

## DELINEATION OF CLINICAL PRIVILEGES - OTOLARYNGOLOGY

For use of this form, see AR 40-68; the proponent agency is OTSG.

1. NAME OF PROVIDER <i>(Last, First, MI)</i>	2. RANK/GRADE	3. FACILITY
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**INSTRUCTIONS:**  
**PROVIDER:** Enter the appropriate provider code in the column marked "REQUESTED". Each category and/or individual privilege listed must be coded. For procedures listed, line through and initial any criteria/applications that do not apply. Your signature is required at the end of Section I. Once approved, any revisions or corrections to this list of privileges will require you to submit a new DA Form 5440.

**SUPERVISOR:** Review each category and/or individual privilege coded by the provider and enter the appropriate approval code in the column marked "APPROVED". This serves as your recommendation to the commander who is the approval authority. Your overall recommendation and signature are required in Section II of this form.

**GENERAL:** The Otolaryngologist- Head and Neck Surgeon is a physician who provides comprehensive medical and surgical care of patients with diseases and disorders of the head and neck (i.e., the ear, nose and throat), excluding primary treatment of diseases of the brain, eye, teeth, carotid artery, and cervical spine. The following is a list of disorders, defects, and abnormalities treated and managed by the otolaryngologist. This list is neither inclusive or exclusive.

**NOTE:** This document is to be used in conjunction with DA Form 5440-13, Delineation of Clinical Privileges - General Surgery.

PROVIDER CODES	SUPERVISOR CODES
1 - Fully competent to perform	1 - Approved as fully competent
2 - Modification requested <i>(Justification attached)</i>	2 - Modification required <i>(Justification noted)</i>
3 - Supervision requested	3 - Supervision required
4 - Not requested due to lack of expertise	4 - Not approved, insufficient expertise
5 - Not requested due to lack of facility support/mission	5 - Not approved, insufficient facility support/mission

### SECTION I - CLINICAL PRIVILEGES

Requested	Approved	Otology	Requested	Approved	Facial Plastic and Reconstructive Procedures
		a. Excision of temporal bone and external ear benign and malignant lesions			a. Scar revision, excision of benign and malignant lesions
		b. Reconstruction of middle and external ear structures			b. Blepharoplasty, rhytidoplasty, chemical peel, dermabrasion, brow lift, uvulopharyngopalatoplasty
		c. Facial nerve repair, decompression, and rerouting			c. Repair of lacerations, skin and muscle flaps, use of implants above the clavicle
		d. Mastoidectomy, endolymphatic sac surgery, labyrinthectomy			<b>Maxillofacial and Head &amp; Neck Trauma</b>
		e. With operative neurosurgical participation, translabyrinthine and cranial fossa approaches to the internal auditory canal			a. Repair of and reconstruction of injuries of the soft tissue and bone of the facial skeleton, head and neck
		f. Audiant implantable hearing device			<b>Broncho-Esophagology</b>
		g. Cochlear implantation			a. Use of panendoscopy in the evaluation of head and neck cancer patients
		h. Canal hearing aid recontouring procedure			b. Foreign body removal
		<b>Nose and Paranasal Sinuses</b>			c. Other diagnostic and therapeutic endoscopy for disorders of the larynx, trachea, bronchi, and cervical esophagus
		a. Surgery for airway obstruction and correction of functional, congenital and cosmetic deformities			<b>Allergy</b>
		b. Procedures on maxillary, frontal, sphenoidal, ethmoidal disease			a. Immunotherapy of upper respiratory allergic disorders
		c. Evaluation and treatment of upper respiratory allergic disorders			<b>Other</b>
		<b>Head and Neck</b>			a. Microvascular flap reconstruction
		a. Excision of benign and malignant lesions of skin, salivary glands, thyroid glands, parathyroid glands, oral cavity, pharynx, larynx, lymphatic system, cervical esophagus and neck, cervical trachea including major ablative cancer surgery			b. Administration of moderate sedation
		b. Repair or reconstruction of traumatic, anatomical, or surgical defects, including use of microsurgical techniques			

**LASER PRIVILEGES**

Requests for laser privileges may require attendance at a formal laser training program(s), supporting documentation of training, experience, etc., acknowledgement of receipt of the MTF laser policy and procedural guidance, and review and approval by appropriate MTF personnel with oversight responsibility for laser therapy. The necessary documentation in support of this request is attached.

Requested				Approved
CO2	KTP	ND:YAG		
				a. Oral cavity, pharyngeal procedures
				b. Laryngeal/tracheal procedures
				c. Excision of bronchial tumors w/rigid bronchoscope
				d. Resection of head & neck tumors
				e. Otologic procedures

COMMENTS

	SIGNATURE OF PROVIDER	DATE (YYYYMMDD)
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**SECTION II - SUPERVISOR'S RECOMMENDATION**

Approval as requested       Approval with Modifications *(Specify below)*       Disapproval *(Specify below)*

COMMENTS

DEPARTMENT/SERVICE CHIEF <i>(Typed name and title)</i>	SIGNATURE	DATE (YYYYMMDD)
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**SECTION III - CREDENTIALS COMMITTEE/FUNCTION RECOMMENDATION**

Approval as requested       Approval with Modifications *(Specify below)*       Disapproval *(Specify below)*

COMMENTS

COMMITTEE CHAIRPERSON <i>(Name and rank)</i>	SIGNATURE	DATE (YYYYMMDD)
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