

LIST OF CLINICAL PRIVILEGES – PAIN MANAGEMENT

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:

PHYSICIANS REQUESTING PRIVILEGES IN THIS SUBSPECIALTY MUST ALSO REQUEST PRIVILEGES IN THEIR PRIMARY DISCIPLINE

I Scope		Requested	Verified
P430515	The scope of privileges in pain management includes the evaluation, diagnosis, treatment, provision of consultation of patient of all ages with acute and chronic Pain. All providers may perform advanced interventional pain procedures and participate in multidisciplinary direction of pain care. Physicians from 7 specialties can complete a pain management fellowship, anesthesia, neurology, physical medicine and rehabilitation, family medicine, emergency medicine, psychiatry and internal medicine.		
Procedures		Requested	Verified
P430516	Multidisciplinary Direction of Pain Care		
P430517	Acute and chronic pain management in inpatients and outpatients		
P430518	Permanent Nerve Blocks		
P384998	Fluoroscopic guided procedures		
P430519	Ultra sound guided procedures		
P430520	Epidural Steroid Injections all levels and approaches		
P430521	Zygapophyseal joint injections		
P430523	Medial Branch Blocks all levels and approaches		
P388262	Radiofrequency ablation		
P430524	Sympathetic Ganglion Blocks		
P430525	Sacroiliac Joint injections		
P430526	Sacroiliac joint radiofrequency ablation		
P430527	Trigger Point Injections		
P430528	Greater Occipital Nerve Block		
P430529	Selective Nerve root blocks		
P385068	Peripheral nerve blocks		
P389771	Botox injections		
P383261	Topical and local infiltration anesthesia		

LIST OF CLINICAL PRIVILEGES – PAIN MANAGEMENT (CONTINUED)	
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P388941	Advanced nerve block techniques (includes continuous catheter techniques)		
P430536	Major joint injections		
P430537	Small joint injections		
P430538	Regenerative medicine injection to include stem cell and platelet rich plasma		
P430539	Epidural blood patches		
P430540	Chemical/Thermal neurolysis of sympathetic, peripheral, cranial nerves		
P430541	Implantation of permanent intrathecal catheter and infusion pump management		
P430542	Surgical Placement of Neuromodulator devices (e.g. Spinal Cord Stimulators)		
P430543	Percutaneous vertebroplasty and vertebral augmentation		
P430544	Intervertebral discography and intradiscal treatments		

Other (Facility- or provider-specific privileges only):		Requested	Verified
SIGNATURE OF APPLICANT		DATE	

II	CLINICAL SUPERVISOR'S RECOMMENDATION
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☐ RECOMMEND APPROVAL

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

☐ **RECOMMEND DISAPPROVAL**
(Specify below)

STATEMENT:

CLINICAL SUPERVISOR SIGNATURE	CLINICAL SUPERVISOR PRINTED NAME OR STAMP	DATE
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