

MILLARD FILLMORE SURGERY CENTER, LLC

Name _____

Date _____

DELINEATION OF PRIVILEGES - PLASTIC SURGERY

Credentialing period effective for 2 years

GENERAL STATEMENTS

Procedures are separated into levels of complexity (Level I and Level II), which require increasing levels of education and experience. In general, procedures learned during residency are grouped in Level I and are granted upon evidence of successful completion of residency training. Level II procedures may or may not require evidence of additional training beyond residency.

LEVEL I (CORE) PRIVILEGES <i>Those procedures which are assumed to have been mastered following satisfactory completion of an approved surgical training program, and which can be performed by any competent surgeon.</i>
INJECTION PROCEDURES
Administration of local anesthesia
Injection Steroid
I & D / DEBRIDEMENT
Debridement
Debridement, Dressing Change
Re-Exploration Breast Evacuation Hematoma
Incision and Drainage
BIOPSY AND EXCISIONS
Biopsy (finger, hand, muscle, sural nerve)
Excision Basal Cell Carcinoma
Excision Breast Mass, Bilateral
Excision Cyst Sebaceous
Excision Hemangioma Upper Extremity
Excision Hidradenitis, Axillary/Buttocks
Excision Keloid
Excision Lesion Eyelid, Benign/Malignant
Excision Lesion Hand
Excision Lesion Nose w/ Local Cutaneous Skin Flap
Excision Skin Lesion
Excision Lipoma
Excision/Biopsy Lymph Nodes
Excision Mass
Excision Melanoma
Excision Neuroma Hand/Finger(s)
Excision Nevi
Excision Tumor Hand
Removal Foreign Body (Foot/Hand)
Excision (lunate, pisiform, scaphoid, exostosis finger)
Salivary Gland Biopsy/Excision
SOFT TISSUE REPAIRS / RECONSTRUCTIONS
Repair Laceration Earlobe
Revision Amputation Stump
Scar Revision
Z-Plasty Hand
FLAPS AND GENERAL RECONSTRUCTION
Flap Debridement, Defatting, Delay, Cutaneous, Division-Inset of Distant Pedicle Upper Extremity to Abdomen
Flap Island Pedicle Myocutaneous Forearm to hand (PIA)
Reconstruction Facial Defect with Flap (MOHS)
Scalp Reduction

LEVEL I (CORE) PRIVILEGES (CON'T)
FLAPS AND GENERAL RECONSTRUCTION (CON'T)
Re-Exploration Flap Reconstruction (breast, sternum, upper and lower extremity)
Excision Melanoma with Cutaneous Skin Flap
Release Frenulum (tongue tied)
Repair Ectropin
GRAFTS (skin, bone, fascia, cartilage, prosthetic)
Excision Basal Cell Carcinoma with STSG
Excision Lesion Skin with STSG
Excision Melanoma with STSG
REDUCTION FACIAL FRACTURE
Closed Reduction Nasal Fracture
ORIF (malar, orbital floor fracture, zygoma)
HAND SURGERY/WRIST, GENERAL AND RECONSTRUCTIVE
Manipulation Extremity
Ganglion Excision Upper & Lower Extremity
Release Contracture Finger(s)
Release Dorsal compartment Wrist
HAND SURGERY/WRIST, GENERAL AND RECONSTRUCTIVE (CON'T)
Excision Ganglion Cyst
Tenovaginctomy Finger(s)
Release Syndactyly Fingers and Toes
Fasciectomy Palmar & Digital (Dupuytren's)
NERVE REPAIR / NEUROLYSIS / DECOMPRESSION / TRANSPOSITION / GRAFT
Decompression Median Nerve Bilateral and Unilateral (Carpal Tunnel)
Decompression Ulnar Nerve (Cubital Tunnel)
Neurolysis (digital, median, radial and ulnar nerve)
Repair Nerve (digital, median, radial and ulnar nerve)
REMOVAL OF HARDWARE
Removal of Pin(s) Finger/Hand
Removal Plates & Screws Wrist
LIPECTOMY AND LIPOLYSIS
Lipectomy
Lipolysis
RHYTIDECTOMY (Facial, Coronal, Neck)
Platysmoplasty
Rhytidectomy

<u>LEVEL I (CORE) PRIVILEGES (CON'T)</u>
PLASTY
Blepharoplasty
Brachialplasty
Thighplasty
Correction Ptosis Eyelid, Single/Bilateral
Septorhinoplasty
Septoplasty
Rhinoplasty
Abdominoplasty
Otoplasty, Unilateral/Bilateral
MAMMOPLASTY
Augmentation Mammoplasty, Single/Bilateral
Capsulectomy/Capsulotomy Breast(s)
Reconstruction Areola/Nipple, Unilateral/Bilateral
Mastopexy, Single/Bilateral
Reduction Mammoplasty, Single/Bilateral

<u>LEVEL I (CORE) PRIVILEGES (CON'T)</u>
MAMMOPLASTY (CON'T)
Reduction Mammoplasty with Free Nipple Graft, Bilateral/Unilateral
Removal Mammary Implant, Single/Bilateral
Removal Tissue Expander with Insertion Mammary Implant, Single/Bilateral
Replace Mammary Implant, Unilateral/Bilateral
Excision Gynecomastia, Bilateral
TISSUE EXPANDER
Insertion, Removal, Replace Tissue Expander
GENERAL COSMETIC
Augmentation Chin (Implant)
Chemical Peel and Dermabrasion, Facial/Forehead
Dermabrasion, Forehead
Hair Transplant, Flaps, Reduction
Tattoo Removal
Other: History and Physical

<u>LEVEL I (CORE) PRIVILEGES</u>	PHYSICIAN REQUEST	Granted	Not Granted*	With Following Requirements** (Provide Details)
<u>LEVEL II PRIVILEGES</u> <i>Those procedures listed below, including those not listed in Level I, which may require documentation of additional experience or training.</i>	PHYSICIAN REQUEST	Granted	Not Granted*	With Following Requirements** (Provide Details)
HAND JOINT / LIGAMENT SURGERY AND RECONSTRUCTION				
Amputation				
Reconstruction Ligamentous Hand/Wrist				
Synovectomy Carpal Bones, Interphalangeal Joint Finger(s) IPJ, Wrist				
REPAIR OR RELEASE TENDON / TENOLYSIS / TENDON GRAFT AND TRANSFER				
Repair Tendon Extensor Hand, Flexor Arm and Hand				
Repair Tendons and Nerves Forearm, Finger(s), Hand, Wrist				
Tendon Graft Upper Extremity				
Tendon Transfer Hand/Wrist				
Tenolysis Hand, Wrist (Dorsal Compartments), Wrist/Forearm				
NERVE REPAIR				
Decompression Median Nerve with Abductorplasty				
REDUCTION OF FRACTURE, DISLOCATIONS, HAND AND WRIST				
Closed Reduction Percutaneous Pinning Carpal(s), Metacarpal(s), Wrist				
ORIF Finger(s)				
BONE CARTILAGE REMOVAL AND/OR GRAFTING, AUTOLOGOUS & PROSTHETIC <i>Requires documentation of a hand fellowship</i>				
Fusion Scaphoid with Bone Graft Distal Radius, with Bone Graft Iliac Crest				
Graft Composite (Ear/Nose)				

LEVEL II PRIVILEGES (CON'T)	PHYSICIAN REQUEST	Granted	Not Granted*	With Following Requirements** (Provide Details)
BONE CARTILAGE REMOVAL AND/OR GRAFTING, AUTOLOGOUS & PROSTHETIC (CON'T) <i>Requires documentation of a completed hand fellowship</i>				
Harvest Bone Graft Iliac Crest				
ORIF Scaphoid with Bone Graft Iliac Crest				
ORIF Scapula				
Ostomy Wrist				
Osteotomy Wrist with Bone Graft and Fixation				
ARTHROPLASTY, ARTHRODESIS, ARTHROTOMY / HAND AND WRIST <i>Requires documentation of a completed hand fellowship</i>				
Arthrodesis Intercarpal Joint(s), Interphalangeal Joint(s) Finger, Metacarpaophalangeal Joint(s) MCPJ				
Arthroplasty Carpometacarpal Joint(s), Metacarpal Joint(s), Wrist, Metatarsophalangeal Joint First Bilateral/Unilateral, Metatarsophalangeal Joint First with Implant Bilateral/Unilateral				
Arthroscopic Debridement Wrist, Removal Loose Bodies Wrist, Repair Triangular Fibrocartilage Complex Tear Wrist, Synovectomy Wrist				
Arthroscopy Wrist				
Arthrotomy Wrist Drainage Abscess				
Capsulodesis Metacarpaophalangeal Joint(s), Wrist				
Capsulotomy Carpal Bones, Interphalangeal Joints Finger(s) IPJ, Metacarpaophalangeal Joint(s) MCPJ, Metatarsophalangeal Joint(s) MTPJ, Wrist				
Fusion Multiple Joint Hand				
RECONSTRUCTION BONE OR JOINT DEFORMITY, FACE, HANDS, WRISTS				
Excision Bone Spur Hand				
LASER SURGERY				
Resurfacing Skin Facial Laser CO2				
Vaporization Lesion Skin,/ Vascular Laser CO2/TD (Back/Hip(s), Chest/Abdomen, Face/Head, Neck, Upper/Lower Extremity)				
ENDOSCOPIC <i>Requires documentation of education or training</i>				
Decompression Median Nerve, Bilateral/Unilateral Endoscopic (Carpal Tunnel), Endoscopic with Abductorplasty				
Endoscopic Plastic Surgery Forehead				
RHYTIDECTOMY (Facial, Coronal, Neck) <i>Requires documentation of education or training</i>				
Thread Lift				

KEY	*NOT GRANTED DUE TO: Provide Details Below	**WITH FOLLOWING REQUIREMENTS Provide Details Below
	1) Lack of Documentation	1) With Consultation
	2) Lack of Required Training/Experience	2) With Assistance
	3) Lack of Current Competence (Databank Reportable)	3) With Proctoring
	4) Other (Please Define) (i.e., Exclusive Contract)	4) Other (Please Define)

DETAILS: _____

National Practitioner Databank Disclaimer Statement

Kaleida Health must report to the National Practitioner Data Bank when any clinical privileges are not granted for reasons related to professional competence or conduct. (Pursuant to the Health Care Quality Improvement Act of 1986 (42 U.S.C. 11101 et seq.)

_____/_____
Signature of Applicant **Date**

_____/_____
Signature of Clinical Chief **Date**

APPLICANT: PLEASE RETAIN A COPY OF THIS SIGNED DELINEATION FOR YOUR RECORDS