LIST OF CLINICAL PRIVILEGES – PLASTIC 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**
P383780	The scope of privileges in plastic surgery includes the evaluation, diagnosis, and consultation for patients of all ages presenting with congenital, acquired or aesthetic defects of the body's musculoskeletal system, craniomaxillofacial structures, hand, extremities, breast, trunk, external genitalia and soft tissue. They provide non-surgical management as well as pre-, intra-, and post-operative care. Plastic surgeons may admit to the facility and may provide care to patients in the intensive care setting in accordance with MTF policies. They also assess, stabilize, and determine disposition of patients with emergent conditions in accordance with medical staff policy.		
Diagnosis and Management (D&M)		**Requested**	**Verified**
P383784	Non-operative care of burn injuries		
P384220	Resuscitation in burn injuries		
Skin and Soft Tissues		**Requested**	**Verified**
P384027	Skin grafting		
P384029	Scar revision		
P384032	Major or minor scar/keloid revision		
P384034	Excision of benign or malignant skin lesions, subcutaneous, adipose, and muscular tissues		
P384036	Excision of benign or malignant lesions of the joint / synovial tissues		
P384038	Local and distant pedicle flap transfers		
P384040	Myocutaneous and fasciocutaneous flaps		
P384042	Free flap transfer		
P384044	Nerve repair		
P384046	Tissue expander placement/removal		
P384048	Repair of lacerations of head, neck, genitourinary (GU) system, hands, or forearms (acute, delayed, or reconstruction)		
P388389	Laceration repair		
Grafts of:		**Requested**	**Verified**
P384005	Bone		

LIST OF CLINICAL PRIVILEGES – PLASTIC SURGERY (CONTINUED)			
P384007	Fascia		
P384009	Dermis		
P384011	Tendons, with or without preliminary silastic tendon prosthesis		
P384013	Nerves		
P384015	Fat, including omentum		
P384017	Cartilage		
P384019	Blood vessels		
P384021	Mucous membranes		
P384023	Composite or combinations (compound)		
Face		**Requested**	**Verified**
P383989	Closed reduction of fractures of the facial bones		
P383991	Open reduction of fractures of the facial bones		
P383993	Craniofacial reconstruction - Alveolar bone graft		
P383995	Craniofacial reconstruction - LeFort I, II, III		
P383997	Facial nerve palsy repair by nerve suture or graft		
P383999	Facial nerve palsy repair by muscle transfer or graft		
P384001	Facial nerve palsy repair by fascia or tendon sling		
P384003	Rhytidectomy - reconstructive		
P383207	Dermabrasion		
P386989	Injectable fillers		
P389771	Botox injections		
Eyelids		**Requested**	**Verified**
P383977	Ptosis repair		
P383979	Repair of ectropion		
P383981	Total eyelid reconstruction		
P383983	Dacryocystorhinostomy		
P383985	Canthal repair / reconstruction		
P383987	Reconstruction congenital deformities		
Nose		**Requested**	**Verified**
P383971	Nasal reconstruction using flaps, skin grafts, and/or compound/composite grafts		
P383973	Repair of congenital nasal anomalies		
P383975	Septoplasty/submucous resection		
Ears		**Requested**	**Verified**
P383967	Otoplasty		
P383969	Ear reconstruction - Partial and Total		

LIST OF CLINICAL PRIVILEGES – PLASTIC SURGERY (CONTINUED)			
Congenital abnormalities		**Requested**	**Verified**
P383943	Craniosynostosis - onlay		
P383945	Craniosynostosis - complex		
P383947	Skull base exposure		
P383949	Mandibular reconstruction		
P383951	Revision of soft tissue anomalies		
P383953	Primary cleft lip repair		
P383955	Secondary cleft lip repair		
P383957	Primary palate repair		
P383959	Palate fistula repair		
P383961	Cleft lip nasal deformity repair		
P383963	Pharyngeal flap or pharyngoplasty		
P383965	Pharyngeal implant or graft		
P391238	Complex cranioplasties		
Salivary gland		**Requested**	**Verified**
P383941	Resection of benign/malignant tumors		
Regional lymph nodes		**Requested**	**Verified**
P383939	Sentinel node biopsy		
Oropharyngeal and upper respiratory tract		**Requested**	**Verified**
P383937	Craniofacial resection, including maxilla and mandible		
Trunk		**Requested**	**Verified**
P383929	Debridement of pressure ulcers		
P383931	Reconstructive repair of pressure ulcers		
P383933	Congenital and acquired deformity reconstruction		
P383935	Excision of tumors of bony origin		
Head and Neck		**Requested**	**Verified**
P383915	Dental extractions as required for craniofacial anomalies, trauma, or tissue resection		
P383917	Mandibular osteotomy (intra- and extra-oral)		
P384105	Tracheostomy		
Excision of tumors of bony or dental origin		**Requested**	**Verified**
P389984	Jaw		
P389986	Facial		
P389988	Other head and neck		
Breast		**Requested**	**Verified**
P383897	Reduction mammoplasty		
P383899	Augmentation mammoplasty		
P383901	Mammectomy (partial or complete)		
P383903	Mastectomy		
P383905	Breast reconstruction with implant/tissue expander		

LIST OF CLINICAL PRIVILEGES – PLASTIC SURGERY (CONTINUED)			
Breast (Cont.)		**Requested**	**Verified**
P383907	Breast reconstruction with autogenous tissue		
P383909	Mastopexy		
P383911	Nipple reconstruction		
P383913	Capsule revisions		
P422406	Tattooing, intradermal introduction of insoluble opaque pigments to correct color defects of skin, including micro pigmentation; 6.0 sq cm or less (when specified for nipple / areola reconstruction after breast surgery		
Genitourinary tract		**Requested**	**Verified**
P383889	Vaginal reconstruction		
P383891	Phalloplasty		
P383893	Acute care of genitourinary tract trauma.		
P383895	Reconstruction of congenital genitourinary anomalies.		
P389559	Reconstruction for vesical exstrophy		
Extremities		**Requested**	**Verified**
P383878	Debridement of ulcers and other lesions of the extremities		
P383880	Reconstruction of extremity soft tissues		
P383882	Stabilizing procedure to tendons, bones, or joints including tendon transfers		
P383935	Excision of tumors of bony origin		
Hand		**Requested**	**Verified**
P383840	Tenorrhaphy		
P383842	Tendon transfer		
P383844	Tenolysis		
P383846	Neurorrhaphy		
P383848	Neurolysis		
P383850	Palmar fasciectomy		
P383852	Syndactyly and polydactyly procedures		
P383854	Phalangization or digit transposition		
P383858	Arthrodesis / arthroplasty		
P383860	Digital replantation		
P383862	Soft tissue cover		
P383864	I & D infections, hematomas		
P383868	Excision of ganglion		
P383874	Fractures - open management / external fixators		
P383876	Reconstructive repair of congenital anomalies of the hand		
P389337	Osteotomy		
P387071	Amputations		
P389307	Arthroscopy		
P389327	Fractures - closed management		
P391234	Complex hand reconstruction		
Burns		**Requested**	**Verified**
P383828	Escharotomy		
P383830	Primary burn excision		
P383834	Reconstructive burn scar revision		
P383838	Fasciotomy		
P384201	Burn debridement		
P384739	Contracture release		

LIST OF CLINICAL PRIVILEGES – PLASTIC SURGERY (CONTINUED)			
Aesthetic surgery		**Requested**	**Verified**
P383802	Rhinoplasty		
P383804	Septoplasty		
P383806	Blepharoplasty		
P383808	Brow / forehead lift		
P383810	Rhytidectomy		
P383812	Genioplasty		
P383814	Aesthetic contouring of facial skeleton		
P383816	Malarplasty, with / without augmentation		
P383818	Chemical peels		
P383820	Abdominoplasty		
P383822	Dermatolipectomy of trunk or extremities		
P383824	Liposuction / suction assisted lipectomy		
P383826	Thigh, arm, and buttock lifts		
Microvascular procedures		**Requested**	**Verified**
P383796	Microvascular free flaps and transplantation		
P383798	Revascularization		
P383800	Microsurgical nerve repair		
P391236	Microvascular free tissue transfer		
Endoscopic procedures with or without biopsy		**Requested**	**Verified**
P384665	Bronchoscopy, flexible and rigid		
Additional Procedures		**Requested**	**Verified**
P383786	Endoscopic-assisted soft tissue surgery		
P383788	Laser therapy - Skin lesions		
P383790	Laser skin resurfacing		
P383792	Laser treatment of cutaneous vascular lesions, tattoos, warts, and other cutaneous		
P386991	Laser surgery		
Anesthesia privileges		**Requested**	**Verified**
P387317	Topical and local infiltration anesthesia		
P387323	Peripheral nerve block anesthesia		
P388406	Moderate sedation		
P387333	Regional nerve block anesthesia		
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