LIST OF CLINICAL PRIVILEGES – GASTROENTEROLOGY

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 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

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

I Scope		**Requested**	**Verified**
P388210	The scope of privileges in Gastroenterology includes the evaluation, diagnosis, treatment, and provision of consultation to patients with diseases, injuries, and disorders of the digestive organs, including the stomach, intestines, liver, and gallbladder and related structures (e.g., the esophagus and pancreas), including the use of diagnostic and therapeutic procedures using endoscopes to visualize internal organs. Physicians may admit and may provide care to patients in the intensive care setting in accordance with MTF policies. Physicians 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**
P388212	Performance and interpretation of breath tests		
Procedures		**Requested**	**Verified**
P388214	Esophagogastroduodenoscopy with / without biopsy		
P388216	Esophageal dilatation		
P388220	Percutaneous liver biopsy		
P388222	Percutaneous endoscopic gastrostomy and jejunostomy		
P388224	Gastrointestinal motility studies, including esophageal / rectal manometry		
P388227	Variceal hemostasis including sclerotherapy and banding		
P388230	Nonvariceal hemostasis (thermal, mechanical and injection), upper and lower GI tract		
P388232	Dilation procedures in stomach		
P388234	Dilation procedures in small intestine and colon		
P388236	Enteroscopy (push-type)		
P388240	Endoscopic retrograde pancreatography, diagnostic		
P388242	Endoscopic retrograde pancreatography, therapeutic		
P388244	Endoscopic mucosal ablation		
P388246	Luminal mechanical stent placement (including esophageal, small bowel and colonic self-expanding metal stents)		
P388250	Hemorrhoidal therapy - banding		

LIST OF CLINICAL PRIVILEGES – GASTROENTEROLOGY (CONTINUED)			
Procedures (Cont.)		**Requested**	**Verified**
P388252	Hemorrhoidal therapy - thermal		
P388254	Endoscopic ultrasonography		
P388256	Pill endoscopy		
P388260	Balloon enteroscopy (single and double)		
P388262	Radiofrequency ablation		
P391268	Video capsule endoscopy		
P388669	Anoscopy		
P388481	Paracentesis		
P391739	Interpretation of pH / impedance testing		
P391741	Mucosal ablation		
P390346	Colonoscopy with / without biopsy		
P388357	Flexible Sigmoidoscopy with and without biopsy		
P388406	Moderate sedation		
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**