

Diagnostic Radiology
 Version 1.0

 Scope

C **P384882:** The scope of privileges in Diagnostic Radiology include the diagnosis and treatment of diseases in patients of all ages through the performance and interpretation of a broad range of diagnostic imaging examinations. Diagnostic imaging modalities include, but not limited to, radiography, bone densitometry, computed tomography, diagnostic nuclear radiology, magnetic resonance imaging, positron emission tomography, mammography, fluoroscopy, and ultrasound.

 Diagnosis and Management (D&M):

P384884: Interpretation of Computed Tomographic Coronary Angiography

P384886: Interpretation of Cardiac MRI

P384888: Scoring coronary calcium

 Provider must meet applicable regulatory agency requirements for the following privileges:

C **P384890:** Radioimmunoassay using Chromium-51, Iodine-125 and Cobalt radionuclides

C **P384892:** Nuclear Medicine procedures using the radioisotopes Technetium-99m, Iodine-131, Iodine-123, Gallium-67, Thallium-201, Indium-111, Fluorine-18 FDG, Xenon-133, and Xenon-127

P384894: Interpretation of mammograms

 Procedures

C **P384896:** Fluoroscopic procedures of the gastrointestinal tract, e.g., barium swallow, enteroclysis, upper gastrointestinal series, small bowel follow through, air contrast and solid column Barium enemas

C **P384898:** Radiologic procedures of the genitourinary tract, e.g., intravenous pyelograms, voiding cystourethrogram, hysterosalpingogram, and nephrostogram

C **P384900:** Radiologic procedures of the musculoskeletal system, e.g., arthrography, intra-articular aspirations and infusions

C **P384902:** Myelogram of the cervical, thoracic and lumbar spine via a lumbar puncture using fluoroscopic guidance

P384904: Guided biopsies using fluoroscopy, computerized tomography or ultrasound of deep solid masses, organs, or bones

P384906: Imaging-guided puncture and drainage of fluid collections and abscesses to include cystostomy and cholecystostomy

P384908: Breast procedures including ductography, mammographic-guided wire localizations; ultrasound-guided aspiration, biopsy or localization; and stereotactic-guided localizations and biopsies

P384910: MRI guided breast biopsies

 Other (Facility- or provider-specific privileges only):