

Loma Linda University Medical Center
Loma Linda, CA 92354
RADIOLOGY SERVICE PRIVILEGE FORM

Name: _____

Page 1 of 10

REQUEST	CATEGORY	MEMBERSHIP CATEGORY	ACTION		
			Approved	Conditions	Denied
	Provisional	All initial appointees shall be placed in the Provisional Category for the duration of their initial appointment.			
	Administrative	For practitioners who are members of the Medical Staff who have no clinical privileges, who are recommended for appointment or reappointment to the Administrative Staff by the Chief of the Clinical Service, the Credentials Committee, and the Medical Staff Executive Committee, and who must MUST meet the following:			
		1. Have been a member in good standing of the Active, Courtesy, or Provisional Staff for at least one (1) year.			
		2. Have completed proctoring for any clinical privileges previously requested.			
		3. Agree to refrain from participating in any activities within the Medical Center that require clinical privileges.			
		4. Provide significant service to the Medical Center and the Medical Staff in the form of academic activities, quality improvement activities, or administration.			
		5. Be recommended for appointment or reappointment			
		Failure to meet any of these qualifications will be adequate grounds to deny reappointment.			
	Affiliate	Practitioners who CANNOT :			
		1. Vote or hold office in the Medical Staff or Service. 2. Be a member of any Medical Staff Committee. 3. Be Reappointed to the Affiliate Category.			
		Practitioners who MUST :			
		1. Have been a member in good standing of the Active, Courtesy or Consulting category during the immediate preceding appointment period. 2. Have completed, in a timely manner as described in the Bylaws, an application for reappointment. 3. Have been found to be qualified for reappointment, other than the volume of clinical activity.			
	Active	Regularly care for patients in the Medical Center; have completed proctoring requirements and the Provisional period.			
	Courtesy	Admit or otherwise provide care for not more than twelve (12) patients in the Medical Center during each year. Have completed proctoring and the Provisional period.			
	Consulting	Render a clinical opinion within their competence. Shall not be eligible to admit patients or to assume continuing care of patients in the Medical Center. Not eligible to vote or hold office in the Medical Staff or Clinical Service			

Loma Linda University Medical Center
Loma Linda, CA 92354
RADIOLOGY SERVICE PRIVILEGE FORM

Name: _____

Page 2 of 10

CATEGORY	QUALIFICATIONS
All	Contractual arrangement with Loma Linda University Radiology Medical Group, Inc., which has an exclusive contractual agreement to provide radiology services to Loma Linda University Medical Center; and Current demonstrated competence and an adequate volume of current experience with acceptable results in the privileges requested for patients of all age groups, except as specifically excluded from practice.
Diagnostic Radiology	Current certification, or active participation in the examination process leading to certification, in diagnostic radiology by the American Board of Radiology or its equivalent to be achieved within five (5) years of completion of residency program; or Successful completion of an ACGME/AOA accredited residency program in radiology or its equivalent.
Nuclear Radiology	Current certification or active participation in the examination process leading to certification by the American Board of Radiology or the American Board of Nuclear Medicine or its equivalent; or Successful completion of an ACGME/AOA accredited residency in radiology.
Observation Requirements	As specified in the Radiology Service rules and regulations.
Moderate Sedation	Moderate Sedation: Successful completion of the PURPLE Book test available on the LLUMC VIP Page, and on the LLUMC Medical Staff Internet web site.

Loma Linda University Medical Center
Loma Linda, CA 92354
RADIOLOGY SERVICE PRIVILEGE FORM

Name: _____

Page 3 of 10

MARK IF REQUESTED	CODE	RADIOLOGY PRIVILEGES	ACTION		
			Approved	Conditions	Denied
GENERAL					
	DR00300	Admit patients of all ages.			
		Admit patients to the Surgical Intensive Care units. Must serve as one of two or more attending co-physicians in the Surgical ICU to collaboratively care for patients admitted for Interventional Radiology procedures.			
		All privileges are for inpatient and outpatient services			
		Supervision of residents and students			
		Supervision of Allied Health Professionals under the following circumstances: AHP is granted practice privileges by the Medical Staff AHP operates under standardized procedures Other circumstances as recommended by the IDP Committee and approved by the Medical Staff			
		Supervise Radiologic Technologists and operate Radiology Equipment (Radiologists only). Radiology Supervisor and Operator Certificate required (<u>attach copy</u>). Board Certification in Radiology or Radiology Sub-Board required (<u>attach copy/documentation</u>).			
GENERAL DIAGNOSTIC RADIOLOGY					
	DR06090	Includes general diagnostic privileges such as supervision and interpretation of radiography, fluoroscopy, plain film diagnosis, intravenous urography and oral, per rectal, transcutaneous and intracavity injection of contrast materials for diagnosis and some therapies, adult and pediatric			
	DR06960	Mammography supervision and interpretation, includes needle localizations, biopsies and/or lesion and ductal aspirations			
GENERAL COMPUTED TOMOGRAPHY (CT)					
	DR02571	Computed tomography supervision and interpretation, including CT guided biopsies and/or drainage procedures Excluding Cardiac CT			
GENERAL MAGNETIC RESONANCE IMAGING (MRI)					
	DR06840	Magnetic Resonance Imaging supervision and interpretation Excluding Cardiac MRI			

Loma Linda University Medical Center
Loma Linda, CA 92354
RADIOLOGY SERVICE PRIVILEGE FORM

Name: _____

Page 4 of 10

MARK IF REQUESTED	CODE	PRIVILEGE	ACTION		
			Approved	Conditions	Denied
CT CROSS-SECTIONAL CARDIAC IMAGING for RADIOLOGISTS					
<i>For appropriately trained and credentialed Radiologists</i>					
		Supervision, interpretation and performance of CT cross-sectional imaging studies of the heart separate from General Computed Tomography (CT) privilege. REQUIRES: Radiology Board certification and experience satisfactory to the Service Chief of Radiology.			
MRI CROSS-SECTIONAL CARDIAC IMAGING for RADIOLOGISTS					
<i>For appropriately trained and credentialed Radiologists</i>					
		Supervision, interpretation and performance of MRI cross-sectional imaging studies of the heart separate form General MRI privilege. REQUIRES: Radiology Board certification and experience satisfactory to the Service Chief of Radiology.			
ENDOVASCULAR (NON-CARDIAC) INTERVENTIONAL RADIOLOGY FOR RADIOLOGISTS					
CATEGORY		QUALIFICATIONS			
Supervision, interpretation and performance of endovascular diagnostic and therapeutic procedures for Radiologists		Current certification or active participation in the examination process leading to certification by the American Board of Radiology with extensive demonstrated endovascular catheter training/experience and/or successful completion of an ACGME/AOA accredited fellowship program in Interventional Radiology. • These criteria may be adjustable depending upon demonstrated level of skill, training and experience PROCTORING: Proctoring shall include from 2-8 satisfactorily completed cases depending on evidence of skills and level of complexity. A cross section of cases, per level, with varying levels of complexity shall be required.			
		LEVEL I – Privilege to perform, supervise and interpret peripheral (non-cardiac, non-cervical/cerebral) angiography			
		Such as aortoiliiofemoral and upper extremity arteriograms, venous access, extremity arteriograms and venograms.			

Loma Linda University Medical Center
Loma Linda, CA 92354
RADIOLOGY SERVICE PRIVILEGE FORM

Name: _____

Page 5 of 10

MARK IF REQUESTED	CODE	PRIVILEGE	ACTION		
			Approved	Conditions	Denied
ENDOVASCULAR (NON-CARDIAC) INTERVENTIONAL RADIOLOGY FOR RADIOLOGISTS (Cont.)					
		LEVEL II – Privilege to perform, supervise and interpret cervical/cerebral and spinal angiography <ul style="list-style-type: none"> Such procedures as carotid/vertebral angiography 			
		LEVEL III – Privilege to perform, supervise and interpret peripheral endovascular interventional procedures <ul style="list-style-type: none"> Such as peripheral (non-carotid, non-vertebral) angioplasty, vascular stenting and thrombolysis. 			
		LEVEL IV – Privilege to perform, supervise and interpret visceral endovascular interventional procedures <ul style="list-style-type: none"> Such as visceral angioplasty, vascular stenting, thrombolysis and embolization. 			
		LEVEL V – Privilege to perform, supervise and interpret complex and more end organ (brain) sensitive endovascular peripheral interventional procedures. <ul style="list-style-type: none"> Including therapeutic procedures such as internal carotid and vertebral artery angioplasty and stenting. REQUIRES: Training, experience and documentation of a substantial number of percutaneous carotid/vertebral cerebral catheterization procedures (100 or more recommended); and Training and experience in endovascular treatment for intracranial embolic complications as well as education in cerebral anatomy and physiology.			
NEURO-INTERVENTIONAL RADIOLOGY					
	DR02110-B	Includes supervision, interpretation and performance of neuro-interventional procedures such as intracranial vascular stenting, carotid and vertebral stenting, use of endovascular coils and embolization agents for treatment of brain and spinal cord vascular abnormalities. Requires: Neuroradiology or interventional radiology fellowship training and documentation of extensive training and performance for described procedure types, as well as advanced education in brain and spinal cord anatomy and physiology, and Evidence of a substantial number of previous percutaneous carotid/vertebral cerebral angiographic/catheterization studies (100 or more recommended).			

Loma Linda University Medical Center
Loma Linda, CA 92354
RADIOLOGY SERVICE PRIVILEGE FORM

Name: _____

Page 6 of 10

MARK IF REQUESTED	CODE	PRIVILEGE	ACTION		
			Approved	Conditions	Denied
NONVASCULAR INTERVENTIONAL (INVASIVE) RADIOLOGY					
	DR10040	Includes supervision, interpretation and performance of procedures such as percutaneous diagnostic and therapeutic (fluoroscopically, CT, MRI or ultrasound guided) needle placements, catheterization and stenting; would also include arthrography, biliary, lymphography and renal invasive procedures.			
	DR08190	Myelography and Cisternography includes supervision, interpretation and performance (fluoroscopically guided) of diagnostic and therapeutic needle placement and catheterization.			
	DR11750	C1-2 and Cisternal Puncture, includes supervision, interpretation and performance (fluoroscopically guided) for both diagnostic and therapeutic purposes.			
NUCLEAR RADIOLOGY (MEDICINE) IMAGING AND THERAPEUTICS					
	DR08495	Supervision, interpretation and performance of all Nuclear Imaging procedures (including Nuclear Cardiac Imaging) including associated routes of radiopharmaceutical administration, i.e., intravenous, intraoral, intraperitoneal.			
GENERAL DIAGNOSTIC ULTRASOUND (NON-CARDIAC)					
	DR05840	Supervision, interpretation and performance, i.e., would include Doppler, thoracic abdominal, cranio-cervical, extremity, intracavitary, guidance for biopsy and drainage and intraoperative ultrasound examination (excluding obstetrical ultrasound)			
MATERNAL-FETAL DIAGNOSTIC ULTRASOUND (OBSTETRICAL ULTRASOUND)					
<i>For appropriately trained and credentialed Obstetrician/Gynecologists without Board Certification in Radiology and pursuant to the collaborative agreement and contractual relationship between Faculty Physicians & Surgeons of LLUMC (FP&S) and Loma Linda University Radiology Medical Group (LLURMG) only, or for appropriately trained Board Certified Radiologists.</i>					
		Supervision, interpretation and performance, i.e., including pregnancy dating, determining fetal anomalies, etc. REQUIRES: Training and/or experience in maternal-fetal ultrasound. This may be provided by Radiology or OB-GYN residency training and/or documented post-residency experience and/or training.			

Loma Linda University Medical Center
Loma Linda, CA 92354
RADIOLOGY SERVICE PRIVILEGE FORM

Name: _____

Page 7 of 10

MARK IF REQUESTED	CODE	PROCEDURAL ONLY, ENDOVASCULAR (NON-CARDIAC) INTERVENTIONAL RADIOLOGY FOR VASCULAR SURGEONS	ACTION			
<i>Peripheral Vascular Interventional Radiology procedural privileges for appropriately trained and credentialed Vascular Surgeons without Board Certification in Radiology and without Interventional Radiology Fellowship training pursuant to the collaborative agreement between Faculty Physicians & Surgeons of LLUMC (FP&S) and Loma Linda University Radiology Medical Group.</i>						
CATEGORY		QUALIFICATIONS				
Procedural component of Endovascular Diagnostic and Therapeutic Procedures for Vascular Surgeons		Current certification or active participation in the examination process leading to certification by the American Board of Surgery-Vascular Surgery certificate or its equivalent; or Successful completion of an ACGME/AOA accredited residency program in vascular surgery. Extensive demonstrated endovascular catheter training and/or demonstrated case experience <ul style="list-style-type: none"> • These criteria may be adjustable depending upon demonstrated level of skill, training and experience PROCTORING: Proctoring shall include from 2-8 satisfactorily completed cases depending on evidence of skills and level of complexity. A cross section of cases, per level, with varying levels of complexity shall be required.				
				Approved	Conditions	Denied
		LEVEL I – Privilege to perform peripheral (non-cardiac, non-cervical/cerebral) angiography <ul style="list-style-type: none"> • Such as aortoiliiofemoral and upper extremity arteriograms, venous access, venograms. 				
		LEVEL II – Privilege to perform cervical peripheral angiography <ul style="list-style-type: none"> • Such as carotid/vertebral angiography 				
		LEVEL III – Privilege to perform peripheral endovascular interventional procedure. <ul style="list-style-type: none"> • Such as peripheral (non-carotid, nonvertebral) angioplasty, vascular stenting and thrombolysis. 				
LEVEL IV – Privilege to perform visceral and renal angiography and endovascular interventional procedures <ul style="list-style-type: none"> • Such as visceral vascular angioplasty, stenting, thrombolysis and embolization. 						

Loma Linda University Medical Center
Loma Linda, CA 92354
RADIOLOGY SERVICE PRIVILEGE FORM

Name: _____

Page 8 of 10

MARK IF REQUESTED	CODE	PROCEDURAL ONLY, ENDOVASCULAR (NON-CARDIAC) INTERVENTIONAL RADIOLOGY FOR VASCULAR SURGEONS (Continued)	ACTION		
			Approved	Conditions	Denied
		<p>LEVEL V – Privilege to perform complex and more end organ (brain) sensitive endovascular peripheral interventional procedures.</p> <ul style="list-style-type: none"> Such as internal carotid and vertebral artery angioplasty and stenting. <p>REQUIRES: Training, experience and documentation of a substantial number of percutaneous carotid/vertebral catheterization procedures (100 or more recommended); and Training and experience in endovascular treatment for intracranial embolic complications as well as education in cerebral anatomy and physiology.</p>			
CARDIAC IMAGING FOR CARDIOLOGISTS					
CT CROSS-SECTIONAL CARDIAC IMAGING for CARDIOLOGISTS					
<i>For appropriately trained and credentialed Cardiologists without Board Certification in Radiology and pursuant to the collaborative agreement between Loma Linda University Radiology Medical Group (LLURMG) and LLU Cardiology Medical Group, Inc. and/or Faculty Physicians and Surgeons (FP&S) only.</i>					
		<p>Supervision, interpretation and performance of CT cross-sectional imaging studies of the heart.</p> <p>REQUIRES: Cardiology fellowship completion and documented evidence of training and/or experience in CT cardiac cross-sectional imaging techniques satisfactory to the Service Chief of Radiology and Section Chief of Cardiology.</p>			
MRI CROSS-SECTIONAL CARDIAC IMAGING for CARDIOLOGISTS					
<i>For appropriately trained and credentialed Cardiologists without Board Certification in Radiology and pursuant to the collaborative agreement between Loma Linda University Radiology Medical Group (LLURMG) and LLU Cardiology Medical Group, Inc. and/or Faculty Physicians and Surgeons (FP&S) only.</i>					
		<p>Supervision, interpretation and performance of MRI cross-sectional imaging studies of the heart.</p> <p>REQUIRES: Cardiology fellowship completion and documented evidence of training and/or experience in MRI cross-sectional imaging techniques satisfactory to the Service Chief of Radiology and Section Chief of Cardiology.</p>			

Loma Linda University Medical Center
Loma Linda, CA 92354
RADIOLOGY SERVICE PRIVILEGE FORM

Name: _____

Page 9 of 10

MARK IF REQUESTED	CODE	PRIVILEGE	ACTION		
			Approved	Conditions	Denied
NUCLEAR CARDIAC IMAGING for CARDIOLOGISTS					
<i>For appropriately trained and credentialed Cardiologists without Board Certification in Radiology and pursuant to the collaborative agreement between Loma Linda University Radiology Medical Group (LLURMG) and LLU Cardiology Medical Group, Inc. and/or Faculty Physicians and Surgeons (FP&S) only.</i>					
		Supervision, interpretation and performance of Nuclear imaging studies of the heart. REQUIRES: Cardiology fellowship completion and documented evidence of training and/or experience in nuclear imaging techniques satisfactory to the Service Chief of Radiology and Section Chief of Cardiology.			
MODERATE SEDATION (Attach Moderate Sedation Certificate)					
	DR99998	Moderate Sedation			

Loma Linda University Medical Center
Loma Linda, CA 92354
RADIOLOGY SERVICE PRIVILEGE FORM

Name: _____

Page 10 of 10

Acknowledgment of Practitioner

I have requested only those specific privileges for which by education, training, current experience and demonstrated performance I am qualified to perform and for which I wish to exercise at Loma Linda University Medical Center, Inc.; **and** I understand that:

- (a) In exercising any clinical privileges granted, I am constrained by any 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.

Signed: _____

Date: _____

**** *For Hospital Use Only* ****

Conditions/Modifications:

The requested clinical privileges have been approved with the following conditions/modifications and the explanation for same.

Code	Privilege	Condition/Modification
Code	Explanation:	

 Chief of Service

 Date

 Credentials Committee

 Date

 Medical Staff Executive Committee

 Date

 Approved By Governing Board

 Date