

DENTAL SPECIALTIES AND ORAL MAXILLOFACIAL SURGERY

Delineation of Clinical Privileges

Criteria for granting privileges:

Dentists must have satisfactorily completed training and be licensed by the Tennessee Board of Dentistry.

Or

Current board certification in Oral and Maxillofacial Surgery by the American Board of Oral and Maxillofacial Surgery

Or

DDS or DMD or (MD plus DDS or DMD), successful completion of an accredited post-graduate training program in Oral and Maxillofacial Surgery that includes training for procedures of the soft and hard tissues as well as history and physicals

Or

Successful completion of an ACGME or AOA accredited post-graduate training programs in Oral and Maxillofacial Surgery, and board certification within 5 years of program completion

Applicants will be requested to provide documentation of practice and current clinical competence as defined on the attached competency grid. Applicants have the burden of producing information deemed adequate by the hospital for a proper evaluation of current clinical competence, and other qualifications and for resolving any doubts.

Current Clinical Competence - MLH

In addition to the required education, experience and/or training specified on each DOP (Delineation of Privilege) form, documentation of current clinical competence is required. Current clinical competence is defined as having “performed the privilege recently and performed it well”.

Current clinical competence is assessed prior to granting privileges initially and is reassessed when renewing privileges at reappointment – for maintenance of privileges. Current Clinical Competence (CCC) may be location specific (acute hospital care/surgery center (ASC) and/or age specific (adult, pediatric, neonatal).

This should not be confused with Focused Professional Practice Evaluation (FPPE)

- FPPE: an evaluation of clinical competence of all new privileges as performed at the specific licensed MLH facility (MHMH, MHOBH) for which they have been initially granted. This applies to privileges for all new applicants as well as to new/additional privileges for current members.

Both FPPE and current clinical competence assessments are privilege-specific. FPPE is conducted during the period after granting new/additional privileges. FPPE must occur at the MLH facility(ies) where privileges/membership are held. Current clinical competence may be evaluated from case logs provided by non-MLH facilities.

Current Clinical Competence: Requirements for New Applicants

- If applying directly from training, or based on the training received in a formal training program, provider should submit case* logs from the program authenticated by the program director along with their recommendation attesting to the comparable training, experience and qualifications relative to the criteria for the clinical privileges requested.
- If applying more than 1 year after training completion, submit the following:

- Aggregate data from acute care or surgery center facility for the previous 12 month time period, identifying the top 10 diagnosis codes and the number of patients per code. Any complications/poor outcomes should be delineated and accompanied by an explanation.
- Procedure list from acute care or surgery center facility for the previous 12 month time period, identifying the top 10 CPT/ICD codes and the number of procedures per code. Any complications/poor outcomes should be delineated and accompanied by an explanation.
- Case logs (see specifications below) for any special privileges requested that meet the criteria specific for the number of procedures defined for current clinical competence.

Current Clinical Competence: Maintenance of Privileges for Current Members

- **For active staff members:** MLH source data will be aggregated to review cases and procedures performed. If this does not meet the minimum requirement for core and/or special privileges, the practitioner will be required to submit additional case logs from other facilities.
- **For courtesy staff members with low activity and for certain active staff with activity that has diminished and is now low:** Department chair recommendation should be obtained from their primary facility; and the practitioner should submit the following:
 - Aggregate data from acute care or surgery center facility for the previous 12 month time period, identifying the top 10 diagnosis codes and the number of patients per code. Any complications/poor outcomes should be delineated and accompanied by an explanation.
 - Procedure list from acute care or surgery center facility for the previous 12 month time period, identifying the top 10 CPT/ICD codes and the number of procedures per code. Any complications/poor outcomes should be delineated and accompanied by an explanation.
 - Case logs (see specifications below) for any special privileges requested that meet the specific number of procedures defined for current clinical competence.

Case Logs

All required case logs and/or procedure lists must contain the following information at a minimum: Date, patient identifier, CPT/ICD procedure code, diagnosis, complications, and disposition, and the facility name, name/title of the person authenticating the log, signature, date signed, and contact information. If the information requested is not available, please provide an explanation.

*A “case” is defined as an episode of care – either cognitive or procedural. For interpretive care, “case” is interpretation of one diagnostic study.

OPPE (Ongoing Professional Performance Evaluation)

OPPE is performed periodically (more frequently than annually) in the facility where membership/privileges are held.

To assure OPPE requirements are satisfied, the practitioner must periodically exercise the privileges in the MLH facility(ies) where he/she has membership. OPPE must occur regularly on patient encounters in the MLH facility(ies) where privileges/membership are held.

| Specialty/Procedure Delineation of Privilege Form | Education/Training Documentation for Initial Granting | Initial Application (Proof of current clinical competence) | FPPE – Validation of competence after appointment and/or granting of a new or additional privilege (To be completed within one year) | Maintenance Requirements |
|---|--|---|--|---|
| General Dentistry Core | Dentists must have satisfactorily completed training and be certified by the Tennessee Board of Dentistry. | Procedure list from primary practice facility for the previous 12 month time period identifying the top 10 CPT/ICD codes and the number of procedures per code. Any complications/poor outcomes should be delineated and accompanied by an explanation. | First 5 cases | <p>MLH Data will be obtained for active members when available, the applicant should supply additional case logs from other facilities' HIM departments, if necessary, to meet the minimum requirement(s) to be considered for the privilege.</p> <p>Courtesy members should supply case logs from other facilities' HIM departments to meet the minimum requirement(s) to be considered for the privilege.</p> <p>Aggregate data submitted should include the top 10 diagnosis codes, with the number of inpatients per code, and procedure lists indicating the top 10 CPT/ICD codes, with the number of procedures per code for the previous 12 months.</p> <p>Any complications/poor outcomes should be delineated and accompanied by an explanation.</p> <p>Department chair recommendation will be obtained from primary practice facility.</p> |
| Pediatric Dentistry Core | Current board certification in Pediatric Dentistry by the American Board of Pediatric Dentistry Or Successful completion of an Commission on Dental Accreditation (CODA) accredited post-graduate training programs in Pediatric Dentistry, and board certification within 5 years of program completion | Procedure list from primary practice facility for the previous 12 month time period identifying the top 10 CPT/ICD codes and the number of procedures per code. Any complications/poor outcomes should be delineated and accompanied by an explanation. | First 5 cases | <p>MLH Data will be obtained for active members when available, the applicant should supply additional case logs from other facilities' HIM departments, if necessary, to meet the minimum requirement(s) to be considered for the privilege.</p> <p>Courtesy members should supply case logs from other facilities' HIM departments to meet the minimum requirement(s) to be considered for the privilege.</p> <p>Aggregate data submitted should include the top 10 diagnosis codes, with the number of inpatients per code, and procedure lists indicating the top 10 CPT/ICD codes, with the number of procedures per code for the previous 12 months.</p> <p>Any complications/poor outcomes should be delineated and accompanied by an explanation.</p> |

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| | | | | Department chair recommendation will be obtained from primary practice facility. |
| Oral and Maxillofacial Surgery Core | Current board certification in Oral and Maxillofacial Surgery by the American Board of Oral and Maxillofacial Surgery Or Successful completion of an ACGME or AOA accredited post-graduate training program in Oral and Maxillofacial Surgery, and board certification within 5 years of program completion | Aggregate data from primary practice facility for the previous 12 month time period indentifying the top 10 diagnosis codes and the number of inpatients per code. Any complications/poor outcomes should be delineated and accompanied by an explanation. Procedure list from primary practice facility for the previous 12 month time period identifying the top 10 CPT/ICD codes and the number of procedures per code. Any complications/poor outcomes should be delineated and accompanied by an explanation. | First 5 cases | MLH Data will be obtained for active members when available, the applicant should supply additional case logs from other facilities' HIM departments, if necessary, to meet the minimum requirement(s) to be considered for the privilege. Courtesy members should supply case logs from other facilities' HIM departments to meet the minimum requirement(s) to be considered for the privilege. Aggregate data submitted should include the top 10 diagnosis codes, with the number of inpatients per code, and procedure lists indicating the top 10 CPT/ICD codes, with the number of procedures per code for the previous 12 months. Any complications/poor outcomes should be delineated and accompanied by an explanation. Department chair recommendation will be obtained from primary practice facility. |
| <i>Use of Laser</i> | Completion of an approved eight hour minimum CME course which includes training in laser principles and safety, basic laser physics, laser tissue interaction, discussions of the clinical specialty field and hands-on experience with lasers. A letter outlining the content and successful completion of course must be submitted, or documentation of successful completion of an approved residency in a specialty or subspecialty which included training in laser principles and safety, basic laser physics, laser tissue interaction, discussions of the clinical specialty field and a minimum of six hours observation and hands-on experience with lasers. | | First 5 cases | Case log documenting 5 procedures within the previous 24 months |

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|--|--|---|--|---|
| <i>Surgical correction of cleft lip and palate deformities</i> | If not board certified, a letter from training director should be submitted. | Case log documenting the performance of at least 5 procedures within the previous 12 months | First 5 cases | Case log documenting the performance of at least 10 procedures within the previous 24 months |
| Endodontics Core | <p>Current board certification in Endodontics by the American Board of Endodontics</p> <p>OR</p> <p>Successful completion of a Commission on Dental Accreditation (CODA) accredited post-graduate training programs in Endodontics, and board certification within 5 years of program completion.</p> | Procedure list from primary practice facility for the previous 12 month time period identifying the top 10 CPT/ICD codes and the number of procedures per code. Any complications/poor outcomes should be delineated and accompanied by an explanation. | First 5 cases | <p>MLH Data will be obtained for active members when available, the applicant should supply additional case logs from other facilities' HIM departments, if necessary, to meet the minimum requirement(s) to be considered for the privilege.</p> <p>Courtesy members should supply case logs from other facilities' HIM departments to meet the minimum requirement(s) to be considered for the privilege.</p> <p>Aggregate data submitted should include the top 10 diagnosis codes, with the number of inpatients per code, and procedure lists indicating the top 10 CPT/ICD codes, with the number of procedures per code for the previous 12 months.</p> <p>Any complications/poor outcomes should be delineated and accompanied by an explanation.</p> <p>Department chair recommendation will be obtained from primary practice facility.</p> |
| Orthodontics Core | <p>Current board certification in Orthodontics by the American Board of Orthodontics</p> <p>OR</p> <p>Successful completion of a Commission on Dental Accreditation (CODA) accredited post-graduate training programs in Orthodontics, and board certification within 5 years of program completion.</p> | Procedure list from primary practice facility for the previous 12 month time period identifying the top 10 CPT/ICD codes and the number of procedures per code. Any complications/poor outcomes should be delineated and accompanied by an explanation. | First 5 cases | <p>MLH Data will be obtained for active members when available, the applicant should supply additional case logs from other facilities' HIM departments, if necessary, to meet the minimum requirement(s) to be considered for the privilege.</p> <p>Courtesy members should supply case logs from other facilities' HIM departments to meet the minimum requirement(s) to be considered for the privilege.</p> <p>Aggregate data submitted should include the top 10 diagnosis codes, with the number of inpatients per code, and procedure lists indicating the top 10 CPT/ICD codes, with the number of procedures per code for the previous 12 months.</p> |

| Specialty/Procedure Delineation of Privilege Form | Education/Training Documentation for Initial Granting | Initial Application (Proof of current clinical competence) | FPPE – Validation of competence after appointment and/or granting of a new or additional privilege (To be completed within one year) | Maintenance Requirements |
|---|---|--|--|---|
| | | | | <p>Any complications/poor outcomes should be delineated and accompanied by an explanation.</p> <p>Department chair recommendation will be obtained from primary practice facility.</p> |
| Periodontics Core | <p>Current board certification in Periodontics by the American Board of Periodontology</p> <p>OR</p> <p>Successful completion of an Commission on Dental Accreditation (CODA) accredited post-graduate training programs in Periodontology, and board certification within 5 years of program completion</p> | <p>Procedure list from primary practice facility for the previous 12 month time period identifying the top 10 CPT/ICD codes and the number of procedures per code. Any complications/poor outcomes should be delineated and accompanied by an explanation.</p> | First 5 cases | <p>MLH Data will be obtained for active members when available, the applicant should supply additional case logs from other facilities' HIM departments, if necessary, to meet the minimum requirement(s) to be considered for the privilege.</p> <p>Courtesy members should supply case logs from other facilities' HIM departments to meet the minimum requirement(s) to be considered for the privilege.</p> <p>Aggregate data submitted should include the top 10 diagnosis codes, with the number of inpatients per code, and procedure lists indicating the top 10 CPT/ICD codes, with the number of procedures per code for the previous 12 months.</p> <p>Any complications/poor outcomes should be delineated and accompanied by an explanation.</p> <p>Department chair recommendation will be obtained from primary practice facility.</p> |
| Prosthodontics Core | <p>Current board certification in Prosthodontics by the American Board of Prosthodontics</p> <p>OR</p> <p>Successful completion of a Commission on Dental Accreditation (CODA) accredited post-graduate training programs in Prosthodontics, and board certification within 5 years of program completion.</p> | <p>Procedure list from primary practice facility for the previous 12 month time period identifying the top 10 CPT/ICD codes and the number of procedures per code. Any complications/poor outcomes should be delineated and accompanied by an explanation.</p> | First 5 cases | <p>MLH Data will be obtained for active members when available, the applicant should supply additional case logs from other facilities' HIM departments, if necessary, to meet the minimum requirement(s) to be considered for the privilege.</p> <p>Courtesy members should supply case logs from other facilities' HIM departments to meet the minimum requirement(s) to be considered for the privilege.</p> <p>Aggregate data submitted should include the top</p> |

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|---|---|--|--|--|
| | | | | <p>10 diagnosis codes, with the number of inpatients per code, and procedure lists indicating the top 10 CPT/ICD codes, with the number of procedures per code for the previous 12 months.</p> <p>Any complications/poor outcomes should be delineated and accompanied by an explanation. Department chair recommendation will be obtained from primary practice facility.</p> |

General and Pediatric Dentistry Core Privilege: Admit, evaluate, diagnose, treat, provide consultation, perform surgical procedures and postoperative management of patients, except as specifically excluded from practice, in the prevention, diagnosis and treatment of diseases of the supporting and surrounding tissues of the teeth or their substitutes and the maintenance of the health, function and esthetics of these structures and tissues.

Access, stabilize and determine disposition of patients with emergency conditions consistent with the Medical Staff policy regarding emergency or consultative services.

Includes the following procedures and excludes from making any incisions outside the oral cavity except as required to treat the problems listed below:

- Operative treatment of carious dentition
- Restorative procedures involved in crown and bridge prosthesis
- Uncomplicated periodontal therapy
- Uncomplicated endodontic surgery
- Uncomplicated extractions
- Alveolectomy as routinely employed to prepare the alveolar ridges for dental prosthesis

Oral and Maxillofacial Surgery Core Privilege: Admit, evaluate, diagnose, treat and provide consultation; perform surgical procedures and postoperative management of patients except as specifically excluded from practice; with pathology, injuries, and disorders of both the functional and aesthetic aspects of the hard and soft tissues of the oral and maxillofacial regions.

Access, stabilize and determine disposition of patients with emergency conditions consistent with the Medical Staff policy regarding emergency or consultative services.

The core privileges in this specialty include the procedures on the attached list and such other procedures that are extensions of the same techniques and skills.

- Dental implant surgery
- Dentoalveolar surgery: surgical extractions, osteoplasty, removal of impacted teeth, surgical exposure of impacted teeth, removal of palatal tori (exostosis), removal of lingual tori, closure and grafting of alveolar cleft
- Harvesting of bone graft for maxillofacial reconstruction from maxillofacial region or distant sites.
- Intraoral and extraoral surgery to include management of deep space infections, major lacerations, minor and major cysts or tumors, excision of ranula, correction of soft and hard tissue deformities (including chin), preprosthetic surgery, repair of oral-antral fistula, Caldwell-Luc procedure for removal of tooth, repair of cleft palate defects/alveolar clefts, salivary duct surgery, salivary gland surgery, submandibular, sublingual
- Lacerations to face, head and neck
- Lip shave and cheiloplasty for benign disease
- Management of temporomandibular joint (TMJ) disturbances (open and closed)
- Maxillectomy and mandibulectomy
- Open and closed reductions of facial fractures excluding frontal sinus fractures
- Open and closed reductions of mandibular fractures
- Orthognatic surgery

Endodontics Core Privilege:

Evaluate, diagnose, treat and provide consultation; perform surgical procedures and postoperative management of patients except as specifically excluded from practice; with pathology, injuries, and disorders of both the functional and aesthetic aspects of the hard and soft tissues of the oral and maxillofacial regions.

Access, stabilize and determine disposition of patients with emergency conditions consistent with the Medical Staff policy regarding emergency or consultative services.

The core privileges in this specialty include the procedures on the attached list and such other procedures that are extensions of the same techniques and skills.

- Treatment of conditions affecting teeth's root canal system including abscessed teeth requiring root canals

Orthodontics Core Privilege:

Evaluate, diagnose, treat and provide consultation; perform surgical procedures and postoperative management of patients except as specifically excluded from practice; with pathology, injuries, and disorders of both the functional and aesthetic aspects of the hard and soft tissues of the oral and maxillofacial regions.

Access, stabilize and determine disposition of patients with emergency conditions consistent with the Medical Staff policy regarding emergency or consultative services.

The core privileges in this specialty include the procedures on the attached list and such other procedures that are extensions of the same techniques and skills.

- Treatment of misaligned teeth and malocclusions
- Correction of misaligned or asymmetrical jaws
- Treatment of TMJ
- Orthodontic treatment for patients with dentofacial deformities

Periodontic Core Privileges:

Evaluate, diagnose, treat and provide consultation; perform surgical procedures and postoperative management of patients except as specifically excluded from practice; with pathology, injuries, and disorders of both the functional and aesthetic aspects of the hard and soft tissues of the oral and maxillofacial regions.

Access, stabilize and determine disposition of patients with emergency conditions consistent with the Medical Staff policy regarding emergency or consultative services.

The core privileges in this specialty include the procedures on the attached list and such other procedures that are extensions of the same techniques and skills.

- Hard and soft tissue periodontal surgery
- Complete occlusal adjustment
- Root resective procedures
- Mucogingival surgery

Prosthodontic Core Privileges:

Evaluate, diagnose, treat and provide consultation; perform surgical procedures and postoperative management of patients except as specifically excluded from practice; with pathology, injuries, and disorders of both the functional and aesthetic aspects of the hard and soft tissues of the oral and maxillofacial regions.

Access, stabilize and determine disposition of patients with emergency conditions consistent with the Medical Staff policy regarding emergency or consultative services.

The core privileges in this specialty include the procedures on the attached list and such other procedures that are extensions of the same techniques and skills.

- Simple and complex restorative needs (crowns, bridges)
- Dental implants and reconstructive dentistry
- Rehabilitation of patients with partial or complete missing teeth

Special: The physician requesting special privileges must meet the minimum criteria for the specialty core and demonstrate the appropriate post graduate training and/or demonstrate successful completion of an approved, recognized course when such exists, or other acceptable experience.

Administration of moderate sedation: See Credentialing Policy for Sedation and Analgesia by Non-Anesthesiologists.
Requires: Separate DOP, ACLS, NRP or PALS certification

General Dentistry and Oral and Maxillofacial Surgery Clinical Privileges

Check below the particular privileges desired in General Dentistry and Oral and Maxillofacial Surgery for each facility:

Please check (✓) applicable age categories for each privilege requested.

| Privilege Description | Methodist Healthcare – Memphis Hospitals (MHMH) Germantown, Le Bonheur Medical Center, North, South & University, Outpatient Clinics & Diagnostic Facilities | | | |
|--|--|----------------------------------|--|--------------------------------------|
| | Neonates (0-28 days) | Infants (29 days– 2 Years) | Children & Adolescents (2-18 years) | Adults & Adolescents (13 & Above) |
| General Dentistry Core | | | | |
| Pediatric Dentistry Core | | | | |
| Oral and Maxillofacial Surgery Core | | | | |
| Endodontics Core | | | | |
| Orthodontics Core | | | | |
| Periodontics Core | | | | |
| Prosthodontics Core | | | | |
| Special Privileges | | | | |
| <i>Use of Laser</i> | | | | |
| <i>Surgical correction of cleft lip and palate deformities</i> | | | | |
| Limitations | Clinical privileges are granted only to the extent privileges are available at each facility. | | | |
| Darkly shaded areas represent privileges not available to any practitioner due to the privilege not being offered by the facility. | | | | |

Acknowledgement of practitioner

I have requested only those privileges for which by education, training, current experience and demonstrated performance I am qualified to perform and for which I wish to exercise at the facilities indicated above, to the extent services are available at each facility, and I understand that:

(a) in exercising any clinical privileges granted, I am constrained by facility and medical staff policies and rules applicable generally and any applicable to the particular situation

(b) any restriction on the clinical privileges granted to me is waived in an emergency situation and in such situation my actions are governed by the applicable section of the medical staff bylaws or related documents

Physician's Signature

Date

Printed Name