

## LIST OF CLINICAL PRIVILEGES – NEUROLOGY

**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 military service.

**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, 3, or 4 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 local facility privilege list. Use of this code is reserved for the Credentials Committee/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:**

**ADDRESS:**

I Scope		Requested	Verified
P388679	The scope of privileges in neurology includes evaluation, diagnosis, treatment, and provision of consultation to patients with diseases, disorders, or impaired function of the brain, spinal cord, peripheral nerves, muscles, autonomic nervous system, and the blood vessels that relate to these structures. Neurologists may provide care to patients in the intensive care setting in accordance with MTF policies. Neurologists may assess, stabilize, and determine the disposition of patients with emergent conditions in accordance with medical staff policy.		
<b>Diagnosis and Management (D&amp;M):</b>		<b>Requested</b>	<b>Verified</b>
P388681	Ultrasound examination of the muscle		
P388683	Ultrasound examination of spinal, cervical and intracranial vasculature		
P388685	Transcranial Doppler		
P388687	Carotid duplex ultrasonography		
P388689	Visual evoked potentials testing and interpretation		
P388691	Somatosensory evoked potentials testing and interpretation		
P388693	Brainstem auditory evoked response testing and interpretation		
<b>D&amp;M Advanced Privileges (Requires Additional Training)</b>		<b>Requested</b>	<b>Verified</b>
P388695	Neuro Behavioral		
P388697	Neuro Pathology		
P388699	Neuro Ophthalmology		
P388701	Neuromuscular junction disorders		
P388703	Neuro Rehabilitation		
<b>Neuro Physiology</b>		<b>Requested</b>	<b>Verified</b>
P388705	Intraoperative monitoring		
P388707	Epilepsy surgical evaluation (epilepsy monitoring)		
P388709	Video electroencephalogram (EEG) monitoring		
P388711	Vascular neurology (stroke)		

LIST OF CLINICAL PRIVILEGES – NEUROLOGY (CONTINUED)			
P388713	Movement disorders		
P388715	Pain		
Neuro Critical Care		Requested	Verified
P388718	Invasive monitoring procedures to include intracranial pressure monitoring, central venous lines, intra-arterial lines and Swan-Ganz catheters		
P388720	Neuro Oncology		
P388722	Traumatic Brain Injury		
P388724	Neuro Interventionalist		
Procedures		Requested	Verified
P388359	Lumbar puncture		
P388731	Nerve conduction velocities		
P388335	Acupuncture		
P388733	Chemodenevation		
P388735	Cervical cisternal puncture		
P388737	Subdural tap (infant)		
P388739	Myelogram		
P388741	Nerve biopsy		
P388743	Muscle biopsy		
P388745	Lumbar puncture with fluoroscopy		
P388747	Pediatric electroencephalogram (EEG)		
P388749	Insertion of sphenoidal electroencephalogram (EEG) electrodes		
P388751	Gait analysis		
P388753	Vagal nerve stimulation interrogation and programming		
P388755	Deep brain stimulator interrogation and programming		
P388757	Single fiber electromyogram (EMG)		
P388759	Repetitive nerve stimulation		
P390456	Electroencephalogram (EEG) interpretation		
P387315	Electromyogram (EMG) interpretation		
P387323	Peripheral nerve block anesthesia		
Procedure Advanced Privileges (Requires Additional Training)			
Neuro Interventionalist		Requested	Verified
P388761	Angioplasty with or without stent placement		
P388763	Angiography		
Neuro Critical Care		Requested	Verified
P388765	Intrathecal administration of medication		
Epileptologist		Requested	Verified
P388767	Prolonged electroencephalogram (EEG)		
P388769	Video electroencephalogram (EEG)		
P388771	Vagus nerve stimulation		
P388773	Participates in seizure surgery (placement and monitoring of subdural leads, epilepsy localization, etc)		
Other (Facility- or provider-specific privileges only):		Requested	Verified

SIGNATURE OF APPLICANT		DATE	
<b>II</b> <div style="float: right;"><b>CLINICAL SUPERVISOR'S RECOMMENDATION</b></div>			
<div style="display: flex; justify-content: space-around; margin-top: 10px;"> <div> <input type="checkbox"/> RECOMMEND APPROVAL         </div> <div> <input type="checkbox"/> RECOMMEND APPROVAL WITH MODIFICATION (Specify below)         </div> <div> <input type="checkbox"/> RECOMMEND DISAPPROVAL (Specify below)         </div> </div> <div style="margin-top: 10px;"> <b>STATEMENT:</b> </div>			
CLINICAL SUPERVISOR SIGNATURE		CLINICAL SUPERVISOR PRINTED NAME OR STAMP	DATE