

LIST OF CLINICAL PRIVILEGES – THORACIC 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
P424282	The scope of privileges in general thoracic surgery includes the evaluation, diagnosis, treatment and consultation for patients with congenital and acquired abnormalities of the chest wall, lungs, pleura, and mediastinal structures; and traumatic injuries to the chest and cardiothoracic structures. Thoracic surgeons provide non-surgical care as well as pre-, intra-, and post-operative surgical care. Thoracic 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.		
Diagnosis and Management (D&M)		Requested	Verified
P390328	Pulmonary artery catheter insertion and interpretation		
Endoscopy Procedures		Requested	Verified
P385576	Mediastinoscopy; direct, video-assisted		
P384665	Bronchoscopy, flexible and rigid		
P390326	Esophagoscopy (flexible or rigid)		
P388457	Laryngoscopy; direct, indirect		
P384077	Thoracoscopy; direct, video-assisted		
Minor Procedures		Requested	Verified
P385588	Pleural biopsy; open, closed		
P385594	Needle biopsy, lung		
P385596	Esophageal bypass tube insertion		
P385598	Lung abscess drainage		
P388364	Thoracentesis		
P385198	Tube thoracostomy		
P388561	Lymph node biopsy		

LIST OF CLINICAL PRIVILEGES – THORACIC SURGERY (CONTINUED)			
Procedures (Cont.)		Requested	Verified
P384105	Tracheostomy		
P388216	Esophageal dilatation		
P385692	Cardioversion		
Lungs		Requested	Verified
P384085	Thoracotomy		
P384087	Pleurectomy / pleurodesis		
P384089	Wedge, segmental, other anatomic resection		
P384091	Lobectomy		
P384093	Pneumectomy		
P384095	Decortication		
P385612	Reduction pneumoplasty		
P385616	Sleeve lobectomy or pneumectomy		
Chest Wall and Pleura		Requested	Verified
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)		
Trachea		Requested	Verified
P384103	Tracheo-esophageal fistula repair		
P385632	Trachea and bronchus repair- trauma		
P385636	Tracheal resection for tumor, stricture, or cyst		
P385638	Mediastinal tracheostomy		
Mediastinum		Requested	Verified
P384121	Mediastinal tumor or cyst excision		
P385640	Cervical / anterior mediastinotomy and drainage		
P385644	Pericardial window / pericardectomy		
P385688	Sub-xyphoid drainage		
Esophagus		Requested	Verified
P384107	Repair of esophageal atresia		
P384109	Esophagostomy		
P384111	Esophagectomy		
P384113	Esophagogastrostomy		
P384119	Esophageal reflux procedures (intra- or extrathoracic approach)		
P385646	Repair of esophageal trauma / perforation		
P385650	Ligation of esophageal varices		

LIST OF CLINICAL PRIVILEGES – THORACIC SURGERY (CONTINUED)			
Esophagus (Cont.)		Requested	Verified
P385658	Esophageal diverticulectomy (intra- or extrathoracic approach)		
P385662	Esophageal bypass (colon, small intestine)		
P385666	Closure of fistula		
P384115	Esophagomyotomy		
Diaphragm		Requested	Verified
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		
Video-assisted thoroscopic procedures		Requested	Verified
P385676	Diagnostic biopsy or pleurodesis		
P385678	Lung wedge resection, segmental resection, lobectomy or pneumonectomy		
P385680	Mediastinal tumor or cyst resection		
P385682	Empyema or hemothorax drainage with or without decortication		
P385684	Esophageal procedures		
P385686	Thoracic sympathectomy / sympathotomy		
Extracorporeal circulatory support of surgical procedures		Requested	Verified
P385867	Cardiopulmonary bypass		
P385869	Veno-veno bypass		
P385871	Left atrial to descending aorta or femoral artery bypass		
Additional privileges		Requested	Verified
P424284	Robotic surgical approach		
P385879	Intraoperative use of lasers		
Other (Facility- or provider-specific privileges only):		Requested	Verified
SIGNATURE OF APPLICANT		DATE	

II

CLINICAL SUPERVISOR'S RECOMMENDATION

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RECOMMEND APPROVAL

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RECOMMEND APPROVAL WITH MODIFICATION
(Specify below)

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RECOMMEND DISAPPROVAL
(Specify below)

STATEMENT:

CLINICAL SUPERVISOR SIGNATURE

CLINICAL SUPERVISOR PRINTED NAME OR STAMP

DATE