

## UNMH Radiology Clinical Privileges

Name: \_\_\_\_\_ Effective Dates: From \_\_\_\_\_ To \_\_\_\_\_

*All new applicants must meet the following requirements as approved by the UNMH Board of Trustees, effective April 28, 2017:*

- Initial Privileges (initial appointment)
- Renewal of Privileges (reappointment)
- Expansion of Privileges (modification)

### INSTRUCTIONS:

**Applicant:** Check off the “requested” box for each privilege requested. Applicants have the burden of producing information deemed adequate by the Hospital for a proper evaluation of current competence, current clinical activity, and other qualifications and for resolving any doubts related to qualifications for requested privileges.

**Department Chair:** Check the appropriate box for recommendation on the last page of this form. If recommended with conditions or not recommended, provide condition or explanation.

### OTHER REQUIREMENTS:

1. Note that privileges granted may only be exercised at UNM Hospitals and clinics that have the appropriate equipment, license, beds, staff, and other support required to provide the services defined in this document. Site-specific services may be defined in hospital or department policy.
2. This document defines qualifications to exercise clinical privileges. The applicant must also adhere to any additional organizational, regulatory, or accreditation requirements that the organization is obligated to meet.
3. With the exception of physicians holding clinical privileges in Vascular and Interventional Radiology and/or Interventional Neuroradiology, those physicians holding clinical privileges set forth in this Radiology Clinical Privilege set shall not be required to hold a current, unrestricted individual DEA Registration or a New Mexico Controlled Substance Registration.

### QUALIFICATIONS FOR DIAGNOSTIC RADIOLOGY CORE:

**Initial Privileges:** To be eligible to apply for core privileges in diagnostic radiology, the applicant must meet the following criteria:

1. Successful completion of an Accreditation Council for Graduate Medical Education (ACGME) or American Osteopathic Association (AOA) accredited residency in diagnostic radiology; **AND**
2. Current certification in, or active participation in the examination process leading to certification in, radiology by the American Board of Radiology or American Osteopathic Board of Radiology; **AND**
3. Required current experience: Demonstrate provision of care, reflective of the scope of privileges requested, for an acceptable volume of general diagnostic radiology patients with acceptable outcomes during the past twelve (12) months, or demonstrate successful completion of an ACGME or AOA accredited residency or clinical fellowship within the past twelve (12) months.

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**Renewal of Privileges:** Demonstrated current competence and provision of care, reflective of the scope of privileges requested for an acceptable volume of patients with acceptable results, for the past twenty-four (24) months based on results of ongoing professional practice evaluation and outcomes. Evidence of current ability to perform privileges requested is required of all applicants for renewal of privileges.

### CORE PRIVILEGES: Diagnostic Radiology

Perform general diagnostic radiology, including interpretation of plain radiographics, GI contrast studies, fluoroscopy, intravenous pyelography, cystography (IV and retrograde), ultrasound, ultrasound-guided procedures, vascular ultrasound, nuclear medicine studies using radionuclides including cardiovascular imaging, neuroradiology, body imaging, minimally invasive procedures (e.g., CT, fluoroscopic and ultrasound guided biopsy/aspiration/therapeutic injection), lumbar puncture, computerized tomography, MRI (including MRA, spectroscopy, and functional imaging), and myelography (CT and radiographic) for patients of all ages (except as specifically excluded from practice). These privileges include the performing a patient history and physical examination. Assess, stabilize, and determine disposition of patients with emergent conditions consistent with Medical Staff policy regarding emergency and consultative call services. Core privileges in this specialty include assisting in any subspecialty core or non-core specialty interpretation or procedure while under the direct supervision of a so privileged radiologist. The core privileges also include any interpretative or diagnostic extensions of the core techniques and skills approved for the provider by the Radiology Clinical Service Chief/Department Chair.

Requested

### Diagnostic Radiology Core Procedures List

This list is a sampling of procedures included in the diagnostic radiology core. This is not intended to be an all-encompassing list, but rather reflective of the categories/ types of procedures included in the core.

**To the applicant:** If you wish to exclude any procedures listed in diagnostic radiology core, strike through then initial and date those procedures you do not wish to request.

1. Bone densitometry
2. Computed tomography (CT) of the head, neck, spine, body, chest, including the heart, abdomen, pelvis, and extremities and their associated vasculatures.
3. Diagnostic nuclear radiology of the head, neck, spine, body, chest, including the heart, abdomen, pelvis, extremities and their associated vasculatures, including position emission tomography (PET)
4. Magnetic resonance imaging (MRI) of the head, neck, spine, body, chest, including the heart, abdomen, pelvis, and extremities and their associated vasculatures
5. Mammography (in accordance with MQSA required qualifications)

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6. Routine imaging (e.g., interpretation of radiographs, intravenous or retrograde pyelography, fluoroscopy, chest/abdomen, pelvis/gastrointestinal and genitourinary diagnostic and therapeutic procedures)
7. Image guided biopsy, aspiration, and therapeutic procedures (e.g., lumbar puncture, arthrography)
8. Ultrasound of the head, neck, spine, chest, abdomen, pelvis, and extremities and their associated vasculatures

### CORE PRIVILEGES: Teleradiology

The core privileges for teleradiology include the remote interpretation and consultation with providers of radiographic images.

Requested

#### Teleradiology Core Procedures List

This list is a sampling of procedures included in the teleradiology core. This is not intended to be an all-encompassing list, but rather reflective of the categories/ types of procedures included in the core.

**To the applicant:** If you wish to exclude any procedures listed in teleradiology core, strike through then initial and date those procedures you do not wish to request.

1. Computed tomography (CT) of the head, neck, spine, body, chest, including the heart, abdomen, pelvis, and extremities and their associated vasculatures.
2. Diagnostic nuclear radiology of the head, neck, spine, body, chest, including the heart, abdomen, pelvis, extremities and their associated vasculatures, including position emission tomography (PET)
3. Magnetic resonance imaging (MRI) of the head, neck, spine, body, chest, including the heart, abdomen, pelvis, and extremities and their associated vasculatures
4. Positron emission tomography (PET)
5. Mammography (in accordance with MQSA required qualifications)
6. Routine imaging (e.g., interpretation of radiographs)
7. Ultrasound of the head, neck, spine, chest, abdomen, pelvis, and extremities and their associated vasculatures

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### SPECIAL NON-CORE PRIVILEGES

If desired, non-core privileges are requested individually in addition to requesting the core privileges. Each individual requesting non-core privileges must meet the specific threshold criteria governing the exercise of the privilege requested, including training, required, experience, and maintenance of clinical competency.

#### QUALIFICATIONS FOR VASCULAR AND INTERVENTIONAL RADIOLOGY:

**Initial Privileges:** To be eligible to apply for non-core privileges in vascular and interventional radiology, the applicant must meet the following criteria:

1. Successful completion of an Accreditation Council for Graduate Medical Education (ACGME) or American Osteopathic Association (AOA) accredited residency in diagnostic radiology; **AND**
2. Completion of a fellowship training program in vascular and interventional radiology or equivalent experience as determined by the Radiology Clinical Service Chief/Department Chair; **AND**
3. Current certification in, or active participation in the examination process leading to certification in, radiology by the American Board of Radiology or American Osteopathic Board of Radiology; **AND**
4. Hold a current, unrestricted individual DEA Registration and a New Mexico Controlled Substance Registration; **AND**
5. Required current experience: Demonstrate provision of care, reflective of the scope of privileges requested, for an acceptable volume of vascular and interventional radiology patients with acceptable outcomes during the past twelve (12) months, or demonstrate successful completion of an ACGME or AOA accredited residency or clinical fellowship within the past twelve (12) months.

**Renewal of Privileges:** Demonstrated current competence and provision of care, reflective of the scope of privileges requested for an acceptable volume of patients with acceptable results, for the past twenty-four (24) months based on results of ongoing professional practice evaluation and outcomes. Evidence of current ability to perform privileges requested is required of all applicants for renewal of privileges.

### NON-CORE PRIVILEGES: Vascular and Interventional Radiology

Admit, evaluate, diagnose and treat patients of all ages (except as specifically excluded) by percutaneous methods guided by various radiologic imaging modalities. These modalities include fluoroscopy, digital radiography, computed tomography, sonography and magnetic resonance imaging. Performance of invasive diagnostic and therapeutic radiological procedures to include angiography, venography, angioplasty, stent filter and coil placement, central line placement, image guided biopsy, image guided drain catheter placement, image guided embolization and thrombolysis, myelography, image guided spine interventions and ablations. These privileges include the performing a patient history and physical examination. Assess,

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stabilize, and determine disposition of patients with emergent conditions consistent with Medical Staff policy regarding emergency and consultative call services.

Requested

### Vascular and Interventional Radiology Non-Core Procedures List

This list is a sampling of procedures included in the vascular and interventional radiology non-core. This is not intended to be an all-encompassing list, but rather reflective of the categories/ types of procedures included in the core.

**To the applicant:** If you wish to exclude any procedures listed in vascular and interventional radiology non-core, strike through then initial and date those procedures you do not wish to request.

1. Angiography/arteriography of vessels of the neck, chest, abdomen, pelvis, and extremities
2. Angioplasty/stent placement of vessels of the neck, chest, abdomen, pelvis, and extremities
3. Arthrography
4. Coil occlusions of aneurysms
5. Insertion and management of central venous and dialysis access line
6. Intracerebral diagnostic studies and interventions
7. Lymphography
8. Myelography and cisternography
9. Pain procedures including epidural steroid injection, nerve blocks, and discography
10. Non-vascular interventional procedures, including soft tissue biopsy, abscess and fluid drainage, gastrostomy tube insertion, nephrostomy tube insertion, biliary procedures, ablation of neoplasms and cysts, and ureteral stents
11. Placement of catheter for tumor treatment
12. Placement of inferior vena cava filter
13. Therapeutic infusion of vasoactive agents
14. Therapeutic vascular radiology, including balloon angioplasty, stent placement, atherectomy, intra-arterial and intravenous thrombolytic therapy, and embolization/ablation including transarterial chemoembolization (excludes carotid and intracranial intervention)
15. Spinal diagnostic studies and interventions, including vertebroplasty and kyphoplasty
16. Transcervical fallopian tube recanalization
17. Transjugular intrahepatic portosystemic shunt (TIPS)
18. Uterine artery embolization
19. Venography and venous sampling

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### QUALIFICATIONS FOR INTERVENTIONAL NEURORADIOLOGY:

**Initial Privileges:** To be eligible to apply for non-core privileges in interventional neuroradiology, the applicant must meet the following criteria:

1. Meet requirements for privileging in diagnostic radiology; **AND**
2. Successful completion of an Accreditation Council for Graduate Medical Education (ACGME) or American Osteopathic Association (AOA) accredited fellowship in neuroradiology; or hold Certificate of Added Qualifications (CAQ) in neuroradiology; **AND**
3. Successful completion of a fellowship training program in neurointerventional radiology; **AND**
4. A documented body of subspecialty training and experience that meets the requirements of the Radiology Clinical Service Chief/Department Director; **AND**
5. Hold a current, unrestricted individual DEA Registration and a New Mexico Controlled Substance Registration; **AND**
6. Required current experience: Demonstrate provision of care, reflective of the scope of privileges requested, for an acceptable volume of neuroradiology patients with acceptable outcomes during the past twelve (12) months, or demonstrate successful completion of an ACGME or AOA accredited residency or clinical fellowship within the past twelve (12) months.

**Renewal of Privileges:** Demonstrated current competence and provision of care, reflective of the scope of privileges requested for an acceptable volume of patients with acceptable results, for the past twenty-four (24) months based on results of ongoing professional practice evaluation and outcomes. Evidence of current ability to perform privileges requested is required of all applicants for renewal of privileges.

### **NON-CORE PRIVILEGES: Interventional Neuroradiology**

Admit, evaluate, diagnose, treat, and/or provide consultation to patients of all ages (except as specifically excluded) with diseases, disorders, injuries of the brain, spine and spinal cord, head, neck, and organs of special sense in adults and children utilizing integration of neuroimaging with laboratory examinations and physiologic testing. These privileges include the performing a patient history and physical examination. Assess, stabilize, and determine disposition of patients with emergent conditions consistent with Medical Staff policy regarding emergency and consultative call services.

#### Requested

#### **Interventional Neuroradiology Non-Core Procedures List**

This list is a sampling of procedures included in the neuroradiology non-core. This is not intended to be an all-encompassing list, but rather reflective of the categories/ types of procedures included in the core.

**To the applicant:** If you wish to exclude any procedures listed in vascular and interventional radiology non-core, strike through then initial and date those procedures you do not wish to request.

1. Angiography

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2. Cerebral and carotid angiography and interventions (including stents, angioplasty, and thrombolysis)
3. Image guided spine interventions, including angiography
4. Kyphoplasty
5. Vertebroplasty

### QUALIFICATIONS FOR NUCLEAR MEDICINE THERAPY:

**Initial Privileges:** To be eligible to apply for non-core privileges in nuclear medicine therapy, the applicant must meet the following criteria:

1. Meet the requirements for privileging in diagnostic radiology; **AND**
2. Has Authorized User status under the UNM Radioactive Materials License for therapeutic administration of radiopharmaceuticals. The credentialed area is the same as the Authorized User status (e.g., I-131 less than 33 mCi, I-131 greater than 33 mCi, parenteral therapies, or any other specifications as designed by the UNM Radioactive Materials License); **AND**
3. Required current experience: Demonstrate provision of care, reflective of the scope of privileges requested, for an acceptable volume of nuclear medicine patients with acceptable outcomes during the past twenty-four (24) months, or demonstrate successful completion of an ACGME or AOA accredited residency or clinical fellowship within the past twenty-four (24) months.

**Renewal of Privileges:** Demonstrated current competence and provision of care, reflective of the scope of privileges requested for an acceptable volume of nuclear medicine patients with acceptable results, for the past twenty-four (24) months based on results of ongoing professional practice evaluation and outcomes. Evidence of current ability to perform privileges requested is required of all applicants for renewal of privileges.

### **NON-CORE PRIVILEGES: Nuclear Medicine Therapy**

Evaluate, diagnose, treat, and/or provide consultation to patients (except as specifically excluded) utilizing both diagnostic and therapeutic radiopharmaceuticals. The therapeutic radiopharmaceuticals that can be prescribed (by written directive) by the individual include only the radiopharmaceuticals for which they achieve Authorized User status on the UNM Radioactive Materials License. The core privileges in this specialty include the procedures approved for the individual provider by the Radiology Clinical Service chief/Department Chair.

**Requested**



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### QUALIFICATIONS FOR CARDIAC COMPUTED TOMOGRAPHY (CT):

**Initial Privileges:** To be eligible to apply for non-core privileges in cardiac computed tomography, the applicant must meet the following criteria:

1. Successful completion of an AMA or AOA accredited post graduate training program in radiology or nuclear medicine that included training in cardiac CT and CTA; if the applicant's post-graduate program did not include cardiac CT angiography training, applicants must demonstrate that they have successfully completed a formal course in cardiac CT and cardiac imaging which included cardiac CT and interpretation, reporting, and/or supervised review of an adequate number of cardiac CT examinations in the past twenty-four (24) months as determined by the Radiology Clinical Service Chief/Department Chair; **AND**
2. Required current experience: Demonstrate provision of care, reflective of the scope of privileges requested, for an acceptable volume of exams during the past twenty-four (24) months, or demonstrate successful completion of an ACGME or AOA accredited residency or clinical fellowship within the past twelve (12) months.

**Renewal of Privileges:** Demonstrated current competence and provision of care, reflective of the scope of privileges requested for an acceptable volume of exams for the past twenty-four (24) months based on results of ongoing professional practice evaluation and outcomes. In addition, continuing education related to the performance and interpretation of cardiac CT angiograms is required.

### NON-CORE PRIVILEGES: Cardiac Computed Tomography (CT)

Requested

### QUALIFICATIONS FOR PERCUTANEOUS VERTEBROPLASTY:

**Initial Privileges:** To be eligible to apply for non-core privileges in percutaneous vertebroplasty, the applicant must meet the following criteria:

1. Successful completion of an AMA or AOA accredited post graduate training program in neurosurgery that included training in percutaneous vertebroplasty or completion of an approved training course in percutaneous vertebroplasty which included proctoring; all training must include the performance of successful vertebroplasties in an adequate number of patients (as determined by the Radiology Clinical Service Chief/Department Chair) as the primary operator, under the supervision of a qualified physician and without complications; **AND**
2. Applicants must have completed training in radiation safety; **AND**
3. Required current experience: Demonstrate provision of care, reflective of the scope of privileges requested, for an acceptable volume of experience with acceptable results during the past twenty-four (24) months, or completion of training within the past twelve (12) months.



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**Renewal of Privileges:** Demonstrated current competence and provision of care, reflective of the scope of privileges requested for an acceptable volume of percutaneous vertebroplasty procedures with acceptable results for the past twenty-four (24) months based on results of ongoing professional practice evaluation and outcomes.

### NON-CORE PRIVILEGES: Percutaneous Vertebroplasty

Requested

#### QUALIFICATIONS FOR BALLOON KYPHOPLASTY:

**Initial Privileges:** To be eligible to apply for non-core privileges in balloon kyphoplasty, the applicant must meet the following criteria:

1. Successful completion of an AMA or AOA accredited fellowship in radiology or interventional radiology; **AND**
2. Applicants must also have completed an approved training course in the use of the inflatable bone tamp and have been proctored in their initial cases by a balloon kyphoplasty company manufacturer representative; **AND**
3. Applicants must also have completed training in radiation safety; **AND**
4. Required current experience: Demonstrate provision of care, reflective of the scope of privileges requested, for an acceptable volume of balloon kyphoplasty procedures with acceptable results during the past twenty-four (24) months, or demonstrate successful completion of training within the past twelve (12) months.

**Renewal of Privileges:** Demonstrated current competence and provision of care, reflective of the scope of privileges requested for an acceptable volume of balloon kyphoplasty procedures with acceptable results in the past twenty-four (24) months based on results of ongoing professional practice evaluation and outcomes.

### NON-CORE PRIVILEGES: Balloon Kyphoplasty

Requested

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**Acknowledgement of Practitioner**

I have requested only those clinical privileges for which, by education, training, current experience, and demonstrated performance, I am qualified to perform and for which I wish to exercise at UNM Hospitals and clinics. I understand that: a) in exercising any clinical privileges granted I am constrained 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 situation my actions are governed by the applicable section of the medical staff bylaws or related documents.

\_\_\_\_\_  
Signature

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

**Clinical Director/Division Chief Recommendation(s)**

I have reviewed the requested clinical privileges and supporting documentation for the above-named applicant and recommend action and presently requested above.

Name: \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Name: \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

**Department Chair Recommendation**

I have reviewed the requested clinical privileges and supporting documentation for the above-named applicant and:

- Recommend all requested privileges with the standard professional practice plan
- Recommend privileges with the standard professional practice plan and the conditions/modifications noted below
- Do not recommend the clinical privileges noted below

Explanation: \_\_\_\_\_

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

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

**Criteria Approved by UNMH Board of Trustees on April 28, 2017**