

# LEHIGH VALLEY HEALTH NETWORK

## CLINICAL PRIVILEGES IN OTOLARYNGOLOGY-HEAD & NECK SURGERY

Name \_\_\_\_\_ Initial ☐ Renewed ☐  
 Effective from \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

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

R	G	C	N	POPULATION
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pediatric: Birth - 25 Years (LVHN Surgery Center-Tilghman - 6 months - 1 Year and LVHN Children's Surgery Center - 6 months - 1 Year)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Adults: 13 - 65 Years
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Geriatrics: Over 65 Years

R	G	C	N	GENERAL PRIVILEGES
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Admitting (includes inpatient, outpatient procedures, and observation) (1,2,3,5,6,7,8,9,10,11,13,19,20)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consulting Privileges (1,2,3,5,6,7,8,9,10,11,13,19,20)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	History and Physical (1,2,3,5,6,7,8,9,10,11,13,19,20)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Prescribing Privileges (1,2,3,5,6,7,8,9,10,11,13,19,20)

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

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**R G C N EAR**

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Mastoidectomy - with middle ear and tympanic membrane, ossicular reconstruction (1,2,3,7,10,13,19,20)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Middle ear infusion therapy (1,2,3,7,8,9,13,19,20)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Myringotomy with or without tube placement (1,2,3,7,8,9,10,13,19,20)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Otoplasty (1,2,3,7,8,9,13,19,20)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Reconstruction of ossicular chain including incus interposition or prosthesis (1,2,3,7,8,9,10,13,19,20)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Reconstruction of tympanic membrane (1,2,3,7,8,9,10,13,19,20)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Removal of foreign body (1,2,3,7,8,9,10,13,19,20)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Stapedectomy (1,2,3,7,8,9,13,19,20)

**R G C N SCOPES**

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Flexible bronchoscopy with or without biopsy (1,2,3,4,7,8,9,10,13,19,20)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	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)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	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)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Rigid bronchoscopy with removal of foreign body* (1,2,3,7,10,13,19,20) (*Must satisfy certain credentialing criteria to be approved)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Flexible esophagoscopy with or without biopsy (1,2,3,7,8,9,10,13,19,20)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Rigid esophagoscopy with or without biopsy (1,2,3,7,8,9,10,13,19,20)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Rigid esophagoscopy with removal of foreign body (1,2,3,7,8,9,10,13,19,20)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Rigid laryngoscopy with or without biopsy, benign or malignant (1,2,3,7,8,9,10,13,19,20)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Rigid laryngoscopy with removal of foreign body (1,2,3,7,8,9,10,13,19,20)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	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

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Frenulectomy (1,2,3,7,8,9,10,13,19,20)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Adenoidectomy (1,2,3,7,8,9,10,13,19,20)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Cleft lip and palate repair (1,2,3,7,9,13,19,20)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Excision, benign or malignant lesions of the lip, wedge resection, reconstruction with lip flaps (1,2,3,7,8,9,10,13,19,20)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Local flap reconstruction, i.e., pedicle, rotation, Abbe Estlander, etc. (1,2,3,7,9,10,13,19,20)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Resection of entire lip (1,2,7,8,13,19,20)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Tonsillectomy (1,2,3,7,8,9,10,13,19,20)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Uvulopalatopharyngoplasty (UPPP) (1,2,3,7,10,13,19,20)

### R G C N INTRAORAL PROCEDURES

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Biopsy of oral cavity, oropharynx (1,2,3,7,8,9,10,13,19,20)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Composite resection of oral cavity, oropharyngeal lesion (1,2,3,7,10,13,19,20)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Resection of oral cavity, oropharyngeal lesion (1,2,3,7,9,10,13,19,20)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Excision/resection benign or malignant lesions of oral cavity (1,2,3,7,8,9,10,13,19,20)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hard palate resection (1,2,3,7,9,13,19,20)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Soft palate resection (1,2,3,7,9,13,19,20)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hemiglossectomy (1,2,3,7,13,19,20)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Partial glossectomy (1,2,3,7,8,13,19,20)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Total glossectomy (1,2,7,13,19,20)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Lingual tonsillectomy (1,2,7,13,19,20)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Wide field tonsillectomy (1,2,3,7,13,19,20)

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### **R G C N INTRAORAL PROCEDURES**

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Mandibular reconstruction (plating) (1,2,7,13,19,20)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pharyngoplasty (1,2,3,7,13,19,20)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Radical resection floor of mouth (1,2,7,13,19,20)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Removal of teeth when in conjunction with oral lesion resection (1,2,7,8,13,19,20)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sialolithotomy/sialoplasty (1,2,3,7,8,9,13,19,20)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Surgery for osteitis or osteomyelitis of the jaws (1,2,3,7,13,19,20)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Treatment of wounds involving teeth, jaws and mucoperosteal attachment (1,2,3,7,13,19,20)

### **R G C N LARYNX PROCEDURES**

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Creation of tracheoesophageal fistula and placement of voice prosthesis (1,2,3,7,8,13,19,20)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Repair tracheoesophageal fistula (1,2,3,7,13,19,20)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Cricoid split (1,2,7,13,19,20)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Cricopharyngeal myotomy (1,2,3,7,13,19,20)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hemilaryngectomy (partial laryngectomy) (1,2,7,13,19,20)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Supraglottic laryngectomy (1,2,7,13,19,20)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Total laryngectomy (1,2,7,13,19,20)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Laryngopharyngectomy (1,2,7,13,19,20)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Partial pharyngectomy (1,2,7,13,19,20)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Repair laryngeal fracture (1,2,7,13,19,20)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Repair pharyngeal diverticulum (Zenker's) (1,2,3,7,13,19,20)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Tracheostoma revision (1,2,3,7,13,19,20)

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<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Tracheostomy (1,2,3,7,10,13,19,20)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Tracheostomy Emergency (1,2,3,7,9,10,13,19,20)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Vocal cord reconstruction/thyroplasty (1,2,3,7,13,19,20)

### **R G C N NASAL/SINUS**

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	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)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Caldwell Luc procedure (1,2,3,7,8,10,13,19,20)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Computer-assisted sinus surgery (1,2,3,7,8,13,19,20)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Control anterior nasal bleed/packing or surgical (1,2,3,7,8,9,10,13,19,20)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Control posterior nasal bleed/packing or surgical (1,2,3,7,9,10,13,19,20)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Dacryocystorhinostomy (1,2,3,7,8,9,10,13,19,20)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Endoscopic ethmoidectomy (1,2,3,7,8,9,10,13,19,20)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Eustachian Tube Balloon Dilation* (1,2,3,7,8,10,13,19,20) (*Must satisfy certain credentialing criteria to be approved)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Excision of nasopharyngeal tumors (nasopharyngectomy) (1,2,3,7,8,9,13,19,20)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Excision of orbital tumors (1,2,3,7,8,13,19,20)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	External ethmoidectomy (1,2,3,7,8,9,13,19,20)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Endoscopic frontal sinus procedure (1,2,3,7,8,9,10,13,19,20)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Transantral ethmoidectomy (1,2,3,7,8,9,13,19,20)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Endoscopic sphenoidectomy/sphenoidotomy (1,2,3,7,8,9,13,19,20)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Excision/resection of intranasal mass (1,2,3,7,8,9,13,19,20)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Frontal sinus ablation (1,2,3,7,8,10,13,19,20)

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<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Frontal sinus obliteration, i.e., osteoplastic flap (1,2,7,13,19,20)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Frontal sinus procedures (1,2,3,7,8,10,13,19,20)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Frontal sinus trephination (1,2,3,7,8,9,13,19,20)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hypophysectomy (1,2,3,7,8,13,19,20)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Lateral rhinotomy (1,2,3,7,8,9,13,19,20)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ligation, anterior/posterior ethmoid arteries (1,2,3,7,13,19,20)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Maxillary antrostomy (1,2,3,7,8,13,19,20)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Maxillary artery ligation (1,2,3,7,13,19,20)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Medial maxillectomy (1,2,3,7,13,19,20)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Total maxillectomy (1,2,7,13,19,20)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Nasal polypectomy, any method (1,2,3,7,8,9,10,13,19,20)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Nasoantral window (1,2,3,7,8,9,13,19,20)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Nasoseptal reconstruction (1,2,3,7,8,9,10,13,19,20)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Optic Nerve decompression (1,2,3,7,8,13,19,20)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Orbital exenteration (1,2,7,8,13,19,20)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Osteoplastic frontal sinusotomy (1,2,3,7,8,9,10,13,19,20)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Orbital decompression (1,2,3,7,8,13,19,20)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Removal Foreign Body (1,2,3,7,8,10,13,19,20)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Repair of CSF Leak (1,2,3,7,8,9,10,13,19,20)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Resection of skull base tumor (1,2,3,7,8,13,19,20)

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<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Rhinoplasty (1,2,3,7,8,9,10,13,19,20)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sumucous resection of turbinates (1,2,3,7,8,9,10,13,19,20)

### **R G C N NECK SURGERY**

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Carotid ligation for carotid blow out (1,2,7,13,19,20)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Excision of congenital and developmental lesions (thyroglossal, branchial) (1,2,3,7,8,13,19,20)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Incision and drainage of abscesses, head and neck (1,2,3,7,10,13,19,20)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Lymph mass or Lymph node biopsy (1,2,3,7,8,9,10,13,19,20)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Parathyroidectomy (1,2,7,10,13,19,20)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Phrenic neurectomy (1,2,7,13,19,20)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Radical neck dissection (1,2,3,7,10,13,19,20)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Submandibular gland excision (1,2,3,7,8,10,13,19,20)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Superficial parotidectomy (1,2,3,7,8,10,13,19,20)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Total parotidectomy (1,2,3,7,10,13,19,20)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Temporal artery biopsy (1,2,3,7,8,9,10,13,19,20)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Thyroid lobectomy (1,2,3,7,8,10,13,19,20)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Total thyroidectomy (1,2,3,7,10,13,19,20)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ultrasound-Guided Thyroid Biopsy (1,2,7,8,20)

### **R G C N FRACTURES**

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Alveolectomies and procedures for closure of an oroantral fistula (1,2,3,7,8,13,19,20)
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# LEHIGH VALLEY HEALTH NETWORK

## CLINICAL PRIVILEGES IN OTOLARYNGOLOGY-HEAD & NECK SURGERY

Name \_\_\_\_\_ Initial ☐ Renewed ☐  
 Effective from \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

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

### R G C N FRACTURES

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Bone/joint biopsy and debridement for cysts, tumors of mandibula (1,2,7,8,13,19,20)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Closed and open reductions and fixation of mandibular fractures (1,2,7,10,13,19,20)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Closed and open reductions with internal fixation of facial fractures (Lefort I, II, and III) (1,2,7,10,13,19,20)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Closed and open reductions of nasal fractures (1,2,3,7,8,10,13,19,20)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Dento-alveolar abscess with cellulitis, incision and drainage of same (1,2,3,7,13,19,20)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Opening into maxillary sinus for removal of roots, tooth cyst or granuloma of dental origin (1,2,3,7,8,9,13,19,20)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Repair of frontal sinus fractures (1,2,7,13,19,20)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Repair of zygomatic arch fractures (1,2,3,7,8,9,13,19,20)

### R G C N PLASTIC SURGERY

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Blepharoplasty (1,2,3,7,8,10,13,19,20)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Bone and cartilage grafting (1,2,3,7,8,9,13,19,20)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Chemical peel of the skin (1,2,3,7,8,13,19,20)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Correction of facial paralysis (1,2,3,7,8,13,19,20)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Dermabrasion (1,2,3,7,8,9,13,19,20)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Excision of skin ulcers and other lesions in preparation for repair (1,2,3,7,8,9,13,19,20)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Eyebrow reconstruction (1,2,3,7,8,9,13,19,20)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Eyelid ptosis operations (1,2,3,7,8,10,13,19,20)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Implantation of foreign materials for cosmetic or functional purposes (1,2,3,7,8,9,13,19,20)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Intralesional injection of scars (1,2,3,7,8,9,13,19,20)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Orbital floor reconstruction (1,2,3,7,9,13,19,20)



# LEHIGH VALLEY HEALTH NETWORK

## CLINICAL PRIVILEGES IN OTOLARYNGOLOGY-HEAD & NECK SURGERY

Name \_\_\_\_\_ Initial ☐ Renewed ☐  
 Effective from \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

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

### **R G C N PLASTIC SURGERY**

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Rhytidectomy (1,2,3,7,13,19,20)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Scar removal (1,2,3,7,8,9,10,13,19,20)

### **R G C N FLAPS/GRAFTS**

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Local regional head and neck flap (1,2,3,7,8,9,13,19,20)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Temporalis flap (1,2,3,7,13,19,20)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Deltpectoral flap (1,2,3,7,13,19,20)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pectoralis major myocutaneous flap (1,2,7,13,19,20)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Free flap reconstruction, head and neck (1,2,7,10,13,19,20)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Skin grafting split thickness/full thickness/dermal (1,2,3,7,8,9,10,13,19,20)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Composite, fat, fascia, vein, nerve, bone and cartilage grafts (1,2,3,7,8,9,13,19,20)

### **R G C N OTHER PRIVILEGES**

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	daVinci STM Robotic System-Assisted Transoral Procedure* (1,2,13,19,20) (*Must satisfy certain credentialing criteria to be approved)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	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)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Implantation of vagal nerve stimulator (1,2,3,7,13,19,20)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Inspire Implantation* (1,2,3,13) (*Must satisfy certain credentialing criteria to be approved)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Laser privileges* (1,2,3,7,8,9,13,19,20) (*Must satisfy certain credentialing criteria to be approved)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Nerve repair of face and neck (1,2,3,7,8,13,19,20)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Neurolysis of face and neck (1,2,3,7,8,13,19,20)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Perform Botox Injections for Functional Deficits, Pain Syndromes and Cosmetic Concerns (e.g., rhytids) (18)

# 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:

_____	_____	____/____/____
Title	Signature	Date
_____	_____	____/____/____
Title	Signature	Date
_____	_____	____/____/____
Title	Signature	Date
_____	_____	____/____/____
Title	Signature	Date
_____	_____	____/____/____
Title	Signature	Date