

## LIST OF CLINICAL PRIVILEGES – OPHTHALMOLOGY

**AUTHORITY:** Title 10, U.S.C. Chapter 55, Sections 1094 and 1102.

**PRINCIPAL PURPOSE:** To define the scope and limits of practice for individual providers. Privileges are based on evaluation of the individual's credentials and performance.

**ROUTINE USE:** Information on this form may be released to government boards or agencies, or to professional societies or organizations, if needed to license or monitor professional standards of health care providers. It may also be released to civilian medical institutions or organizations where the provider is applying for staff privileges during or after separating from the Air Force.

**DISCLOSURE IS VOLUNTARY:** However, failure to provide information may result in the limitation or termination of clinical privileges

### INSTRUCTIONS

**APPLICANT:** In Part I, enter Code 1, 2, or 4 in each REQUESTED block for every privilege listed. This is to reflect your current capability. Sign and date the form and forward to your Clinical Supervisor

**CLINICAL SUPERVISOR:** In Part I, using the facility master privileges list, enter Code 1, 2, or 4 in in each VERIFIED block in answer to each requested privilege. In Part II, check appropriate block either to recommend approval, to recommend approval with modification, or to recommend disapproval. Sign and date the form and forward the form to the Credentials Office.

**CODES:** 1. Fully competent within defined scope of practice.

2. Supervision required. (Unlicensed/uncertified or lacks current relevant clinical experience.

3. Not approved due to lack of facility support. (Reference facility master Strawman. Use of this code is reserved for the Credentials Function.)

4. Not requested/not approved due to lack of expertise or proficiency, or due to physical disability or limitation.

**CHANGES:** Any change to a verified/approved privileges list must be made in accordance with Service specific credentialing and privileging policy.

**NAME OF APPLICANT**

**NAME OF MEDICAL FACILITY**

I Scope		Requested	Verified
<b>P384381</b>	The scope of privileges in ophthalmology includes the evaluation, diagnosis, treatment, consultation and performance of surgical and nonsurgical procedures on patients of all ages with ocular and visual disorders, including the eye and its component structures, the eyelids, the orbit, and the visual pathways. Physicians may admit and may provide care to patients in the intensive care setting in accordance with MTF policies. Privileges also include the ability to assess, stabilize, and determine the disposition of patients with emergent conditions in accordance with medical staff policy.		
<b>Diagnosis and Management (D&amp;M)</b>		<b>Requested</b>	<b>Verified</b>
	N/A		
<b>Procedures</b>		<b>Requested</b>	<b>Verified</b>
<b>P384405</b>	Botulinum toxin injection of extraocular muscles		
<b>P384411</b>	Temporal artery biopsy		
<b>P388359</b>	Lumbar puncture		
<b>P420855</b>	Ocular evaluation, to include: gonioscopy; corneal topography and interpretation; ophthalmic ultrasound and interpretation; fluorescein angiogram and interpretation; interpretation of ocular coherence tomography; and interpretation of visual field tests		
	<b>Eyelid/Adnexae:</b>	<b>Requested</b>	<b>Verified</b>
<b>P420857</b>	Eyelid and ocular adnexal surgery, including: repair of eyelid and canalicular lacerations; eyelid reconstruction; correction of trichiasis; ptosis repair; upper and lower eyelid blepharoplasty; correction of ectropion and entropion; tarsorrhaphy; excision and repair of eyelid lesions; direct repair of brow ptosis; botulinum toxin injection of facial muscles; and chalazion incision and drainage		
<b>P384401</b>	Coronal brow lift		
<b>P420858</b>	Endoscopic brow lift		
	<b>Conjunctiva:</b>	<b>Requested</b>	<b>Verified</b>
<b>P420860</b>	Conjunctival surgery, including: laceration repair, tumor/lesion excision; pterygium excision; pingueculum excision; conjunctivoplasty; conjunctival grafts/flaps; cryotherapy of conjunctiva; adjunct chemotherapy for corneal and conjunctival lesions and tumor; and amniotic membrane grafting		
	<b>Cornea:</b>	<b>Requested</b>	<b>Verified</b>
<b>P420862</b>	Corneal surgery, including: laceration repair; and removal of corneal foreign bodies, tumors, and lesions		
<b>P420864</b>	Epikeratophakia; keratoplasty (penetrating, lamellar, or endothelial); and intrastromal corneal rings		

## LIST OF CLINICAL PRIVILEGES – OPHTHALMOLOGY (CONTINUED)

Procedures (Cont.)			
	<b>Refractive Surgery</b>	<b>Requested</b>	<b>Verified</b>
P384463	Incisional corneal refractive procedures (limbal relaxing incisions, arcuate keratotomy, astigmatic keratotomy)		
P420841	Laser refractive surgery, including: surface excimer laser corneal refractive procedures [photo refractive keratectomy (PRK) and laser epithelial keratomileusis (LASEK)]; intrastromal excimer laser corneal refractive procedure [laser-in-situ keratomileusis, or LASIK]; and adjunct chemotherapy for refractive surgery		
P420842	Phakic intraocular lens implantation		
	<b>Lens:</b>	<b>Requested</b>	<b>Verified</b>
P384457	All methods of lens and/or cataract removal through an anterior segment approach (intra- and extracapsular extraction, phacoemulsification) on patients age (6) and older; YAG laser capsulotomy; and intraocular lens insertion, repositioning, exchange or removal		
P384459	Pediatric (less than 6 years of age) cataract extraction and management		
P420839	Pars plana lensectomy		
P420840	Scleral fixated intraocular lenses		
	<b>Iris:</b>	<b>Requested</b>	<b>Verified</b>
P384455	Iris surgery, including; laser or surgical peripheral iridotomy, peripheral iridectomy, iris tumor or lesion excision, iris biopsy, pupilo-/gonioplasty, repair of dialysis/defect, and synechiolysis		
	<b>Glaucoma:</b>	<b>Requested</b>	<b>Verified</b>
P384451	Primary surgical trabeculectomy and adjunct chemotherapy for glaucoma filtering surgery		
P420848	Specialized glaucoma procedures, including: glaucoma shunt placement, goniotomy, and trabeculotomy		
P420849	Laser trabeculoplasty		
	<b>Sclera:</b>	<b>Requested</b>	<b>Verified</b>
P420866	Scleral surgery, including: repair of laceration or rupture, and excision of scleral tumors, lesions, foreign bodies		
	<b>Ocular Muscles:</b>	<b>Requested</b>	<b>Verified</b>
P420867	Strabismus surgery on horizontal muscles		
P420868	Strabismus surgery on vertical and oblique muscles		
	<b>Orbit:</b>	<b>Requested</b>	<b>Verified</b>
P384407	Optic nerve sheath decompression		
P420869	Oculoplastic/orbital surgery, including: FNA biopsy; orbital fracture repair; excision of orbital tumor or lesion; and orbital body removal		
P420870	Specialized orbit procedures, including: exenteration; exploration by lateral orbitotomy; orbital volume expansion; repair of contracted socket; orbital expansion to correct congenital deformities; orbital augmentation for correction of enophthalmos; repair of extruding/extruded implant; orbital reconstruction; and orbital rim repair		
	<b>Lacrimal System:</b>	<b>Requested</b>	<b>Verified</b>
P420871	Nasolacrimal surgery, including: biopsy; trauma repair; probing, irrigation and intubation of lacrimal drainage system; balloon dacryoplasty; punctoplasty; and cautery of lacrimal punctum		
P420872	Specialized lacrimal system procedures, including: dacryoadenectomy; lacrimal fistula repair; dacryocystorhinostomy; dacryocystectomy; and excision of tumors, lesions or lacrimal sac mass		
	<b>Retina:</b>	<b>Requested</b>	<b>Verified</b>
P420850	Laser procedures, including: laser retinopexy/cryotherapy of retinal tears or holes, pan-retinal photocoagulation, and focal laser photocoagulation		



**LIST OF CLINICAL PRIVILEGES – OPHTHALMOLOGY (CONTINUED)**

**II CLINICAL SUPERVISOR'S RECOMMENDATION**

RECOMMEND APPROVAL

RECOMMEND APPROVAL WITH MODIFICATION  
(Specify below)

RECOMMEND DISAPPROVAL  
(Specify below)

**STATEMENT:**

CLINICAL SUPERVISOR SIGNATURE

CLINICAL SUPERVISOR PRINTED NAME OR STAMP

DATE