SPECIALTY OF GENERAL DENTISTRY AND ORAL MAXILLOFACIAL SURGERY
Delineation of Clinical Privileges

Criteria for granting privileges:

Dentists must have satisfactorily completed training and be certified by the Tennessee Board of Dentistry.

Or

Current board certification in Oral and Maxillofacial Surgery by the American Board of Oral and Maxillofacial Surgery

Or

DDS or DMD or (MD plus DDS or DMD), successful completion of an accredited post-graduate training program in Oral and Maxillofacial Surgery that includes training for procedures of the soft and hard tissues as well as history and physicals

Or

Successful completion of an ACGME or AOA accredited post-graduate training programs in Oral and Maxillofacial Surgery, and board certification within 5 years of program completion

Applicants will be requested to provide documentation of practice and current clinical competence as defined on the attached competency grid. Applicants have the burden of producing information deemed adequate by the hospital for a proper evaluation of current clinical competence, and other qualifications and for resolving any doubts.

Current Clinical Competence - MLH

In addition to the required education, experience and/or training specified on each DOP (Delineation of Privilege) form, documentation of current clinical competence is required. TJC (The Joint Commission) describes current clinical competence as having “performed the privilege recently and performed it well”.

Current clinical competence is assessed prior to granting privileges initially and is reassessed when renewing privileges at reappointment – for maintenance of privileges. Current Clinical Competence (CCC) may be location specific (acute hospital care/surgery center (ASC) and/or age specific (adult, pediatric, neonatal).

This should not be confused with FPPE (Focused Professional Practice Evaluation)

- FPPE: an evaluation of clinical competence of all new privileges as performed at the specific licensed MLH facility (MHMH, MHOBH, Fayette, MECH) for which they have been initially granted. This applies to privileges for all new applicants as well as to new/additional privileges for current members.

Both FPPE and current clinical competence assessments are privilege-specific. FPPE is conducted during the period after granting new/additional privileges. FPPE must occur at the MLH facility(ies) where privileges/membership are held. Current clinical competence may be evaluated from case logs provided by non-MLH facilities.

Current Clinical Competence: Requirements for New Applicants

- If applying directly from training, or based on the training received in a formal training program, provider should submit case* logs from the program authenticated by the program director along with their recommendation attesting to the comparable training, experience and qualifications relative to the criteria for the clinical privileges requested.

- If applying more than 1 year after training completion, submit the following:
o Aggregate data from acute care or surgery center facility for the previous 12 month time period, identifying the top 10 diagnosis codes and the number of patients per code. Any complications/poor outcomes should be delineated and accompanied by an explanation.

o Procedure list from acute care or surgery center facility for the previous 12 month time period, identifying the top 10 CPT/ICD codes and the number of procedures per code. Any complications/poor outcomes should be delineated and accompanied by an explanation.

o Case logs (see specifications below) for any special privileges requested that meet the criteria specific for the number of procedures defined for current clinical competence.

Current Clinical Competence: Maintenance of Privileges for Current Members

• For active staff members: MLH source data will be aggregated to review cases and procedures performed. If this does not meet the minimum requirement for core and/or special privileges, the practitioner will be required to submit additional case logs from other facilities.

• For courtesy staff members with low activity and for certain active staff with activity that has diminished and is now low: Department chair recommendation should be obtained from their primary facility; and the practitioner should submit the following:
  o Aggregate data from acute care or surgery center facility for the previous 12 month time period, identifying the top 10 diagnosis codes and the number of patients per code. Any complications/poor outcomes should be delineated and accompanied by an explanation.
  o Procedure list from acute care or surgery center facility for the previous 12 month time period, identifying the top 10 CPT/ICD codes and the number of procedures per code. Any complications/poor outcomes should be delineated and accompanied by an explanation.
  o Case logs (see specifications below) for any special privileges requested that meet the specific number of procedures defined for current clinical competence.

Case Logs

All required case logs and/or procedure lists must contain the following information at a minimum: Date, patient identifier, CPT/ICD procedure code, diagnosis, complications, and disposition, and the facility name, name/title of the person authenticating the log, signature, date signed, and contact information. If the information requested is not available, please provide an explanation.

*A “case” is defined as an episode of care – either cognitive or procedural. For interpretive care, “case” is interpretation of one diagnostic study.

OPPE (Ongoing Professional Performance Evaluation)

The Joint Commission (TJC) requires OPPE periodically (more frequently than annually) in the facility where membership/privileges are held.

To assure OPPE requirements are satisfied, the practitioner must periodically exercise the privileges in the MLH facility(ies) where he/she has membership. OPPE must occur regularly on patient encounters in the MLH facility(ies) where privileges/membership are held.
<table>
<thead>
<tr>
<th>Specialty/Procedure Delineation of Privilege Form</th>
<th>Education/Training Documentation for Initial Granting</th>
<th>Initial Application (Proof of current clinical competence)</th>
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<td>General Dentistry Core</td>
<td>Dentists must have satisfactorily completed training and be certified by the Tennessee Board of Dentistry.</td>
<td>Procedure list from primary practice facility for the previous 12 month time period identifying the top 10 CPT/ICD codes and the number of procedures per code. Any complications/poor outcomes should be delineated and accompanied by an explanation.</td>
<td>First 5 cases</td>
<td>MLH Data will be obtained for active members when available, the applicant should supply additional case logs from other facilities’ HIM departments, if necessary, to meet the minimum requirement(s) to be considered for the privilege. Courtesy members should supply case logs from other facilities’ HIM departments to meet the minimum requirement(s) to be considered for the privilege. Aggregate data submitted should include the top 10 diagnosis codes, with the number of inpatients per code, and procedure lists indicating the top 10 CPT/ICD codes, with the number of procedures per code for the previous 12 months. Any complications/poor outcomes should be delineated and accompanied by an explanation. Department chair recommendation will be obtained from primary practice facility.</td>
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<td>Oral and Maxillofacial Surgery Core</td>
<td>Current board certification in Oral and Maxillofacial Surgery by the American Board of Oral and Maxillofacial Surgery Or Successful completion of an ACGME or AOA accredited post-graduate training programs in Oral and Maxillofacial Surgery, and board certification within 5 years of program completion Or DDS or DMD or (MD plus DDS or DMD), successful completion of an accredited post-graduate training program in Oral and Maxillofacial Surgery that includes training for</td>
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<td>Oral and Maxillofacial Pediatric Surgery Core</td>
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<td>Aggregate data from primary practice facility for the previous 12 month time period indentifying the top 10 diagnosis codes and the number of inpatients per code. Any complications/poor outcomes should be delineated and accompanied by an explanation. Procedure list from primary practice facility for the previous 12 month time period identifying the top 10 CPT/ICD codes and the number of procedures per code. Any complications/poor outcomes should be delineated and accompanied by an explanation.</td>
<td>First 6 cases Surgical removal of teeth (5), Reconstruction mandible or maxilla (1) MLH Data will be obtained for active members when available, the applicant should supply additional case logs from other facilities’ HIM departments, if necessary, to meet the minimum requirement(s) to be considered for the privilege. Courtesy members should supply case logs from other facilities’ HIM departments to meet the minimum requirement(s) to be considered for the privilege. Aggregate data submitted should include the top 10 diagnosis codes, with the number of inpatients per code, and procedure lists indicating the top 10 CPT/ICD codes, with the number of procedures per code for the previous 12 months. Any complications/poor outcomes should be delineated and accompanied by an explanation. Department chair recommendation will be obtained from primary practice facility.</td>
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<td>Use of Laser</td>
<td>Completion of an approved eight hour minimum CME course which includes training in laser principles and safety, basic laser physics, laser tissue interaction, discussions of the clinical specialty field and hands-on experience with lasers. A letter outlining the content and successful completion of course must be submitted, or documentation of successful completion of an approved</td>
<td>First 5 cases Case log documenting 5 procedures within the previous 24 months</td>
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Board approved: March, 2011, Revised 4/16/14
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<td>Surgical correction of cleft lip and palate deformities</td>
<td>Residency in a specialty or subspecialty which included training in laser principles and safety, basic laser physics, laser tissue interaction, discussions of the clinical specialty field and a minimum of six hours observation and hands-on experience with lasers.</td>
<td>Case log documenting the performance of at least 5 procedures within the previous 12 months</td>
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<td>Case log documenting the performance of at least 10 procedures within the previous 24 months</td>
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<td>Endodontics</td>
<td>Proof of residency with letter from program director.</td>
<td>Procedure list from primary practice facility for the previous 12 month time period identifying the top 10 CPT/ICD codes and the number of procedures per code. Any complications/poor outcomes should be delineated and accompanied by an explanation.</td>
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Oral and Maxillofacial Surgery Core Privilege:

Admit, evaluate, diagnose, treat and provide consultation; perform surgical procedures and postoperative management of patients except as specifically excluded from practice; with pathology, injuries, and disorders of both the functional and aesthetic aspects of the hard and soft tissues of the oral and maxillofacial regions.

Access, stabilize and determine disposition of patients with emergency conditions consistent with the Medical Staff policy regarding emergency or consultative services.

The core privileges in this specialty include the procedures on the attached list and such other procedures that are extensions of the same techniques and skills.

- Dental implant surgery
- Dentoalveolar surgery: surgical extractions, aveoplasty, removal of impacted teeth, surgical exposure of impacted teeth, removal of palati tori (exostosis), removal of lingual tori, closure and grafting of alveolar cleft
- Harvesting of bone graft for maxillofacial reconstruction from maxillofacial region
- Intraoral and extraoral surgery to include management of deep space infections, major lacerations, minor and major cysts or tumors, excision of ranula, correction of soft and hard tissue deformities (including chin), preprosthetic surgery, repair of oral-antral fistula, Caldwell-Luc procedure for removal of tooth, repair of cleft palate defects/alveolar clefts, salivary duct surgery, salivary gland surgery, submandibular, sublingual
- Lacerations to face, head and neck
- Lip shave and cheiloplasty for benign disease
- Management of temporomandibular joint (TMJ) disturbances (open and closed)
- Maxillectomy and mandibulectomy
- Open and closed reductions of facial fractures excluding frontal sinus fractures
- Open and closed reductions of mandibular fractures
- Orthognatic surgery

Oral and Maxillofacial Pediatric Surgery Core Privilege:

Admit, evaluate, diagnose, treat and provide consultation; perform surgical procedures and postoperative management of patients except as specifically excluded from practice; with pathology, injuries, and disorders of both the functional and aesthetic aspects of the hard and soft tissues of the oral and maxillofacial regions.

Access, stabilize and determine disposition of patients with emergency conditions consistent with the Medical Staff policy regarding emergency or consultative services.

The core privileges in this specialty include the procedures on the attached list and such other procedures that are extensions of the same techniques and skills.

- Extract teeth and root fragments
- Manage benign tumors and cysts of the oral cavity
- Gingival surgery
- Treatment of osteomyelitis
- Surgically treat TM joint disorders
- Maxillary and mandibular ostotomies
- Bone grafts of maxillary and mandibular regions in conjunction with pediatric surgery,
plastic surgery or orthopedic surgery.

- Fractures of zygoma complex

**General Dentistry Core Privilege:**

Admit, evaluate, diagnose, treat, provide consultation, perform surgical procedures and postoperative management of patients, except as specifically excluded from practice, in the prevention, diagnosis and treatment of diseases of the supporting and surrounding tissues of the teeth or their substitutes and the maintenance of the health, function and esthetics of these structures and tissues.

Access, stabilize and determine disposition of patients with emergency conditions consistent with the Medical Staff policy regarding emergency or consultative services.

Includes the following procedures and excludes from making any incisions outside the oral cavity except as required to treat the problems listed below:

- Operative treatment of carious dentition
- Restorative procedures involved in crown and bridge prosthesis
- Uncomplicated periodontal therapy
- Uncomplicated endodontic surgery
- Uncomplicated extractions
- Alveolectomy as routinely employed to prepare the alveolar ridges for dental prosthesis

**Special:**

The physician requesting special privileges must meet the minimum criteria for the specialty core and demonstrate the appropriate post graduate training and/or demonstrate successful completion of an approved, recognized course when such exists, or other acceptable experience.

**Administration of moderate sedation:**

See Credentialing Policy for Sedation and Analgesia by Non-Anesthesiologists.

Requires: Separate DOP, ACLS, NRP or PALS certification

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General Dentistry and Oral and Maxillofacial Surgery Clinical Privileges

Check below the particular privileges desired in General Dentistry and Oral and Maxillofacial Surgery for each facility:

Please check (✓) applicable age categories for each privilege requested.

<table>
<thead>
<tr>
<th>Privilege Description</th>
<th>Methodist Healthcare – Memphis Hospitals (MHMH)</th>
<th>Methodist Extended Care Hospital (MECH)</th>
<th>Methodist Healthcare – Fayette Hospital (MHFH)</th>
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<td>Germantown, Le Bonheur Medical Center, North, South &amp; University, Outpatient Clinics &amp; Diagnostic Facilities</td>
<td>Adults (18 &amp; Above)</td>
<td>Adults &amp; Adolescents (13 &amp; Above)</td>
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### Age Limitations

- **Neonates** (0-28 days)
- **Infants** (29 days – 2 Years)
- **Children & Adolescents** (2-18 years)
- **Adults & Adolescents** (13 & Above)
- **Adults** (18 & Above)

### General Dentistry Core

### Oral and Maxillofacial Surgery Core

### Oral and Maxillofacial Pediatric Surgery Core

### Special Privileges

- Use of Laser
- Surgical correction of cleft lip and palate deformities
- Endodontics
- Orthodontics
- Pediatric Dentistry
- Periodontics
- Prosthodontics

### Limitations

Clinical privileges are granted only to the extent privileges are available at each facility.

Darkly shaded areas represent privileges not available to any practitioner due to the privilege not being offered by the facility.

**Acknowledgement of practitioner**

I have requested only those privileges for which by education, training, current experience and demonstrated performance I am qualified to perform and for which I wish to exercise at the facilities indicated above, to the extent services are available at each facility, and I understand that:

(a) in exercising any clinical privileges granted, I am constrained by facility and medical staff policies and rules applicable generally and any applicable to the particular situation

Board approved: March, 2011, Revised 4/16/14
(b) any restriction on the clinical privileges granted to me is waived in an emergency situation and in such situation my actions are governed by the applicable section of the medical staff bylaws or related documents

____________________________ 
Physician's Signature   Date

____________________________
Printed Name