

Jersey City Medical Center
Medical-Dental Staff Office

Dear Doctor:

RE: REQUEST OF CLINICAL PRIVILEGES

Attached is a Delineation of Privileges form to request clinical privileges in the Department of Surgery. Please review, place a check corresponding to each privilege that you wish to request and affix your signature approval.

Thank you.

**Jersey City Medical Center
Delineation Of Privileges**

Provider: CLINICAL PRIVILEGES - SURGERY

Code	Privilege	Reqstd (check)	Dept Review	Board Approvd
022	Lesion excision - local	_____	_____	_____
023	Brachial, thyroglossal cysts, polyps, etc.	_____	_____	_____
024	Lesion excision - major	_____	_____	_____
025	Laryngotomy, myringotomy, tracheotomy	_____	_____	_____
MASTOIDECTOMY				
026	Simple	_____	_____	_____
027	Radical	_____	_____	_____
028	Rhinoplasty	_____	_____	_____
SINUS				
029	Incision	_____	_____	_____
030	Excision (Submucous resection)	_____	_____	_____
031	Tonsillectomy	_____	_____	_____
MAXILLOFACIAL AND ORAL SURGERY				
032	All oral surgery including excision of lesions	_____	_____	_____
033	Fractures - reduction	_____	_____	_____
RECTAL SURGERY				
034	Anal fissure	_____	_____	_____
035	Anal fistula	_____	_____	_____
036	Anoscopy, proctoscopy, sigmoidoscopy	_____	_____	_____
LESION EXCISION				
037	Local	_____	_____	_____
038	Malignant	_____	_____	_____
HEMORRHOIDECTOMY				
039	External	_____	_____	_____
040	Internal	_____	_____	_____
041	Incision and drainage	_____	_____	_____
042	Piloniadal cyst	_____	_____	_____
UROLOGICAL SURGERY				

Current Status Codes:

D - Denied
N - Not Requested

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Code	Privilege	Reqstd (check)	Dept Review	Board Approvd
043	Circumcision	_____	_____	_____
044	Cystoscopy, urethroscopy	_____	_____	_____
045	Cystotomy	_____	_____	_____
046	Hydrocele	_____	_____	_____
NEPHRECTOMY				
047	Partial	_____	_____	_____
048	Total	_____	_____	_____
049	Orchidectomy	_____	_____	_____
050	Plastic operations on kidney	_____	_____	_____
051	Prostatectomy	_____	_____	_____
052	Transurethral resection	_____	_____	_____
053	Ureteral surgery	_____	_____	_____
054	Adrenalectomy	_____	_____	_____
URETHROTOMY				
055	External	_____	_____	_____
056	Internal	_____	_____	_____
057	Varicocele	_____	_____	_____
057.01	Endoscopic Urology	_____	_____	_____
057.02	Incontinence Surgery	_____	_____	_____
057.03	Penile Prosthesis	_____	_____	_____
ABDOMEN				
058	Abdominal perineal resection	_____	_____	_____
059	Appendectomy	_____	_____	_____
060	Culdoscopy, gastroscopy	_____	_____	_____
HERNIA REPAIR - DIAPHRAGMATIC				
061	Femoral	_____	_____	_____
062	Incisional or Ventral	_____	_____	_____
063	Inguinal	_____	_____	_____

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Code	Privilege	Reqstd (check)	Dept Review	Board Approvd
064	Umbilical	_____	_____	_____
OPERATIONS ON:				
066	Biliary tract & Liver	_____	_____	_____
067	Gallbladder	_____	_____	_____
068	Intestinal tract	_____	_____	_____
069	Pancreas	_____	_____	_____
070	Peritoneum, omentum	_____	_____	_____
071	Spleen	_____	_____	_____
072	Stomach	_____	_____	_____
BLOOD VESSELS				
073	Anastomoses (cancer related)	_____	_____	_____
074	Aneurysmectomy	_____	_____	_____
075	Embolectomy	_____	_____	_____
076	Phlebectomy	_____	_____	_____
BREAST				
077	Excision of cyst or tumor	_____	_____	_____
078	Mastectomy (simple)	_____	_____	_____
079	Mastectomy (radical)	_____	_____	_____
079.1	Breast Reconstruction	_____	_____	_____
ESOPHAGUS				
LYMPH, CHANNELS & NODES				
081	Biopsy	_____	_____	_____
082	Incision & drainage	_____	_____	_____
083	Excision	_____	_____	_____
LAPAROSCOPIC SURGERY				
084	Cholecystectomy, cholangiogram	_____	_____	_____
085	Appendectomy	_____	_____	_____
086	Herniorrhaphy	_____	_____	_____

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087	Vagotomy	_____	_____	_____
088	Colon resection	_____	_____	_____
089	Diagnostic Laparoscopy	_____	_____	_____
090	Laparoscopic Laparotomy	_____	_____	_____
SKIN & SUBCUTANEOUS TISSUE				
091	Biopsy	_____	_____	_____
092	Burns - first degree	_____	_____	_____
093	Burns - second & third degree	_____	_____	_____
094	Excision lesion (cyst, lipomata polyps, etc.)	_____	_____	_____
095	Graft - padicle	_____	_____	_____
096	Graft - tubular	_____	_____	_____
097	STSG	_____	_____	_____
NEUROSURGERY				
098	Elective encephalography	_____	_____	_____
099	Craniectomy	_____	_____	_____
100	Craniotomy	_____	_____	_____
101	Laminectomy	_____	_____	_____
102	Neurotomy	_____	_____	_____
103	Peripheral nerve surgery	_____	_____	_____
103.1	Transphenoidal hypophysectomy	_____	_____	_____
SYMPATHECTOMY				
103.2	Percutaneous Diskectomy	_____	_____	_____
103.3	Carotid Endarterectomy	_____	_____	_____
103.4	Stereotactic Neurosurgery	_____	_____	_____
103.5	Laser Surgery	_____	_____	_____
103.6	Chymopapain injection for lumbar disc disease	_____	_____	_____
103.7	Installation of intracranial & intraspinal nerve stimulator	_____	_____	_____
103.8	Installation of diaphragm pacing system	_____	_____	_____

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Code	Privilege	Reqstd (check)	Dept Review	Board Approvd
103.9	Installation of intrathecal morphine pump & chemotherapy	_____	_____	_____
104	Cervical	_____	_____	_____
105	Lumbar	_____	_____	_____
106	Thoracic	_____	_____	_____
THYROID				
107	Reopening of wound for hemorrhage control	_____	_____	_____
108	Thyroidectomy	_____	_____	_____
109	Parathyroidectomy, Salivary Gland Tumors	_____	_____	_____
CHEST SURGERY				
110	Cardiovascular	_____	_____	_____
111	Collapse therapy	_____	_____	_____
112	Drainage - closed	_____	_____	_____
113	Drainage - open	_____	_____	_____
114	Lobectomy	_____	_____	_____
115	Phrenic nerve surgery	_____	_____	_____
116	Pneumonectomy	_____	_____	_____
117	Scalenotomy	_____	_____	_____
119	Thoracic - abdominal incision	_____	_____	_____
120	Ivor-Lewis Esophago gastrostomy	_____	_____	_____
121	OTHER	_____	_____	_____
TRAUMA SURGEON				
HEAD & NECK				
152	Exploration for blunt and penetrating injuries	_____	_____	_____
154	Endotracheal intubation	_____	_____	_____
155	Repair of trachea and esophagus laceration	_____	_____	_____
156	Repair of carotid artery injuries	_____	_____	_____
157	Repair of major scalp lacerations	_____	_____	_____
THORAX				

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158	Closed thoracostomy	_____	_____	_____
160	Open thoracostomy for control of hemorrhage and tracheobronchial injuries, repair of esophageal lacerations	_____	_____	_____
ABDOMEN				
161	Diagnostic peritoneal lavage	_____	_____	_____
162	Repair of gastrointestinal lacerations	_____	_____	_____
163	Repair of major vascular injuries	_____	_____	_____
164	Repair of ureteral and urinary bladder injuries	_____	_____	_____
165	Control of hemorrhage from liver and splenic lacerations	_____	_____	_____
166	Splenectomy	_____	_____	_____
167	Diverting colostomy	_____	_____	_____
168	Repair and control of pancreatic lacerations	_____	_____	_____
EXTREMITIES				
169	Repair of major vascular injuries	_____	_____	_____
170	Fasciotomy	_____	_____	_____
171	Management of major soft tissue injuries	_____	_____	_____
172	Angiography	_____	_____	_____
173	Endovascular Procedures	_____	_____	_____
174	Arterial	_____	_____	_____
175	Venous	_____	_____	_____
176	Lymphatic	_____	_____	_____
177	Pacemakers: temporary and permanent	_____	_____	_____
178	Swanz-Ganz catheterization	_____	_____	_____
179	Biopsy - Liver	_____	_____	_____
180	Biopsy - Renal	_____	_____	_____
181	Biopsy - Lung	_____	_____	_____
182	Biopsy - Bone	_____	_____	_____
183	Gastrointestinal tract	_____	_____	_____
184	Gastrointestinal tract-Esophagus	_____	_____	_____

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185	Gastrointestinal tract-Stomach	_____	_____	_____
186	Gastrointestinal tract-Small bowel	_____	_____	_____
187	Gastrointestinal tract-Colon	_____	_____	_____
ASPIRATION PROCEDURES				
188	Pericardiocentesis	_____	_____	_____
189	Thoracentesis	_____	_____	_____
190	Paracentesis	_____	_____	_____
191	Bone Marrow	_____	_____	_____
ENDOSCOPY				
192	Bronchoscopy	_____	_____	_____
193	Endoscopic retrograde cannulization of the pancreas	_____	_____	_____
194	Esophagoscopy	_____	_____	_____
195	Peritonoscopy	_____	_____	_____
196	Proctosigmoidoscopy	_____	_____	_____
197	Colonoscopy	_____	_____	_____
198	with polyp removal	_____	_____	_____
199	without polyp removal	_____	_____	_____
200	Pneumatic dilation of esophagus	_____	_____	_____
201	Ampullary papillotomy	_____	_____	_____
202	Bicap coagulation	_____	_____	_____
203	Endoscopic ultrasound	_____	_____	_____
204	Cancer chemotherapy (other than leukemia)	_____	_____	_____
206	Operative Ultrasound	_____	_____	_____
MICROSURGERY:				
217	Microvascular anastomosis	_____	_____	_____
218	Microdiskectomy	_____	_____	_____
219	Microvascular decompression	_____	_____	_____
220	Spinal Tap	_____	_____	_____

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220.1	Spinal Immobilization (Emergent)	_____	_____	_____
221	Ventilator Management	_____	_____	_____
222	Hyperalimentation	_____	_____	_____
223	Oral Gastric Intubation	_____	_____	_____
224	Cricothyroidotomy	_____	_____	_____
225	Greenfield Filter Insertion	_____	_____	_____
226	Hysterectomy/Salpingo-Oophorectomy	_____	_____	_____
227	I & D/Debrid Abscess/Hematoma/Wounds	_____	_____	_____
228	Esophago-gastro-duodenoscopy	_____	_____	_____
228.1	Percutaneous Endoscopic Gastrostomy	_____	_____	_____

DECLARATION

I, the undersigned, attest that I will discharge at the Jersey City Medical Center, only those Surgical privileges which are specifically recommended by the Director of Surgery as indicated above.

Applicant's Signature

Director of Surgery

Date Approved by Board of Trustees

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