



The  
NeuroMedical  
Center<sup>®</sup>  
Surgical Hospital

10105 Park Rowe Circle  
Baton Rouge, LA 70810  
Phone: (225) 763-9900  
Fax: (225) 906-4818

**PRIVILEGES IN CARDIOVASCULAR MEDICINE (CARDIOLOGY)**  
The Neurosurgical Medical Center Surgical Hospital

Name: \_\_\_\_\_

***Cardiovascular Medicine Core Privileges***

**Qualifications**

To be eligible to apply for core privileges in cardiovascular medicine, the applicant must meet the following qualifications for both clinical proficiency and formal certification:

Clinical Proficiency:

Documentation sufficient to assure clinical proficiency,

or

Successful completion of a hospital-affiliated formalized residency or clinical fellowship in the past two years;

Formal Certification:

Board certification in Cardiovascular Medicine by the American Board of Internal Medicine;

or

Completion of a fellowship training program in cardiovascular medicine approved by the American Board of Internal Medicine and active participation in the examination process leading to board certification in cardiovascular medicine by one of these boards.

**Privileges included in the core**

Privileges to admit, evaluate, diagnose, and provide treatment or consultative services to patients—except where specifically excluded from practice and except for those special procedures listed below—presenting with cardiovascular disease. Privileges include advanced cardiac life support (ACLS), cardioversion, insertion and management of central venous and pulmonary artery catheters, use of thrombolytic agents, pericardiocentesis, echocardiography interpretation including transesophageal and stress echocardiography, Holter scanning, treadmill testing, including radionuclide studies, temporary transvenous pacemaker placement, intra-aortic balloon pump placement, and electrical cardioversion, cardiac catheterization and angiography privileges. This category includes the following procedures: Right heart catheterization, left heart catheterization, angiographic injections including the right atrium, right ventricle, left atrium, left ventricle, aorta, pulmonary artery, coronary arteries, and bypass grafts.

Name: \_\_\_\_\_

**Special procedures privileges**

To be eligible to apply for a special procedure privilege listed below, the applicant must demonstrate successful completion of an approved and recognized course or acceptable supervised training in residency, fellowship, or other acceptable experience; and provide documentation of competence in performing that procedure consistent with the criteria set forth in the Medical Staff policies governing the exercise of specific privileges.

Procedure	Requested	Recommended	Not Recommended	Notes
Peripheral Angioplasty				
Moderate sedation				
Insertion Of An Intra-Aortic Balloon				

*If you want to perform procedures not otherwise included above, please list those procedures here.*

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Recommended/Not recommended with the following modification(s) and reason(s):

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**Acknowledgement of practitioner**

I have requested only those privileges for which by education, training, current experience, and demonstrated performance I am qualified to perform, and that I wish to exercise at The Neurosurgical Medical Center Surgical Hospital, and

I understand that:

- (a) In exercising any clinical privileges granted, I am governed by Hospital and Medical Staff policies and rules applicable generally and any applicable to the particular situation.
- (b) Any restriction on the clinical privileges granted to me is waived in an emergency situation and in such a situation my actions are governed by the applicable section of the Medical Staff Bylaws or related documents.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**Department Chief of Services' recommendations**

I have reviewed the requested clinical privileges and supportive documentation for the above named applicant and recommend proceeding as noted above.

Comments: \_\_\_\_\_

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Signed: \_\_\_\_\_ Date: \_\_\_\_\_



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*The Region's Most Comprehensive Care in the Neurosciences*

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In accordance with 42 CFR 412.46 (Physician Acknowledgement) hospitals paid under the Medicare Prospective Payment System (PPS) are required to obtain one signed acknowledgement statement from physicians who are being granted admitting privileges at a particular hospital. The physician must complete the acknowledgement at the time that he/she is granted admitting privileges at the hospital or before, or at the time the physician admits his/her first patient to the hospital.

When the hospital submits a claim, it must have on file a signed and dated acknowledgement from the attending physician that the physician has received the following notice as specified in 42 CFR 412.46(b):

**Notice to Physicians:** Medicare payment to hospitals is based in part on each patient's principal and secondary diagnoses and the major procedures performed on the patient, as attested to by the patient's attending physician by virtue of his or her signature in the medical record. Anyone who misrepresents, falsifies, or conceals essential information required for payment of Federal funds, may be subject to fine, imprisonment, or civil penalty under applicable Federal laws.

Existing acknowledgements signed by physicians already on staff remain in effect as long as the physician has admitting privileges at the hospital. Hospitals must meet the conditions specified in 42 CFR 412, Subpart C to receive payment under the PPS for inpatient services furnished to Medicare beneficiaries. If a hospital fails to fully comply with these conditions with respect to one or more Medicare beneficiaries, the Centers for Medicare/Medicaid Services (CMS) may, as appropriate:

Withhold Medicare payment in full or in part to the hospital until the hospital provides adequate assurances of compliance; or

Terminate the hospital's provider agreement.

I, the undersigned, acknowledge that I have received and read the notice to Physicians by NMC Operating Company LLC, (dba The NeuroMedical Center Surgical Hospital).

Date: \_\_\_\_\_

\_\_\_\_\_  
Print Physicians Name

Physicians Medical License # \_\_\_\_\_

\_\_\_\_\_  
Physicians Signature