LEHIGH VALLEY HEALTH NETWORK

CLINICAL PRIVILEGES IN OTOLARYNGOLOGY-HEAD & NECK SURGERY

Initial ☐ **Renewed** ☐

Name_____ **Effective from** ___/___/___ **to** ___/___/___

R = Requested G = Recommended As Requested C = Recommended with Conditions N = Not Recommended

R	G	C	N	POPULATION
☐	☐	☐	☐	Pediatric: Birth - 25 Years (LVHN Surgery Center-Tilghman - 6 months - 1 Year and LVHN Children's Surgery Center - 6 months - 1 Year)
☐	☐	☐	☐	Adults: 13 - 65 Years
☐	☐	☐	☐	Geriatrics: Over 65 Years

R	G	C	N	GENERAL PRIVILEGES
☐	☐	☐	☐	Admitting (includes inpatient, outpatient procedures, and observation) (1,2,3,5,6,7,8,9,10,11,13,19,20)
☐	☐	☐	☐	Consulting Privileges (1,2,3,5,6,7,8,9,10,11,13,19,20)
☐	☐	☐	☐	History and Physical (1,2,3,5,6,7,8,9,10,11,13,19,20)
☐	☐	☐	☐	Prescribing Privileges (1,2,3,5,6,7,8,9,10,11,13,19,20)

R	G	C	N	EAR
☐	☐	☐	☐	Complete amputation of external ear with/without excision of external canal (1,2,3,7,8,9,13,19,20)
☐	☐	☐	☐	Ear reconstruction for total or partial absence (1,2,3,7,8,9,13,19,20)
☐	☐	☐	☐	Excision of benign and malignant lesions of external ear and external canal (1,2,3,7,8,9,10,13,19,20)
☐	☐	☐	☐	Implantation of hearing device (1,2,3,7,8,9,10,13,19,20)
☐	☐	☐	☐	Lateral temporal bone resection (1,2,7,13,19,20)
☐	☐	☐	☐	Labyrinthectomy (1,2,3,7,13,19,20)
☐	☐	☐	☐	Mastoidectomy - modified radical (1,2,3,7,10,13,19,20)
☐	☐	☐	☐	Mastoidectomy - radical (1,2,3,7,10,13,19,20)
☐	☐	☐	☐	Mastoidectomy - total (i.e., simple) (1,2,3,7,10,13,19,20)
☐	☐	☐	☐	Mastoidectomy - with facial nerve decompression (1,2,3,7,10,13,19,20)

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R	G	C	N	EAR
☐	☐	☐	☐	Mastoidectomy - with middle ear and tympanic membrane, ossicular reconstruction (1,2,3,7,10,13,19,20)
☐	☐	☐	☐	Middle ear infusion therapy (1,2,3,7,8,9,13,19,20)
☐	☐	☐	☐	Myringotomy with or without tube placement (1,2,3,7,8,9,10,13,19,20)
☐	☐	☐	☐	Otoplasty (1,2,3,7,8,9,13,19,20)
☐	☐	☐	☐	Reconstruction of ossicular chain including incus interposition or prosthesis (1,2,3,7,8,9,10,13,19,20)
☐	☐	☐	☐	Reconstruction of tympanic membrane (1,2,3,7,8,9,10,13,19,20)
☐	☐	☐	☐	Removal of foreign body (1,2,3,7,8,9,10,13,19,20)
☐	☐	☐	☐	Stapedectomy (1,2,3,7,8,9,13,19,20)

R	G	C	N	SCOPES
☐	☐	☐	☐	Flexible bronchoscopy with or without biopsy (1,2,3,4,7,8,9,10,13,19,20)
☐	☐	☐	☐	Rigid bronchoscopy diagnostic with or without biopsy* (1,2,3,7,8,9,10,13,19,20) (*Must satisfy certain credentialing criteria to be approved)
☐	☐	☐	☐	Rigid bronchoscopy with removal of benign or malignant growth* (1,2,3,7,10,13,19,20) (*Must satisfy certain credentialing criteria to be approved)
☐	☐	☐	☐	Rigid bronchoscopy with removal of foreign body* (1,2,3,7,10,13,19,20) (*Must satisfy certain credentialing criteria to be approved)
☐	☐	☐	☐	Flexible esophagoscopy with or without biopsy (1,2,3,7,8,9,10,13,19,20)
☐	☐	☐	☐	Rigid esophagoscopy with or without biopsy (1,2,3,7,8,9,10,13,19,20)
☐	☐	☐	☐	Rigid esophagoscopy with removal of foreign body (1,2,3,7,8,9,10,13,19,20)
☐	☐	☐	☐	Rigid laryngoscopy with or without biopsy, benign or malignant (1,2,3,7,8,9,10,13,19,20)
☐	☐	☐	☐	Rigid laryngoscopy with removal of foreign body (1,2,3,7,8,9,10,13,19,20)
☐	☐	☐	☐	Rigid laryngoscopy with resection of laryngeal lesion, benign or malignant (1,2,3,7,8,10,13,19,20)

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R	G	C	N	ORAL
☐	☐	☐	☐	Frenulectomy (1,2,3,7,8,9,10,13,19,20)
☐	☐	☐	☐	Adenoidectomy (1,2,3,7,8,9,10,13,19,20)
☐	☐	☐	☐	Cleft lip and palate repair (1,2,3,7,9,13,19,20)
☐	☐	☐	☐	Excision, benign or malignant lesions of the lip, wedge resection, reconstruction with lip flaps (1,2,3,7,8,9,10,13,19,20)
☐	☐	☐	☐	Local flap reconstruction, i.e., pedicle, rotation, Abee Estlander, etc. (1,2,3,7,9,10,13,19,20)
☐	☐	☐	☐	Resection of entire lip (1,2,7,8,13,19,20)
☐	☐	☐	☐	Tonsillectomy (1,2,3,7,8,9,10,13,19,20)
☐	☐	☐	☐	Uvulopalatopharyngoplasty (UPPP) (1,2,3,7,10,13,19,20)

R	G	C	N	INTRAORAL PROCEDURES
☐	☐	☐	☐	Biopsy of oral cavity, oropharynx (1,2,3,7,8,9,10,13,19,20)
☐	☐	☐	☐	Composite resection of oral cavity, oropharyngeal lesion (1,2,3,7,10,13,19,20)
☐	☐	☐	☐	Resection of oral cavity, oropharyngeal lesion (1,2,3,7,9,10,13,19,20)
☐	☐	☐	☐	Excision/resection benign or malignant lesions of oral cavity (1,2,3,7,8,9,10,13,19,20)
☐	☐	☐	☐	Hard palate resection (1,2,3,7,9,13,19,20)
☐	☐	☐	☐	Soft palate resection (1,2,3,7,9,13,19,20)
☐	☐	☐	☐	Hemiglossectomy (1,2,3,7,13,19,20)
☐	☐	☐	☐	Partial glossectomy (1,2,3,7,8,13,19,20)
☐	☐	☐	☐	Total glossectomy (1,2,7,13,19,20)
☐	☐	☐	☐	Lingual tonsillectomy (1,2,7,13,19,20)
☐	☐	☐	☐	Wide field tonsillectomy (1,2,3,7,13,19,20)

LEHIGH VALLEY HEALTH NETWORK

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R = Requested G = Recommended As Requested C = Recommended with Conditions N = Not Recommended

R	G	C	N	INTRAORAL PROCEDURES
☐	☐	☐	☐	Mandibular reconstruction (plating) (1,2,7,13,19,20)
☐	☐	☐	☐	Pharyngoplasty (1,2,3,7,13,19,20)
☐	☐	☐	☐	Radical resection floor of mouth (1,2,7,13,19,20)
☐	☐	☐	☐	Removal of teeth when in conjunction with oral lesion resection (1,2,7,8,13,19,20)
☐	☐	☐	☐	Sialolithotomy/sialoplasty (1,2,3,7,8,9,13,19,20)
☐	☐	☐	☐	Surgery for osteitis or osteomyelitis of the jaws (1,2,3,7,13,19,20)
☐	☐	☐	☐	Treatment of wounds involving teeth, jaws and mucoperosteal attachment (1,2,3,7,13,19,20)

R	G	C	N	LARYNX PROCEDURES
☐	☐	☐	☐	Creation of tracheoesophageal fistula and placement of voice prosthesis (1,2,3,7,8,13,19,20)
☐	☐	☐	☐	Repair tracheoesophageal fistula (1,2,3,7,13,19,20)
☐	☐	☐	☐	Cricoid split (1,2,7,13,19,20)
☐	☐	☐	☐	Cricopharyngeal myotomy (1,2,3,7,13,19,20)
☐	☐	☐	☐	Hemilaryngectomy (partial laryngectomy) (1,2,7,13,19,20)
☐	☐	☐	☐	Supraglottic laryngectomy (1,2,7,13,19,20)
☐	☐	☐	☐	Total laryngectomy (1,2,7,13,19,20)
☐	☐	☐	☐	Laryngopharyngectomy (1,2,7,13,19,20)
☐	☐	☐	☐	Partial pharyngectomy (1,2,7,13,19,20)
☐	☐	☐	☐	Repair laryngeal fracture (1,2,7,13,19,20)
☐	☐	☐	☐	Repair pharyngeal diverticulum (Zenker's) (1,2,3,7,13,19,20)
☐	☐	☐	☐	Tracheostoma revision (1,2,3,7,13,19,20)

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R	G	C	N	LARYNX PROCEDURES
☐	☐	☐	☐	Tracheostomy (1,2,3,7,10,13,19,20)
☐	☐	☐	☐	Tracheostomy Emergency (1,2,3,7,9,10,13,19,20)
☐	☐	☐	☐	Vocal cord reconstruction/thyroplasty (1,2,3,7,13,19,20)

R	G	C	N	NASAL/SINUS
☐	☐	☐	☐	Balloon Sinuplasty of maxillary, frontal, ethmoid, sphenoid sinuses* (1,2,3,7,8,10,13,19,20) (*Must satisfy certain credentialing criteria to be approved)
☐	☐	☐	☐	Caldwell Luc procedure (1,2,3,7,8,10,13,19,20)
☐	☐	☐	☐	Computer-assisted sinus surgery (1,2,3,7,8,13,19,20)
☐	☐	☐	☐	Control anterior nasal bleed/packing or surgical (1,2,3,7,8,9,10,13,19,20)
☐	☐	☐	☐	Control posterior nasal bleed/packing or surgical (1,2,3,7,9,10,13,19,20)
☐	☐	☐	☐	Dacryocystorhinostomy (1,2,3,7,8,9,10,13,19,20)
☐	☐	☐	☐	Endoscopic ethmoidectomy (1,2,3,7,8,9,10,13,19,20)
☐	☐	☐	☐	Eustachian Tube Balloon Dilation* (1,2,3,7,8,10,13,19,20) (*Must satisfy certain credentialing criteria to be approved)
☐	☐	☐	☐	Excision of nasopharyngeal tumors (nasopharyngectomy) (1,2,3,7,8,9,13,19,20)
☐	☐	☐	☐	Excision of orbital tumors (1,2,3,7,8,13,19,20)
☐	☐	☐	☐	External ethmoidectomy (1,2,3,7,8,9,13,19,20)
☐	☐	☐	☐	Endoscopic frontal sinus procedure (1,2,3,7,8,9,10,13,19,20)
☐	☐	☐	☐	Transantral ethmoidectomy (1,2,3,7,8,9,13,19,20)
☐	☐	☐	☐	Endoscopic sphenoidectomy/sphenoidotomy (1,2,3,7,8,9,13,19,20)
☐	☐	☐	☐	Excision/resection of intranasal mass (1,2,3,7,8,9,13,19,20)
☐	☐	☐	☐	Frontal sinus ablation (1,2,3,7,8,10,13,19,20)

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R	G	C	N	NASAL/SINUS
☐	☐	☐	☐	Frontal sinus obliteration, i.e., osteoplastic flap (1,2,7,13,19,20)
☐	☐	☐	☐	Frontal sinus procedures (1,2,3,7,8,10,13,19,20)
☐	☐	☐	☐	Frontal sinus trephination (1,2,3,7,8,9,13,19,20)
☐	☐	☐	☐	Hypophysectomy (1,2,3,7,8,13,19,20)
☐	☐	☐	☐	Lateral rhinotomy (1,2,3,7,8,9,13,19,20)
☐	☐	☐	☐	Ligation, anterior/posterior ethmoid arteries (1,2,3,7,13,19,20)
☐	☐	☐	☐	Maxillary antrostomy (1,2,3,7,8,13,19,20)
☐	☐	☐	☐	Maxillary artery ligation (1,2,3,7,13,19,20)
☐	☐	☐	☐	Medial maxillectomy (1,2,3,7,13,19,20)
☐	☐	☐	☐	Total maxillectomy (1,2,7,13,19,20)
☐	☐	☐	☐	Nasal polypectomy, any method (1,2,3,7,8,9,10,13,19,20)
☐	☐	☐	☐	Nasoantral window (1,2,3,7,8,9,13,19,20)
☐	☐	☐	☐	Nasoseptal reconstruction (1,2,3,7,8,9,10,13,19,20)
☐	☐	☐	☐	Optic Nerve decompression (1,2,3,7,8,13,19,20)
☐	☐	☐	☐	Orbital exoneration (1,2,7,8,13,19,20)
☐	☐	☐	☐	Osteoplastic frontal sinusectomy (1,2,3,7,8,9,10,13,19,20)
☐	☐	☐	☐	Orbital decompression (1,2,3,7,8,13,19,20)
☐	☐	☐	☐	Removal Foreign Body (1,2,3,7,8,10,13,19,20)
☐	☐	☐	☐	Repair of CSF Leak (1,2,3,7,8,9,10,13,19,20)
☐	☐	☐	☐	Resection of skull base tumor (1,2,3,7,8,13,19,20)

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R	G	C	N	NASAL/SINUS
☐	☐	☐	☐	Rhinoplasty (1,2,3,7,8,9,10,13,19,20)
☐	☐	☐	☐	Sumucous resection of turbinates (1,2,3,7,8,9,10,13,19,20)

R	G	C	N	NECK SURGERY
☐	☐	☐	☐	Carotid ligation for carotid blow out (1,2,7,13,19,20)
☐	☐	☐	☐	Excision of congenital and developmental lesions (thyroglossal, branchial) (1,2,3,7,8,13,19,20)
☐	☐	☐	☐	Incision and drainage of abscesses, head and neck (1,2,3,7,10,13,19,20)
☐	☐	☐	☐	Lymph mass or Lymph node biopsy (1,2,3,7,8,9,10,13,19,20)
☐	☐	☐	☐	Parathyroidectomy (1,2,7,10,13,19,20)
☐	☐	☐	☐	Phrenic neurectomy (1,2,7,13,19,20)
☐	☐	☐	☐	Radical neck dissection (1,2,3,7,10,13,19,20)
☐	☐	☐	☐	Submandibular gland excision (1,2,3,7,8,10,13,19,20)
☐	☐	☐	☐	Superficial parotidectomy (1,2,3,7,8,10,13,19,20)
☐	☐	☐	☐	Total parotidectomy (1,2,3,7,10,13,19,20)
☐	☐	☐	☐	Temporal artery biopsy (1,2,3,7,8,9,10,13,19,20)
☐	☐	☐	☐	Thyroid lobectomy (1,2,3,7,8,10,13,19,20)
☐	☐	☐	☐	Total thyroidectomy (1,2,3,7,10,13,19,20)

R	G	C	N	FRACTURES
☐	☐	☐	☐	Alveolectomies and procedures for closure of an oroantral fistula (1,2,3,7,8,13,19,20)
☐	☐	☐	☐	Bone/joint biopsy and debridement for cysts, tumors of mandibula (1,2,7,8,13,19,20)

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R	G	C	N	FRACTURES
☐	☐	☐	☐	Closed and open reductions and fixation of mandibular fractures (1,2,7,10,13,19,20)
☐	☐	☐	☐	Closed and open reductions with internal fixation of facial fractures (Lefort I, II, and III) (1,2,7,10,13,19,20)
☐	☐	☐	☐	Closed and open reductions of nasal fractures (1,2,3,7,8,10,13,19,20)
☐	☐	☐	☐	Dento-alveolar abscess with cellulitis, incision and drainage of same (1,2,3,7,13,19,20)
☐	☐	☐	☐	Opening into maxillary sinus for removal of roots, tooth cyst or granuloma of dental origin (1,2,3,7,8,9,13,19,20)
☐	☐	☐	☐	Repair of frontal sinus fractures (1,2,7,13,19,20)
☐	☐	☐	☐	Repair of zygomatic arch fractures (1,2,3,7,8,9,13,19,20)

R	G	C	N	PLASTIC SURGERY
☐	☐	☐	☐	Blepharoplasty (1,2,3,7,8,10,13,19,20)
☐	☐	☐	☐	Bone and cartilage grafting (1,2,3,7,8,9,13,19,20)
☐	☐	☐	☐	Chemical peel of the skin (1,2,3,7,8,13,19,20)
☐	☐	☐	☐	Correction of facial paralysis (1,2,3,7,8,13,19,20)
☐	☐	☐	☐	Dermabrasion (1,2,3,7,8,9,13,19,20)
☐	☐	☐	☐	Excision of skin ulcers and other lesions in preparation for repair (1,2,3,7,8,9,13,19,20)
☐	☐	☐	☐	Eyebrow reconstruction (1,2,3,7,8,9,13,19,20)
☐	☐	☐	☐	Eyelid ptosis operations (1,2,3,7,8,10,13,19,20)
☐	☐	☐	☐	Implantation of foreign materials for cosmetic or functional purposes (1,2,3,7,8,9,13,19,20)
☐	☐	☐	☐	Intralesional injection of scars (1,2,3,7,8,9,13,19,20)
☐	☐	☐	☐	Orbital floor reconstruction (1,2,3,7,9,13,19,20)
☐	☐	☐	☐	Rhytidectomy (1,2,3,7,13,19,20)

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R	G	C	N	PLASTIC SURGERY
☐	☐	☐	☐	Scar removal (1,2,3,7,8,9,10,13,19,20)

R	G	C	N	FLAPS/GRAFTS
☐	☐	☐	☐	Local regional head and neck flap (1,2,3,7,8,9,13,19,20)
☐	☐	☐	☐	Temporalis flap (1,2,3,7,13,19,20)
☐	☐	☐	☐	Deltopectoral flap (1,2,3,7,13,19,20)
☐	☐	☐	☐	Pectoralis major myocutaneous flap (1,2,7,13,19,20)
☐	☐	☐	☐	Free flap reconstruction, head and neck (1,2,7,10,13,19,20)
☐	☐	☐	☐	Skin grafting split thickness/full thickness/dermal (1,2,3,7,8,9,10,13,19,20)
☐	☐	☐	☐	Composite, fat, fascia, vein, nerve, bone and cartilage grafts (1,2,3,7,8,9,13,19,20)

R	G	C	N	OTHER PRIVILEGES
☐	☐	☐	☐	daVinci STM Robotic System-Assisted Transoral Procedure* (1,2,13,19,20) (*Must satisfy certain credentialing criteria to be approved)
☐	☐	☐	☐	Inferior mandibular osteotomy & hyoid myotomy suspension for obstructive sleep apnea* (*Must satisfy certain credentialing criteria to be approved) (1,2,3,7,13,19,20)
☐	☐	☐	☐	Implantation of vagal nerve stimulator (1,2,3,7,13,19,20)
☐	☐	☐	☐	Inspire Implantation* (1,2,3,13) (*Must satisfy certain credentialing criteria to be approved)
☐	☐	☐	☐	Laser privileges* (1,2,3,7,8,9,13,19,20) (*Must satisfy certain credentialing criteria to be approved)
☐	☐	☐	☐	Nerve repair of face and neck (1,2,3,7,8,13,19,20)
☐	☐	☐	☐	Neurolysis of face and neck (1,2,3,7,8,13,19,20)

LEHIGH VALLEY HEALTH NETWORK

CEDAR CREST & I-78 PO BOX 689

ALLENTOWN, PA 18105-1556

CLINICAL PRIVILEGES IN OTOLARYNGOLOGY-HEAD & NECK SURGERY

Name_____

Privileges by Location:

1 – LVH-Cedar Crest
2 – LVH-Muhlenberg (includes the Behavioral Health Center and Cancer Center)
3 – LVH-17th & Chew (includes TSU)
5 – LVH-Tilghman
6 – LVHN Surgery Center-Tilghman
7 – LVH-Hazleton
8 – Health and Wellness Center at Hazleton
9 - LVHN Children's Surgery Center
10 - LVH-Schuylkill East Norwegian
11 - LVH-Schuylkill South Jackson
13 - LVH-Hecktown Oaks
14 - LVH-Coordinated Health - Allentown
15 - LVH-Coordinated Health - Bethlehem
16 - LVHN Ambulatory Surgery Center of Lopatcong, Inc
17 - LVHN East Stroudsburg Ambulatory Surgery Center
18 - LVH-Pocono
19 - LVH-Carbon
20 - LVH-Dickson City

LEHIGH VALLEY HEALTH NETWORK

CLINICAL AREA OTOLARYNGOLOGY-HEAD & NECK SURGERY

Name_____

Acknowledgement of Practitioner

I hereby request the privileges noted.

Practitioner Signature:_____Date:_____/_____/_____

*****Recommendations*****

I have reviewed the request for clinical privileges and supporting documentation and

☐ **Recommend As Requested** ☐ **Recommend with Exceptions** ☐ **Do Not Recommend**

the privileges requested above.

EXCEPTIONS

Exception to Privilege:	Conditions/Modifications

Explanation:

SUPERVISING PHYSICIAN (AHPs ONLY) _____ _____/_____/_____

Title Signature Date

_____ _____ _____/_____/_____

Title Signature Date

_____ _____ _____/_____/_____

Title Signature Date

_____ _____ _____/_____/_____

Title Signature Date

_____ _____ _____/_____/_____

Title Signature Date