

## LIST OF CLINICAL PRIVILEGES – CARDIOTHORACIC SURGERY

**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:**

I Scope		Requested	Verified
<b>P385568</b>	The scope of privileges in cardiothoracic surgery includes the evaluation, diagnosis, treatment and consultation for patients with congenital and acquired abnormalities of the heart and great vessels, lungs, mediastinum, and pleura; a variety of conditions of the chest wall; and traumatic injuries to the chest and cardiothoracic structures. Cardiac surgeons provide non-surgical care as well as pre-, intra-, and post-operative surgical care. Cardiac surgeons may admit to the facility and may provide care to patients in the intensive care setting in accordance with MTF policies. They 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>
<b>P390328</b>	Pulmonary artery catheter insertion and interpretation		
<b>Procedures</b>		<b>Requested</b>	<b>Verified</b>
<b>Non-Operative</b>		<b>Requested</b>	<b>Verified</b>
<b>P385692</b>	Cardioversion		
<b>P388154</b>	Intra-aortic balloon pump placement / removal		
<b>Minor Procedures</b>		<b>Requested</b>	<b>Verified</b>
<b>P384105</b>	Tracheostomy		
<b>P385198</b>	Tube thoracostomy		
<b>P385588</b>	Pleural biopsy; open, closed		
<b>P385594</b>	Needle biopsy, lung		
<b>P385596</b>	Esophageal bypass tube insertion		
<b>P385598</b>	Lung abscess drainage		
<b>P388216</b>	Esophageal dilatation		
<b>P388364</b>	Thoracentesis		
<b>P388561</b>	Lymph node biopsy		
<b>Endoscopy</b>		<b>Requested</b>	<b>Verified</b>
<b>P384077</b>	Thoracoscopy; direct, video-assisted		
<b>P384665</b>	Bronchoscopy, flexible and rigid		

P385576	Mediastinoscopy; direct, video-assisted		
<b>LIST OF CLINICAL PRIVILEGES – CARDIOTHORACIC SURGERY (CONTINUED)</b>			
<b>Endoscopy (Cont.)</b>		<b>Requested</b>	<b>Verified</b>
P388457	Laryngoscopy; direct, indirect		
P390326	Esophagoscopy (flexible or rigid)		
<b>Chest Wall and Pleura</b>		<b>Requested</b>	<b>Verified</b>
P384085	Thoracotomy		
P384097	Repair of chest wall deformity (pectus excavatum, pectus carinatum)		
P384099	Chest wall resection / reconstruction with or without muscle flap		
P385618	Resection of tumor or infection		
P385620	Thoracoplasty		
P385622	Surgical decompression for thoracic outlet syndrome - resection first rib		
P385624	Rib resection and drainage (Eloesser)		
P385630	Sternal resection (partial or complete, with primary or secondary closure, with or without pectoralis muscle advancement)		
P385696	Sternal wire removal		
P385698	Sternal debridement and rewiring / plating / reconstruction		
<b>Valve surgery with cardiopulmonary bypass</b>		<b>Requested</b>	<b>Verified</b>
P385700	Valve replacement		
P385702	Commissurotomy		
P385704	Valve repair		
P385706	Homograft / autograft replacement		
P385708	Aortic root replacement		
<b>Repair of congenital defects</b>		<b>Requested</b>	<b>Verified</b>
P385710	Shunting procedures		
P385712	Pulmonary artery banding		
P385714	Patent ductus division		
P385718	Vascular ring / arch anomaly repair		
P385716	Coarctation of aorta repair		
P385720	Septal defect repair		
P385722	Valvular defect repair		
<b>Cardiac revascularization</b>		<b>Requested</b>	<b>Verified</b>
P385724	Primary revascularization with or without cardiopulmonary bypass (CPB)		
P385726	Coronary artery endarterectomy		
P385728	Ventricular aneurysmorrhaphy		
P385730	Acquired ventricular septal defect (VSD) repair		
<b>Electrophysiologic cardiac surgery</b>		<b>Requested</b>	<b>Verified</b>
P385734	Pacemaker insertion - transvenous, epicardial		
P385736	Automatic Implantable Cardioverter Defibrillator (AICD) - transvenous, epicardial		

P385738	Arrhythmia ablation procedures		
<b>LIST OF CLINICAL PRIVILEGES – CARDIOTHORACIC SURGERY (CONTINUED)</b>			
<b>Great vessels</b>		<b>Requested</b>	<b>Verified</b>
P385835	Ascending aorta and aortic arch replacement		
P385837	Descending thoracic aortic replacement		
P385839	Thoracoabdominal aneurysmorrhaphy		
P385841	Surgical repair of injury (e.g., laceration, perforation) to great vessels		
P385851	Thoracic Endovascular Aneurysm Repair		
<b>Endarterectomy, repair, replacement, bypass</b>		<b>Requested</b>	<b>Verified</b>
P385845	Innominate artery		
P385847	Carotid artery		
P385849	Subclavian artery		
<b>Pulmonary artery and vena cava</b>		<b>Requested</b>	<b>Verified</b>
P385853	Pulmonary embolectomy		
P385855	Pulmonary thromboendarterectomy		
P385859	Vena cava interruption / ligation / clipping		
P389285	Vena cava filter placement		
<b>Heart</b>		<b>Requested</b>	<b>Verified</b>
P385861	Resection of cardiac tumors		
P385863	Repair of cardiac trauma, myocardium		
P387235	Removal of foreign body		
<b>Lungs</b>		<b>Requested</b>	<b>Verified</b>
P384087	Pleurectomy / pleurodesis		
P384089	Wedge, segmental, other anatomic resection		
P384091	Lobectomy		
P384093	Pneumectomy		
P384095	Decortication		
P385612	Reduction pneumoplasty		
P385616	Sleeve lobectomy or pneumectomy		
<b>Trachea</b>		<b>Requested</b>	<b>Verified</b>
P384103	Tracheo-esophageal fistula repair		
P385632	Trachea and bronchus repair- trauma		
P385636	Tracheal resection for tumor, stricture, or cyst		
P385638	Mediastinal tracheostomy		
<b>Mediastinum</b>		<b>Requested</b>	<b>Verified</b>
P384121	Mediastinal tumor or cyst excision		
P385640	Cervical / anterior mediastinotomy and drainage		
P385644	Pericardial window / pericardectomy		
P385688	Sub-xyphoid drainage		
<b>Esophagus</b>		<b>Requested</b>	<b>Verified</b>
P384107	Repair of esophageal atresia		
P384109	Esophagostomy		

P384111	Esophagectomy		
P384113	Esophagogastrostomy		
<b>LIST OF CLINICAL PRIVILEGES – CARDIOTHORACIC SURGERY (CONTINUED)</b>			
<b>Procedures (Cont.)</b>		<b>Requested</b>	<b>Verified</b>
P384115	Esophagomyotomy		
P384119	Esophageal reflux procedures (intra- or extrathoracic approach)		
P385646	Repair of esophageal trauma / perforation		
P385650	Ligation of esophageal varices		
P385658	Esophageal diverticulectomy (intra- or extrathoracic approach)		
P385662	Esophageal bypass (colon, small intestine)		
P385666	Closure of fistula		
<b>Diaphragm</b>		<b>Requested</b>	<b>Verified</b>
P385668	Repair esophageal and paraesophageal hiatal hernia (intra/extrathoracic)		
P385670	Congenital hernia repair		
P385672	Diaphragm plication, repair, resection, or reconstruction		
P385674	Insertion of diaphragmatic pacer		
<b>Video-assisted thoroscopic procedures</b>		<b>Requested</b>	<b>Verified</b>
P385676	Diagnostic biopsy or pleurodesis		
P385678	Lung wedge resection, segmental resection, lobectomy or pneumonectomy		
P385680	Mediastinal tumor or cyst resection		
P385684	Esophageal procedures.		
P385686	Thoracic sympathectomy / sympathectomy		
P385682	Empyema or hemothorax drainage with or without decortication		
<b>Extracorporeal circulatory support of surgical procedures</b>		<b>Requested</b>	<b>Verified</b>
P424287	Emergent / Salvage insertion of left / right / biventricular assist devices		
P385867	Cardiopulmonary bypass		
P385869	Veno-veno bypass		
P385871	Left atrial to descending aorta or femoral artery bypass		
P385873	Hypothermic circulatory arrest		
P385875	Insertion of left / right / biventricular assist devices (LVAD, RVAD, BiVAD)		
P390747	Extra corporeal life support (ECLS)		
<b>Additional privileges</b>		<b>Requested</b>	<b>Verified</b>
P424284	Robotic surgical approach		
P385879	Intraoperative use of lasers		
P423932	Trans-catheter aortic valve replacement (TAVR), including endovascular and trans-thoracic approaches (with or without cardiopulmonary bypass)		
<b>Other (Facility- or provider-specific privileges only):</b>		<b>Requested</b>	<b>Verified</b>

<b>Applicant Signature</b>	<b>Date</b>	
<b>II CLINICAL SUPERVISOR'S RECOMMENDATION</b>		
<div style="display: flex; justify-content: space-between; margin-bottom: 10px;"> <div style="text-align: center;"> <input type="checkbox"/> <b>RECOMMEND APPROVAL</b> </div> <div style="text-align: center;"> <input type="checkbox"/> <b>RECOMMEND APPROVAL WITH MODIFICATION</b> (Specify below)         </div> <div style="text-align: center;"> <input type="checkbox"/> <b>RECOMMEND DISAPPROVAL</b> (Specify below)         </div> </div> <p><b>STATEMENT:</b></p> <div style="height: 450px; border: 1px solid black; margin-top: 10px;"></div>		
<b>CLINICAL SUPERVISOR SIGNATURE</b>	<b>CLINICAL SUPERVISOR PRINTED NAME OR STAMP</b>	<b>DATE</b>