

## LIST OF CLINICAL PRIVILEGES – OB/GYN – MATERNAL FETAL MEDICINE

**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:**

**PROVIDERS REQUESTING PRIVILEGES IN THIS SPECIALTY MUST ALSO REQUEST PRIVILEGES IN THEIR PRIMARY OB/GYN SPECIALTY**

I Scope		Requested	Verified
<b>P425413</b>	The scope of privileges for obstetrics maternal fetal medicine include the evaluation, diagnosis, treatment and consultation of patients with complex medical conditions as well as prenatal diagnosis and management of fetal anomalies and other fetal conditions, and management of high risk and critically ill antepartum, intrapartum and postpartum patients.		
Procedures		Requested	Verified
<b>P425414</b>	Provide Maternal-Fetal Medicine and Genetic Consultation (Outpatient and Inpatient)		
<b>P425415</b>	Genetic and or Targeted fetal surveys (LEVEL II Ultrasound) (Interpret)		
<b>P425416</b>	Genetic and or Targeted fetal surveys (LEVEL II Ultrasound) (Perform)		
<b>P425417</b>	Fetal artery doppler interrogation (Perform and Interpret)		
<b>P425418</b>	Antenatal Testing (NST, CST, BPP)		
<b>P425419</b>	Amniocentesis (Genetic and Non-Genetic)		
<b>P425420</b>	Amnioreduction		
<b>P388622</b>	Amnioinfusion		
<b>P425421</b>	Trans-vaginal Cervical Cerclage (both Prophylactic and Emergent/Rescue)		
<b>P425422</b>	Trans-abdominal cervical cerclage		
<b>P425423</b>	Supervision and management of Critical Care Obstetric patients		
<b>P425424</b>	Breech vaginal delivery		
<b>P425425</b>	Cesarean hysterectomy		
<b>P425426</b>	Medical and surgical management of postpartum hemorrhage		
<b>P425427</b>	Antepartum management of multiple gestation		
<b>P425428</b>	Nuchal Translucency Screening (Perform and Interpret)		
<b>P425429</b>	Percutaneous Umbilical Blood Sampling and transfusion		
<b>P425430</b>	Intra-amniotic fetal therapies (e.g. Fetal Thoracentesis, Fetal Bladder Shunt Placement, Vesicocentesis)		
<b>P425431</b>	Fetal Echocardiography (perform)		

LIST OF CLINICAL PRIVILEGES – OB/GYN – MATERNAL FETAL MEDICINE (CONTINUED)			
P425432	Fetal Echocardiography (Interpret)		
P425433	In -Utero fetal surgery		
P425434	Placement of central lines of critical care obstetric patients		
P425435	Dilation and Evacuation >14 weeks		
P425436	Rotational forceps delivery		
P385328	Chorionic villus sampling		
Other (Facility- or provider-specific privileges only)		Requested	Verified
SIGNATURE OF APPLICANT		DATE	
II CLINICAL SUPERVISOR'S RECOMMENDATION			
<div> <input type="checkbox"/> RECOMMEND APPROVAL           <input type="checkbox"/> RECOMMEND APPROVAL WITH MODIFICATION (Specify below)           <input type="checkbox"/> RECOMMEND DISAPPROVAL (Specify below) </div> <p>STATEMENT:</p>			
CLINICAL SUPERVISOR SIGNATURE		CLINICAL SUPERVISOR PRINTED NAME OR STAMP	DATE