Medical Specialties or the American Osteopathic Association are acceptable. This board certification requirement does not apply to applicants who on March 2, 2009 were members in good standing on the medical staff of the St. Luke Hospitals or St. Elizabeth Medical Center.

PRIVILEGES REQUESTED

Pursuant to Bylaws Section 6.1.4, practitioners may exercise the privileges requested and awarded below only at facilities where St. Elizabeth Healthcare offers those services.

I. Core Privileges: Core privileges in radiology include the care, treatment or services listed immediately below. I specifically acknowledge that board certification alone does not necessarily qualify me to perform all core privileges or assure competence in all clinical areas. By signing this request, I believe that my specific training, experience and current competence qualifies me to perform each privilege that I have requested by checking in the spaces below. Please line through and initial any specific privileges within a checked privilege group that you are not requesting.

DESCRIPTION OF CORE PRIVILEGES

Diagnostic Radiology: Admit patients, perform histories and physicals and interpret all imaging procedures including: plain film, diagnostic ultrasound, diagnostic nuclear medicine, mammography, computer tomography, CT angiography (peripheral, cerebral, coronary); fluoroscopy of all radiologic procedures, IV access and MRI. Privileges include authority to modify an order from another practitioner for any of the foregoing radiological procedures or order additional such procedures for a patient who has been referred to the radiologist for one of the foregoing procedures, with advance notification of such modification or additional procedures to the referring practitioner where reasonably practical.

Moderate Sedation (requires proof of (a) board certification in Anesthesiology, Cardiology, Intensive Care, Pulmonology or Emergency Medicine or (b) current ACLS Certification or (c) satisfactory completion of the ASA Moderate Sedation course). - 99144, 99149

 Anesthesia Section Chair

 Date

Telemedicine Privileges: Diagnostic radiology including the preliminary reading and interpretation of any diagnostic imaging study that can be sent over a telemedicine link, such as CT scans, ultrasound, plain films, MRIs, X-rays and nuclear medicine.

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II. Additional Privileges: In addition to the core privileges requested above, I am requesting the additional privileges below. In addition to meeting the minimum requirements for core privileges, applicants must provide documentation (fellowship completion, training course certification, letter from program director or department chair at primary hospital, etc.) demonstrating appropriate education, training, ability and current competence. Credentialing bodies or persons may request additional documentation or information. By signing this request, I believe that my specific training, experience and current competence qualifies me to perform each privilege that I have requested by checking in the spaces below.

DESCRIPTION OF ADDITIONAL PRIVILEGES

Diagnostic Angiography

Diagnostic Angiography; Peripheral - 88.42-88.49; 88.55-88.57 / 75710, 75716

(ADDITIONAL REQUIREMENT: 100 procedures, 50 as primary operator)

Diagnostic Angiography; Carotid - 8842-88.49; 88.55-88.57 / 36221-36226, 75710, 75716

(ADDITIONAL REQUIREMENT: 50 procedures, 25 as primary operator)

Endovascular Interventions

Endovascular Interventions; Peripheral - 00.40-00.48, 00.61, 39.50, 39.90, 88.41 / 35475, 36245-36248, 75962, 75964

(ADDITIONAL REQUIREMENT: 50 procedures, 25 as primary operator)

Endovascular Interventions; Carotid - 00.40-00.48, 00.61, 39.50, 39.90, 88.41 / 35475, 36245-36248, 75962, 75964

(ADDITIONAL REQUIREMENT: 50 procedures, 10 involving carotid artery, plus industry certification)

Endovascular Interventions; Thrombolysis - 99.10 / 37195

(ADDITIONAL REQUIREMENT: 10 Cases)

Endovascular Interventions; IVC filter (Placement) - 38.7 / 37191

Endovascular Interventions; IVC filter (Retrieval)

Endovascular Interventions; TIPS - 39.1 / 37182

Endovascular Interventions; Embolization - 39.79 / 37204

Endovascular Interventions; Vein ablation - 39.99 / 36475, 36478, 36479

Endovascular Interventions; Endovascular stent graft aneurysm repair (EVAR, TEVAR) - 39.71, 39.73, 39.78, 39.79
34000-34834

(ADDITIONAL REQUIREMENT: Five endovascular stent graft procedures via

- a. Prior practice at the Hospital**
- b. Under supervision of a privileged endovascular stent graft surgeon**
- c. An approved training program**
- d. Practice at another acute care hospital)**

MSK Procedures

Lumbar Puncture - 03.31 / 62270

Myelography - 87.21 / 31055, 62284, 72240, 72255, 72265, 72270

Joint aspiration and injection - 81.92, 82.94, 82.95, 83.96 / 20600-20610

ESI - 03.8, 03.91, 03.92 / 62281-62282, 62310-62319, 64479-64484

Vertebroplasty - 78.49, 81.65 / 22521, 22522, 22520

- 1. Completion of a hands-on training course**
 - 2. Successful performance of at least 5 vertebroplasty or kyphoplasty procedures as the primary operator under the supervision of a qualified physician *proctor without complications**
 - 3. Radiation/fluoroscopy education if not included in residency or fellowship training**
 - 4. Performance of a sufficient number of procedures to maintain their skills, with acceptable success and complication rates.**
- *A board certified or eligible physician (M.D. or D.O.) who is qualified and credentialed in the procedure being performed.**

Kyphoplasty - 81.66 / 22523-22525

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2. Successful performance of at least 5 vertebroplasty or kyphoplasty procedures as the primary operator under the supervision of a qualified physician *proctor without complications
3. Radiation/fluoroscopy education if not included in residency or fellowship training
4. Performance of a sufficient number of procedures to maintain their skills, with acceptable success and complication rates.

*A board certified or eligible physician (M.D. or D.O.) who is qualified and credentialed in the procedure being performed.

Sacroplasty - 81.66 / 0200T - 0201T

Nerve ablation/block - 04.2, 04.81 / 64450, 64640

Therapeutic facet joint intervention - 04.81, 81.92, 81.98 / 64490, 64495

Vascular Access

PICC - 38.95 / 36560-36561

Acute central line, non-tunneled HD catheter - 38.95 / 36555-36556

Tunneled HD catheter - 38.95 / 36557-36558

Port - 38.95 / 36560-36561

Biopsy and Drainage

Routine imaging guided biopsy and drainage

Thoracentesis - 34.91 / 32421-32422

Paracentesis - 54.91 / 49082-49083

Chest tube insertion - 34.04 / 32422

Hepatobiliary - 92.02 / 78226

Genitourinary - 50000-59999

Breast biopsy (MQSA qualifications) (Stereo) - 85.11, 88.39 / 19102,77031

Breast biopsy (MQSA qualifications) (US) - 85.11, 88.73 / 19102, 19103, 76645, 76942

Breast biopsy (MQSA qualifications) (MRI) - 85.11, 88.97 / 19102,77021

Oncologic Intervention

Tumor Ablation (RF) - 32.24-32.26 / 32998

Tumor Ablation (Cryo) - 38.86 / 19105

Chemoembolization - 38.80, 38.84, 38.86 / 37204

Y90 Microspheres

(ADDITIONAL REQUIREMENTS:)

1. Interventional radiologist who is board certified by the American Board of Radiology
 - a. Meets NRC/state licensure requirements (80 hours of training and designated an authorized user)
 - b. Meets manufacturer requirements
2. Privileges to perform chemoembolization at St. Elizabeth Healthcare

PROCTORING

Proctoring is required for a minimum of three in-vivo cases

Radioiodine treatment of hyperthyroidism - 99.29 / 79999

Laser

980nm Diode (ADDITIONAL REQUIREMENT: Proof of Competency)

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I agree that the use of my electronic signature below indicates my intent to sign this document as if it were my original handwritten signature.

Applicants Signature: _____ Date: _____