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								
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NAME OF APPL	ICANT	NAME OF MEDICAL FACILITY						
I Scope			Requested	Verified				
P385312	Obstetrics The scope of privileges for obstetrics includes the provision of consultation to adolescent and adult f medical and surgical care of the female reproduct including major medical diseases that are complic includes prenatal, perinatal and postnatal care of and routine care of the normal neonate. Physician patients in the intensive care setting in accordance							
P385314	Gynecology Privileges in gynecology include the evaluation, di consultation and the pre-, intra-, and postoperative female patients of all ages presenting with injuries reproductive system and the genitourinary system manage disorders and injuries of the mammary gl provide care to patients in the intensive care settin Physicians may assess, stabilize, and determine to emergent conditions in accordance with medical set							
Diagnosis and Management (D&M)				Verified				
P385310	385310 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 neoplasi	a						
	Obstetrical ultrasounds:	Requested	Verified					
P385320	First trimester ultrasound							
P385322	Standard ultrasound, second or third trimester							
Procedures			Requested	Verified				
P426601	Intrauterine insemination (IUI)							
P426602								
	Requested	Verified						
P385326	Cervical cerclage							
P385328	Chorionic villus sampling							
P385330	Intrauterine fetal transfusion							

Procedure	s (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	Cystorurethroscopy 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					

Gynecology (Cont.)RequestedVP388816Labial fat pad flap (maritus)P388818Anal sphincteroplastyP390707Central venous catheter insertionP388838Colposcopy with or without cervical biopsyP390794Thoracostomy tube placementP425485AppendectomyVulva and Introitus:RequestedVP385401Laser excision, destruction or fulguration of lesion(s) of external genitalia, perineum and / or vulva-P385403VulvectomyP385404Excision or marsupialization of Bartholin's gland or cystP385411Excision or fulguration of Skene's gland, urethral caruncle and/or urethral diverticulumP385413Radical vulvectomy with/without node dissectionP385415Labioplasty/minor surgical procedures of the vulva and vaginaP385415Labioplasty/minor surgical procedures of the vulva and vagina <t< th=""><th>Procedures</th><th>(Cont.)</th><th>Requested</th><th>Verified</th></t<>	Procedures	(Cont.)	Requested	Verified
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P388818 Anal sphinceropiasty Image: constraint of the sphere sph		Gynecology (Cont.)	Requested	Verified
P390707 Central venous catheter insertion P383838 Colposcopy with or without cervical biopsy P390794 Thoracostomy tube placement P425485 Appendectomy P425485 Vulva and Introitus: Requested V P385399 Incision and drainage, vulva and introitus P385399 Requested V P385401 Laser excision, destruction or fulguration of lesion(s) of external genitalia, perineum and / or vulva P385405 Citoridectomy P385405 P385403 Vulvectomy P385407 Treatment of abnormalities of the hymen P385409 Excision or marsupialization of Bartholin's gland or cyst P385411 Excision or fulguration of Skere's gland, urethral caruncle and/or urethral diverticulum P385415 Labioplastr/minor surgical procedures of the vulva and vagina P385415 Labioplastr/minor surgical procedures of the vulva and vagina P385417 Colpotomy with exploration or drainage of pelvic abscess P385412 Laser excision and / or fulguration of vaginal lesions P385422 Colpoclesis, obliteration of vaginal P385422 P385421 Laser excision and / or fulguration of vaginal lesions P385422 P385421 Laser excision and / or fulguration of vaginal lesions P385423 P385423 P385423 P385423 P385424	P388816	Labial fat pad flap (maritus)		
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P390794 Thoracostomy tube placement P425485 Appendectomy Image: Complex Com	P390707	Central venous catheter insertion		
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P385449 Colpopexy with or without graft prosthesis (sacral colpopexy)	P385447			
P425534 Colpopexy, extraperitoneal (i.e. sacrospinous ligament suspension, ileococcygeus				

Procedure	s (Cont.)	Requested	Verified			
		-	Vermed			
	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 exision					
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					

Procedures	s (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	Perineorhaphy		
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			
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)					
Procedures	(Cont.)	Requested	Verified		
	Procedures involving blood vessels, ureters, bladder, gastrointestinal tract and/or abdominal wall (Cont.)	Requested	Verified		
P385562	Supra- and Infra-colic omentectomy				
P385564	Repair of wound dehiscence				
P385566	Repair of injury to the urinary bladder				
P425536	Surgical repair of injury to bowel including enterotomy or colotomy repair				
P426603	Surgical repair of pelvic vessels				
	Anesthesia Privileges:	Requested	Verified		
P387317	Topical and local infiltration anesthesia				
P387323	Peripheral nerve block anesthesia				
P388535	Pudendal nerve block anesthesia				
P388829	Paracervical block anesthesia				
P388831	Subarachnoid block anesthesia				
P388833	Epidural block anesthesia				
P388406	Moderate sedation				
P388370	Endotracheal intubation				
Other (Facility- or Provider-Specific Privileges Only)			Verified		
SIGNATURE OF	APPLICANT	DATE			

LIST OF CLINICAL PRIVILEGES – OBSTETRICS AND GYNECOLOGY (CONTINUED)							
II CLINICAL SUPERVISOR'S RECOMMENDATION							
	RECOMM (Specify b	END APPROVAL WITH pelow)	I MODIFICATION			MMEND DISAPPROVAL ify below)	
STATEMENT:							
CLINICAL SUPERVISOR SIGNATURI	E	CLINICAL SUPERVIS	OR PRINTED NAME	OR ST		DATE	
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