

LIST OF CLINICAL PRIVILEGES – OB/GYN - FEMALE PELVIC MEDICINE AND RECONSTRUCTIVE SURGERY

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
P425399	The scope of privileges for OB/GYN female pelvic medicine and reconstructive surgery (FPMRS) include the evaluation, diagnosis and treatment of patients with disorders of the pelvic floor, to include uterovaginal / vaginal prolapse, urinary / anal incontinence, voiding dysfunction, defecatory dysfunction.		
Procedures		Requested	Verified
P385316	Urinary incontinence evaluation - multichannel urodynamic evaluation, including complex cystometrics with leak point pressure measurement, pressure-flow studies, urethral		
P388804	Cystotomy with ureteral stent placement		
P388802	Cystourethroscopy with or without biopsy		
P388816	Labial fat pad flap (maritus)		
P388818	Anal sphincteroplasty		
P385411	Excision or fulguration of Skene's gland, urethral caruncle and / or urethral diverticulum		
P385445	Closure of vaginal fistula		
P385425	Colpocleisis, obliteration of vagina		
P385429	Vaginectomy		
P385447	Paravaginal repair - abdominal or vaginal approach		
P385449	Colpopexy with or without graft prosthesis (sacral colpopexy)		
P425401	Evaluation of complex pelvic floor disorders (including Pelvic floor electromyography and neurodiagnostic studies)		
P425402	Evaluation of fecal incontinence (including ultrasound imaging of pelvic floor and anorectal manometry)		
P425403	Implantation, removal or revision of sacral nerve stimulator electrodes and generator		
P425404	Operations on the ureter and urinary bladder (including ureteroneocystostomy, ureteroureterostomy, psoas hitch, Boari flap, closure of fistula)		
P425405	Fluoroscopy (to include retrograde pyelography, video urodynamics)		
P425406	Excision / revision of vaginal mesh prostheses (all approaches)		
P388669	Anoscopy		
P388814	Proctoscopy, rigid		
P385543	Surgical repair of ureter		

LIST OF CLINICAL PRIVILEGES – OB/GYN - FEMALE PELVIC MEDICINE AND RECONSTRUCTIVE SURGERY (CONTINUED)

Procedures (Cont.)		Requested	Verified
P425408	Surgical management of pelvic floor disorders (including pelvic pain, pelvic organ prolapse, defecation disorders, urinary / fecal incontinence, voiding dysfunction and painful bladder syndrome)		
P425409	Insertion of artificial bladder neck sphincter		
P425410	Construction or revision of neovagina (with/without prosthesis, all approaches)		
P385527	Gracilis myocutaneous flaps for pelvic reconstruction		
P385531	Reconstructive surgery for ambiguous genitalia		
P385545	Bowel resection and bypass		
P425411	Robotic approach to gynecologic procedures		
P425412	Botox injection (for bladder, pelvic floor, and anal sphincter)		
P425546	Operations for incontinence, with or without prosthesis, all approaches (abdominal, vaginal or endoscopic / laparoscopic)		
SIGNATURE OF APPLICANT		DATE	

II	CLINICAL SUPERVISOR'S RECOMMENDATION
----	--------------------------------------

5

(Specify below)

CLINICAL SUPERVISOR SIGNATURE	CLINICAL SUPERVISOR PRINTED NAME OR STAMP	DATE