

RIVERSIDE METHODIST HOSPITAL
Columbus, Ohio

DEPARTMENT OF SURGERY
SECTION OF DENTISTRY

INITIAL
RENEWAL

DELINEATION OF PRIVILEGES

Please signify request for each procedure by marking a ✓ in the YES column.

AT INITIAL APPOINTMENT AND AT REAPPOINTMENT, Category III-A procedures require additional documentation of training and/or experience including the number of procedures performed in the past two years. Forms will be considered incomplete w/o this information and will not be processed..

Name _____

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REQUESTED		PRIVILEGE	ACTION		
YES	# of cases		Approved	Conditions	Denied
	N/A	<p>CATEGORY I - CORE PRIVILEGES</p> <p>Privileges include but are not limited to consultations, workup and the provision of therapeutic oral health care to patients of all ages to correct or treat various routine conditions of the oral cavity. Privileges include but are not limited to:</p> <ul style="list-style-type: none"> • General operative dentistry for treatment of caries and replacement of teeth • Extraction of teeth (simple) • Alveolectomy and alveoplasty to prepare mouth for prosthesis • Root canal therapy • Restorations including amalgam, silicate, acrylic or plastic as well as gold inlays and crowns • Pulp capping • Pulpotomy • Periapical services • Treatment of trauma to the dentition • Pain and anxiety control as necessary • Oral diagnosis and oral pathology • CLIA waived laboratory tests 			

Name _____

REQUESTED		PRIVILEGE	ACTION		
YES	# of cases		Approved	Conditions	Denied
	N/A	<p>CATEGORY II PRIVILEGES - PERIODONTOLOGY Require 3 years of periodontal training and eligibility for or certification by the American Board of Periodontology Privileges include but are not limited to:</p> <ul style="list-style-type: none"> • Category I – Core privileges • Major and minor periodontal treatment and surgery and preventive periodontal procedures • Gingivectomy • Gingival flap procedures • Mucogingival surgery • Osseous periodontal surgery • Periodontal scaling and root planing • Occlusal equilibration • Hemisection and root amputations • Placement of soft tissue grafts • Placement of dental implants 			

REQUESTED		PRIVILEGE	ACTION		
YES	# of cases		Approved	Conditions	Denied
	N/A	<p>CATEGORY II PRIVILEGES - PROSTHODONTICS Require 3 years of prosthodontic training and eligibility for or certification by the American Board of Prosthodontics. Privileges include but are not limited to:</p> <ul style="list-style-type: none"> • Category I – Core privileges • Dentures, bridges and repairs • Implant prosthodontics • Maxillofacial prosthetics, speech prostheses, surgical splints • Flouride carriers for cancer patients 			

Name _____

REQUESTED		PRIVILEGE	ACTION		
YES	# of cases		Approved	Conditions	Denied
	N/A	<p align="center">CATEGORY III PRIVILEGES</p> <p>Require a 4 year hospital oral and maxillofacial surgery residency and eligibility for or certification by the American Board of Oral and Maxillofacial Surgery. Privileges include but are not limited to:</p> <ul style="list-style-type: none"> • Category I – Core privileges • Admission of the patient • History and physical examinations on own patients • Major and minor dentoalveolar surgery • Treatment of fractures of the jaw and facial bones • Treatment of soft tissue injuries of the maxillofacial area • Orthognathic surgery including genioplasty • TMJ arthroplasty, arthroscopy or reconstruction • Treatment of peripheral branches of sensory and/or motor nerves to the face related to dental/oral surgery management • Bone grafting to the maxillofacial region • Skin grafting to the maxillofacial region to include harvesting from the lateral thigh • Preprosthetic surgery • Surgery of the salivary glands and ducts • Implant surgery – both dental and maxillofacial implants • Maxillary and mandibular ridge augmentations • Excision of cysts, tumors, frenae and sialoliths from the oral cavity and associate structures • Local and regional anesthesia for procedures 			
	# of cases	<p align="center">CATEGORY III - A PRIVILEGES</p> <p>Require additional documentation</p>			
		Moderate Sedation – see attached Hospital criteria			
		Harvesting ileum, rib, cranial and tibial grafts			
		Cleft lip and palate repair			
		Excision of cutaneous lesions of maxillofacial region			
		Suction lipectomy of maxillofacial region			
		Rhinoplasty			

This delineation of clinical privileges will be updated as additional procedures become accepted into standard oral and maxillofacial practice.

