

LIST OF CLINICAL PRIVILEGES – PODIATRY

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, 3, 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, date 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
P383681	The scope of privileges in podiatry includes prevention, evaluation, diagnosis, treatment, education, and consultation to patients of all ages with disorders, diseases and injuries of the foot and ankle. Podiatrists provide medical and surgical care for a wide variety of foot, and ankle and related lower extremity conditions, including complex disorders and injuries, trauma, and congenital abnormalities. They are also qualified to detect the early stages of systemic diseases that exhibit warning signs in the lower extremities, as well as other foot conditions that can threaten a patients overall health. Podiatrists may perform full pre-operative histories and physical exams and may admit to the facility in accordance with MTF policy.		
Diagnosis and Management (D&M)		Requested	Verified
P383683	Prescribe shoe modifications and special footwear		
P383685	Prescribe/dispense foot/ankle braces, splints, orthotics		
Procedures			
General Procedures of the Foot and Ankle		Requested	Verified
P383687	Injection of corticosteroid medications		
P383693	Skin grafts: split, full thickness and / or synthetic materials with or without flaps		
P383703	Procedures to correct congenital deformities		
P383693	Skin grafts: split, full thickness and/or synthetic materials with or without flaps		
P383714	Arthroplasties		
P383722	Bone lengthening procedures		
P383732	Stabilizing procedures of tendon, bone, or joint by internal or external devices (i.e. arthroeresis)		
P383734	Hardware removal		
P390493	Incision and drainage of infections, abscesses and hematomas		
P388380	Arthrocentesis		
P389307	Arthroscopy		
P389309	Arthrodesis		
P389311	Arthrotomy		
P384298	Bone grafts		

LIST OF CLINICAL PRIVILEGES – PODIATRY (CONTINUED)

Procedures (Cont.)		Requested	Verified
P389339	Prosthetic replacement of bone and joints		
P389313	Biopsy		
P389317	Dislocations: simple / closed reduction		
P389319	Dislocations: open reduction		
P388389	Laceration repair		
P389335	Nerve surgery excluding microsurgical procedures		
P389315	Debridement		
P389321	Excisions		
P429838	Percutaneous, stereotactic, endoscopic approaches to the foot / ankle		
P389333	Musculoskeletal manipulation, with or without anesthesia		
P429839	Orthotripsy		
Foot		Requested	Verified
P383740	Osteotomy – forefoot		
P383742	Osteotomy - foot, any level other than forefoot		
P383746	Achilles tendon repair		
P383748	Tendon grafting		
P383750	Tendon repair, lengthening, shortening, and transposition		
P383752	Amputation - foot, any level		
P383756	Fasciectomy of the leg		
P383762	Tarsal tunnel release		
P383766	Open reduction and internal fixation (ORIF) - foot fractures		
P383768	Closed reduction - foot fractures		
P383215	Surgery of the nail unit		
P383854	Phalangization or digit transposition		
P383852	Syndactyly and polydactyly procedures		
Ankle		Requested	Verified
P383770	Ligament and tendon repair and reconstruction of ankle		
P383772	Chondral and osteochondral transplantation		
P383774	Osteotomy - ankle, supramalleolar		
P383776	Open reduction and internal fixation (ORIF) - ankle fractures		
P383778	Closed reduction - ankle fractures		
Anesthesia privileges		Requested	Verified
P387317	Topical and local infiltration anesthesia		
P387323	Peripheral nerve block anesthesia		
P388406	Moderate sedation		
P387333	Regional nerve block anesthesia		

LIST OF CLINICAL PRIVILEGES – PODIATRY (CONTINUED)

Other (Facility or provider-specific privileges only):		Requested	Verified
SIGNATURE OF APPLICANT		DATE	

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
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