

LIST OF CLINICAL PRIVILEGES – PULMONARY DISEASE

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 military service.

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, 3, or 4 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 local facility privilege list. Use of this code is reserved for the Credentials Committee/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:

ADDRESS:

PHYSICIANS REQUESTING PRIVILEGES IN THIS SUBSPECIALTY MUST ALSO REQUEST INTERNAL MEDICINE PRIVILEGES

I Scope		Requested	Verified
P388275	The scope of privileges for pulmonary medicine includes the evaluation, diagnosis, treatment, and provision of consultation to patients of all ages presenting with conditions, disorders, and diseases of the lungs and airways to include acute and chronic respiratory failure. Physicians may provide care to patients in the intensive care setting in accordance with MTF policies. Physicians may also assess, stabilize, and determine the disposition of patients with emergent conditions in accordance with medical staff policy.		
Diagnosis and Management (D&M)		Requested	Verified
P388277	Cardiopulmonary exercise testing		
Procedures		Requested	Verified
P388279	Transthoracic needle biopsy		
P388281	Fiberoptic bronchoscopy biopsy; including endobronchial and transbronchial biopsies, brushing, bronchoalveolar lavage and transbronchial needle aspiration		
P388283	Medical thoracoscopy with pleural biopsy		
P388285	Photodynamic therapy		
P388287	Cryotherapy		
P388289	Laser bronchoscopy		
P388291	Argon plasma coagulation		
P388293	Rigid bronchoscopy		
P388295	Brachytherapy		
P388297	Tracheobronchial stent placement		
P388299	Closed pleural biopsy		
P388301	Endobronchial ultrasound with and without biopsy		
P388303	Endobronchial electromagnetic navigation and biopsy		
P388305	Bronchial thermoplasty		
P388677	Balloon bronchoplasty		
P391796	Thoracentesis, ultrasound guided		
P391798	Chest tube placement, ultrasound guided		

[illegible]

Procedures (Cont.)		Requested	Verified
P388442	Ultrasonography exam and interpretation in the emergency setting for: Thoracic ultrasonography		
P391800	Indwelling pleural catheter placement		
P390428	Percutaneous tracheostomy		
P391802	Spray cryotherapy		
P391804	Confocal laser endomicroscopy		
P391806	Optical coherence tomography		
P391808	Endobronchial valve placement		
P388406	Moderate sedation		
Other (Facility- or provider-specific privileges only):		Requested	Verified
SIGNATURE OF APPLICANT		DATE	

II	CLINICAL SUPERVISOR'S RECOMMENDATION
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☐ RECOMMEND APPROVAL
 ☐ RECOMMEND APPROVAL WITH MODIFICATION
(Specify below)
 ☐ RECOMMEND DISAPPROVAL
(Specify below)

STATEMENT:

STATEMENT:

CLINICAL SUPERVISOR SIGNATURE	CLINICAL SUPERVISOR PRINTED NAME OR STAMP	DATE
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