



General Information

All applicants must meet the qualifications, conditions and responsibilities as set forth in MLH Credentials Policies. Policies are located on www.methodistmd.org

Applicants seeking appointment, reappointment, and/or clinical privileges have the burden of producing information deemed adequate by the Hospital for a proper evaluation of current clinical competence, character, ethics, and other qualifications and for resolving any doubts about an individual's qualifications.

Other requirements:

- Applicants will be requested to provide documentation of practice and current clinical competence as defined on the attached competency grid for initial granting and reappointment of privileges.
- This document is focused on defining qualifications related to competency to exercise clinical privileges. The applicant must also adhere to any additional organizational, regulatory, or accreditation requirements that the organization is obligated to meet.
- Privileges granted may be exercised only at the Hospitals that offer the service/specialty, have sufficient space, equipment, staffing, and other resources required to support the privilege.
- Requests for clinical privileges that are subject to an exclusive contract will not be processed except as consistent with the contract.

Evaluating Current Clinical Competence at time of Reappointment:

MLH Data will be obtained and analyzed as available from EMR reporting systems or Health Information Management.

If minimal activity/low volume, then the applicant should supply case logs from other facilities' HIM department or practice billing systems to meet the minimum requirement(s) to be considered for the privilege. Source of the logs must be denoted.

The preferable format for external case logs is Excel or PDF from the sourced system. Handwritten case logs are generally not accepted.

Case logs should include a blinded or partial patient number for case distinction, date of service, type of service (inpatient or outpatient), location of service, diagnostic code and/or procedure codes, and performing provider where applicable.



**Delineation of Clinical Privileges
Specialty of Neurology**

Unified Medical Staff: Memphis Hospitals & Olive Branch Hospital

Privilege	Initial Application Required Education or Training	Initial Application Current Clinical Competence	Reappointment Retrospective Review of Cases Performed at MLH Facility (FPPE)
Neurology Core	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 ACGME or AOA accredited post-graduate training program in Neurology and board certification within 5 years of completion.	Case logs and Procedure Lists from Primary Practice Facility for previous 12 month time period Any complications/poor outcomes should be delineated and accompanied by an explanation	FPPE: First 5 cases: Evaluation and/or Treatment as Inpatient and/or Outpatient setting for the following conditions: Stroke, Encephalopathy (Altered mental status), status epilepticus, acute paralysis, Seizure, headache, numbness, paresthesia, weakness, blurry vision, abnormal movement, tremor, memory decline or impairment, neuromuscular disorder, multiple sclerosis, autoimmune neurological disease, Parkinson, Alzheimer, functional neurological disorder
Neurology Pediatric Core	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 OR Successful completion of an ACGME or AOA accredited post-graduate training programs in both: <ul style="list-style-type: none"> • Neurology • Child Neurology and board certification within 5 years of completion.	Case logs and Procedure Lists from Primary Practice Facility for previous 12-month time period Any complications/poor outcomes should be delineated and accompanied by an explanation	FPPE: 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
Clinical Neurophysiology Core	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 by ABPN and/or ABCN Clinical Neurophysiology. OR Successful completion of ACGME or AOA accredited post-graduate training programs in both: <ul style="list-style-type: none"> • Neurology • Clinical Neurophysiology and board certification within 5 years of completion.	Case logs and Procedure Lists from Primary Practice Facility for previous 12 month time period Any complications/poor outcomes should be delineated and accompanied by an explanation	FPPE: First 5 cases

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Epilepsy Core	<p>Only granted to providers with core Neurology Privilege: AND 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 and/or Epilepsy by ABPN and/or ABCN.</p> <p>OR Successful completion of ACGME or AOA accredited post-graduate training programs in both:</p> <ul style="list-style-type: none"> • Neurology • Epilepsy <p>and board certification within 5 years of completion.</p>	<p>Case logs and Procedure Lists from Primary Practice Facility for previous 12-month time period</p> <p>Any complications/poor outcomes should be delineated and accompanied by an explanation</p> <p>Case Log Requirements: E&M: case log of 50 cases within 24 months EEG: Routine/ Extended EEG: case log of 50 cases within 24 months LTM EEG >12 hours: case log of 50 cases within 24 months</p>	<p>FPPE: First 5 cases of E&M documentation of evaluation and treatment for patients with seizure disorder AND First 5 cases of cvEEG LTM</p> <p>Case log documenting the performance of at least 50 studies of cvEEG LTM within the previous 24 months</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 Successful completion of ACGME or AOA accredited post-graduate training programs in:</p> <ul style="list-style-type: none"> • Neurology • Child Neurology • Clinical Neurophysiology <p>and board certification within 5 years of completion.</p>	<p>Case logs and Procedure Lists from Primary Practice Facility for previous 12-month time period</p> <p>Any complications/poor outcomes should be delineated and accompanied by an explanation</p>	<p>FPPE: First 5 cases</p>
EEG <i>- performance and Interpretation</i>	<p>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.</p>	<p>Case log documenting the performance of at least 25 studies within the previous 24 months</p>	<p>FPPE: First 5 cases</p> <p>Case log documenting the performance of at least 6 studies within the previous 24 months</p>
EMG <i>- performance and Interpretation</i>	<p>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.</p>	<p>Case log documenting the performance of at least 25 studies within the previous 24 months</p>	<p>FPPE: First 5 cases</p> <p>Case log documenting the performance of at least 6 studies within the previous 24 months</p>

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<i>Electrocorticography / Intracranial Electrode Monitoring (included in Epilepsy Core)</i>	<p>Board certification in Epilepsy or Clinical Neurophysiology</p> <p>OR</p> <p>Successful completion of a postgraduate ACGME Fellowship in Epilepsy or Clinical Neurophysiology</p> <p>OR</p> <p>Subspecialty certification in Clinical Neurophysiology by the American Board of Psychiatry and Neurology or the American Board of Clinical Neurophysiology</p> <p>AND demonstrated current clinical competence with documentation of successful completion of an approved fellowship program and at least 5 cases of primary reading responsibility of iEEG.</p>	<p>Case Log of at least 5 studies within the previous 24 months:</p> <p>CPT code of 95718 or 95720 with specific description of intracranial EEG monitoring during epilepsy surgery such as sEEG (stereoEEG), subdural strip/grid, or depth electrodes (typical Phase II intracranial electrode monitoring over several days/long term iEEG with video)</p> <p>OR</p> <p>95829 ECOG</p>	<p>FPPE: First 3 cases</p> <p>Case log documenting the performance of at least 3 studies within the previous 24 months</p>
<i>Intraoperative EEG Monitoring</i>	<p>Board certification in EEG or successful completion of a postgraduate ACGME Fellowship where Intraoperative EEG Monitoring was included</p> <p>OR</p> <p>Subspecialty certification in Clinical Neurophysiology by the American Board of Psychiatry and Neurology or the American Board of Clinical Neurophysiology</p> <p>AND demonstrated current clinical competence.</p> <p>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.</p>	<p>Case log documenting the performance of at least 25 studies within the previous 24 months</p>	<p>FPPE: First 5 cases</p> <p>Case log documenting the performance of at least 10 studies within the previous 24 months</p>



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<i>Intraoperative EMG Examination</i>	<p>Successful completion of a postgraduate ACGME Accredited Fellowship Program in either neuromuscular medicine or clinical neurophysiology</p> <p>AND demonstrated current clinical competence.</p> <p>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.</p>	<p>If applying directly out of fellowship training or less than 24 months from completion of fellowship training:</p> <ul style="list-style-type: none"> • Case log of 25 studies performed during training and letter from training director validating competency. <p>If out of training greater than 24 months:</p> <ul style="list-style-type: none"> • Case log documenting the performance of at least 25 studies within the previous 24 months (can include static EMGs) 	<p>FPPE: First 2 cases</p> <p>Case log documenting the performance of at least 2 studies within the previous 24 months</p>
<i>Monitoring and Adjustment Of Deep Brain Stimulators</i>	<p>Board Certification or Fellowship Training in Clinical Neurophysiology, Epilepsy, or Movement disorders and appropriate training in each respective procedure.</p> <p>Documentation of training must be provided by program director or proctor, or vendor provided trainer.</p>	<p>Training documentation.</p> <p>If training completed greater than 24 months from application date:</p> <p>Case log documenting the performance of at least 3 studies within the previous 24 months</p>	<p>FPPE: First 3 cases</p> <p>Case log documenting the performance of at least 3 studies within the previous 24 months</p>
<i>Muscle and Nerve Biopsy</i>	<p>Successful completion of a postgraduate ACGME Residency where Neuromuscular-Neuropathology-Neurophysiology was included in the curriculum</p> <p>OR</p> <p>Successful completion of an approved Neuromuscular-Neuropathology-Neurophysiology Fellowship and demonstrated current clinical competence.</p> <p>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.</p>	<p>Case log documenting the performance of at least 25 studies within the previous 24 months</p>	<p>FPPE: First 5 cases</p> <p>Case log documenting the performance of at least 6 studies within the previous 24 months</p>



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Privilege	Initial Application Required Education or Training	Initial Application Current Clinical Competence	Reappointment Retrospective Review of Cases Performed at MLH Facility (FPPE)
<i>Polysomnography</i>	<p>Subspecialty certification by the American Board of Sleep Medicine</p> <p>OR Successful completion of a one year Postgraduate Residency in Sleep Medicine</p> <p>OR Successful completion of an approved fellowship by the American Sleep Disorders Association</p> <p>OR Successful completion of a postgraduate ACGME training program in which Clinical Neurophysiology was included</p> <p>AND demonstrated competence in all aspects of polysomnographics, including administering, scoring, and interpreting polysomnograms.</p> <p>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.</p>	<p>Case log documenting the performance of at least 100 studies within the previous 24 months</p>	<p>FPPE: First 5 cases</p> <p>Case log documenting the performance of at least 25 studies within the previous 24 months</p>

Core Privileges

The core privileges in the following specialties include procedures outlined in lists and such other procedures that are extensions of the same techniques and skills.

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
- Chemodenervation
- Electromyography (EMG)
- Vagal Nerve Stimulator (VNS)

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

Epilepsy Core Privilege:

Admit (including the Neuro ICU and Epilepsy Monitoring Unit), evaluate, diagnose, treat and provide consultation to patients of all ages with seizures or seizure like events and seizure related conditions.

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

- EEG studies (routine, extended, long term monitoring, ambulatory)
- iEEG (intracranial EEG and/or Electrography/Electrocorticography)
- Functional Mapping with Cortical Stimulation (intra-operatively or at the bed side during intracranial EEG monitoring)
- Vagal Nerve Stimulation (VNS)
- Responsive Neurostimulation System (RNS)
- Deep Brain Stimulation (DBS)
- Sphenoidal Electrode Insertion and Evaluation
- WADA Test with EEG monitoring and assisting functional test

Special Privileges:

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



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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					
Epilepsy Core					
Special					
EEG (performance and interpretation)					
EMG (performance and interpretation)					
Electrocorticography/Intracranial Electrode Monitoring					
Intraoperative EEG Monitoring					
Intraoperative EMG Examination					
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.



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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