

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 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

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		
Procedures			
	General	Requested	Verified
P383544	Incision and drainage of the retroperitoneum, perineum, genitourinary tract and external genitalia		
P383546	Biopsy/excision/fulgaration of lesions of the retroperitoneum, 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		

LIST OF CLINICAL PRIVILEGES – UROLOGY (CONTINUED)

Procedures (Cont.)			
	General (Cont.)	Requested	Verified
P383564	Insertion of electroneurostimulating device for treatment of urinary/fecal symptoms		
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		

LIST OF CLINICAL PRIVILEGES – UROLOGY (CONTINUED)

Procedures (Cont.)			
	Urethra (Cont.)	Requested	Verified
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 perineal approach		
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		
P389516	Treatment of testicular torsion		
P389518	Orchiopexy		
P389520	Insertion of testicular prosthesis		
P389523	Sperm harvest		
P389525	Vasotomy and cannulation, with or without incision for treatment, vasograms, seminal vesiculograms or epididymograms		
P389527	Vasovasostomy		
P389529	Epididymovasostomy		
P389531	Epididymectomy		
P389533	Varicocele treatment		
P389535	Lysis of cremasteric muscle		
P389537	Spermatocoelectomy		
P389539	Vesiculectomy		
P388567	Vasectomy		
	Prostate	Requested	Verified
P389541	Simple prostatectomy by abdominal or perineal approach		
P389543	Radical prostatectomy by abdominal or perineal approach		
P389545	Interstitial brachytherapy		
	Urinary bladder	Requested	Verified
P388411	Suprapubic bladder aspiration		
P389549	Surgical treatment of urachal anomaly		
P389551	Cystectomy, partial or complete		
P389553	Bladder diverticulectomy		

LIST OF CLINICAL PRIVILEGES – UROLOGY (CONTINUED)

Procedures (Cont.)			
	Urinary bladder (Cont.)	Requested	Verified
P389555	Enterocystoplasty		
P389557	Anterior pelvic exenteration		
P389559	Reconstruction for vesical exstrophy		
P389563	Excision of ureterocele		
	Ureter	Requested	Verified
P389566	Ureterotomy		
P389568	Ureterectomy		
P389570	Ureteroplasty		
P389572	Ureterolysis		
P389574	Pyelo or Calycoureterostomy		
P389576	Transureteroureterostomy		
P389578	Replacement of ureter with enteric segment		
P389580	Ureteroneocystostomy		
P389582	Pyeloureteroplasty		
	Kidney	Requested	Verified
P389584	Nephrostomy		
P389586	Excision or unroofing of cyst of the kidney		
P389588	Nephropexy		
P389590	Nephrectomy, partial or complete		
P389592	Nephrectomy, living donor		
P389594	Nephrectomy with vena cava thrombectomy		
P389596	Nephroureterectomy		
P389598	Harvest of cadaver kidneys		
P389600	Auto transplantation		
P389602	Homotransplantation		
	Adrenal gland	Requested	Verified
P389604	Adrenalectomy, partial or complete		
	Retroperitoneum/lymphatic system	Requested	Verified
P389606	Retroperitoneal lymphadenectomy		
P389608	Pelvic lymphadenectomy		
P389610	Inguinal lymphadenectomy, deep and superficial		
	Female urology	Requested	Verified
P389612	Clitoroplasty and vaginoplasty		
P389614	Cystocele repair		
P389616	Rectocele repair		

LIST OF CLINICAL PRIVILEGES – UROLOGY (CONTINUED)

Procedures (Cont.)			
	Female urology	Requested	Verified
P389620	Transvaginal, transabdominal or transperineal repair of pelvic organ prolapse with or without prosthetics		
P385441	Repair of enterocele		
	Endoscopic procedures	Requested	Verified
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		
	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	

LIST OF CLINICAL PRIVILEGES – UROLOGY (CONTINUED)

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