

DELINEATION OF PRIVILEGES

Otolaryngology - Page 1

Physician Name: _____

Date: _____

Some privileges may be granted with consultation or limitations posed for cause by the Board of Directors, subject to the authority of the Medical Advisory Committee to grant delineated privileges. Privileges may be increased only with documentation or justification for change. **You must be able to document that you have the same privileges in another hospital** before being granted privileges at the Center. Please place a check mark in front of each procedure which you are requesting privileges to perform.

- | | |
|---|---|
| <ul style="list-style-type: none"> <input type="checkbox"/> Adenoidectomy <input type="checkbox"/> Antronomy <input type="checkbox"/> Application of arch bars Augmentation: <ul style="list-style-type: none"> <input type="checkbox"/> Genioplasty, chin <input type="checkbox"/> Mandible <input type="checkbox"/> Maxilla, using implant <input type="checkbox"/> Balloon Sinuplasty Biopsy: <ul style="list-style-type: none"> <input type="checkbox"/> Bone, facial <input type="checkbox"/> Hypopharynx <input type="checkbox"/> Larynx, closed, endoscopic <input type="checkbox"/> Lip <input type="checkbox"/> Lymph node <input type="checkbox"/> Nasopharynx, pharynx <input type="checkbox"/> Nose, nasal <input type="checkbox"/> Salivary gland or duct; closed, needle <input type="checkbox"/> Tongue <input type="checkbox"/> Uvula <input type="checkbox"/> Bronchospy <input type="checkbox"/> w/biopsy <input type="checkbox"/> Cauterization, nose Closure: <ul style="list-style-type: none"> <input type="checkbox"/> Fistula of mouth <input type="checkbox"/> Fistula of oroantral <input type="checkbox"/> Fistula of oronasal <input type="checkbox"/> Perforation, nasal spetum <input type="checkbox"/> Tracheostomy <input type="checkbox"/> Control hemorrhage; tonsils & adenoid, post-op <input type="checkbox"/> Correction, prominent eat <input type="checkbox"/> Dilatation, esophagus <input type="checkbox"/> Ear piercing | <ul style="list-style-type: none"> <input type="checkbox"/> Endoscopy, upper <input type="checkbox"/> Endoscopic sinus surgery <input type="checkbox"/> Endolymphatic sac operation <input type="checkbox"/> Caldwell Luc procedure <input type="checkbox"/> Examination, nasopharynx Excision: <ul style="list-style-type: none"> <input type="checkbox"/> Aural, glomus tumor <input type="checkbox"/> Cyst, thyroglossal <input type="checkbox"/> Lesion <ul style="list-style-type: none"> <input type="checkbox"/> Bone, facial <input type="checkbox"/> Face, coded by specific code <input type="checkbox"/> Larynx <input type="checkbox"/> Lip <input type="checkbox"/> Mastoid <input type="checkbox"/> Mouth, buccal mucosa <input type="checkbox"/> Nose, skin <input type="checkbox"/> Intranasal <input type="checkbox"/> Palate / uvula <input type="checkbox"/> Parotid gland <input type="checkbox"/> Pharynx <input type="checkbox"/> Preauricular, ear <input type="checkbox"/> Submaxillary gland <input type="checkbox"/> Tongue <input type="checkbox"/> Trachea <input type="checkbox"/> Vocal Cord <input type="checkbox"/> Nasal cartilage <input type="checkbox"/> Nasal polyp <input type="checkbox"/> Sinus, preauricular <input type="checkbox"/> Facial fracture repair <input type="checkbox"/> Fenestration semicircular canal Frenotomy <ul style="list-style-type: none"> <input type="checkbox"/> Lingual, division <input type="checkbox"/> Maxillary |
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- | | |
|--|---|
| <ul style="list-style-type: none"> <input type="checkbox"/> Immobilization of jaw, for fx w/wiring Implantation <ul style="list-style-type: none"> <input type="checkbox"/> Chin prosthesis <input type="checkbox"/> Facial bone, synthetic implant Implantation/replacement <ul style="list-style-type: none"> <input type="checkbox"/> Electromagnetic bone conduction - hearing device <input type="checkbox"/> Cochlear device Incision and drainage <ul style="list-style-type: none"> <input type="checkbox"/> Abscess, nose <input type="checkbox"/> Abscess, parotid <input type="checkbox"/> Abscess, intraoral <input type="checkbox"/> Abscess, peritonsillar <input type="checkbox"/> Hematoma, ear <input type="checkbox"/> IV Sedation <input type="checkbox"/> Labyrinthotomy <input type="checkbox"/> Labyrinthectomy <input type="checkbox"/> Laryngeal reinnervation by neuromuscular pedicle <input type="checkbox"/> Laryngoscopy <input type="checkbox"/> Laryngotomy w/removal of tumor or cordectomy <input type="checkbox"/> Lysis adhesions, nose <input type="checkbox"/> Mandibulectomy, partial <input type="checkbox"/> Marsupialization sublingual salivary cyst <input type="checkbox"/> Mastoidectomy <input type="checkbox"/> Meatoplasty <input type="checkbox"/> Myringotomy, tube insertion <ul style="list-style-type: none"> <input type="checkbox"/> w/o tube insertion | <ul style="list-style-type: none"> <input type="checkbox"/> Neurectomy, tympanic <input type="checkbox"/> Otoplasty <input type="checkbox"/> Palatopharyngoplasty <input type="checkbox"/> Parotid duct diversion <input type="checkbox"/> Petrous apicectomy <input type="checkbox"/> Reconstruction, nasal Reduction, fracture <ul style="list-style-type: none"> <input type="checkbox"/> Laryngeal, closed <input type="checkbox"/> Mandible w/wiring <input type="checkbox"/> Maxilla w/wiring <input type="checkbox"/> Nasal fracture, open or closed <input type="checkbox"/> Zygoma Removal <ul style="list-style-type: none"> <input type="checkbox"/> Arch bars |
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Removal

- Foreign body
 - Ear
 - Esophagus, intraluminal
 - Nose
 - Nose w/incision
 - Palate
- Immobilization device, dental wiring
- Implant, bone, facial
- Sutures, head and neck

Repair

- Choanal atresia
- Cleft lip
- Cleft palate
- Laceration, mouth/tongue
- Nasolabial, fistula
- Nose, plastic
- Tongue

- Replacement tube, tracheostomy
- Resection, submucous, nasal septum
- Revision, stoma, tracheal
- Rhinoplasty
 - Tip w/graft or synthetic implant
- Rhinoscopy
- Section, recurrent, laryngeal nerve
- Septoplasty
- Sialolithomy
- Stripping vocal cords
- Submucous resection
- Suture, palate
- Thyroglossal cyst excision
- Tonsillectomy w/adenoidectomy
- Tracheoplasty/tympanostomy
- Tracheoscopy
- Tracheostomy
- Transplantation, salivary duct opening
- Turbinectomy
- Tympanoplasty, Type I
- Xray Interpretation
- Other _____

Physician's Signature _____

Date _____

Chairman, Medical Advisory Committee,
The Center For Surgery

Date _____