LIST OF CLINICAL PRIVILEGES – VASCULAR 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 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		
Vascular Surgeons who perform General Surgery must also request General Surgery privileges.			
I Scope		**Requested**	**Verified**
P387008	The scope of privileges in Vascular Surgery includes the evaluation, diagnosis, treatment, and consultation, both operative and non-operative, for patients of all ages with diseases and disorders of the arterial, venous, and lymphatic circulatory systems, excluding the heart and intracranial vessels. The scope of privileges includes the diagnosis and medical therapy of aneurysmal, obstructive, traumatic, neoplastic, congenital and infectious arterial and venous diseases, as well as, reflux and thrombotic venous diseases. Vascular surgeons may admit to the facility and may provide care to patients in the intensive care setting in accordance with MTF policies. They 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**
P387016	Interpretation of vascular ultrasound studies, extremity plethysmography studies, segmental arterial pressure studies, transcutaneous oxygen studies, intraoperative arteriography		
P387028	Diagnostic and therapeutic use of fixed and portable angiography equipment		
P387030	Intravascular ultrasound performance/interpretation		
Procedures			
	Diagnostic Procedures	**Requested**	**Verified**
P387032	Transfemoral, transbrachial, and other site access arteriography		
P387035	Angioscopy		
P387037	Venography, diagnostic		
	Arterial:	**Requested**	**Verified**
P387039	Aneurysmorrhaphy, endarterectomy, and arterial bypass of all arteries except coronary and intracranial		
P387041	Intraoperative arteriography		
P387044	Embolectomy and thrombectomy, open and percutaneous		
P387046	Repair, resection, and reconstruction of peripheral arteries with or without graft placement (bypass or interposition graft)		
P387054	Descending thoracic aorta surgerical procedures		
	Endovascular Aneurysm Repair (EVAR) via percutaneous or open arterial access	**Requested**	**Verified**
P387050	Thoracic aorta		
P387052	Abdominal Aorta		

1

LIST OF CLINICAL PRIVILEGES – VASCULAR SURGERY (CONTINUED)

Procedures (Con't)

	Venous:	Requested	Verified
P387056	Ligation, stripping, excision, endoluminal ablation of peripheral vein (radio frequency ablation/laser)		
P387058	Endoscopic, percutaneous, and open ligation/occlusion of incompetent perforator veins		
P387063	Thrombectomy/embolectomy, venous		
P387065	Venous repair/resection/reconstruction with or without graft placement (bypass, interposition graft)		
P387067	Venoplasty		
P387069	Venography, therapeutic percutaneous procedures including filter, stent, angioplasty, embolization and administration of lytic pharmacotherapy		
	Additional Procedures:	**Requested**	**Verified**
P387071	Amputations		
P387099	Sympathectomy		
P387117	Surgical decompression for thoracic outlet syndrome - resection first rib and associated structures		
P387127	Surgical treatment of lymphedema including Thompson/Charles procedure		
P387133	Portal hypertension procedures (e.g., porto-systemic, meso-caval, spleno-renal shunts)		
P387191	Percutaneous vascular catheter placement		
P387199	Arteriovenous Access procedures: Fistula or Graft construction with or without synthetic graft material		
P387207	Transthoracic, transabdominal, and/or retroperitoneal exposure of spine (for surgical decompression and/or stabilization)		
P387215	Angioplasty and stenting of all arteries and veins with the exception of coronary and intracerebral vessels		
P387231	Percutaneous transluminal arterioplasty, atherectomy, stent placement, thrombolysis, embolization and other endovascular procedures		
P388168	Atherectomy		
	Anesthesia procedures:	**Requested**	**Verified**
P387317	Topical and local infiltration anesthesia		
P387323	Peripheral nerve block anesthesia		
P387333	Regional nerve block anesthesia		
P388406	Moderate sedation		
Other (Facility- or provider-specific privileges only):		**Requested**	**Verified**

SIGNATURE OF APPLICANT	DATE

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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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