

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 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
P384495	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. The scope of privileges in Nephrology includes the evaluation, diagnosis, treatment, and provision of consultation to adult patients presenting with illnesses and disorders of the kidney, high blood pressure, fluid and mineral balance, and dialysis of body wastes when the kidneys do not function. Physicians may admit and provide care to patients in the intensive care setting in accordance with MTF policies. Privileges also include the ability to assess, stabilize, and determine the disposition of patients with emergent conditions in accordance with medical staff policy.		
Diagnosis and Management (D&M)		Requested	Verified
P384497	Management/treatment of closed skull fracture, diffuse brain injury, cerebral contusion, cerebral concussion without operation		
P384499	Management/treatment of closed spinal fractures with/without neurologic impairment without operation		
P388353	Central venous pressure monitoring		
P389814	Arterial pressure monitoring		
P390328	Pulmonary artery catheter insertion and interpretation		
Procedures		Requested	Verified
P384677	Arterial cannulation		
P390491	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		
P390493	Incision and drainage of infections, abscesses and hematomas		
P390495	Injection for myelography and/or discogram; trigger point therapy and/or facet injection of steroids and/or anesthetic agents		
P390497	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		

LIST OF CLINICAL PRIVILEGES – NEUROSURGERY (CONTINUED)

Procedures (Cont.)		Requested	Verified
P390499	Therapeutic injection of medications/pharmaceutical agents into the intraventricular, epidural, or subarachnoid spaces		
P390707	Central venous catheter insertion		
Brain, cranium and scalp		Requested	Verified
P384537	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		
P384539	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		
P384541	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		
P384543	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		
P384545	Biopsy, debridement and excision with closure of the scalp, skin, subcutaneous tissue and muscle to include care of pressure ulcers		
P384547	Repair, simple or complex, with or without cutaneous transfer and/or pedicle flaps of the scalp and paraspinal cutaneous tissue		
P384549	Application of cranial tongs, stereotactic frame and Halo device, and external orthosis of the cervical, thoracic and lumbar spine		
P384551	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		
P384553	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		
P384555	Surgery of cerebral/spinal aneurysm, arteriovenous malformation and/or angioma, with or without intracranial-extracranial arterial anastomosis		
P384557	Implantation of cranial or spinal stimulators		
P391421	Surgery of cerebral/spinal aneurysm, arteriovenous malformation and/or angioma		
Nerves		Requested	Verified
P384533	Introduction and/or injection of anesthetic, diagnostic or therapeutic agents and/or rhizotomy to somatic, autonomic, cranial and/or peripheral nerves		
P384535	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 neuroorrhaphy, with or without autologous and/or non-autologous nerve graft		
Spine Surgery		Requested	Verified
P384515	Total disc arthroplasty		
P384517	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		
P384519	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		

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