LEHIGH VALLEY HEALTH NETWORK

CLINICAL PRIVILEGES IN NEUROLOGICAL SURGERY

Initial ☐ **Renewed** ☐

Name_____ **Effective from** ___/___/___ **to** ___/___/___

R = Requested G = Recommended As Requested C = Recommended with Conditions N = Not Recommended

R	G	C	N	**POPULATION**
☐	☐	☐	☐	Pediatric: Birth - 25 Years (LVHN Surgery Center-Tilghman - 6 months - 1 Year and LVHN Children's Surgery Center - 6 months - 1 Year)
☐	☐	☐	☐	Adults: 13 - 65 Years
☐	☐	☐	☐	Geriatrics: Over 65 Years

R	G	C	N	**GENERAL PRIVILEGES**
☐	☐	☐	☐	Admitting (includes inpatient, outpatient procedures, and observation) (1,2,3,5,6,13,14,15)
☐	☐	☐	☐	History and Physical (1,2,3,5,6,13,14,15)
☐	☐	☐	☐	Prescribing Privileges (1,2,3,5,6,13,14,15)

R	G	C	N	**CRANIOTOMY (including burr holes)**
☐	☐	☐	☐	Craniotomy for abscess (1)
☐	☐	☐	☐	Craniotomy for aneurysm (1)
☐	☐	☐	☐	Craniotomy for biopsy of brain or meninges (1)
☐	☐	☐	☐	Craniotomy for cranial nerve repair (1)
☐	☐	☐	☐	Craniotomy for cranial surgery for fracture (1)
☐	☐	☐	☐	Craniotomy for cranioplasty (1)
☐	☐	☐	☐	Craniotomy for encephalodural arterial synangiosis (1)
☐	☐	☐	☐	Craniotomy for external carotid to internal carotid (ECIC) bypass grafting (1)
☐	☐	☐	☐	Craniotomy for intracranial hematoma (1)
☐	☐	☐	☐	Craniotomy for meningocele or encephalocele (1)
☐	☐	☐	☐	Craniotomy for microvascular decompression (1)

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R	G	C	N	**CRANIOTOMY (including burr holes)**
☐	☐	☐	☐	Craniotomy for skull lesion or scalp lesion (1)
☐	☐	☐	☐	Craniotomy for trauma, including depressed fracture (1)
☐	☐	☐	☐	Craniotomy for tumor (1)
☐	☐	☐	☐	Craniotomy for vascular malformation (1)
☐	☐	☐	☐	Craniotomy for vascular repair under cardiac arrest (1)
☐	☐	☐	☐	Dural grafting - autograft or allograft (1)
☐	☐	☐	☐	Repair vascular injury (1)

R	G	C	N	**SPINAL PROCEDURES**
☐	☐	☐	☐	Allograft or autograft bone, methylmethacrylate, bone substitutes (1,2,5,6,13,14,15)
☐	☐	☐	☐	Anterior cervical discectomy 1,2,5,6,13,14,15)
☐	☐	☐	☐	Anterior decompression of the spine, including discectomy and vertebrectomy - cervical 1,2,5,6,13,14,15)
☐	☐	☐	☐	Anterior decompression of the spine, including discectomy and vertebrectomy - lumbosacral (1,2,5,14,15)
☐	☐	☐	☐	Anterior spinal fusion with or without instrumentation and/or spinal implants - cervical 1,2,5,6,13,14,15)
☐	☐	☐	☐	Anterior spinal fusion with or without instrumentation and/or spinal implants - lumbosacral (1,2,5,13,14,15)
☐	☐	☐	☐	Anterior spinal fusion with or without instrumentation and/or spinal implants - thoracic (1,2,14,15)
☐	☐	☐	☐	Anterior spinal instrumentation for stabilization (1,2,5,6,13,14,15)
☐	☐	☐	☐	Bone grafting - all types1,2,5,6,13,14,15)
☐	☐	☐	☐	Closed/open reduction of spinal fracture/dislocation - cervical (1,2,5,13,14,15)
☐	☐	☐	☐	Closed/open reduction of spinal fracture/dislocation - lumbar (1,2,5,13,14,15)
☐	☐	☐	☐	Closed/open reduction of spinal fracture/dislocation - thoracic (1,2,5,13,14,15)

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R	G	C	N	SPINAL PROCEDURES
☐	☐	☐	☐	Correction of spinal deformities 1,2,5,6,13,14,15)
☐	☐	☐	☐	Costotransversectomy and transpedicular spinal approaches (1,2,5,13,14,15)
☐	☐	☐	☐	Disc space biopsy or aspiration for culture, biopsy - cervical, thoracic, lumbar 1,2,5,6,13,14,15)
☐	☐	☐	☐	Discogram of the lumbar spine 1,2,5,6,13,14,15)
☐	☐	☐	☐	Kyphoplasty* 1,2,5,6,13,14,15) (*Must satisfy certain credentialing criteria to be approved)
☐	☐	☐	☐	Laminectomy for abscess or infection (1,2,5,13,14,15)
☐	☐	☐	☐	Laminectomy for biopsy or culture 1,2,5,6,13,14,15)
☐	☐	☐	☐	Laminectomy for cervical disc 1,2,5,6,13,14,15)
☐	☐	☐	☐	Laminectomy for cordotomy (1,2,14,15)
☐	☐	☐	☐	Laminectomy for lumbar disc 1,2,5,6,13,14,15)
☐	☐	☐	☐	Laminectomy for myelotomy (1,2,14,15)
☐	☐	☐	☐	Laminectomy for rhizotomy (1,2,14,15)
☐	☐	☐	☐	Laminectomy for spinal cord decompression including stenosis 1,2,5,6,13,14,15)
☐	☐	☐	☐	Laminectomy for spinal cord tumor (1,2,14,15)
☐	☐	☐	☐	Laminectomy for spinal cord vascular malformation (1,2,14,15)
☐	☐	☐	☐	Laminectomy for spinal fracture and decompression (1,2,5,14,15)
☐	☐	☐	☐	Laminectomy for spinal stimulator (1,2,5,14,15)
☐	☐	☐	☐	Laminectomy for spinal tumor (1,2,5,14,15)
☐	☐	☐	☐	Laminectomy for spinal tumor - extradural (1,2,5,14,15)
☐	☐	☐	☐	Laminectomy for spinal tumor - intradural (1,2,14,15)

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R	G	C	N	SPINAL PROCEDURES
☐	☐	☐	☐	Laminectomy for syrinx (1,2,5,14,15)
☐	☐	☐	☐	Laminectomy for thoracic disc (1,2,5,14,15)
☐	☐	☐	☐	Laminectomy for torticollis (1,2,5,14,15)
☐	☐	☐	☐	Percutaneous biopsy of the spine 1,2,5,6,13,14,15)
☐	☐	☐	☐	Posterior decompression of the spine, including laminectomy and/or discectomy - cervical 1,2,5,6,13,14,15)
☐	☐	☐	☐	Posterior decompression of the spine, including laminectomy and/or discectomy - lumbosacral 1,2,5,6,13,14,15)
☐	☐	☐	☐	Posterior decompression of the spine, including laminectomy and/or discectomy - thoracic 1,2,5,6,13,14,15)
☐	☐	☐	☐	Posterior or posterolateral spinal stabilization with instrumentation (1,2,5,14,15)
☐	☐	☐	☐	Posterior spinal fusion with or without instrumentation and/or spinal implants - cervical 1,2,5,6,13,14,15)
☐	☐	☐	☐	Posterior spinal fusion with or without instrumentation and/or spinal implants - lumbosacral 1,2,5,6,13,14,15)
☐	☐	☐	☐	Posterior spinal fusion with or without instrumentation and/or spinal implants - thoracic 1,2,5,6,13,14,15)
☐	☐	☐	☐	Radiofrequency rhizotomy for spasticity 1,2,5,6,13,14,15)
☐	☐	☐	☐	Repair of spinal meningocele (1,2,14,15)
☐	☐	☐	☐	Spinal allograft/autograft dura (1,2,5,14,15)
☐	☐	☐	☐	Spinal shunt for syrinx, all types (1,2,14,15)
☐	☐	☐	☐	Spinal wiring for stabilization (1,2,5,14,15)
☐	☐	☐	☐	Thorascopic and laparoscopic spinal surgery (1,2,5,14,15)
☐	☐	☐	☐	Transthoracic, retroperitoneal, transabdominal anterior approaches to spine for disc disease (1,2,14,15)
☐	☐	☐	☐	Transthoracic, retroperitoneal, transabdominal anterior approaches to spine for fracture (1,2,14,15)
☐	☐	☐	☐	Transthoracic, retroperitoneal, transabdominal anterior approaches to spine for infection (1,2,14,15)

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R	G	C	N	**SPINAL PROCEDURES**
☐	☐	☐	☐	Transthoracic, retroperitoneal, transabdominal anterior approaches to spine for tumor (1,2,14,15)
☐	☐	☐	☐	Use of methylmethacrylate in the spine 1,2,5,6,13,14,15)
☐	☐	☐	☐	Vertebral or epidural biopsy - needle or open 1,2,5,6,13,14,15)
☐	☐	☐	☐	Vertebrectomies at all spinal levels (1,2,5,14,15)
☐	☐	☐	☐	Vertebroplasty* 1,2,5,6,13,14,15) (*Must satisfy certain credentialing criteria to be approved)

R	G	C	N	**SPINE PROCEDURES (Must by approved by Chair and Chief)**
☐	☐	☐	☐	Anterior approaches to the spine - transabdominal or retroperitoneal (1,2,5,14,15)
☐	☐	☐	☐	Anterior approaches to the spine - transthoracic (1,2,14,15)
☐	☐	☐	☐	Anterior decompression of the spine, including discectomy and vertebrectomy - thoracic (1,2,14,15)

R	G	C	N	**PERIPHERAL NERVE PROCEDURES**
☐	☐	☐	☐	Avulsion (1,2)
☐	☐	☐	☐	Carpal tunnel release (1,2)
☐	☐	☐	☐	Implantation of vagus nerve stimulator (1,2)
☐	☐	☐	☐	Peripheral nerve anastomosis (suture) (1,2)
☐	☐	☐	☐	Peripheral nerve grafting (1,2)
☐	☐	☐	☐	Peripheral nerve neurolysis - internal or external (1,2)
☐	☐	☐	☐	Peripheral nerve neuroma resection (1,2)
☐	☐	☐	☐	Peripheral nerve repair 1 or 2 degree or decompression (1,2)
☐	☐	☐	☐	Peripheral nerve transposition (1,2)

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R	G	C	N	**PERIPHERAL NERVE PROCEDURES**
☐	☐	☐	☐	Peripheral nerve tumor resection (1,2)
☐	☐	☐	☐	Release of other entrapment neuropathies (1,2)
☐	☐	☐	☐	Tarsal tunnel release (1,2)
☐	☐	☐	☐	Ulnar nerve release (1,2)

R	G	C	N	**SHUNTS/VENTRICULOSTOMIES**
☐	☐	☐	☐	Burr hole for cyst or ventricle drainage or for tumor aspiration or abscess (1,2)
☐	☐	☐	☐	Burr hole or twist drill or craniotomy for insertion of intracranial pressure monitor (1,2)
☐	☐	☐	☐	Cysto-peritoneal shunt (1,2)
☐	☐	☐	☐	Lumbar subarachnoid catheter for cerebrospinal fluid drain (1,2)
☐	☐	☐	☐	Lumbar subarachnoid shunt (1,2)
☐	☐	☐	☐	Subdural peritoneal shunt (1,2)
☐	☐	☐	☐	Syringo-peritoneal, subarachnoid, or pleural shunt (1,2)
☐	☐	☐	☐	Ventriculo-atrial shunt (1,2)
☐	☐	☐	☐	Ventriculo-peritoneal shunt (1,2)
☐	☐	☐	☐	Ventriculo-pleural shunt (1,2)
☐	☐	☐	☐	Ventriculostomy (1,2)
☐	☐	☐	☐	Ventriculo-subarachnoid shunt (1,2)

R	G	C	N	**BIOPSIES**
☐	☐	☐	☐	Brain biopsy via burr hole (1,2)

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R	G	C	N	**BIOPSIES**
☐	☐	☐	☐	Brain biopsy with meninges (1,2)
☐	☐	☐	☐	Lymph node biopsy (1,2)
☐	☐	☐	☐	Muscle biopsy (1,2)
☐	☐	☐	☐	Peripheral nerve biopsy (1,2)
☐	☐	☐	☐	Skull biopsy (1,2)
☐	☐	☐	☐	Stereotactic biopsy (1,2)
☐	☐	☐	☐	Temporal artery biopsy (1,2)

R	G	C	N	**PROCEDURES OF THE NECK**
☐	☐	☐	☐	Carotid exposure (1,2)
☐	☐	☐	☐	Carotid ligation (1,2)
☐	☐	☐	☐	Dermoids (1,2)
☐	☐	☐	☐	Incision and drainage of abscess (1,2)
☐	☐	☐	☐	Phrenic neurectomy (1,2)
☐	☐	☐	☐	Release thoracic outlet syndrome (1,2)
☐	☐	☐	☐	Resection cervical rib or bands (1,2)
☐	☐	☐	☐	Scalenotomy (1,2)
☐	☐	☐	☐	Stellate ganglion block (1,2)

R	G	C	N	**OTHER**
☐	☐	☐	☐	Fluoroscopy privileges* (1,2,3,5,6,7,8,10,13,14,15) (Additional requirements as necessary as per the Medical Physicist/Radiation Safety Officer) (*Must satisfy certain credentialing criteria to be approved)

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R	G	C	N	OTHER
☐	☐	☐	☐	Laser privileges* (1,2) (*Must satisfy certain credentialing criteria to be approved)
☐	☐	☐	☐	Nucleoplasty privileges* (1,2) (*Must satisfy certain credentialing criteria to be approved)
☐	☐	☐	☐	Stereotactic radiosurgery privileges* (1,2) (*Must satisfy certain credentialing criteria to be approved)
☐	☐	☐	☐	Application of halo ring and vest (1,2)
☐	☐	☐	☐	Application of tongs or other skeletal traction - with or without manual spinal reduction (1,2)
☐	☐	☐	☐	Arterial or venous injury repair (1,2)
☐	☐	☐	☐	Congenital - craniosynostosis (1,2)
☐	☐	☐	☐	Contrast cisternography (1,2)
☐	☐	☐	☐	Contrast myelogram - cervical, lumbar, thoracic (1,2)
☐	☐	☐	☐	Craniectomy with or without C1/2 laminectomy and duraplasty for Chiari malformation (1,2)
☐	☐	☐	☐	Glycerol or radiofrequency lesioning for trigeminal neuralgia (1,2)
☐	☐	☐	☐	Harvest of radial artery (1,2)
☐	☐	☐	☐	Harvest of saphenous vein (1,2)
☐	☐	☐	☐	Intra-operative ultrasound (1,2)
☐	☐	☐	☐	Intra-operative ultrasound with contrast injection (1,2)
☐	☐	☐	☐	Lumbar, cervical, cisternal, C1/2 punctures for diagnosis or therapeutics - subdural tap (1,2)
☐	☐	☐	☐	Myelomengiocele (1,2)
☐	☐	☐	☐	Percutaneous radiofrequency facet rhizotomy (1,2)
☐	☐	☐	☐	Revision of vagus nerve stimulator (1,2)
☐	☐	☐	☐	Rhizotomy - glossopharyngeal (1,2)

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R	G	C	N	OTHER
☐	☐	☐	☐	Rhizotomy - other cranial nerve (1,2)
☐	☐	☐	☐	Rhizotomy - spinal (1,2)
☐	☐	☐	☐	Rhizotomy - trigeminal (1,2)
☐	☐	☐	☐	Rizotomy - vestibular (1,2)
☐	☐	☐	☐	Shuntogram (1,2)
☐	☐	☐	☐	Superficial temporal artery to middle cerebral artery bypass or other extracranial-intercranial bypass procedure (1,2)
☐	☐	☐	☐	Thoracic sympathectomy (1,2)
☐	☐	☐	☐	Tracheostomy (1,2)
☐	☐	☐	☐	Transsphenoidal pituitary procedures (1,2)
☐	☐	☐	☐	Vascular - carotid endarterectomy (1,2)
☐	☐	☐	☐	Ventricular puncture for ventriculogram air or contract (1,2)

LEHIGH VALLEY HEALTH NETWORK

CEDAR CREST & I-78 PO BOX 689

ALLENTOWN, PA 18105-1556

CLINICAL PRIVILEGES IN NEUROLOGICAL SURGERY

Name_____

Privileges by Location:

1 – LVH-Cedar Crest
2 – LVH-Muhlenberg (includes the Behavioral Health Center and Cancer Center)
3 – LVH-17th & Chew (includes TSU)
5 – LVH-Tilghman
6 – LVHN Surgery Center-Tilghman
7 – LVH-Hazleton
8 – Health and Wellness Center at Hazleton
9 - LVHN Children's Surgery Center
10 - LVH-Schuylkill East Norwegian
11 - LVH-Schuylkill South Jackson
13 - LVH-Hecktown Oaks
14 - LVH-Coordinated Health - Allentown
15 - LVH-Coordinated Health - Bethlehem
16 - LVHN Ambulatory Surgery Center of Lopatcong, Inc
17 - LVHN East Stroudsburg Ambulatory Surgery Center
18 - LVH-Pocono
19 - LVH-Carbon
20 - LVH-Dickson City

LEHIGH VALLEY HEALTH NETWORK

CLINICAL AREA NEUROLOGICAL SURGERY

Name_____

Acknowledgement of Practitioner

I hereby request the privileges noted.

Practitioner Signature:_____Date:_____/_____/_____

*****Recommendations*****

I have reviewed the request for clinical privileges and supporting documentation and

☐ **Recommend As Requested** ☐ **Recommend with Exceptions** ☐ **Do Not Recommend**

the privileges requested above.

EXCEPTIONS

Exception to Privilege:	Conditions/Modifications

Explanation:

SUPERVISING PHYSICIAN (AHPs ONLY) _____ _____/_____/_____

Title Signature Date

_____ _____ _____/_____/_____

Title Signature Date

_____ _____ _____/_____/_____

Title Signature Date

_____ _____ _____/_____/_____

Title Signature Date

_____ _____ _____/_____/_____

Title Signature Date