

LIST OF CLINICAL PRIVILEGES – OBSTETRICS AND GYNECOLOGY

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 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
P385312	<p>Obstetrics 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>		
P385314	<p>Gynecology 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
P385310	Urinary incontinence evaluation - office (simple) cystometrics		
P385316	Urinary incontinence evaluation - multichannel urodynamic evaluation, including complex cystometrics with leak point pressure measurement, pressure-flow studies, urethral pressure profile, and uroflowmetry		
P385318	Pelvic ultrasound - basic gynecologic ultrasound, vaginal or abdominal approach		
P385324	Therapy of condyloma and intraepithelial neoplasia		
	Obstetrical ultrasounds:	Requested	Verified
P385320	First trimester ultrasound		
P385322	Standard ultrasound, second or third trimester		
Procedures		Requested	Verified
P426601	Intrauterine insemination (IUI)		
P426602	Surgical repair of serosal injury		
	Obstetrics	Requested	Verified
P385326	Cervical cerclage		
P385328	Chorionic villus sampling		
P385330	Intrauterine fetal transfusion		

LIST OF CLINICAL PRIVILEGES – OBSTETRICS AND GYNECOLOGY (CONTINUED)

Procedures (Cont.)		Requested	Verified
	Obstetrics (Cont.)	Requested	Verified
P385332	Intra-amniotic operative procedures		
P385334	Cordocentesis		
P388624	Amniocentesis		
P388778	External cephalic version		
P388780	Induction and/or augmentation of labor including cervical ripening		
P388620	Placement of internal fetal and uterine monitoring devices		
P388622	Amnioinfusion		
P388784	Amniotomy		
P388786	Operative vaginal delivery		
P388788	Forceps extraction		
P388790	Vacuum extraction		
P388792	Breech extraction		
P388794	Cesarean delivery		
P388796	Extraperitoneal cesarean section		
P388647	Manual extraction of the placenta		
P388799	Repair of episiotomy and obstetric lacerations including 3rd and 4th degree		
P388565	Newborn circumcision		
P425418	Antenatal Testing (NST, CST, BPP)		
P425420	Amnioreduction		
P425425	Cesarean hysterectomy		
P425426	Medical and surgical management of postpartum hemorrhage		
P425427	Antepartum management of multiple gestation		
P425424	Breech vaginal delivery		
P425540	Nuchal Translucency Screening (Perform and Interpret)		
P425434	Placement of central lines of critical care obstetric patients		
	Gynecology	Requested	Verified
P385365	Intrauterine device insertion/removal		
P385367	Subcutaneous contraceptive rod insertion/removal		
P388557	Breast mass aspiration		
P388802	Cystourethroscopy with or without biopsy		
P388804	Cystotomy with ureteral stent placement		
P388608	Culdocentesis		
P388481	Paracentesis		
P388651	Hysterosalpingography		
P388810	Hysteroscopy, diagnostic or operative		
P388812	Laparoscopic approach to gynecologic procedures		
P388669	Anoscopy		
P388814	Proctoscopy, rigid		

LIST OF CLINICAL PRIVILEGES – OBSTETRICS AND GYNECOLOGY (CONTINUED)

Procedures (Cont.)		Requested	Verified
	Gynecology (Cont.)	Requested	Verified
P388816	Labial fat pad flap (maritus)		
P388818	Anal sphincteroplasty		
P390707	Central venous catheter insertion		
P388838	Colposcopy with or without cervical biopsy		
P390794	Thoracostomy tube placement		
P425485	Appendectomy		
	Vulva and Introitus:	Requested	Verified
P385399	Incision and drainage, vulva and introitus		
P385401	Laser excision, destruction or fulguration of lesion(s) of external genitalia, perineum and / or vulva		
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		
	Vagina	Requested	Verified
P385417	Colpotomy with exploration or drainage of pelvic abscess		
P385419	Biopsy of vaginal mucosa		
P385421	Laser excision and / or fulguration of vaginal lesions		
P385425	Colpocleisis, obliteration of vagina		
P385427	Excision of vaginal septum		
P385429	Vaginectomy		
P385431	Dilation of vagina under anesthesia		
P391407	Vaginal repair		
P385435	Anterior or posterior or combined colporrhaphy, repair of cystocele		
P385437	Posterior colporrhaphy, 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 with or without graft prosthesis (sacral colpopexy)		
P385451	Culdoplasty		
P425534	Colpopexy, extraperitoneal (i.e. sacrospinous ligament suspension, ileococcygeus suspension)		

LIST OF CLINICAL PRIVILEGES – OBSTETRICS AND GYNECOLOGY (CONTINUED)

Procedures (Cont.)		Requested	Verified
	Vagina (Cont.)	Requested	Verified
P425543	Midurethral Sling Procedures		
P425533	Colpopexy, intraperitoneal (i.e. Uterosacral suspension)		
	Cervix	Requested	Verified
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		
	Uterus	Requested	Verified
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		
P385475	Vaginal prolapse reconstruction procedures with addition of biologic graft or vaginally placed mesh		
P385477	Metroplasty		
P385479	Total hysterectomy with or without tubes, and/or ovaries, one or both		
P385481	Supracervical hysterectomy, subtotal hysterectomy with or without tubes and/or ovaries		
P385483	Radical hysterectomy with or without node dissection		
P391104	Dilatation and curettage - diagnostic and / or therapeutic		
P425475	Cornual or other complex uterine resection		
	Fallopian Tubes	Requested	Verified
P385487	Incision, transection or interruption of Fallopian tube(s)		
P385489	Salpingectomy, partial or complete		
P385491	Salpingostomy		
P385493	Tubal repair procedures, including anastomosis, neosalpingostomy, fimbrioplasty		
P385495	Tubal reconstructive procedures using microsurgery		
P385497	Elective sterilization, hysteroscopic approach (Essure)		
	Ovaries	Requested	Verified
P385499	Drainage of ovarian cysts - unilateral or bilateral		
P385501	Biopsy of ovary		
P385503	Oophorectomy, partial or complete		
P385505	Cystectomy (related to ovaries)		
P425476	Oophorepexy		

LIST OF CLINICAL PRIVILEGES – OBSTETRICS AND GYNECOLOGY (CONTINUED)

Procedures (Cont.)		Requested	Verified
	Perineum	Requested	Verified
P385507	Biopsy of perineum		
P385509	Excision/fulguration of local perineal lesions		
P385511	Incision and drainage of perineal cyst, abscess		
P385513	Perineoplasty		
P385515	Perineorrhaphy		
P385517	Perineal fistula repair		
	Other	Requested	Verified
P385519	Laser fulguration of intra-abdominal lesions (laparoscopic)		
P385521	Methotrexate injection for treatment of ectopic pregnancy		
P385523	Radioactive source applications		
P385525	In vitro fertilization		
P385527	Gracilis myocutaneous flaps for pelvic reconstruction		
P385529	Therapeutic abortion		
P385531	Reconstructive surgery for ambiguous genitalia		
P385533	Ultrasound or CT-guided needle aspiration, drainage or biopsy		
P385535	Abdominal and/or pelvic lymph node dissection		
P425480	Suprapubic catheter insertion		
P425531	Pessary fitting and management		
P425532	Cystourethroscopy, diagnostic		
P425537	Medical management of pelvic floor disorders (including pelvic pain, pelvic organ prolapse, defecation disorders, urinary/fecal incontinence, voiding dysfunction and painful bladder syndrome)		
P425538	Operations on the Hymen		
P425541	Robotic assisted advanced minimally invasive surgery		
P425542	Dilation and evacuation > 14 weeks fetal size		
	Pelvis Pain Procedures	Requested	Verified
P385537	Presacral neurectomy		
P385539	Uterosacral nerve ablation		
P385541	Local anesthetic injection at trigger point(s)		
	Procedures involving blood vessels, ureters, bladder, gastrointestinal tract and/or abdominal wall	Requested	Verified
P385543	Surgical repair of ureter		
P385545	Bowel resection and bypass		
P385548	Gastrostomy		
P385550	Cecostomy		
P385552	Incontinent urinary conduit		
P385556	Continent urinary conduit		
P385558	Lysis of adhesions, laparoscopy or laparotomy		
P385560	Hypogastric artery ligation		

LIST OF CLINICAL PRIVILEGES – OBSTETRICS AND GYNECOLOGY (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