

## **SPECIALTY OF NEUROSURGERY**

### **Delineation of Clinical Privileges**

#### **Criteria for granting privileges:**

Current certification by the American Board of Neurosurgery, or the American Osteopathic Board of Surgery for Neurological Surgery.

**Or**

Current certification by the American Board of Neurosurgery, or the American Osteopathic Board of Surgery for Neurological Surgery and of an ACGME, or AOA accredited post-graduate training program in Pediatric Neurosurgery.

**Or**

Successful completion of an ACGME, or AOA accredited post-graduate training program in Neurosurgery and board certification within 5 years of program completion.

**Or**

Successful completion of an ACGME or AOA accredited post-graduate training programs in Neurosurgery and Pediatric Neurosurgery and board certification within 5 years of program completion.

**Applicants will be requested to provide documentation of practice and current clinical competence as defined on the attached competency grid. Applicants have the burden of producing information deemed adequate by the hospital for a proper evaluation of current clinical competence, and other qualifications and for resolving any doubts.**

#### **Current Clinical Competence - MLH**

In addition to the required education, experience and/or training specified on each DOP (Delineation of Privilege) form, documentation of current clinical competence is required. Current clinical competence is described as having “performed the privilege recently and performed it well”.

Current clinical competence is assessed prior to granting privileges initially and is reassessed when renewing privileges at reappointment – for maintenance of privileges. Current Clinical Competence (CCC) may be location specific (acute hospital care/surgery center (ASC) and/or age specific (adult, pediatric, neonatal).

This should not be confused with Focused Professional Practice Evaluation (FPPE)

- FPPE: an evaluation of clinical competence of all new privileges as performed at the specific licensed MLH facility (MHMH, MHOBH) for which they have been initially granted. This applies to privileges for all new applicants as well as to new/additional privileges for current members.

Both FPPE and current clinical competence assessments are privilege-specific. FPPE is conducted during the period after granting new/additional privileges. FPPE must occur at the MLH facility(ies) where privileges/membership are held. Current clinical competence may be evaluated from case logs provided by non-MLH facilities.

#### **Current Clinical Competence: Requirements for New Applicants**

- If applying directly from training, or based on the training received in a formal training program, provider should submit case\* logs from the program authenticated by the program director along with their recommendation attesting to the comparable training, experience and qualifications relative to the criteria for the clinical privileges requested.

- If applying more than 1 year after training completion, submit the following:
  - Aggregate data from acute care or surgery center facility for the previous 12 month time period, identifying the top 10 diagnosis codes and the number of patients per code. Any complications/poor outcomes should be delineated and accompanied by an explanation.
  - Procedure list from acute care or surgery center facility for the previous 12 month time period, identifying the top 10 CPT/ICD codes and the number of procedures per code. Any complications/poor outcomes should be delineated and accompanied by an explanation.
  - Case logs (see specifications below) for any special privileges requested that meet the criteria specific for the number of procedures defined for current clinical competence.

#### **Current Clinical Competence: Maintenance of Privileges for Current Members**

- **For active staff members:** MLH source data will be aggregated to review cases and procedures performed. If this does not meet the minimum requirement for core and/or special privileges, the practitioner will be required to submit additional case logs from other facilities.
- **For courtesy staff members with low activity and for certain active staff with activity that has diminished and is now low:** Department chair recommendation should be obtained from their primary facility; and the practitioner should submit the following:
  - Aggregate data from acute care or surgery center facility for the previous 12 month time period, identifying the top 10 diagnosis codes and the number of patients per code. Any complications/poor outcomes should be delineated and accompanied by an explanation.
  - Procedure list from acute care or surgery center facility for the previous 12 month time period, identifying the top 10 CPT/ICD codes and the number of procedures per code. Any complications/poor outcomes should be delineated and accompanied by an explanation.
  - Case logs (see specifications below) for any special privileges requested that meet the specific number of procedures defined for current clinical competence.

#### **Case Logs**

All required case logs and/or procedure lists must contain the following information at a minimum: Date, patient identifier, CPT/ICD procedure code, diagnosis, complications, and disposition, and the facility name, name/title of the person authenticating the log, signature, date signed, and contact information. If the information requested is not available, please provide an explanation.

\*A “case” is defined as an episode of care – either cognitive or procedural. For interpretive care, “case” is interpretation of one diagnostic study.

#### **Ongoing Professional Performance Evaluation (OPPE)**

OPPE is evaluated periodically (more frequently than annually) in the facility where membership/privileges are held.

To assure OPPE requirements are satisfied, the practitioner must periodically exercise the privileges in the MLH facility(ies) where he/she has membership. OPPE must occur regularly on patient encounters in the MLH facility(ies) where privileges/membership are held.

Specialty/Procedure Delineation of Privilege Form	Education/Training Documentation for Initial Granting	Initial Application (Proof of current clinical competence)	FPPE – Validation of competence after appointment and/or granting of a new or additional privilege (To be completed within one year)	Maintenance Requirements
<b>Neurosurgery Core</b>	<p>Current certification by the American Board of Neurosurgery, or the American Osteopathic Board of Surgery for Neurological Surgery</p> <p><b>Or</b></p> <p>Successful completion of an ACGME or AOA accredited post-graduate training program in Neurosurgery and board certification within 5 years of completion.</p>	<p>Aggregate data from primary practice facility for the previous 12 month time period indentifying the top 10 diagnosis codes and the number of inpatients per code. Any complications/poor outcomes should be delineated and accompanied by an explanation.</p> <p>Procedure list from primary practice facility for the previous 12 month time period identifying the top 10 CPT/ICD codes and the number of procedures per code. Any complications/poor outcomes should be delineated and accompanied by an explanation.</p>	5 cases: Lumbar Laminectomy, craniotomy	<p>MLH Data will be obtained for active members when available, the applicant should supply additional case logs from other facilities' HIM departments, if necessary, to meet the minimum requirement(s) to be considered for the privilege.</p> <p>Courtesy members should supply case logs from other facilities' HIM departments to meet the minimum requirement(s) to be considered for the privilege.</p> <p>Aggregate data submitted should include the top 10 diagnosis codes, with the number of inpatients per code, and procedure lists indicating the top 10 CPT/ICD codes, with the number of procedures per code for the previous 12 months.</p> <p>Any complications/poor outcomes should be delineated and accompanied by an explanation.</p> <p>Department chair recommendation will be obtained from primary practice facility.</p>
<b>Neurosurgery Pediatric Core</b>	<p>Current certification by the American Board of Neurosurgery, or the American Osteopathic Board of Surgery for Neurological and completion of an ACGME or AOA accredited post-graduate training program in pediatric.</p> <p><b>Or</b></p> <p>Successful completion of an ACGME or AOA accredited post-graduate training programs in Neurosurgery and Pediatric Neurosurgery, and board certification within 5 years of completion.</p>	<p>Aggregate data from primary practice facility for the previous 12 month time period indentifying the top 10 diagnosis codes and the number of inpatients per code. Any complications/poor outcomes should be delineated and accompanied by an explanation.</p> <p>Procedure list from primary practice facility for the previous 12 month time period identifying the top 10 CPT/ICD codes and the number of procedures per code. Any complications/poor outcomes should be delineated and accompanied by an explanation.</p>	5 cases: Craniotomy (2), Shunts (3)	<p>MLH Data will be obtained for active members when available, the applicant should supply additional case logs from other facilities' HIM departments, if necessary, to meet the minimum requirement(s) to be considered for the privilege.</p> <p>Courtesy members should supply case logs from other facilities' HIM departments to meet the minimum requirement(s) to be considered for the privilege.</p> <p>Aggregate data submitted should include the top 10 diagnosis codes, with the number of inpatients per code, and procedure lists indicating the top 10 CPT/ICD codes, with the number of procedures per code for the previous 12 months.</p> <p>Any complications/poor outcomes should be delineated and accompanied by an explanation.</p> <p>Department chair recommendation will be obtained from primary practice facility.</p>

Specialty/Procedure Delineation of Privilege Form	Education/Training Documentation for Initial Granting	Initial Application (Proof of current clinical competence)	FPPE – Validation of competence after appointment and/or granting of a new or additional privilege (To be completed within one year)	Maintenance Requirements
<i>Use of Laser</i>	Completion of an approved eight hour minimum CME course which includes training in laser principles and safety, basic laser physics, laser tissue interaction, discussions of the clinical specialty field and hands-on experience with lasers. A letter outlining the content and successful completion of course must be submitted, or documentation of successful completion of an approved residency in a specialty or subspecialty which included training in laser principles and safety, basic laser physics, laser tissue interaction, discussions of the clinical specialty field and a minimum of six hours observation and hands-on experience with lasers.		First 5 cases	Case log documenting 5 procedures within the previous 24 months
<i>Coil occlusion of aneurysms</i>	Successful completion of an ACGME-or AOA-accredited residency training program neurosurgery with at least one year of post-residency fellowship training in endovascular neurosurgery.	Case log documenting the performance of at least 20 endovascular neurosurgical/neuron-interventional procedures within the previous 12 months	First 5 cases	Case log documenting the performance of at least 10 endovascular neurosurgical/neuron-interventional procedures within the previous 24 months
<i>Robotic Surgery</i>	Applicants whose formal surgical training included robotic surgery: Training director letter validating competence in robotic surgery  OR  Applicants without formal surgical training in robotic surgery: Training Certificate validating completion of a robotic surgery training course which included didactic and laboratory training	Applicants whose formal surgical training included robotic surgery: Case log from training reflecting applicant was primary surgeon OR If training logs are not available, privilege will be initially granted with a limit requiring five successful cases evidenced by retrospective review.  OR  Applicants without formal surgical training in robotic surgery: Privilege initially granted with a limit	First 5 cases	Case log documenting the performance of at least 10 procedures over the previous 24 months

Specialty/Procedure Delineation of Privilege Form	Education/Training Documentation for Initial Granting	Initial Application (Proof of current clinical competence)	FPPE – Validation of competence after appointment and/or granting of a new or additional privilege (To be completed within one year)	Maintenance Requirements
		requiring concurrent proctoring of five successfully completed cases.		

**Neurosurgery Core Privilege:**

Admit, evaluate, diagnose, consult and provide non-operative and pre-, intra-, and post-operative care to patients of all ages except where specifically excluded from practice, 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 which modify function or activity of the nervous system, including the hypophysis; and the operative and nonoperative management of pain. These privileges include but are not limited to care of patients with disorders of the nervous system: the brain, meninges, skull, and their blood supply, including the extracranial carotid and vertebral arteries; disorders of the pituitary gland; disorders of the spinal cord, meninges, and vertebral column, including treatment by spinal fusion or instrumentation; and disorders of the cranial and spinal nerves throughout their distribution. These privileges also include the provision of consultation as well as the ordering of diagnostic studies and procedures related to the problem or disorder.

Access, stabilize and determine disposition of patients with emergency conditions consistent with the Medical Staff policy regarding emergency or consultative services.

The core privileges in this specialty include the procedures on the attached list and such other procedures that are extensions of the same techniques and skills.

- All types of craniotomies, craniectomies, and reconstructive procedures (including microscopic) on the skull, including surgery on the brain, meninges, pituitary gland, cranial nerves, including surgery for cranial trauma and intracranial vascular lesions
- Angiography
- Cordotomy, rhizotomy, and dorsal column stimulators for the relief of pain
- Diagnostic procedures such as myelography with air, oil, or other contrast medium; pneumoencephalography; ventriculography; rhombencephalography; and discography
- Insertion of subarachnoid or epidural catheter with reservoir or pump for drug infusion or CSF withdrawal
- Laminectomies, laminotomies, and fixation and reconstructive procedures of the spine and its contents, including instrumentation
- Lumbar puncture, cisternal puncture, ventricular tap, and subdural tap
- Lumbar subarachnoid-peritoneal shunt
- Management of congenital anomalies, such as encephalocele, meningocele, myelomeningocele
- Myelography
- Muscle Biopsy
- Nerve Biopsy
- Nerve Blocks
- Percutaneous therapy for disc herniation (e.g., chemonucleolysis, percutaneous discectomy)
- Peripheral nerve procedures, including decompressive procedures and reconstructive procedures on the peripheral nerves
- Posterior fossa-microvascular decompression procedures
- Radiofrequency ablation
- Shunts: Ventriculoperitoneal, ventriculoatrial, ventriculopleural, subdural peritoneal, and lumbar subarachnoid/peritoneal (or other cavity)
- Spinal cord surgery for decompression of spinal cord or spinal canal, for intramedullary lesion, intradural extramedullary lesion, rhizotomy, cordotomy, dorsal root entry zone lesion, tethered spinal cord, or for other congenital anomalies (diastematomyelia)

- Stereotactic surgery including: stereotactic biopsy intracranial lesions, creation of stereotactic lesions, stereotactic drainage, stereotactic install implant
- Surgery for intervertebral disc disease and surgery on the sympathetic nervous system
- Transsphenoidal procedures for lesions of the seller or parasellar region, fluid leak or fracture
- Ultrasonic surgery procedures
- Ventricular shunt operation for hydrocephalus, revision of shunt operation, ventriculocisternostomy
- Ventriculography
- Seizure management
- Integumentary and Musculoskeletal including: incision and drainage of abscess or hematoma, biopsy of lesion, excision of lesion, repair of laceration, creation/transfer-tissue flap-scalp only, incision and drainage of musculoskeletal abscess, biopsy-muscle, bone, or lesion, and excision of musculoskeletal lesion
- Head procedures including: biopsy of head lesion, excision of head lesion, cranioplasty, craniostomy surgery, repair of skull fracture, repair base of skull fracture with and without leak, burr hole for drainage, biopsy of lesion, or catheter implanting, intracranial pressure device, evacuation of intracranial hematoma, biopsy/drainage/excision-intracranial lesion, craniotomy, (includes craniotomy for head trauma, skull fractures, brain tumor, cyst, vascular malformation, aneurysm, microvascular decompression, seizure disorder, lobotomy, excision of foreign body, vascular anastomosis, congenital malformation, and orbital decompression
- Injection, drainage, aspirates including: lumbar punctures, puncture-shunt tube/reservoirs, subdural tap, intracranial percutaneous puncture
- Other procedures including: percutaneous radiofrequent lesion, injection of ganglion, avulsion-trigeminal-peripheral, decompression-entrapment syndrome, avulsion of nerve for pain, injection of nerve/ganglion block, excision of lesion/tumor-nerve, repair of nerve injury, sympathectomy, anastomosis
- Shunts including: other shunts in central nerve system, insertion of lumbar drain, subarachnoid/epidural catheter-drug infusion
- Spinal cord and Spine: excision-vascular malformation spinal cord, percutaneous stimulation/destruction of spinal cord, myelomeningocele repair, herniated disc surgery, spondylolisthesis surgery, open reduction and fix spinal fracture, skeletal tongs for closed reduction, halo ring and jacket, extradural/intravertebral tumor, repair of spinal fluid leak, vertebrectomy-anterior approach, discectomy-anterior approach, thoracic/lumbar spine anterior, transpedicular approach, costotransversectomy, anterior fusion of vertebrae, posterior fusion of vertebrae
- Percutaneous vertebroplasty or kyphoplasty
- Sinonasal & Intracranial Endoscopy

### **Neurosurgery Pediatric Core Privilege:**

Admit, evaluate, diagnose, consult and provide non-operative and pre-, intra-, and post-operative care to pediatric patients 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 which modify function or activity of the nervous system, including the hypophysis; and the operative and nonoperative management of pain. These privileges include but are not limited to care of patients with disorders of the nervous system: the brain, meninges, skull, and their blood supply, including the extracranial carotid and vertebral arteries; disorders of the pituitary gland; disorders of the spinal cord, meninges, and vertebral column, including treatment by spinal fusion or instrumentation; and disorders of the cranial and spinal nerves throughout their distribution. These privileges also include the provision of consultation as well as the ordering of diagnostic studies and procedures related to the problem or disorder.

Access, stabilize and determine disposition of patients with emergency conditions consistent with the Medical Staff policy regarding emergency or consultative services.

The core privileges in this specialty include the procedures on the attached list and such other procedures that are extensions of the same techniques and skills.

- All types of craniotomies, craniectomies, and reconstructive procedures (including microscopic) on the skull, including surgery on the brain, meninges, pituitary gland, cranial nerves, including surgery for cranial trauma and intracranial vascular lesions
- Angiography
- Cordotomy, rhizotomy, and dorsal column stimulators for the relief of pain
- Diagnostic procedures such as myelography with air, oil, or other contrast medium; pneumoencephalography; ventriculography; rhombencephalography; and discography
- Insertion of subarachnoid or epidural catheter with reservoir or pump for drug infusion or CSF withdrawal
- Laminectomies, laminotomies, and fixation and reconstructive procedures of the spine and its contents, including instrumentation
- Lumbar puncture, cisternal puncture, ventricular tap, and subdural tap
- Lumbar subarachnoid-peritoneal shunt
- Management of congenital anomalies, such as encephalocele, meningocele, myelomeningocele
- Myelography
- Muscle Biopsy
- Nerve Biopsy
- Nerve Blocks
- Percutaneous therapy for disc herniation (e.g., chemonucleolysis, percutaneous discectomy)
- Peripheral nerve procedures, including decompressive procedures and reconstructive procedures on the peripheral nerves
- Posterior fossa-microvascular decompression procedures
- Radiofrequency ablation
- Shunts: Ventriculoperitoneal, ventriculoatrial, ventriculopleural, subdural peritoneal, and lumbar subarachnoid/peritoneal (or other cavity)
- Spinal cord surgery for decompression of spinal cord or spinal canal, for intramedullary lesion, intradural extramedullary lesion, rhizotomy, cordotomy, dorsal root entry zone lesion, tethered spinal cord, or for other congenital anomalies (diastematomyelia)
- Stereotactic surgery including: stereotactic biopsy intracranial lesions, creation of stereotactic lesions, stereotactic drainage, stereotactic install implant
- Surgery for intervertebral disc disease and surgery on the sympathetic nervous system
- Transsphenoidal procedures for lesions of the seller or parasellar region, fluid leak or fracture
- Ultrasonic surgery procedures
- Ventricular shunt operation for hydrocephalus, revision of shunt operation, ventriculocisternostomy
- Ventriculography
- Seizure management
- Integumentary and Musculoskeletal including: incision and drainage of abscess or hematoma, biopsy of lesion, excision of lesion, repair of laceration, creation/transfer-tissue flap-scalp only, incision and drainage of musculoskeletal abscess, biopsy-muscle, bone, or lesion, and excision of musculoskeletal lesion

- Head procedures including: biopsy of head lesion, excision of head lesion, cranioplasty, craniostomy surgery, repair of skull fracture, repair base of skull fracture with and without leak, burr hole for drainage, biopsy of lesion, or catheter implanting, intracranial pressure device, evacuation of intracranial hematoma, biopsy/drainage/excision-intracranial lesion, craniotomy, (includes craniotomy for head trauma, skull fractures, brain tumor, cyst, vascular malformation, aneurysm, microvascular decompression, seizure disorder, lobotomy, excision of foreign body, vascular anastomosis, congenital malformation, and orbital decompression)
- Injection, drainage, aspirates including: lumbar punctures, puncture-shunt tube/reservoirs, subdural tap, intracranial percutaneous puncture
- Other procedures including: percutaneous radiofrequency lesion, injection of ganglion, avulsion-trigeminal-peripheral, decompression-entrapment syndrome, avulsion of nerve for pain, injection of nerve/ganglion block, excision of lesion/tumor-nerve, repair of nerve injury, sympathectomy, anastomosis
- Shunts including: other shunts in central nerve system, insertion of lumbar drain, subarachnoid/epidural catheter-drug infusion
- Spinal cord and Spine: excision-vascular malformation spinal cord, percutaneous stimulation/destruction of spinal cord, myelomeningocele repair, herniated disc surgery, spondylolisthesis surgery, open reduction and fix spinal fracture, skeletal tongs for closed reduction, halo ring and jacket, extradural/intravertebral tumor, repair of spinal fluid leak, vertebrectomy-anterior approach, discectomy-anterior approach, thoracic/lumbar spine anterior, transpedicular approach, costotransversectomy, anterior fusion of vertebrae, posterior fusion of vertebrae
- Percutaneous vertebroplasty or kyphoplasty
- Sinonasal & Intracranial Endoscopy

**Special:** The physician requesting special privileges must meet the minimum criteria for the specialty core and demonstrate the appropriate post graduate training and/or demonstrate successful completion of an approved, recognized course when such exists, or other acceptable experience.

**Administration of moderate sedation:** See Credentialing Policy for Sedation and Analgesia by Non-Anesthesiologists.  
Requires: Separate DOP, ACLS, NRP or PALS certification

**Carotid Stents:** Requires: Separate DOP

## Neurosurgery Clinical Privileges

Check below the particular privileges desired in Neurosurgery for each facility:

Please check (✓) applicable age categories for each privilege requested.

Privilege Description	Methodist Healthcare – Memphis Hospitals (MHMH) Germantown, Le Bonheur Medical Center, North, South & University, Outpatient Clinics & Diagnostic Facilities			
	Neonates (0-28 days)	Infants (29 days– 2 Years)	Children & Adolescents (2-18 years)	Adults & Adolescents (13-& Above)
Neurosurgery Core				
Neurosurgery Pediatric Core				
<b>Special Privileges</b>				
Coil occlusion of aneurysms				
Use of Laser				
Robotic Surgery				
<b>Limitations</b>	<b>Clinical privileges are granted only to the extent privileges are available at each facility.</b>			
Darkly shaded areas represent privileges not available to any practitioner due to the privilege not being offered by the facility.				

**Note: Privileges for administration of moderate sedation and carotid stent placement require completion of a separate Delineation of Privilege form.**

### Acknowledgement of practitioner

I have requested only those privileges for which by education, training, current experience and demonstrated performance I am qualified to perform and for which I wish to exercise at the facilities indicated above, to the extent services are available at each facility, and I understand that:

- (a) in exercising any clinical privileges granted, I am constrained by facility and medical staff policies and rules applicable generally and any applicable to the particular situation
- (b) any restriction on the clinical privileges granted to me is waived in an emergency situation and in such situation my actions are governed by the applicable section of the medical staff bylaws or related documents

\_\_\_\_\_  
Physician's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name