

LIST OF CLINICAL PRIVILEGES – OTOLARYNGOLOGY

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. (Uncensored/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
P384234	The scope of privileges in otolaryngology includes the evaluation, diagnosis, treatment and consultation for patients of all ages presenting with diseases, deformities, or disorders of the head and neck, including the ears, nose, or throat, the respiratory and upper alimentary systems, and related structures of the head and neck. This includes comprehensive medical and surgical care, head and neck oncology, facial plastic reconstructive surgery, and the treatment of disorders of hearing and voice. Physicians may admit and may provide care to patients in the intensive care setting in accordance with MTF policies. They may assess, stabilize, and determine disposition of patients with emergent conditions in accordance with medical staff policy.		
Diagnosis and Management (D&M)		Requested	Verified
P384242	Trauma of the head and neck, including initial stabilization, resuscitation, emergent operative management and coordination of specialty care		
P387496	Performance and interpretation of diagnostic testing for immediate hypersensitivity disease (skin testing, challenges)		
P387498	Performance and interpretation of diagnostic testing for delayed hypersensitivity		
P387505	Allergen immunotherapy		
Procedures			
	General Procedures	Requested	Verified
P384244	Excision of benign and malignant lesions of skin, oral and nasal cavities, pharynx, larynx, lymphatic system, cervical esophagus and neck, cervical trachea including major ablative cancer surgery		
P384246	Maxillofacial trauma surgery, repair, and reconstruction of injuries of soft tissues and bones of the facial skeleton, head and neck, including but not limited to, intermaxillary fixation, wire and rigid fixation, and bone grafting		
P384248	Reconstruction with major myocutaneous flaps and harvesting of bone from distant sites		
P384250	Endoscopy of the larynx, tracheobronchial tree and esophagus, to include evaluation, biopsy, excision, and foreign body removal		
P384254	Extracranial repair of peripheral nerves including cable grafting		
P384256	Cosmetic procedures of the face, nose, ears, neck, including chemical peel, rhytidectomy, brow lift, blepharoplasty, liposuction, and implantation of autogenous, homologous and allograft material and to include dermabrasion		
P384260	Chemodenervation of the larynx, neck and face using botulinum toxin		
	Use of Laser for Otolaryngologic Procedures:	Requested	Verified
P389837	Laser: Argon		
P389827	Laser type: CO2		
P389833	Laser type: KTP		

LIST OF CLINICAL PRIVILEGES – OTOLARYNGOLOGY (CONTINUED)

Procedures (Con't)			
	Use of Laser for Otolaryngologic Procedures (Con't):	Requested	Verified
P389831	Laser type: Tuneable dye		
P389829	Laser type: YAG		
P389839	Laser: AlexLAZR		
	Ear:	Requested	Verified
P384262	Tympanoplasty, mastoidectomy, endolymphatic sac surgery, labyrinth decompression		
P384264	Bone conduction implantable hearing aid		
	Nose and Paranasal Sinuses:	Requested	Verified
P384266	Surgery on the paranasal sinuses		
P384268	Functional, diagnostic, and therapeutic surgery of the upper aerodigestive tract		
P384270	Surgery for the correction of sleep apnea		
P384272	Airway surgery, including, but not limited to, surgery for obstructive, functional, congenital and reconstructive procedures		
	Head and Neck:	Requested	Verified
P384274	Endocrine surgery of the head and neck to include thyroid and parathyroid surgery for benign and malignant disease		
P384276	Salivary gland surgery to include parotid and submandibular gland surgery for benign and malignant disease		
	Anesthesia Privileges:	Requested	Verified
P387317	Topical and local infiltration anesthesia		
P387323	Peripheral nerve block anesthesia		
P388406	Moderate sedation		
P387333	Regional nerve block anesthesia		
	Procedure Advanced Privileges (Requires Additional Training):	Requested	Verified
P384278	Resection of retrolabyrinthine, suboccipital and/or middle cranial fossa tumors in conjunction with neurosurgery		
P384280	Aural atresia surgery		
P384282	Cranial nerve decompression, rerouting, and microvascular surgery		
P384284	Stapes surgery		
P384286	Petrous apex surgery		
P384288	Retrolabyrinthine/suboccipital acoustic neuroma resection in conjunction with neurosurgery		
P384290	Cochlear implant		
P384292	Canal hearing aid recontouring procedure		
P383796	Microvascular free flaps and transplantation		
	Other (Facility- or provider-specific privileges only):	Requested	Verified
SIGNATURE OF APPLICANT		DATE	

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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