

## LIST OF CLINICAL PRIVILEGES – OBSTETRICS AND GYNEOLOGY

**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 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
<b>P385312</b>	<p><b>Obstetrics</b> The scope of privileges for obstetrics includes the evaluation, diagnosis, treatment and provision of consultation to adolescent and adult female patients and/or provision of medical and surgical care of the female reproductive system and associated disorders, including major medical diseases that are complicating factors in pregnancy. It also includes prenatal, perinatal and postnatal care of routine and complicated pregnancies and routine care of the normal neonate. Physicians may admit, or provide care to patients in the intensive care setting in accordance with MTF policies.</p>		
<b>P385314</b>	<p><b>Gynecology</b> Privileges in gynecology include the evaluation, diagnosis, treatment and provision of consultation and the pre-, intra-, and postoperative care necessary to correct or treat female patients of all ages presenting with injuries and disorders of the female reproductive system and the genitourinary system. Gynecologists non-surgically manage disorders and injuries of the mammary glands. Physicians may admit, or provide care to patients in the intensive care setting in accordance with MTF policies. Physicians may assess, stabilize, and determine the disposition of patients with emergent conditions in accordance with medical staff policy.</p>		
Diagnosis and Management (D&M)		Requested	Verified
<b>P385310</b>	Urinary incontinence evaluation - office (simple) cystometrics		
<b>P385316</b>	Urinary incontinence evaluation - multichannel urodynamic evaluation, including complex cystometrics with leak point pressure measurement, pressure-flow studies, urethral pressure profile, and uroflowmetry		
<b>P385318</b>	Pelvic ultrasound - basic gynecologic ultrasound, vaginal or abdominal approach		
<b>P385324</b>	Therapy of condyloma and intraepithelial neoplasia		
	<b>Obstetrical ultrasounds:</b>	<b>Requested</b>	<b>Verified</b>
<b>P385320</b>	First trimester ultrasound		
<b>P385322</b>	Standard ultrasound, second or third trimester		
Procedures		Requested	Verified
	<b>Obstetrics</b>	<b>Requested</b>	<b>Verified</b>
<b>P385326</b>	Cervical cerclage		
<b>P385328</b>	Chorionic villus sampling		
<b>P385330</b>	Intrauterine fetal transfusion		
<b>P385332</b>	Intra-amniotic operative procedures		
<b>P385334</b>	Cordocentesis		
<b>P388624</b>	Amniocentesis		

**LIST OF CLINICAL PRIVILEGES – OBSTETRICS AND GYNEOLOGY (CONTINUED)**

<b>Procedures Con't</b>			
	<b>Obstetrics Con't</b>	<b>Requested</b>	<b>Verified</b>
<b>P388778</b>	External cephalic version		
<b>P388780</b>	Induction and/or augmentation of labor including cervical ripening		
<b>P388620</b>	Placement of internal fetal and uterine monitoring devices		
<b>P388622</b>	Amnioinfusion		
<b>P388784</b>	Amniotomy		
<b>P388786</b>	Operative vaginal delivery		
<b>P388788</b>	Forceps extraction		
<b>P388790</b>	Vacuum extraction		
<b>P388792</b>	Breech extraction		
<b>P388794</b>	Cesarean delivery		
<b>P388796</b>	Extraperitoneal cesarean section		
<b>P388647</b>	Manual extraction of the placenta		
<b>P388799</b>	Repair of episiotomy and obstetric lacerations		
<b>P388565</b>	Newborn circumcision		
<b>P419995</b>	Dililation and extraction		
	<b>Gynecology</b>	<b>Requested</b>	<b>Verified</b>
<b>P385365</b>	Intrauterine device insertion/removal		
<b>P385367</b>	Subcutaneous contraceptive rod insertion/removal		
<b>P388557</b>	Breast mass aspiration		
<b>P388802</b>	Cystourethroscopy with or without biopsy		
<b>P388804</b>	Cystotomy with ureteral stent placement		
<b>P388608</b>	Culdocentesis		
<b>P388481</b>	Paracentesis		
<b>P388651</b>	Hysterosalpingography		
<b>P388810</b>	Hysteroscopy, diagnostic or operative		
<b>P388812</b>	Laparoscopic approach to gynecologic procedures		
<b>P388669</b>	Anoscopy		
<b>P388814</b>	Proctoscopy, rigid		
<b>P388816</b>	Labial fat pad flap (maritus)		
<b>P388818</b>	Anal sphincteroplasty		
<b>P390707</b>	Central venous catheter insertion		
<b>P388838</b>	Colposcopy with or without cervical biopsy		
<b>P390794</b>	Thoracostomy tube placement		
	<b>Vulva and Introitus:</b>	<b>Requested</b>	<b>Verified</b>
<b>P385399</b>	Incision and drainage, vulva and introitus		
<b>P385401</b>	Local or laser excision, destruction or fulguration of lesion(s) of external genitalia, perineum and/or vulva		

**LIST OF CLINICAL PRIVILEGES – OBSTETRICS AND GYNEOLOGY (CONTINUED)**

<b>Procedures (Cont.)</b>			
	<b><i>Vulva (Con't)</i></b>	<b>Requested</b>	<b>Verified</b>
P385403	Vulvectomy		
P385405	Clitoridectomy		
P385407	Treatment of abnormalities of the hymen		
P385409	Excision or marsupialization of Bartholin's gland or cyst		
P385411	Excision or fulguration of Skene's gland, urethral caruncle and/or urethral diverticulum		
P385413	Radical vulvectomy with/without node dissection		
P385415	Labioplasty/minor surgical procedures of the vulva and vagina		
P388886	Biopsy of vulva		
	<b><i>Vagina</i></b>	<b>Requested</b>	<b>Verified</b>
P385417	Colpotomy with exploration or drainage of pelvic abscess		
P385419	Biopsy of vaginal mucosa		
P385421	Excision or laser excision and/or fulguration of vaginal lesions		
P385425	Colpocleisis, obliteration of vagina		
P385427	Excision of vaginal septum		
P385433	Vaginectomy		
P385431	Dilation of vagina under anesthesia		
P385451	Vaginectomy, radical, with lymph node dissection		
P391407	Vaginal repair		
P385435	Anterior or posterior or combined colpoorrhaphy, repair of cystocele		
P385437	Posterior colpoorrhaphy, repair of rectocele with perineoplasty or perineorrhaphy		
P385439	Operations for incontinence with or without prosthesis, including urethral sling procedure, retropubic urethropexy, and cystoscopy with transurethral or periurethral injection		
P385441	Repair of enterocele		
P385443	Construction of artificial vagina (vaginal atresia or absence) with or without graft		
P385445	Closure of vaginal fistula		
P385447	Paravaginal repair - abdominal or vaginal approach		
P385449	Colpopexy and/or colpoorrhaphy with or without graft prosthesis		
P385451	Culdoplasty		
	<b><i>Cervix</i></b>	<b>Requested</b>	<b>Verified</b>
P385453	Biopsy or local excision, with or without fulguration; quadrant biopsy, including loop electrosurgical excision procedure (LEEP) and/or laser excision		
P385455	Biopsy of cervix, circumferential (cone), with or without dilation and curettage		
P385457	Cauterization of cervix		
P388822	Trachelectomy		
P388606	Cervical cryotherapy		
P388824	Tracheloplasty; surgical repair of uterine cervix, vaginal approach		
	<b><i>Uterus</i></b>	<b>Requested</b>	<b>Verified</b>
P385463	Endometrial ablation, all techniques		
P385465	Endometrial Biopsy/aspiration		
P385469	Myomectomy; excision of fibroid tumor of uterus		
P385471	Insufflation of uterus and tubes with air or CO2 (Rubins test)		
P385473	Injection procedure for hysterosalpingography, hysteroscopy or sonohysterosalpingogram		

**LIST OF CLINICAL PRIVILEGES – OBSTETRICS AND GYNEOLOGY (CONTINUED)**

**Procedures (Cont.)**

<b>Uterus (con't)</b>		<b>Requested</b>	<b>Verified</b>
<b>P385475</b>	Uterine suspension with or without shortening of round ligaments - may include Interposition operation with or without pelvic floor repair		
<b>P385477</b>	Metroplasty		
<b>P385479</b>	Total hysterectomy with or without tubes, and/or ovaries, one or both		
<b>P385481</b>	Supracervical hysterectomy, subtotal hysterectomy with or without tubes and/or ovaries		
<b>P385483</b>	Radical hysterectomy with or without node dissection		
<b>P385485</b>	Shortening of uterosacral ligaments		
<b>P391104</b>	Dilatation and curettage - diagnostic and/or therapeutic		
<b>Fallopian Tubes</b>		<b>Requested</b>	<b>Verified</b>
<b>P385487</b>	Incision, transection or interruption of Fallopian tube(s)		
<b>P385489</b>	Salpingectomy, partial or complete		
<b>P385491</b>	Salpingostomy		
<b>P385493</b>	Tubal repair procedures, including anastomosis, neosalpingostomy, fimbrioplasty		
<b>P385495</b>	Tubal reconstructive procedures using microsurgery		
<b>P385497</b>	Elective sterilization, hysteroscopic approach (Essure)		
<b>Ovaries</b>		<b>Requested</b>	<b>Verified</b>
<b>P385499</b>	Drainage of ovarian cysts - unilateral or bilateral		
<b>P385501</b>	Biopsy of ovary		
<b>P385503</b>	Oophorectomy, partial or complete		
<b>P385505</b>	Cystectomy (related to ovaries)		
<b>Perineum</b>		<b>Requested</b>	<b>Verified</b>
<b>P385507</b>	Biopsy of perineum		
<b>P385509</b>	Excision/fulguration of local perineal lesions		
<b>P385511</b>	Incision and drainage of perineal cyst, abscess		
<b>P385513</b>	Perineoplasty		
<b>P385515</b>	Perineorrhaphy		
<b>P385517</b>	Perineal fistula repair		
<b>Other</b>		<b>Requested</b>	<b>Verified</b>
<b>P385519</b>	Laser fulguration of intra-abdominal lesions (laparoscopic)		
<b>P385521</b>	Methotrexate injection for treatment of ectopic pregnancy		
<b>P385523</b>	Radioactive source applications		
<b>P385525</b>	In vitro fertilization		
<b>P385527</b>	Gracilis myocutaneous flaps for pelvic reconstruction		
<b>P385529</b>	Therapeutic abortion		
<b>P385531</b>	Reconstructive surgery for ambiguous genitalia		
<b>P385533</b>	Ultrasound or CT-guided needle aspiration, drainage or biopsy		
<b>P385535</b>	Abdominal and/or pelvic lymph node dissection		
<b>Pelvic Pain Procedures</b>		<b>Requested</b>	<b>Verified</b>
<b>P385537</b>	Presacral neurectomy		
<b>P385539</b>	Uterosacral nerve ablation		
<b>P385541</b>	Local anesthetic injection at trigger point(s)		



**LIST OF CLINICAL PRIVILEGES – OBSTETRICS AND GYNEOLOGY (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**