

## **SPECIALTY OF OTOLARYNGOLOGY**

### **Delineation of Clinical Privileges**

#### **Criteria for granting privileges:**

Current certification in Otolaryngology by the American Board of Otolaryngology or the American Osteopathic Board of Ophthalmology and Otolaryngology.

**Or**

Successful completion of an ACGME or AOA, accredited post-graduate training program in Otolaryngology 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 described 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) 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.

#### **Ongoing Professional Performance Evaluation (OPPE)**

OPPE is evaluated 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
<b>Otolaryngology Core</b>	<p>Current certification by the American Board of Otolaryngology or The American Osteopathic Board of Ophthalmology and Otolaryngology.</p> <p><b>Or</b></p> <p>Successful completion of an ACGME or AOA accredited post-graduate training program in Otolaryngology and board certification within 5 years of completion.</p>	<p>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.</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>
<b>Otolaryngology Pediatric Core</b>	<p>Current certification by the American Board of Otolaryngology or The American Osteopathic Board of Ophthalmology and Otolaryngology.</p> <p><b>Or</b></p> <p>Successful completion of an ACGME accredited post-graduate training program in Otolaryngology and board certification within 5 years of completion.</p>	<p>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.</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</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>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>
<i>Use of Laser</i>	<p>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.</p>		First 5 cases	Case log documenting 5 procedures within the previous 24 months
<i>Neuro-otology Core</i>	<p>Completion of special training either in a fellowship or sufficient clinical experience in neuro-otology as determined by the Department Chair.</p>	<p>Case log documenting the performance of at least 5 procedures within the previous 24 months</p>	First 5 cases	<p>Case log documenting the performance of at least 2 procedures within the previous 24 months</p>
<i>Cochlear implant</i>	<p>Completion of special training and/or a course in cochlear implantation.</p>	<p>Case log documenting the performance of at least 5 procedures within the previous 24 months</p>	First 5 cases	<p>Case log documenting the performance of at least 2 procedures within the previous 24 months</p>
<i>Implantation of Inspire Upper Airway Stimulation System</i>	<p>Completion of Inspire Medical Systems training course which includes didactic and laboratory training as evidenced by a certificate of completion.</p>	<p>Case log documenting the performance of 6 procedures within the previous 24 months OR Completion of 3 successfully proctored cases as evidenced by submission of proctor evaluation forms.</p>	First 3 cases	<p>Case log documenting the performance of at least 3 procedures annually.</p>

## Otolaryngology Core Privilege:

Admit, evaluate, diagnose, provide consultation and comprehensive medical and surgical care to patients, except as specifically excluded from practice, presenting with diseases, deformities, or disorders of the head and neck that affect the ears, nose, throat, the respiratory and upper alimentary systems and related structures of the head and neck. Head and neck oncology and facial plastic reconstructive surgery and the treatment of disorders of hearing and voice are also included.

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. These shall include all non-airway pediatric procedures. Airway cases under two years of age should be on an emergency basis only.

## Otolaryngology Pediatric Core Privilege:

Admit, evaluate, diagnose, provide consultation and comprehensive medical and surgical care to pediatric patients over two years of age unless appropriate training and experience is documented in neonates and infants, except as specifically excluded from practice, presenting with disease, deformities, or disorders of the head and neck that affect the ears, nose, throat, the respiratory and upper alimentary systems and related structures of the head and neck. Head and neck oncology and facial plastic reconstructive surgery and the treatment of disorders of hearing and voice are also included.

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 extension of the same techniques and skills. Routine surgical pediatric airway privileges for children <2 years of age shall require pediatric fellowship training or documentation of sufficient clinical experience. Pediatric Otolaryngology Surgeons may serve as co-attendings with Intensivists in the Intensive Care Unit.

### Procedures

- Superficial parotidectomy
- Total parotidectomy, VII preserved
- Parotidectomy with nerve graft
- Submandibular gland excision
- Parapharyngeal space tumor excision
- Rhinectomy
- Lateral rhinotomy
- Maxillectomy
- Maxillectomy with orbital extenteration
- Excision angiofibroma
- Excision other nasopharyngeal tumor
- Excision tumor ethmoid cribriform plate
- Lip shave
- Lip wedge resection

- 1st degree closure lip
- Excision with flap reconstruction
- Local resection cancer mouth
- Hemiglossectomy
- Composite resection of primary tumor in floor of mouth alveolus, tongue, buccal region, tonsil or any combination
- Mandibular resection
- I&D neck abscess
- Complete neck dissection
- Modified neck dissection
- Cervical node biopsy
- Scalene node biopsy
- Thyrotomy (laryngofissure)
- Vertical hemilaryngectomy
- Supraglottic laryngectomy
- Total laryngectomy
- Laryngopharyngectomy
- Surgical speech fistula
- Repair laryngeal fracture
- Section recurrent laryngeal nerve
- Arytenoidectomy
- Arytenoidpexy
- Thyroid lobectomy
- Subtotal thyroidectomy
- Total thyroidectomy
- Parathyroidectomy
- Pharyngoesophagectomy
- Cervical esophagostomy for feeding
- Pharyngeal diverticulectomy
- Tracheotomy
- Tracheal resection with repair
- Major vessel ligation
- Major vessel repair
- Tympanostomy/tube placement
- Tympanoplasty/ossicular chain reconstruction
- Mastoid procedures
- Stapes procedures
- Facial nerve decompression and repair
- Repair of middle ear and mastoid trauma
- Tumor surgery (glomus tympanic tumors, other middle ear tumors)
- Ear canal procedures (atresia and stenosis of ear canal, other ear canal procedures)
- Brachial cleft cyst
- Thyroglossal duct cyst
- Dermoid

- Lymphangioma
- Cystic hygroma
- Reconstruction external ear
- Otoplasty
- Rhinoplasty
- Mentoplasty
- Rhytidectomy
- Forehead rhytidectomy
- Blepharoplasty
- Repair complex facial lacerations
- Dermabrasion
- Facial skin peeling
- Reduction facial frontal fractures
- Reduction nasal fractures
- Reduction maxilla-Le Fort I, II, and III
- Reduction malar fractures
- Reduction orbital blowout fractures
- Reduction mandibular-closed and open fractures
- Laryngoplasty
- Tracheoplasty
- Pedicle flap procedures
- Grafts (split thickness skin, full thickness skin)
- Facial sling procedures
- Oroantral fistula repair
- Choanal atresia repair
- Orthognathic surgery
- Pharyngeal flap
- TMJ surgery
- Excision skin lesions 1st degree closure
- Scar revision
- Direct laryngoscopy (diagnostic)
- Laryngoscopy (with excision)
- Vocal cord injection
- Esophagoscopy-diagnostic (with foreign body removal, with stricture dilation)
- Bronchoscopy-diagnostic (with foreign body removal, with stricture dilation)
- Panendoscopy (multiple concurrent endoscopic procedures)
- Adenoidectomy
- Tonsillectomy
- T&A
- Uvulopalatopharyngoplasty
- Nasal polypectomy
- Submucous resection of septum
- Nasal septoplasty

- Turbinectomy
- Intranasal antrotomy
- Caldwell Luc
- Transantral ligation of vessels
- Vidian neurectomy
- Endoscopic Sinus Surgery (ESS) including, but not limited to
  - Maxillary antrostomy
  - Ethmoidectomy-Anterior and Total
  - Sphenoidotomy
  - Frontal sinusotomy
- Intranasal ethmoidectomy
- External ethmoidectomy
- Frontoethmoidectomy
- Frontal sinus trephine
- Osteoplastic frontal sinusotomy
- Frontal sinus ablation
- Sphenoidotomy
- Radical pansinusectomy
- Dacryocystorhinostomy
- Hypophysectomy (transnasal and transsinus approach)
- Cleft Lip/Palate Surgery
- Facial cosmetic and reconstructive surgery including the following, but not excluding other facial cosmetic and reconstructive surgery
  - Facial augmentation
  - Liposuction (head and neck area)
  - Brow lifts
  - Botox

**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.

**Neuro-otology privileges include but are not limited to the following:**

- Stapedectomy, stapedotomy
- Middle fossa, posterior fossa, translabyrinthine approaches to skull base
- Vestibular neurectomy
- Petrous apex surgery
- Glomus tumor surgery
- Endolymphatic sac surgery
- Acoustic neuroma
- Cochlear implantation
- Intratemporal facial nerve surgery
- CSF leak repair



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

**Robotic Surgery:** See Physician Credentialing requirements for Robotic Surgery. Requires: Separate DOP

# Otolaryngology Clinical Privileges

Check below the particular privileges desired in Otolaryngology 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				Methodist Healthcare – Olive Branch Hospital (MHOBH)
	Neonates (0-28 days)	Infants (29 days– 2 Years)	Children & Adolescents (2-18 years)	Adults & Adolescents (13 & Above)	Adults & Adolescents (13 & Above)
Otolaryngology Core					
Otolaryngology Pediatric Core					
<b>Special Privileges</b>					
Use of Laser					
Neuro-otology					
Cochlear Implants					
Implantation of Inspire Upper Airway Stimulation System					
<b>Limitations</b>	<b>Clinical privileges are granted only to the extent privileges are available at each facility.</b>				
Darkly shaded areas represent privileges not available to any practitioner due to the privilege not being offered by the facility.					

**Note: Privileges for administration of moderate sedation and robotic surgery require completion of a separate Delineation of Privilege form.**

### 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