

## LIST OF CLINICAL PRIVILEGES – PEDIATRIC 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:**

**PROVIDERS REQUESTING PRIVILEGES IN THIS SPECIALTY MUST ALSO REQUEST PRIVILEGES IN PEDIATRICS**

I Scope		Requested	Verified
<b>P390452</b>	The scope of privileges in neurology includes the evaluation, diagnosis, treatment and consultation for patients from birth to young adulthood 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. Physicians may admit to the facility and may provide care to patients in the intensive care setting in accordance with medical staff policies. In addition, privileges also include the ability to 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>
<b>P390454</b>	Maintenance and interrogation of neuromodulatory devices		
<b>P388689</b>	Visual evoked potentials testing and interpretation		
<b>P388691</b>	Somatosensory evoked potentials testing and interpretation		
<b>P388693</b>	Brainstem auditory evoked response testing and interpretation		
<b>P390456</b>	Electroencephalogram (EEG) interpretation		
<b>P390384</b>	Sleep study interpretation		
<b>Ultrasound examination of the brain and intracranial vasculature</b>		<b>Requested</b>	<b>Verified</b>
<b>P388685</b>	Transcranial Doppler		
<b>P390458</b>	Imaging doppler examination		
<b>Procedures</b>		<b>Requested</b>	<b>Verified</b>
<b>P388743</b>	Muscle biopsy		
<b>P387323</b>	Peripheral nerve block anesthesia		
<b>P388731</b>	Nerve conduction velocities		
<b>P388733</b>	Chemodenervation		
<b>P390460</b>	Botox injection for functional treatment		
<b>P387315</b>	Electromyogram (EMG) interpretation		
<b>Other (Facility- or Provider-specific privileges only):</b>		<b>Requested</b>	<b>Verified</b>

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-between; margin-top: 20px;"> <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: 20px;"> <b>STATEMENT:</b> </div>		
CLINICAL SUPERVISOR SIGNATURE	CLINICAL SUPERVISOR PRINTED NAME OR STAMP	DATE