

SPECIALTY OF NEUROLOGY

Delineation of Clinical Privileges

Criteria for granting privileges: Current board certification in Neurology by the American Board of Psychiatry and Neurology or the American Osteopathic Board of Neurology and Psychiatry.

Or

Successful completion of an accredited ACGME or AOA accredited post-graduate training program in Neurology 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
Neurology Core	<p>Current board certification in Neurology by the American Board of Psychiatry and Neurology or the American Osteopathic Board of Neurology and Psychiatry</p> <p>Or</p> <p>Successful completion of an ACGME or AOA accredited post-graduate training program in Neurology 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>	<p>First 5 cases: Treatment Stroke Patient encephalopathy, status epilepticus or acute paralysis</p>	<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>
Neurology Pediatric Core	<p>Current board certification in Neurology by the American Board of Psychiatry and Neurology or the American Osteopathic Board of Neurology and Psychiatry and subspecialty certification in Child Neurology</p> <p>Or</p> <p>Successful completion of an ACGME or AOA accredited post-graduate training program in Neurology and post-graduate training program in Child Neurology 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>	<p>First 5 cases: Status epilepticus and/or Neonatal Seizure and/or First time unprovoked seizure and/or Guillain-Barre Syndrome and/or A spinal cord lesion</p>	<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</p>

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				<p>explanation.</p> <p>Department chair recommendation will be obtained from primary practice facility.</p>
Clinical Neurophysiology Core	<p>Current board certification in Neurology by the American Board of Psychiatry and Neurology or the American Osteopathic Board of Neurology and Psychiatry and subspecialty certification in Clinical Neurophysiology.</p> <p>Or</p> <p>Successful completion of an ACGME or AOA accredited post-graduate training program in Neurology and post-graduate training program in Clinical Neurophysiology and board certification within 5 years of completion.</p>	<p>Aggregate data from primary practice facility for the previous 12 month time period identifying 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>	First 5 cases	<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>
Clinical Neurophysiology Pediatric Core	<p>Current board certification in Neurology by the American Board of Psychiatry and Neurology or the American Osteopathic Board of Neurology and Psychiatry and subspecialty certification in Child Neurology and Clinical Neurophysiology.</p> <p>Or</p> <p>Successful completion of an ACGME or AOA accredited post-graduate training programs in Neurology, Child Neurology, and Clinical Neurophysiology and board certification within 5 years of completion.</p>	<p>Aggregate data from primary practice facility for the previous 12 month time period identifying 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</p>	First 5 cases	<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</p>

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		and accompanied by an explanation.		previous 12 months. Any complications/poor outcomes should be delineated and accompanied by an explanation. Department chair recommendation will be obtained from primary practice facility.
<i>EEG (performance and Interpretation)</i>	Must provide documentation of successful completion of an approved training program, which provides training in this special procedure or certification of additional training, competence and experience.	Case log documenting the performance of at least 25 studies within the previous 24 months	First 5 cases	Case log documenting the performance of at least 6 studies within the previous 24 months
<i>EMG (performance and Interpretation)</i>	Must provide documentation of successful completion of an approved training program, which provides training in this special procedure or certification of additional training, competence and experience.	Case log documenting the performance of at least 25 studies within the previous 24 months	First 5 cases	Case log documenting the performance of at least 6 studies within the previous 24 months
<i>Electrocorticography/ Intracranial Electrode Monitoring</i>	Board certification in EEG or successful completion of a postgraduate ACGME Fellowship where Electrocorticography/Intracranial Electrode monitoring was included or subspecialty certification in Clinical Neurophysiology by the American Board of Psychiatry and Neurology or the American Board of Clinical Neurophysiology; and demonstrated current clinical competence. Must provide documentation of successful completion of an approved fellowship program, which provides training in these special conditions and procedures or certification of additional training, competence and experience.	If applying directly out of fellowship training or less than 24 months from completion of fellowship training: Case log of 10 studies performed during training and letter from training director validating competency. If out of training greater than 24 months: Case log documenting the performance of at least 6 studies within the previous 24 months	First 5 cases	Case log documenting the performance of at least 6 studies within the previous 24 months
<i>Intraoperative EEG Monitoring</i>	Board certification in EEG or successful completion of a postgraduate ACGME Fellowship where Intraoperative EEG Monitoring was included, or subspecialty certification in Clinical Neurophysiology by the American Board of Psychiatry and Neurology or the American Board of Clinical Neurophysiology; and demonstrated current clinical competence. Must provide documentation of successful completion of an approved fellowship program, which provides	Case log documenting the performance of at least 25 studies within the previous 24 months	First 5 cases	Case log documenting the performance of at least 10 studies within the previous 24 months

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	training in these special conditions and procedures or certification of additional training, competence and experience.			
<i>Monitoring and Adjustment Of Deep Brain Stimulators</i>	Special training in Clinical Neurophysiology and Movement disorders and ECG and appropriate training in each respective procedure. Documentation of training must be provided by program director.	Case log documenting the performance of at least 5 studies within the previous 24 months	First 5 cases	Case log documenting the performance of at least 12 studies within the previous 24 months
<i>Muscle and Nerve Biopsy</i>	Successful completion of a postgraduate ACGME Residency where Neuromuscular-Neuropathology-Neurophysiology was included or successful completion of an approved Neuromuscular-Neuropathology-Neurophysiology Fellowship and demonstrated current clinical competence. Must provide documentation of completion from program director of an approved fellowship program, which provides training in these special conditions and procedures or certification of additional training, competence, and experience.	Case log documenting the performance of at least 25 studies within the previous 24 months	First 5 cases	Case log documenting the performance of at least 6 studies within the previous 24 months
<i>Polysomnography</i>	Subspecialty certification by the American Board of Sleep Medicine, or successful completion of a one year Postgraduate Residency in Sleep Medicine, or successful completion of an approved fellowship by the American Sleep Disorders Association, or successful completion of a postgraduate ACGME training program in which Clinical Neurophysiology was included AND demonstrated competence in all aspects of polysomnographics, including administering, scoring, and interpreting polysomnograms. Must provide documentation of completion from program director of an approved fellowship program, which provides training in these special conditions and procedures or certification of additional training, competence, and experience.	Case log documenting the performance of at least 100 studies within the previous 24 months	First 5 cases	Case log documenting the performance of at least 25 studies within the previous 24 months

Neurology Core Privilege:

Admit (including the Neuro ICU), evaluate, diagnose, treat, and provide consultation to patients of all ages with diseases, disorders or impaired function of the brain, spinal cord, peripheral nerves, muscles, and autonomic nervous system, including their coverings, blood vessels, and other effector tissue, such as muscle.

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

Privileges include but are not limited to:

- Nerve conduction studies
- Lumbar puncture
- Intrathecal Medication Injections
- Nerve injections and Peripheral Nerve Blocks
- Chemodenerivation

Neurology Pediatric Core Privilege:

Admit, evaluate, diagnose, treat and provide consultation to neonates, infants and children except as specifically excluded from practice, with all types of disease or disorders or impaired function, both acquired and congenital of the brain, spinal cord, peripheral nerves, muscles, and autonomic nervous system, including their coverings, blood vessels, and other effector tissue, such as muscle.

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

- Somatosensory evoked responses
- Lumbar puncture
- Nerve injections and Nerve
- Intrathecal Medications Injections
- Neurodevelopmental Disabilities

Clinical Neurophysiology Core Privilege:

Admit, evaluate, diagnose, treat and provide consultation to patients of all ages except as specifically excluded from practice, with all types of disease or disorders or impaired function, both acquired and congenital of the brain, spinal cord, peripheral nerves, muscles, and autonomic nervous system, including their coverings, blood vessels, and other effector tissue, such as muscle.

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

- Autonomic testing
- EEG (performance and interpretation)
- EMG (performance and interpretation)
- ENG (performance and interpretation)
- Somatosensory evoked responses
- Auditory evoked responses
- Visual evoked responses
- Video EEG Interpretation
- Sleep Recording
- Intraoperative Recording

Clinical Neurophysiology Pediatric Core Privilege: Admit, evaluate, diagnose, treat and provide consultation to neonates, infants and children except as specifically excluded from practice, with all types of disease or disorders or impaired function, both acquired and congenital of the brain, spinal cord, peripheral nerves, muscles, and autonomic nervous system, including their coverings, blood vessels, and other effector tissue, such as muscle.

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

- Autonomic testing
- EEG (performance and interpretation)
- EMG (performance and interpretation)
- ENG (performance and interpretation)
- Nerve conduction studies
- Somatosensory evoked responses
- Auditory evoked responses
- Visual evoked responses
- Intrathecal Monitoring
- Video EEG Interpretation

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.

EEG (performance and interpretation)

EMG (performance and interpretation)

Intraoperative EEG Monitoring:

Modalities may include:

- BAER
- VER
- Somatosensory

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

Neurology Clinical Privileges

Check below the particular privileges desired in Neurology 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				Methodist Healthcare – Olive Branch Hospital (MHOBH)
	Neonates (0-28 days)	Infants (29 days– 2 Years)	Children & Adolescents (2-18 years)	Adults (18 & Above)	Adults (18 & Above)
Neurology Core					
Clinical Neurophysiology Core					
Neurology Pediatric Core					
Clinical Neurophysiology Pediatric Core					
Special					
EEG (performance and interpretation)					
EMG (performance and interpretation)					
Electrocorticography/Intracranial Electrode Monitoring					
Intraoperative EEG Monitoring					
Monitoring and Adjustment of Deep Brain Stimulators					
Muscle and Nerve Biopsy					
Polysomnography (Sleep Disorders)					
Limitations	Clinical privileges are granted only to the extent privileges are available at each facility.				
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