

## LIST OF CLINICAL PRIVILEGES – NEUROSURGERY

**AUTHORITY:** Title 10, U.S.C. Chapter 55, Sections 1094 and 1102.

**PRINCIPAL PURPOSE:** To define the scope and limits of practice for individual providers. Privileges are based on evaluation of the individual's credentials and performance.

**ROUTINE USE:** Information on this form may be released to government boards or agencies, or to professional societies or organizations, if needed to license or monitor professional standards of health care providers. It may also be released to civilian medical institutions or organizations where the provider is applying for staff privileges during or after separating from the Air Force.

**DISCLOSURE IS VOLUNTARY:** However, failure to provide information may result in the limitation or termination of clinical privileges

### INSTRUCTIONS

**APPLICANT:** In Part I, enter Code 1, 2, or 4 in each REQUESTED block for every privilege listed. This is to reflect your current capability. Sign and date the form and forward to your Clinical Supervisor

**CLINICAL SUPERVISOR:** In Part I, using the facility master privileges list, enter Code 1, 2, or 4 in in each VERIFIED block in answer to each requested privilege. In Part II, check appropriate block either to recommend approval, to recommend approval with modification, or to recommend disapproval. Sign and date the form and forward the form to the Credentials Office.

**CODES:** 1. Fully competent within defined scope of practice.

2. Supervision required. (Unlicensed/uncertified or lacks current relevant clinical experience.

3. Not approved due to lack of facility support. (Reference facility master Strawman. Use of this code is reserved for the Credentials Function.)

4. Not requested/not approved due to lack of expertise or proficiency, or due to physical disability or limitation.

**CHANGES:** Any change to a verified/approved privileges list must be made in accordance with Service specific credentialing and privileging policy.

**NAME OF APPLICANT**

**NAME OF MEDICAL FACILITY**

I Scope		Requested	Verified
<b>P384495</b>	The scope of privileges in neurological surgery includes the evaluation, diagnosis, treatment and consultation for patients of all ages presenting with injuries or disorders of the central, peripheral, and autonomic nervous system, including their supporting structures and vascular supply; the evaluation and treatment of pathological processes that modify function or activity of the nervous system, including the hypophysis; and the operative and non-operative management of pain. Neurosurgeons may admit to the facility including the ICU Admitting Privileges, Adult and Pediatric to include neurological critical care and management and may provide care to patients in the intensive care setting in accordance with MTF policies. Neurosurgeons may also assess, stabilize, and determine the disposition of patients with emergent conditions in accordance with medical staff policy.		
Diagnosis and Management (D&M)		Requested	Verified
<b>P384497</b>	Management/treatment of closed skull fracture, diffuse brain injury, cerebral contusion, cerebral concussion without operation		
<b>P384499</b>	Management/treatment of closed spinal fractures with/without neurologic impairment without operation		
<b>P388353</b>	Central venous pressure monitoring		
<b>P389814</b>	Arterial pressure monitoring		
<b>P390328</b>	Pulmonary artery catheter insertion and interpretation		
Procedures		Requested	Verified
<b>P384677</b>	Arterial cannulation		
<b>P390491</b>	Puncture of the skull, meninges and/or brain for injection, drainage, diagnostic monitoring, aspiration, to include but not limited to, subdural taps, ventricular puncture, cervical, lumbar and sacral cisternal areas, to include shunt systems for therapeutic and/or diagnostic purposes		
<b>P390493</b>	Incision and drainage of infections, abscesses and hematomas		
<b>P390495</b>	Injection for myelography and/or discogram; trigger point therapy and/or facet injection of steroids and/or anesthetic agents		
<b>P390497</b>	Arteriography and endovascular treatment of carotid and intracranial vascular disease including but not limited to carotid stenting, coiling aneurysms, and balloon occlusion and dilation, and embolization AVMs		
<b>P390499</b>	Therapeutic injection of medications/pharmaceutical agents into the intraventricular, epidural, or subarachnoid spaces		
<b>P390707</b>	Central venous catheter insertion		
	<b>Brain, cranium and scalp:</b>	<b>Requested</b>	<b>Verified</b>
<b>P384537</b>	Twist drill, burr hole or trephine of the cranial vault for diagnosis, implantation, evacuation, and/or drainage for tumor, trauma, infection, and/or congenital or acquired disorders of the central nervous system		

**LIST OF CLINICAL PRIVILEGES – NEUROSURGERY (CONTINUED)**

<b>Procedures (Cont.)</b>			
	<b>Brain, cranium and scalp (Con't):</b>	<b>Requested</b>	<b>Verified</b>
<b>P384539</b>	Craniotomy, craniectomy (supratentorial and/or infratentorial) for tumor, trauma, infection, hemorrhage decompression and congenital or acquired disorders of the central nervous system, with or without incision and/or removal of brain/skull tissue		
<b>P384541</b>	Craniotomy, craniectomy, plastic reconstruction, remodeling with autologous and/or non-autologous materials/implants/grafts of cranium and/or cranial base for craniosynostosis and/or craniofacial dysostosis		
<b>P384543</b>	Repair and/or debridement of skull fracture with or without dural/brain injury; encephalocele without cranioplasty; post-traumatic and/or postoperative cranial defects with autologous and/or non-autologous material/implants/grafts, to include scalp avulsion/defects by full-thickness, split-thickness, rotation, and/or pedicle grafts		
<b>P384545</b>	Biopsy, debridement and excision with closure of the scalp, skin, subcutaneous tissue and muscle to include care of pressure ulcers		
<b>P384547</b>	Repair, simple or complex, with or without cutaneous transfer and/or pedicle flaps of the scalp and paraspinal cutaneous tissue		
<b>P384549</b>	Application of cranial tongs, stereotactic frame and Halo device, and external orthosis of the cervical, thoracic and lumbar spine		
<b>P384551</b>	Stereotactic/endoscopic biopsy, excision, drainage, puncture, injection (supratentorial and/or onfratentorial) for tumor, trauma, pain, movement disorder, infection, hematoma, hemorrhage, and/or congenital or acquired disorders, with or without CT/MRI assistance/guidance, with or without creation of neurolytic lesion		
<b>P384553</b>	Transsphenoidal and/or transoral approach to the skull base, upper cervical spine, sella turcica, parasellar and suprasellar areas for tumor, trauma, infection, hemorrhage, decompression and/or congenital/acquired disorders		
<b>P384555</b>	Surgery of cerebral/spinal aneurysm, arteriovenous malformation and/or angioma, with or without intracranial-extracranial arterial anastomosis		
<b>P384557</b>	Implantation of cranial or spinal stimulators		
<b>P391421</b>	Surgery of cerebral/spinal aneurysm, arteriovenous malformation and/or angioma		
	<b>Nerves:</b>	<b>Requested</b>	<b>Verified</b>
<b>P384533</b>	Introduction and/or injection of anesthetic, diagnostic or therapeutic agents and/or rhizotomy to somatic, autonomic, cranial and/or peripheral nerves		
<b>P384535</b>	Exploration, neurolysis, neuroplasty (intraneural and/or extraneural) with or without decompression of somatic, autonomic, cranial, and peripheral nerves; with or without transection, transposition or excision; with or without neurorrhaphy, with or without autologous and/or non-autologous nerve graft		
	<b>Spine surgery:</b>	<b>Requested</b>	<b>Verified</b>
<b>P384515</b>	Total disc arthroplasty		
<b>P384517</b>	Anterior approach (partial/complete) resection of vertebral component of the cervical, thoracic, lumbar, and/or sacral spine, single or multiple levels, intradural or extradural, for trauma, tumor, pain, infection, and/or congenital/acquired disorders (including costotransversectomy and/or corpectomy) with reconstruction by autologous or non-autologous material/implants/grafts		
<b>P384519</b>	Arthrodesis, anterior or anterolateral approach, single or multiple levels, cervical, thoracic, lumbar and/or sacral spine for intervertebral disc excision with reconstruction by autologous and/or non-autologous material/implants/grafts		
<b>P384521</b>	Arthrodesis, posterior or posterolateral approach, single or multiple levels, cervical, thoracic, lumbar and/or sacral spine for intervertebral disc excision with reconstruction by autologous and/or non-autologous material/implants/grafts		
<b>P384523</b>	Posterior approach intradural and/or extradural laminotomy/laminectomy, single or multiple levels, for exploration/decompression of spinal neural elements for tumor, trauma, pain, infection, and/or congenital or acquired disorders; including excision of herniated intervertebral discs of the cervical, thoracic, lumbar and/or sacral spine		
<b>P384525</b>	Spinal instrumentation, anterior and/or posterior, single or multiple levels, for arthrodesis for spinal deformity as a consequence of tumor, trauma, infection, and/or congenital or acquired disorders including herniated intervertebral disc of the cervical, thoracic, and/or lumbar spine with reconstruction by autologous and/or non-autologous material/graft		



**LIST OF CLINICAL PRIVILEGES – NEUROSURGERY (CONTINUED)**

**II CLINICAL SUPERVISOR'S RECOMMENDATION**

**RECOMMEND APPROVAL**

**RECOMMEND APPROVAL WITH MODIFICATION**  
(Specify below)

**RECOMMEND DISAPPROVAL**  
(Specify below)

**STATEMENT:**

**CLINICAL SUPERVISOR SIGNATURE**

**CLINICAL SUPERVISOR PRINTED NAME OR STAMP**

**DATE**