

SPECIFIED PROCEDURAL PRIVILEGES

Request Type (select one)

- NEW or REPLACEMENT procedure list
 ADD selected procedures to current list
 REMOVE selected from current list

PRACTITIONER INFORMATION

Last Name	First Name	Middle Name
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The granting of Clinical Privileges for Procedures for all Practitioners is made on the basis of each Practitioner's documented training, experience, demonstrated abilities and skill, and current competence, as well as the available AHS resources. (AHS Medical Staff Bylaws article 3.2.6.3)

Please review the procedures listed below and select procedures requested using the corresponding checkbox. Upon completion, please sign and date where indicated and submit with the Appointment Application Form or Change Request Form.

Procedures are categorized for convenience only.

CATEGORY	PROCEDURE	<input checked="" type="checkbox"/> CODE
NO SPECIFIED PROCEDURES	NO SPECIFIED PROCEDURES	<input type="checkbox"/> P13211
GENERAL	ABDOMINAL PARACENTESIS	<input type="checkbox"/> P10471
	ANOSCOPY	<input type="checkbox"/> P10472
	ARTERIAL BLOOD SAMPLING	<input type="checkbox"/> P10473
	ARTERIAL LINE	<input type="checkbox"/> P10474
	CENTRAL VENOUS LINE INSERTION	<input type="checkbox"/> P10475
	ENDOTRACHEAL INTUBATION	<input type="checkbox"/> P10476
	LUMBAR PUNCTURE	<input type="checkbox"/> P10477
	PARENTERAL NUTRITION (PERIPHERAL)	<input type="checkbox"/> P10478
	PARENTERAL NUTRITION (TOTAL)	<input type="checkbox"/> P10479
	PHLEBOTOMY	<input type="checkbox"/> P10480
	SIGMOIDOSCOPY - RIGID +/- BIOPSY	<input type="checkbox"/> P10481
	THORACENTESIS	<input type="checkbox"/> P10482
	VENOUS CUTDOWNS	<input type="checkbox"/> P10483
MISCELLANEOUS	ASPIRATION OF JOINTS & BURSA	<input type="checkbox"/> P13325
	ENDOMYOCARDIAL BIOPSY	<input type="checkbox"/> P10617
	NUCLEAR CARDIOLOGY	<input type="checkbox"/> P10618
	ULTRASOUND GUIDED FNA	<input type="checkbox"/> P13326
	ULTRASOUND GUIDED THYROID FNA	<input type="checkbox"/> P13327
CARDIOVASCULAR	AMBULATORY BP MONITOR RECORDING INTERPRETATION	<input type="checkbox"/> P10588
	DC CARDOVERSION	<input type="checkbox"/> P10589
ANGIOGRAPHY / INTERVENTIONAL CARDIOLOGY	BALLOON VALVULOPLASTY	<input type="checkbox"/> P10606
	CORONARY ATHERECTOMY	<input type="checkbox"/> P10607
	DIAGNOSTIC LEFT AND RIGHT HEART CATHETERIZATION	<input type="checkbox"/> P10608

CATEGORY	PROCEDURE	<input checked="" type="checkbox"/> CODE
	PERIPHERAL ARTERIAL ANGIOPLASTY	<input type="checkbox"/> P10609
	PTCA/STENT PLACEMENT	<input type="checkbox"/> P10610
	SELECTIVE CORONARY ANGIOGRAPHY	<input type="checkbox"/> P10611
	TRANSSEPTAL CARDIAC CATHETERIZATION	<input type="checkbox"/> P10612
ECHOCARDIOGRAPHY	INTRAVASCULAR ULTRASONOGRAPHY	<input type="checkbox"/> P10613
	TRANSESOPHAGEAL ECHOCARDIOGRAPHY	<input type="checkbox"/> P10614
	TRANSTHORACIC ECHOCARDIOGRAPHY	<input type="checkbox"/> P10615
ELECTROCARDIOGRAPHY	12 LEAD ECG INTERPRETATION	<input type="checkbox"/> P10590
	HOLTER MONITOR INTERPRETATION	<input type="checkbox"/> P10591
	TRANSTELEPHONIC ECG RECORDING INTERPRETATION	<input type="checkbox"/> P10592
ELECTROPHYSIOLOGY	CATHETER ABLATION OF ARRHYTHMOGENIC SUBSTRATES	<input type="checkbox"/> P10600
	DIAGNOSTIC CATHETER ELECTROPHYSIOLOGIC STUDY	<input type="checkbox"/> P10601
	INTRAOPERATIVE ELECTROPHYSIOLOGIC TESTING	<input type="checkbox"/> P10602
	TESTING OF IMPLANTABLE CARDIOVERTER DEFIBRILLATOR DEVICES	<input type="checkbox"/> P10603
	TESTING OF PERMANENT CARDIAC PACING DEVICES	<input type="checkbox"/> P10604
	TILT TABLE TESTING	<input type="checkbox"/> P10605
LINE/TUBE PLACEMENT	CENTRAL VENOUS LINE/SWAN GANZ CATHETER PLACEMENT	<input type="checkbox"/> P10596
	LINE/TUBE PLACEMENT: INTRAAORTIC BALLOON PUMP PLACEMENT	<input type="checkbox"/> P10597
	LINE/TUBE PLACEMENT: PERICARDIOCENTESIS	<input type="checkbox"/> P10598
	LINE/TUBE PLACEMENT: TEMPORARY TRANSVENOUS PACEMAKER PLACEMENT	<input type="checkbox"/> P10599
STRESS TESTING	EXERCISE STRESS TEST SUPERVISION	<input type="checkbox"/> P10593
	METABOLIC STRESS TEST SUPERVISION	<input type="checkbox"/> P10594
	PHARMACOLOGIC STRESS TEST SUPERVISION	<input type="checkbox"/> P10595
DERMATOLOGY	DERMABRASION	<input type="checkbox"/> P13227
	DRAINAGE OF SUPERFICIAL ABSCESS	<input type="checkbox"/> P10509
	IVIG INFUSIONS	<input type="checkbox"/> P13229
	OTHER - LASER	<input type="checkbox"/> P10510
	REMOVAL OF SIMPLE SUBCUTANEOUS TUMORS	<input type="checkbox"/> P10511
	SIMPLE SUTURING	<input type="checkbox"/> P10512
	SKIN EXCISION BIOPSY	<input type="checkbox"/> P10513
	SKIN PUNCH BIOPSY	<input type="checkbox"/> P10514
ENDOCRINOLOGY & METABOLISM	FINE NEEDLE THYROID ASPIRATION/BIOPSY	<input type="checkbox"/> P10485
	ILIAC CREST BONE BIOPSY	<input type="checkbox"/> P10486
	RADIOACTIVE IODINE FOR BENIGN THYROID DISEASE	<input type="checkbox"/> P10487
	RADIOACTIVE IODINE FOR THYROID CANCER	<input type="checkbox"/> P10488
GASTROENTEROLOGY	BONE MARROW ASPIRATION/BIOPSY	<input type="checkbox"/> P13226
	DILATATION OF ESOPHAGUS BY BOUGIE	<input type="checkbox"/> P10557
	ENDOSCOPIC DRAINAGE OF PANCREATIC PSEUDOCYST	<input type="checkbox"/> P13291
	ENDOSCOPIC PSEUDOCYST DRAINAGE	<input type="checkbox"/> P13339
	ENTERAL STENTING	<input type="checkbox"/> P13224

CATEGORY	PROCEDURE	<input checked="" type="checkbox"/> CODE
	ERCP WITH THERAPEUTIC INTERVENTIONS	<input type="checkbox"/> P13091
	ERCP WITH THERAPEUTIC INTERVENTIONS/AMPULLECTOMY	<input type="checkbox"/> P13313
	ERCP WITH THERAPEUTIC INTERVENTIONS/BILIARY DILATATION	<input type="checkbox"/> P13314
	ERCP WITH THERAPEUTIC INTERVENTIONS/PAPILLOTOMY	<input type="checkbox"/> P10576
	ERCP WITH THERAPEUTIC INTERVENTIONS/STENT PLACEMENT	<input type="checkbox"/> P10577
	ERCP WITH THERAPEUTIC INTERVENTIONS/STONE EXTRACTION	<input type="checkbox"/> P10578
	ERCP WITHOUT INTERVENTIONS	<input type="checkbox"/> P13318
	ESOPHAGEAL MOTILITY & pH TESTING	<input type="checkbox"/> P13310
	FLEXIBLE COLONOSCOPY WITH METAL STENT PLACEMENT	<input type="checkbox"/> P13222
	LOWER GI ENDOSCOPY: FLEXIBLE COLONOSCOPY	<input type="checkbox"/> P10571
	LOWER GI ENDOSCOPY: FLEXIBLE COLONOSCOPY - WITH POLYPECTOMY	<input type="checkbox"/> P10573
	LOWER GI ENDOSCOPY: FLEXIBLE COLONOSCOPY WITH ELECTROCAUTERY	<input type="checkbox"/> P10572
	LOWER GI ENDOSCOPY: SIGMOIDOSCOPY - FLEXIBLE	<input type="checkbox"/> P10574
	LOWER GI FLEXIBLE ENDOSCOPY WITH ENDOSCOPIC SUBMUCOSAL RESECTION	<input type="checkbox"/> P10575
	PERCUTANEOUS ENDOSCOPIC GASTROSTOMY (PEG) TUBE	<input type="checkbox"/> P13225
	PLACEMENT OF BLAKEMORE, LINTON OR SIMILAR TUBE	<input type="checkbox"/> P10558
	SMALL BOWEL BIOPSY BY CAPSULE	<input type="checkbox"/> P13223
	UPPER GI FLEXIBLE ENDOSCOPY WITH ELECTROCAUTERY	<input type="checkbox"/> P10559
	UPPER GI FLEXIBLE ENDOSCOPY WITH ENDOSCOPIC SUBMUCOSAL RESECTION	<input type="checkbox"/> P10570
	UPPER GI FLEXIBLE ENDOSCOPY WITH ESOPHAGEAL DILATATION	<input type="checkbox"/> P10560
	UPPER GI FLEXIBLE ENDOSCOPY WITH INJECTION OF BOTULINUM TOXIN	<input type="checkbox"/> P10561
	UPPER GI FLEXIBLE ENDOSCOPY WITH INJECTION OF GLUES	<input type="checkbox"/> P10562
	UPPER GI FLEXIBLE ENDOSCOPY WITH INJECTION OF VASOCONSTRICTOR	<input type="checkbox"/> P10563
	UPPER GI FLEXIBLE ENDOSCOPY WITH PLACEMENT OF ESOPHAGEAL STENT	<input type="checkbox"/> P10565
	UPPER GI FLEXIBLE ENDOSCOPY WITH PLACEMENT OF GASTROSTOMY TUBE (PEG)	<input type="checkbox"/> P10566
	UPPER GI FLEXIBLE ENDOSCOPY WITH PNEUMATIC DILATATION	<input type="checkbox"/> P10567
	UPPER GI FLEXIBLE ENDOSCOPY WITH REMOVAL OF FOREIGN BODY	<input type="checkbox"/> P10568
	UPPER GI FLEXIBLE ENDOSCOPY WITH SCLEROTHERAPY OR BANDING	<input type="checkbox"/> P10569
	UPPER GI FLEXIBLE ENDOSCOPY WITH PHOTODYNAMMIC THERAPY	<input type="checkbox"/> P10564
HEMATOLOGY	BLOOD AND MARROW TRANSPLANTATION	<input type="checkbox"/> P10495
	BONE MARROW ASPIRATION/BIOPSY	<input type="checkbox"/> P10490
	CHEMOTHERAPY FOR NEOPLASIA	<input type="checkbox"/> P10491
	CHEMOTHERAPY-INTRATHECAL	<input type="checkbox"/> P10492
	CHEMOTHERAPY-IV	<input type="checkbox"/> P13304
	CHEMOTHERAPY-SPINAL	<input type="checkbox"/> P13303
	INTERPRETATION BLOOD SMEAR/BONE MARROW ASPIRATE AND BIOPSY	<input type="checkbox"/> P10494
	NEEDLE BIOPSY-BREAST	<input type="checkbox"/> P13305
	RADIOTHERAPY	<input type="checkbox"/> P13302
	REMOVAL TUNNELLED CENTRAL VENOUS CATHETER	<input type="checkbox"/> P10493

CATEGORY	PROCEDURE	<input checked="" type="checkbox"/> CODE
ONCOLOGY		
MEDICAL ONCOLOGY	DRAINAGE SUPERFICIAL ABSCESS	<input type="checkbox"/> P10499
	FNA SUPERFICIAL LYMPH NODE	<input type="checkbox"/> P10498
	NEEDLE BIOPSY - BREAST	<input type="checkbox"/> P13317
	PUNCH SKIN BIOPSY	<input type="checkbox"/> P10500
RADIATION ONCOLOGY	BRACHYTHERAPY - INTERSTITIAL	<input type="checkbox"/> P10506
	BRACHYTHERAPY - INTRACAVITARY	<input type="checkbox"/> P10507
	EXTERNAL BEAM RADIATION - THERAPEUTIC	<input type="checkbox"/> P10503
	RADIONUCLIDE ADMINISTRATIVE FOR CANCER* (REQUIRES DIAGNOSTIC IMAGING APPROVAL)	<input type="checkbox"/> P10502
	RADIOTHERAPY	<input type="checkbox"/> P13309
	STEREOTACTIC RADIOSURGERY	<input type="checkbox"/> P10505
	TOTAL BODY IRRADIATION	<input type="checkbox"/> P10504
PULMONARY	AUTOFLUORESCENCE BRONCHOSCOPY	<input type="checkbox"/> P10537
	BALLOON BRONCHOPLASTY	<input type="checkbox"/> P10544
	BRONCHIAL CHALLENGE TESTING	<input type="checkbox"/> P10520
	BRONCHOSCOPIC REMOVAL OF FOREIGN BODY	<input type="checkbox"/> P10521
	BRONCHOSCOPY - FLEXIBLE +/- BIOPSY	<input type="checkbox"/> P10522
	BRONCHOSCOPY FLEXIBLE – BRONCHO-ALVEOLAR LAVAGE	<input type="checkbox"/> P10523
	CHEMICAL PLEURODESIS	<input type="checkbox"/> P10524
	CHEST TUBE INSERTION	<input type="checkbox"/> P10525
	ENDOBONCHIAL ELECTROCOAGULATION	<input type="checkbox"/> P10543
	ENDOBONCHIAL ULTRASONOGRAPHY	<input type="checkbox"/> P10536
	EXERCISE PULMONARY FUNCTION TESTING	<input type="checkbox"/> P10526
	INTRAPLEURAL THROMBOLYSIS	<input type="checkbox"/> P10538
	IPG INTERPRETATION	<input type="checkbox"/> P13311
	NEEDLE ASPIRATION/BIOPSY SUPERFICIAL LYMPH NODE	<input type="checkbox"/> P10540
	NEEDLE BIOPSY - LUNG	<input type="checkbox"/> P10527
	PLEURAL BIOPSY	<input type="checkbox"/> P10528
	PLEURAL ULTRASONOGRAPHY	<input type="checkbox"/> P10535
	PULMONARY FUNCTION TEST INTERPRETATION	<input type="checkbox"/> P10529
	RIGID BRONCHOSCOPY	<input type="checkbox"/> P10541
	SLEEP MONITORING AND INTERPRETATION	<input type="checkbox"/> P10530
	TRACHEOBRONCHIAL STENT PLACEMENT	<input type="checkbox"/> P10542
	TRANSBRONCHIAL ASPIRATION	<input type="checkbox"/> P10531
	TRANSBRONCHIAL BIOPSY	<input type="checkbox"/> P10532
	TRANSTRACHIAL ASPIRATION	<input type="checkbox"/> P10533
	TUNNELED PLEURAL CATHETER PLACEMENT	<input type="checkbox"/> P10539
	VENTILATOR MANAGEMENT	<input type="checkbox"/> P10534
RENAL	ARTERIOVENOUS HEMOFILTRATION	<input type="checkbox"/> P10546
	HEMODIALYSIS	<input type="checkbox"/> P10547
	INSERTION - ACUTE PERITONEAL DIALYSIS CATHETER	<input type="checkbox"/> P10549
	INTRA-DIALYTIC PARENTERAL NUTRITION	<input type="checkbox"/> P10548

CATEGORY	PROCEDURE	<input checked="" type="checkbox"/> CODE
	PERITONEAL DIALYSIS	<input type="checkbox"/> P10550
	PERITONEAL LAVAGE	<input type="checkbox"/> P10551
	PLASMAPHORESIS	<input type="checkbox"/> P10552
	RENAL BIOPSY	<input type="checkbox"/> P10553
	RENAL TRANSPLANT DONOR/RECIPIENT MANAGEMENT*	<input type="checkbox"/> P10554
	VENOVENOUS FILTRATION	<input type="checkbox"/> P10555
RHEUMATOLOGY / CLINICAL IMMUNOLOGY	ARTHROCENTESIS - GENERAL	<input type="checkbox"/> P10516
	ISOTOPE SYNOVECTOMY	<input type="checkbox"/> P10517
	NEEDLE BIOPSY - SYNOVIUM	<input type="checkbox"/> P10518
SPECIAL PROCEDURES	CAPSULE ENDOSCOPY	<input type="checkbox"/> P10585
	DOUBLE BALLOON ENDOSCOPY	<input type="checkbox"/> P10586
	ENDOSCOPIC LASER THERAPY	<input type="checkbox"/> P10579
	ENDOSCOPIC ULTRASOUND	<input type="checkbox"/> P10580
	ENDOSCOPY/COLONOSCOPY WITH APC (ARGON PLASMA COAGULATION)	<input type="checkbox"/> P13312
	ESOPHAGEAL MOTILITY & pH TESTING	<input type="checkbox"/> P13341
	INTERPRETATION OF PH STUDIES	<input type="checkbox"/> P10581
	INTERPRETATION OF ESOPHAGEAL MANOMETRY STUDIES	<input type="checkbox"/> P10582
	LIVER BIOPSY - PERCUTANEOUS	<input type="checkbox"/> P10583
	LIVER BIOPSY - TRANSJUGULAR	<input type="checkbox"/> P10584

I will carry out only those procedures in which I have been trained, qualified, and am competent.

Practitioner Signature

Date

Department Signature

Date