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**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](http://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.

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**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.

<b>Privilege</b>	<b>Initial Application</b> Required Education and/or Training	<b>Initial Application</b> Current Clinical Competence (CCC)	<b>Reappointment</b> Retrospective review of cases performed at MLH facility (FPPE)
<b>Neurosurgery Core</b>	Current certification by the American Board of Neurosurgery, or the American Osteopathic Board of Surgery for Neurological Surgery Or Successful completion of an ACGME or AOA accredited post-graduate training program in Neurosurgery and board certification within 5 years of completion.	Case log or procedure list from primary practice facility for the previous 12 month time period.  Any complications/poor outcomes should be delineated and accompanied by an explanation.	Retrospective chart review of five procedural cases performed at a Methodist Hospital, within six months of initial granting of the privilege, generally not extending beyond twelve months.  FPPE case types should include lumbar laminectomy and craniotomy.  Case logs as defined above for CCC.
<b>Neurosurgery Pediatric Core</b>	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. 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 completion.	Case log or procedure list from primary practice facility for the previous 12 month time period.  Any complications/poor outcomes should be delineated and accompanied by an explanation.	Retrospective chart review of five procedural cases performed at a Methodist Hospital, within six months of initial granting of the privilege, generally not extending beyond twelve months.  FPPE case types should include shunts (3) and craniotomy (2).  Case logs as defined above for CCC.

<b>Privilege</b>	<b>Initial Application Required Education and/or Training</b>	<b>Initial Application Current Clinical Competence (CCC)</b>	<b>Reappointment Retrospective review of cases performed at MLH facility (FPPE)</b>
<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.		Retrospective chart review of five procedural cases performed at a Methodist Hospital, within six months of initial granting of the privilege, generally not extending beyond twelve months.  Case logs as defined above for CCC.
<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	Retrospective chart review of five procedural cases performed at a Methodist Hospital, within six months of initial granting of the privilege, generally not extending beyond twelve months.  Case logs as defined above for CCC.

Privilege	Initial Application Required Education and/or Training	Initial Application Current Clinical Competence (CCC)	Reappointment Retrospective review of cases performed at MLH facility (FPPE)
<i>Robotic Surgery</i>	Applicants whose formal surgical training included robotic surgery: Training director letter validating competence in robotic surgery <b>OR,</b> 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 <b>OR,</b> If training logs are not available, privilege will be initially granted with a limit requiring five successful cases evidenced by retrospective review. <b>OR,</b> Applicants without formal surgical training in robotic surgery: Privilege initially granted with a limit requiring concurrent proctoring of five successfully completed cases.	Retrospective chart review of five procedural cases performed at a Methodist Hospital, within six months of initial granting of the privilege, generally not extending beyond twelve months.  Case logs as defined above for CCC.
<i>ROSA ONE® Brain (Le Bonheur)</i>	Pediatric Neurosurgery Core Privileges AND, Certificate of ROSA Brain Applicative Training consisting of six steps: Step 1 - General presentation of the ROSA Brain Step 2 - Preparation and set-up of the ROSA Brain Step 3 – User interface presentation Step 4 – Demonstration on phantom Step 5 – Handling by the user Step 6 – Trouble shooting		Retrospective chart review of five procedural cases performed at a Methodist Hospital, generally not extending beyond twelve months of initial granting of the privilege.  (Zimmer Biomet clinical team supports all cases during first year of ROSA implementation.)  Case logs as defined above for CCC.

## Core Privileges

**Neurosurgery Core** (Adults and Adolescents: Ages 13 & Above)

**Neurosurgery Pediatric Core** (Neonates, Infants to Adolescents: Ages 0-18)

**Each Neurosurgery core is granted per age range requested.**

Privileges for both Cores include the following:

### Stereotactic Surgery

- stereotactic biopsy intracranial lesions
- creation of stereotactic lesions
- stereotactic drainage
- stereotactic install implant

### Head Procedures

- head lesion: biopsy, excision
- 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
- Intracranial lesion: biopsy, drainage, excision
- 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
- seizure Management

### Spine

- herniated disc surgery
- spondylolisthesis surgery
- open reduction and fixation spinal fracture
- skeletal tongs for closed reduction, halo ring and jacket, tumors: extradural, intravertebral, vertebrectomy-anterior approach, discectomy-anterior approach, thoracic/lumbar spine anterior, transpedicular approach, costotransversectomy
- fusion of vertebrae: anterior, posterior
- percutaneous therapy for disc herniation (chemonucleolysis, percutaneous discectomy)
- percutaneous vertebroplasty or kyphoplasty
- laminectomies, laminotomies, and fixation and reconstructive procedures of the spine and its contents, including instrumentation
- peripheral nerve procedures: decompressive, reconstructive
- nerve Blocks
- posterior fossa-microvascular decompression procedures

### Spine Continued

- insertion of subarachnoid or epidural catheter with reservoir or pump for drug infusion or CSF withdraw
- injection, drainage, aspirates including: lumbar puncture, cisternal puncture, puncture-shunt tube, reservoirs, ventricular tap, subdural tap, intracranial percutaneous puncture

### Spinal Cord

- excision-vascular malformation spinal cord
- percutaneous stimulation, destruction of spinal cord
- myelomeningocele repair
- repair of spinal fluid leak
- 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)

### Shunts

- ventriculoatrial,
- ventriculopleural
- ventriculoperitoneal,
- subdural peritoneal
- lumbar subarachnoid-peritoneal
- lumbar subarachnoid, peritoneal, epidural (or other cavity), including for drug infusion
- ventricular shunt operation for hydrocephalus, revision of shunt operation, ventriculocisternostomy, sinonasal & Intracranial Endoscopy

### Skull

- craniotomies, craniectomies
- 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
- transsphenoidal procedures for lesions of the sellar or parasellar region, fluid leak or fracture

### Pain Relief

- cordotomy, rhizotomy, and dorsal column stimulators

**Unified Medical Staff: Memphis Hospitals & Olive Branch Hospital****Diagnostic Procedures**

- myelography with air, oil or other contrast medium
- pneumoencephalography
- ventriculography
- discography

**Other Procedures**

- radiofrequency ablation (RFA): percutaneous radiofrequency ablation of lesions,
- 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

**Note:** Privileges for Carotid Stent or Moderate Sedation must be requested separately.

These privileges are not including in the Delineation of Privileges for Neurosurgeons.

## Neurosurgery

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

Privilege Description	Methodist Healthcare – Memphis Hospitals (MHMH) Germantown, Le Bonheur Children’s Hospital, 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 & Adolescents (13 & Above)	Adults & Adolescents (13 & Above)
Neurosurgery Core					
Neurosurgery Pediatric Core					
<b>Special Privileges</b>					
<i>Use of Laser</i>					
<i>Coil occlusion of aneurysms</i>					
<i>Robotic Surgery</i>					
<i>ROSA ONE® Brain (Le Bonheur)</i>					
<b>Limitations</b>	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.				



**Unified Medical Staff: Memphis Hospitals & Olive Branch Hospital**

**Delineation of Clinical Privileges  
Specialty of Neurosurgery**

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

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Physician's Signature

\_\_\_\_\_  
Date

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