

## LIST OF CLINICAL PRIVILEGES – UROLOGY

**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
P383530	The scope of privileges in urology include the evaluation, diagnosis, treatment and consultation for patients of all ages presenting with congenital or acquired conditions of the genitourinary system, contiguous structures, and the adrenal gland. Urologists provide medical and pre-, intra-, and post-operative management of these conditions. Physicians may admit to the facility and may provide care to patients in the intensive care setting in accordance with MTF policies. Urologists 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
P383532	Male family planning and infertility		
P383534	Urolithiasis and metabolic disorders associated with urolithiasis		
P383536	Ultrasound evaluation and interpretation of genitourinary tract		
P383538	Use of image guidance for diagnostic and therapeutic procedures		
P383540	Perform and interpret urodynamic studies		
P383542	Perform and interpret fluoroscopic studies of the genital and urinary tracts		
General		Requested	Verified
P383544	Incision and drainage of the retroperitoneum, perineum, genitourinary tract and external genitalia		
P383546	Biopsy/excision/fulguration of lesions of the retroperitoneum, and urinary and genital organs		
P383548	Exposure, resection and repair of injuries to and removal of foreign bodies from the abdomen, retroperitoneum, perineum and urinary and genital organs		
P383550	Open or endoscopic removal, manipulation or destruction of stones of the urinary tract		
P383552	Closure of fistula involving the urinary tract		
P383554	Repair hernia with or without prosthetic material		
P383556	Harvest of skin, buccal mucosa, muscle, fascia and tunica vaginalis for flaps and grafts		
P383558	Percutaneous access to any structure of the genitourinary tract for diagnosis or treatment		
P383560	Instillation or injection of therapeutic agents to the genital or urinary tract		
P383562	Care of surgical wounds including washout, grafting, debridement, wound vac and closure		
P383564	Insertion of electroneurostimulating device for treatment of urinary/fecal symptoms		

## LIST OF CLINICAL PRIVILEGES – UROLOGY (CONTINUED)

Procedures (Cont.)		Requested	Verified
P383566	Neurectomy		
P383568	Trauma - Exposure, resection and/or repair of traumatic injuries of the genitourinary system and injuries occurring in conjunction with genitourinary trauma (i.e. repair of bowel, spleen, liver)		
P383570	Extracorporeal shock wave lithotripsy (ESWL)		
P384148	Hysterectomy		
Techniques		Requested	Verified
P383572	Laparoscopic approach for any urological procedure		
P383574	Robotic assisted laparoscopic approach for any urological procedure		
P383576	Utilization of laser, mechanical, electrical, pneumatic thermal or other energy for the excision, coagulation, vaporization, fulguration, ablation and/or repair of tissues and destruction of stones		
P383578	Microsurgical techniques for urological procedures		
Urinary Diversion		Requested	Verified
P383580	Cutaneous Vesicostomy, ureterostomy, pyelostomy, urethrostomy and closure		
P383582	Enteric or colonic urinary conduit		
P383584	Continent catheterizeable stoma		
P383586	Neobladder or continent urinary diversion		
P383588	Ureterosigmoidostomy		
Penis		Requested	Verified
P383590	Amputation, partial or complete		
P383592	Circumcision		
P383594	Aspiration and irrigation of corpora		
P383596	Insertion of penile prosthesis		
P383598	Straightening of chordee		
P383600	Injection or surgical treatment for Peyronie's disease		
P383602	Repair of continent epispadias and hypospadias		
P383604	Creation of shunt for priapism		
P383606	Repair of penoscrotal transposition		
P383608	Vascular repair for impotence		
P383891	Phalloplasty		
P391302	Neophallus		
P391305	Repair of epispadias with incontinence		
Urethra		Requested	Verified
P389488	Meatotomy/Meatoplasty		
P389490	Transurethral bladder catheterization		
P389492	Urethrectomy		
P389494	Repair of urethral prolapse		
P389496	Diverticulectomy		
P389498	Urethroplasty		
P389500	Insertion urethral stent		
P389502	Operation for incontinence with or without prosthesis, by vaginal, transabdominal or		
P389504	Insertion of artificial urinary sphincter		
Scrotum		Requested	Verified
P389506	Resection of scrotum		
P389508	Plastic revision of scrotum		
P389510	Puncture of hydrocele for drainage or instilling medication		
P389512	Hydrocelectomy		
Testis, Spermatic cord, and Seminal Vesicles		Requested	Verified
P389514	Orchiectomy		

**LIST OF CLINICAL PRIVILEGES – UROLOGY (CONTINUED)**

<b>Testis, Spermatic cord, and Seminal Vesicles (cont'd)</b>		<b>Requested</b>	<b>Verified</b>
<b>P389516</b>	Treatment of testicular torsion		
<b>P389518</b>	Orchiopexy		
<b>P389520</b>	Insertion of testicular prosthesis		
<b>P389523</b>	Sperm harvest		
<b>P389525</b>	Vasotomy and cannulation, with or without incision for treatment, vasograms, seminal vesiculograms or epididymograms		
<b>P389527</b>	Vasovasostomy		
<b>P389529</b>	Epididymovasostomy		
<b>P389531</b>	Epididymectomy		
<b>P389533</b>	Varicocele treatment		
<b>P389535</b>	Lysis of cremasteric muscle		
<b>P389537</b>	Spermatocectomy		
<b>P389539</b>	Vesiculectomy		
<b>P388567</b>	Vasectomy		
<b>Prostate</b>		<b>Requested</b>	<b>Verified</b>
<b>P389541</b>	Simple prostatectomy by abdominal or perineal approach		
<b>P389543</b>	Radical prostatectomy by abdominal or perineal approach		
<b>P389545</b>	Interstitial brachytherapy		
<b>Urinary Bladder</b>		<b>Requested</b>	<b>Verified</b>
<b>P388411</b>	Suprapubic bladder aspiration		
<b>P389549</b>	Surgical treatment of urachal anomaly		
<b>P389551</b>	Cystectomy, partial or complete		
<b>P389553</b>	Bladder diverticulectomy		
<b>P389555</b>	Enterocystoplasty		
<b>P389557</b>	Anterior pelvic exenteration		
<b>P389559</b>	Reconstruction for vesical exstrophy		
<b>P389563</b>	Excision of ureterocele		
<b>Ureter</b>		<b>Requested</b>	<b>Verified</b>
<b>P389566</b>	Ureterotomy		
<b>P389568</b>	Ureterectomy		
<b>P389570</b>	Ureteroplasty		
<b>P389572</b>	Ureterolysis		
<b>P389574</b>	Pyelo or Calycoureterostomy		
<b>P389576</b>	Transureteroureterostomy		
<b>P389578</b>	Replacement of ureter with enteric segment		
<b>P389580</b>	Ureteroneocystostomy		
<b>P389582</b>	Pyeloureteroplasty		
<b>Kidney</b>		<b>Requested</b>	<b>Verified</b>
<b>P389584</b>	Nephrostomy		
<b>P389586</b>	Excision or unroofing of cyst of the kidney		
<b>P389588</b>	Nephropexy		
<b>P389590</b>	Nephrectomy, partial or complete		
<b>P389592</b>	Nephrectomy, living donor		
<b>P389594</b>	Nephrectomy with vena cava thrombectomy		
<b>P389596</b>	Nephroureterectomy		
<b>P389598</b>	Harvest of cadaver kidneys		
<b>P389600</b>	Auto transplantation		
<b>P389602</b>	Homotransplantation		

LIST OF CLINICAL PRIVILEGES – UROLOGY (CONTINUED)			
<b>Adrenal Gland</b>		<b>Requested</b>	<b>Verified</b>
P389604	Adrenalectomy, partial or complete		
<b>Retroperitoneum / Lymphatic system</b>		<b>Requested</b>	<b>Verified</b>
P389606	Retroperitoneal lymphadenectomy		
P389608	Pelvic lymphadenectomy		
P389610	Inguinal lymphadenectomy, deep and superficial		
<b>Female Urology</b>		<b>Requested</b>	<b>Verified</b>
P389612	Clitoroplasty and vaginoplasty		
P389614	Cystocele repair		
P389616	Rectocele repair		
P389620	Transvaginal, transabdominal or transperineal repair of pelvic organ prolapse with or without prosthetics		
P385441	Repair of enterocele		
<b>Endoscopic procedures</b>		<b>Requested</b>	<b>Verified</b>
P383614	Endoscopic catheterization / stent.		
P383616	Internal urethrotomy.		
P383618	Urethral calibration / dilation / incision		
P383620	Hydrodistension / lavage / irrigation of bladder.		
P383622	Endoscopic treatment of ureterocele.		
P383624	Transurethral resection of bladder tumor.		
P383626	Transurethral resection / incision of bladder neck.		
P383628	Transurethral resection / incision of prostate.		
P383630	Transurethral resection / incision of urethral valves.		
P383632	Endoscopic incision / dilation / treatment of ureteral abnormalities.		
P383634	Ureteroscopy.		
P388802	Cystourethroscopy with or without biopsy		
<b>Anesthesia procedures</b>		<b>Requested</b>	<b>Verified</b>
P387317	Topical and local infiltration anesthesia		
P387323	Peripheral nerve block anesthesia		
P387333	Regional nerve block anesthesia		
P388406	Moderate sedation		
<b>Other (Facility- or Provider-Specific Privileges Only)</b>		<b>Requested</b>	<b>Verified</b>
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**