

LEHIGH VALLEY HEALTH NETWORK

CLINICAL PRIVILEGES IN CARDIOLOGY

Initial ☐ Renewed ☐

Name _____

Effective from ____/____/____ to ____/____/____

R = Requested G = Recommended As Requested C = Recommended with Conditions N = Not Recommended

R	G	C	N	POPULATION
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<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Adults: 13 - 65 Years
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<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Geriatrics: Over 65 Years
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R	G	C	N	GENERAL PRIVILEGES
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<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Admitting (includes inpatient, outpatient procedures, and observation) (1,2,3,5,6,7,8,10,11,13,14,15,18,19,20)
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<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consultation Privileges (1,2,3,5,6,7,8,10,11,13,14,15,18,19,20)
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<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	History and Physical (1,2,3,4,5,6,7,8,10,11,13,14,15,18,19,20)
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<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Prescribing Privileges (1,2,3,5,6,7,8,10,11,13,14,15,18,19,20)
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R	G	C	N	GENERAL CARDIOLOGY PROCEDURES
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<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Arterial Cannulation (1,2,3,5,6,7,13,14,15,18,19,20)
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<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Cardioversion (1,2,3,5,6,7,10,13,14,15,18,19,20)
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<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Central Venous Pressure (CVP) Monitoring (1,2,3,5,6,7,8,13,14,15,18,19,20)
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<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Electrocardiogram Interpretation* (1,2,3,5,6,7,8,10,13,14,15,18,19,20) (*Must satisfy certain credentialing criteria to be approved)
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<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Holter Monitoring (1,2,7,8,10,13,14,15,18,19,20)
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<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pericardiocentesis - Emergency (1,2,3,5,6,7,10,13,14,15,18,19,20)
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<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Swan-Ganz Insertion without Fluoroscopy (1,2,3,5,6,7,10,13,18,19,20)
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<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Temporary Pacemaker Insertion without Fluoroscopy (1,2,3,5,6,7,10,13,18,19,20)
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<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Treadmill Stress Test* (1,2,7,8,10,13,14,15,18,19,20) (*Must satisfy certain credentialing criteria to be approved)
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R G C N INVASIVE CARDIOLOGY PROCEDURES

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Assist in Thoracic Endovascular Aortic Repair (TEVAR)* (1) (*Must satisfy certain credentialing criteria to be approved)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Fluoroscopy Privileges* (1,2,3,5,6,7,8,10,11,12,18) (Additional requirements as necessary as per the Medical Physicist/Radiation Safety Officer) (*Must satisfy certain credentialing criteria to be approved)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Heart Catheterization - Left* (1,2,18) (*Must satisfy certain credentialing criteria to be approved)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Heart Catheterization - Right* (1,2,7,18) (*Must satisfy certain credentialing criteria to be approved)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Intra-aortic Balloon Pump Insertion* (1,2,18) (*Must satisfy certain credentialing criteria to be approved)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Laser Privileges* (1) (*Must satisfy certain credentialing criteria to be approved)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Myocardial Biopsy* (1,2) (*Must satisfy certain credentialing criteria to be approved)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pericardiocentesis - Elective (1,2,7,18)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Temporary Pacemaker Insertion w/Fluoroscopy* (1,2,7,18) (*Must satisfy certain credentialing criteria to be approved)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Trans-Catheter Aortic Valve Replacement (TAVR)* (1) (*Must satisfy certain credentialing criteria to be approved)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Trans-Catheter Defect Closure - Patent Foramen Ovale/Atrial Septal Defect* (1,2) (*Must satisfy certain credentialing criteria to be approved)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Valvuloplasty - Aortic* (1,2) (*Must satisfy certain credentialing criteria to be approved)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Valvuloplasty - Mitral* (1,2) (*Must satisfy certain credentialing criteria to be approved)

R G C N INVASIVE CARDIOLOGY - Peripheral

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Carotid Angiography* (1,2) (*Must satisfy certain credentialing criteria to be approved)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Carotid Angioplasty and Stenting (CAS)* (1,2) (*Must satisfy certain credentialing criteria to be approved)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Endoluminal ablation greater or lesser saphenous vein (laser or radiofrequency)* (1,2) (*Must satisfy certain credentialing criteria to be approved)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Excisional phlebectomy, any method (1,2)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Injection sclerotherapy (1,2)

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<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Peripheral Angiography* (1,2,7) (*Must satisfy certain credentialing criteria to be approved)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Peripheral Angiography and Angioplasty* (excludes carotid and intracranial) (1,2,7) (*Must satisfy certain credentialing criteria to be approved)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Radiofrequency ablation of perforator veins (1,2)

R G C N INVASIVE CARDIOLOGY - Interventional

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Coronary Rotoblator* (1,2,18) (*Must satisfy certain credentialing criteria to be approved)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Implanted Loop Recorders** (1,2,18) (**Applicant must satisfy certain credentialing criteria to be approved for this privilege.)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Mitral Valve Therapy* (1,2) (*Must satisfy certain credentialing criteria to be approved)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Percutaneous Coronary Interventions (PTCA/Stent)* (1,2,18) (*Must satisfy certain credentialing criteria to be approved)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Renal Denervation (1,2) (*Must satisfy certain credentialing criteria to be approved)

R G C N NON-INVASIVE STUDIES

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Interpret Nuclear Cardiology Studies* (1,2,7,8,10,13,14,15,18,19,20) (*Must satisfy certain credentialing criteria to be approved)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Transesophageal Echocardiography (TEE) - Performance and Interpretation * (1,2,7,10,13,14,15,18,19,20) (*Must satisfy certain credentialing criteria to be approved)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Transthoracic Echocardiography (TTE) (1,2,7,8,10,13,14,15,18,19,20)

R G C N ELECTROPHYSIOLOGY PROCEDURES

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Arrhythmia Ablation* (1,2,18) (*Must satisfy certain credentialing criteria to be approved)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Assist with Convergent Therapy for Atrial Fibrillation* (1,2,7,18) (*Must satisfy certain credentialing criteria to be approved)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	BiVentricular Pacemaker (Device) Implantation* (1,2,18) (*Must satisfy certain credentialing criteria to be approved)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Electrophysiology Studies* (1,2,18) (*Must satisfy certain credentialing criteria to be approved)

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R G C N ELECTROPHYSIOLOGY PROCEDURES

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Epicardial Ablation* (1,2,18) (*Must satisfy certain credentialing criteria to be approved)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Implantable Cardioverter Defibrillator (ICD) Implantation* (1,2,7,18) (*Must satisfy certain credentialing criteria to be approved)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Laser Lead Extraction* (1,2) (*Must satisfy certain credentialing criteria to be approved)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Permanent Pacemaker Insertion* (1,2,7,10,13,18) (*Must satisfy certain credentialing criteria to be approved)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Tilt Table Testing* (1,2,7,8,18) (*Must satisfy certain credentialing criteria to be approved)

R G C N OTHER

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Care and management of patient with extracorporeal membrane oxygenation (ECMO) (1,2)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Care and management of the patient undergoing an evaluation for a durable left ventricular assist device and/or implanted with a left ventricular device* (1,18) (*Must satisfy certain credentialing criteria to be approved)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Moderate Sedation - Adult* (13 years or older)*** (1,2,3,5,6,7,8,10,13,14,15,18) (*Must satisfy certain credentialing criteria to be approved)

LEHIGH VALLEY HEALTH NETWORK

CEDAR CREST & I-78 PO BOX 689

ALLENTOWN, PA 18105-1556

CLINICAL PRIVILEGES IN CARDIOLOGY

Name _____

Privileges by Location:

- 1 – LVH-Cedar Crest
- 2 – LVH-Muhlenberg (includes the Behavioral Health Center and Cancer Center)
- 3 – LVH-17th & Chew (includes TSU)
- 5 – LVH-Tilghman
- 6 – LVHN Surgery Center-Tilghman
- 7 – LVH-Hazleton
- 8 – Health and Wellness Center at Hazleton
- 9 - LVHN Children's Surgery Center
- 10 - LVH-Schuylkill East Norwegian
- 11 - LVH-Schuylkill South Jackson
- 13 - LVH-Hecktown Oaks
- 14 - LVH-Coordinated Health - Allentown
- 15 - LVH-Coordinated Health - Bethlehem
- 16 - LVHN Ambulatory Surgery Center of Lopatcong, Inc
- 17 - LVHN East Stroudsburg Ambulatory Surgery Center
- 18 - LVH-Pocono
- 19 - LVH-Carbon
- 20 - LVH-Dickson City

LEHIGH VALLEY HEALTH NETWORK

CLINICAL AREA CARDIOLOGY

Name _____

Acknowledgement of Practitioner

I hereby request the privileges noted.

Practitioner Signature: _____ Date: ____/____/____

Recommendations

I have reviewed the request for clinical privileges and supporting documentation and

☐ Recommend As Requested ☐ Recommend with Exceptions ☐ Do Not Recommend
the privileges requested above.

EXCEPTIONS

Exception to Privilege:	Conditions/Modifications

Explanation:

_____	_____	____/____/____
Title	Signature	Date
_____	_____	____/____/____
Title	Signature	Date
_____	_____	____/____/____
Title	Signature	Date
_____	_____	____/____/____
Title	Signature	Date
_____	_____	____/____/____
Title	Signature	Date