

Heart Hospital of New Mexico  
Medicine Department  
**Radiology**

Core Privilege Request Form

Having reviewed the requirements for each set of privileges in the following pages, I would request the following privileges:

*Place a check mark in the appropriate box for each set of privileges. Cross out any procedures not currently performed in your clinical practice.*

Privilege	Procedures	Requested	Not Requested
<b>CORE I PRIVILEGES – General Radiology</b>			
	<ul style="list-style-type: none"> <li>▪ General diagnostic radiology to include flouroscopy</li> <li>▪ Diagnostic Ultrasound</li> <li>▪ Computed Tomography (CT)</li> <li>▪ MR Imaging</li> <li>▪ Nuclear Medicine</li> </ul>		
<b>CORE II PRIVILEGES – Interventional Radiology</b>			
	<ul style="list-style-type: none"> <li>▪ Diagnostic Angiography</li> <li>▪ PEG</li> <li>▪ TIPS</li> <li>▪ Biopsy</li> <li>▪ Therapeutic Angiography with Embolization (Coil or Chemo)</li> <li>▪ Biliary Drainage Procedures</li> <li>▪ Urinary Drainage Proccdures</li> <li>▪ Drainage Tube Placement (Abscess, Thorax, Abdomen)</li> <li>▪ Central Line Placement</li> </ul>		
<b>CORE III PRIVILEGES – Vascular Intervention</b>			
	<p>Procedures limited to renal, celiac, SMA, spinal, cerebral, aortailliac, upper and lower extremity locations.</p> <ul style="list-style-type: none"> <li>▪ PTA (Percutaneous transluminal angioplasty)</li> <li>▪ Athrectomy</li> <li>▪ Stent Placement</li> <li>▪ IVC Filter Placement</li> </ul>		

NON-CORE PRIVILEGES			
	▪ Aortic Stent/Graft Placement		
	▪ Carotid Stent Placement		
	▪ Laser Angioplasty		
	▪ Kyphoplasty/Vertebroplasty		
MODERATE SEDATION <i>(Complete separate form)</i>			
RESTRAINT PRIVILEGES			

**I attest by signature that I have met the minimum criteria of procedures/diagnoses management within my clinical practice for the procedures requested above, and I agree to provide documentation of said procedures/diagnoses management if requested.**

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

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

**The Department Chairperson accepts this applicant's attestation that he/she meets the minimum criteria for privileges requested.**

\_\_\_ Yes \_\_\_ No

\_\_\_\_\_  
Department Chair Signature

\_\_\_\_\_  
Date

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Delineation of Privileges

**Core I – General Radiology**

- A) **ELIGIBILITY CRITERIA:** To be able to request these clinical privileges, the applicant must meet the criteria below:

Medical Education:

- M.D. or D.O. degree

**AND**

Board Certification:

- Current certification in radiology by the American Board of Radiology or the American Osteopathic Board of Radiology

**AND**

Fellowship Training:

- Completion of ACGME accredited residency-training program in radiology or diagnostic radiology.

**OR**

Previous Experience:

- Documented performance of at least five (5) years experience in general radiology.

- B) **RECREREDENTIALING CRITERIA:**

- 1) Active practice six (6) months of last two (2) years.
- 2) Physicians must perform 100 cases satisfactory quality over the previous two (2) year period at any accredited hospital. Failure to meet the recredentialing criteria will require appeal to the Medical Executive Committee.

- C) **PRIVILEGES:**

- Diagnostic Radiology including fluoroscopy
- Diagnostic Ultrasound
- CT Imaging
- MR Imaging
- Nuclear Medicine

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Delineation of Privileges

**Core II – Interventional Radiology**

**A) ELIGIBILITY CRITERIA:**

Core Privileges:

- Core I Privileges in Radiology

**AND**

Fellowship Training:

- Fellowship training in Interventional Radiology

**OR**

Postgraduate Training:

- American College of Radiology CAQ Certification

**OR**

Experience:

- Five (5) years Interventional Radiology experience with documentation of over 250 procedures.

**B) RECREDENTIALING:**

- 1) Active interventional practice six (6) months of last two years.
- 2) Physicians must perform 100 interventional radiology procedures of satisfactory quality over the previous two (2) year period at any accredited hospital. Failure to meet the recredentialing criteria will require appeal to the Medical Executive Committee.

**C) PRIVILEGES:**

- Diagnostic Angiography
- Biliary Drainage Procedures
- PEG
- Urinary Drainage Procedures
- TIPS
- Drainage Tube Placement (Abscess, Thorax, Abdomen)
- Biopsy
- Central Line Placement
- Therapeutic Angiography with Embolization (Coil or Chemo)

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Delineation of Privileges

**Core III – Vascular Intervention**

**A) ELIGIBILITY CRITERIA:**

Core Privileges:

- Core I, and Core II privileges in Radiology.

**AND**

Fellowship Training:

- Fellowship training certification in Vascular and Interventional Radiology, with at least 100 supervised peripheral angiographic procedures and 50 peripheral interventional procedures.

**OR**

Postgraduate Training:

- Completion of a postgraduate course in Peripheral Vascular Intervention with at least 50 CME credits and proctored experience in 20 diagnostic and 10 interventional peripheral procedures.

**OR**

- American College of Radiology CAQ Certification

**OR**

Experience:

- Documented continuous five (5) years experience in peripheral intervention with documentation of over 100 procedures (without formal training).

**B) RECREDENTIALING CRITERIA:**

Physicians must perform over 50 peripheral interventional procedures of satisfactory quality over the previous two (2) year period at any American College Radiology accredited outpatient hospital. Failure to meet the recredentialing criteria will require appeal to the Medical Executive Committee.

**C) PRIVILEGES:**

Procedures limited to renal, celiac, SMA, spinal, cerebral, aortailliac, upper and lower extremity locations.

- PTA (Percutaneous transluminal angioplasty)
- Atherectomy
- Stent Placement
- IVC Filter Placement

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Delineation of Privileges

Non-Core – Aortic Stent/Graft Placement

**A) ELIGIBILITY CRITERIA:**

Core Privileges:

- Core III privileges in Radiology

**AND**

Fellowship Training:

- Documentation of fellowship training certification including at least ten (10) Stent Graft procedures.

**OR**

Postgraduate Training:

- Completion of a post-graduate course with documentation of didactic training in patient selection, procedural technique and complications.

**AND**

Experience:

- Privileges at accredited hospital in community.
- On or off site proctoring of five (5) cases.
- Invasive Services Committee review of first five (5) Heart Hospital of New Mexico procedures.

**B) RECREDENTIALING CRITERIA:**

Physicians must perform at least ten (10) procedures of satisfactory quality over the previous two (2) year period at any accredited hospital. Failure to meet the recredentialing criteria will require appeal to the Medical Executive Committee.

**C) PRIVILEGES:**

- Aortic Stent/Graft Placement

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Delination of Privileges

Non-Core – Carotid Stent Placement

**A) ELIGIBILITY CRITERIA:**

Core Privileges:

- Core III privileges in Radiology

**AND**

Fellowship Training:

- Documentation of fellowship training experience including at least 20 Carotid Stent procedures.

**OR**

Postgraduate Training:

- Completion of a post-graduate course with documentation of didactic training in patient selection, procedural technique and complications.

**AND**

Experience:

- On or off site proctoring of five (5) cases.
- Invasive Services Committee review of first five (5) Heart Hospital of New Mexico procedures.

**B) RECREDENTIALING CRITERIA:**

Physicians must perform at least twenty (20) procedures of satisfactory quality over the previous two (2) year period at any accredited hospital. Failure to meet the recredentialing criteria will require appeal to the Medical Executive Committee.

**C) PRIVILEGES:**

- Carotid Stent Placement

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Delineation of Privileges

Non-Core – Laser Angioplasty

**A) ELIGIBILITY CRITERIA:**

Core Privileges:

- Core III privileges in Radiology
- AND**

Fellowship Training:

- Documentation of fellowship training certification including at least 20 laser angioplasty procedures.
- OR**

Postgraduate Training:

- Completion of a post-graduate course with documentation of didactic training in patient selection, procedural technique and complications including education in laser physics, laser safety, and interventional techniques.
- AND**

Experience:

- On or off site proctoring of five (5) cases.
- Invasive Services Committee review of first five (5) Heart Hospital of New Mexico procedures.

**B) RECREDENTIALING CRITERIA:**

Physicians must perform at least ten (10) procedures of satisfactory quality over the previous two (2) year period at any accredited hospital. Failure to meet the recredentialing criteria will require appeal to the Medical Executive Committee.

**C) PRIVILEGES:**

- Laser Angioplasty (coronary or peripheral)

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Delineation of Privileges

Non-Core – Kyphoplasty/Vertebroplasty

**A) ELIGIBILITY CRITERIA:**

Core Privileges:

- Core III privileges in Radiology

**AND**

Fellowship Training:

- Documentation of fellowship training experience including at least 10 Kyphoplasty or vertebroplasty procedures.

**OR**

Postgraduate Training:

- Completion of a post-graduate course with documentation of didactic training in patient selection, procedural technique and complications.

**AND**

Experience:

- On or off site proctoring of five (5) cases.
- Invasive Services Committee review of first five (5) Heart Hospital of New Mexico procedures.

**B) RECREDENTIALING CRITERIA:**

Physicians must perform at least twenty (20) procedures of satisfactory quality over the previous two (2) year period at any accredited hospital or ACR accredited outpatient facility. Failure to meet the recredentialing criteria will require appeal to the Medical Executive Committee.

**C) PRIVILEGES:**

- Kyphoplasty
- Vertebroplasty