

# 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
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<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pediatric: Birth - 25 Years (LVHN Surgery Center-Tilghman - 6 months - 1 Year and LVHN Children's Surgery Center - 6 months - 1 Year)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Adults: 13 - 65 Years
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Geriatrics: Over 65 Years

R	G	C	N	GENERAL PRIVILEGES
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<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Admitting (includes inpatient, outpatient procedures, and observation) (1,2,3,5,6,13,14,15)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	History and Physical (1,2,3,5,6,13,14,15)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Prescribing Privileges (1,2,3,5,6,13,14,15)

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

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### **R G C N CRANIOTOMY (including burr holes)**

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Craniotomy for skull lesion or scalp lesion (1)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Craniotomy for trauma, including depressed fracture (1)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Craniotomy for tumor (1)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Craniotomy for vascular malformation (1)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Craniotomy for vascular repair under cardiac arrest (1)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Dural grafting - autograft or allograft (1)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Repair vascular injury (1)

### **R G C N SPINAL PROCEDURES**

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Allograft or autograft bone, methylmethacrylate, bone substitutes (1,2,5,6,13,14,15)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Anterior cervical discectomy 1,2,5,6,13,14,15)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Anterior decompression of the spine, including discectomy and vertebrectomy - cervical 1,2,5,6,13,14,15)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Anterior decompression of the spine, including discectomy and vertebrectomy - lumbosacral (1,2,5,14,15)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Anterior spinal fusion with or without instrumentation and/or spinal implants - cervical 1,2,5,6,13,14,15)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Anterior spinal fusion with or without instrumentation and/or spinal implants - lumbosacral (1,2,5,13,14,15)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Anterior spinal fusion with or without instrumentation and/or spinal implants - thoracic (1,2,14,15)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Anterior spinal instrumentation for stabilization (1,2,5,6,13,14,15)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Bone grafting - all types 1,2,5,6,13,14,15)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Closed/open reduction of spinal fracture/dislocation - cervical (1,2,5,13,14,15)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Closed/open reduction of spinal fracture/dislocation - lumbar (1,2,5,13,14,15)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Closed/open reduction of spinal fracture/dislocation - thoracic (1,2,5,13,14,15)

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

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

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### **R G C N SPINAL PROCEDURES**

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Transthoracic, retroperitoneal, transabdominal anterior approaches to spine for tumor (1,2,14,15)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Use of methylmethacrylate in the spine 1,2,5,6,13,14,15)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Vertebral or epidural biopsy - needle or open 1,2,5,6,13,14,15)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Vertebrectomies at all spinal levels (1,2,5,14,15)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	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)**

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Anterior approaches to the spine - transabdominal or retroperitoneal (1,2,5,14,15)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Anterior approaches to the spine - transthoracic (1,2,14,15)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Anterior decompression of the spine, including discectomy and vertebrectomy - thoracic (1,2,14,15)

### **R G C N PERIPHERAL NERVE PROCEDURES**

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Avulsion (1,2)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Carpal tunnel release (1,2)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Implantation of vagus nerve stimulator (1,2)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Peripheral nerve anastomosis (suture) (1,2)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Peripheral nerve grafting (1,2)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Peripheral nerve neurolysis - internal or external (1,2)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Peripheral nerve neuroma resection (1,2)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Peripheral nerve repair 1 or 2 degree or decompression (1,2)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Peripheral nerve transposition (1,2)

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### **R G C N PERIPHERAL NERVE PROCEDURES**

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Peripheral nerve tumor resection (1,2)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Release of other entrapment neuropathies (1,2)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Tarsal tunnel release (1,2)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ulnar nerve release (1,2)

### **R G C N SHUNTS/VENTRICULOSTOMIES**

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Burr hole for cyst or ventricle drainage or for tumor aspiration or abscess (1,2)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Burr hole or twist drill or craniotomy for insertion of intracranial pressure monitor (1,2)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Cysto-peritoneal shunt (1,2)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Lumbar subarachnoid catheter for cerebrospinal fluid drain (1,2)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Lumbar subarachnoid shunt (1,2)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Subdural peritoneal shunt (1,2)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Syringo-peritoneal, subarachnoid, or pleural shunt (1,2)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ventriculo-atrial shunt (1,2)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ventriculo-peritoneal shunt (1,2)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ventriculo-pleural shunt (1,2)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ventriculostomy (1,2)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ventriculo-subarachnoid shunt (1,2)

### **R G C N BIOPSIES**

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Brain biopsy via burr hole (1,2)
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<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Brain biopsy with meninges (1,2)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Lymph node biopsy (1,2)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Muscle biopsy (1,2)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Peripheral nerve biopsy (1,2)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Skull biopsy (1,2)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Stereotactic biopsy (1,2)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Temporal artery biopsy (1,2)

### **R   G   C   N   PROCEDURES OF THE NECK**

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Carotid exposure (1,2)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Carotid ligation (1,2)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Dermoids (1,2)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Incision and drainage of abscess (1,2)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Phrenic neurectomy (1,2)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Release thoracic outlet syndrome (1,2)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Resection cervical rib or bands (1,2)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Scalenotomy (1,2)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Stellate ganglion block (1,2)

### **R   G   C   N   OTHER**

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Application of halo ring and vest (1,2)
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**R G C N OTHER**

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Application of tongs or other skeletal traction - with or without manual spinal reduction (1,2)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Arterial or venous injury repair (1,2)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Congenital - craniosynostosis (1,2)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Contrast cisternography (1,2)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Contrast myelogram - cervical, lumbar, thoracic (1,2)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Craniectomy with or without C1/2 laminectomy and duraplasty for Chiari malformation (1,2)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	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)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Glycerol or radiofrequency lesioning for trigeminal neuralgia (1,2)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Harvest of radial artery (1,2)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Harvest of saphenous vein (1,2)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Intra-operative ultrasound (1,2)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Intra-operative ultrasound with contrast injection (1,2)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Laser privileges* (1,2) (*Must satisfy certain credentialing criteria to be approved)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Lumbar, cervical, cisternal, C1/2 punctures for diagnosis or therapeutics - subdural tap (1,2)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Myelomeningocele (1,2)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Nucleoplasty privileges* (1,2) (*Must satisfy certain credentialing criteria to be approved)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Placement of depth electrode (SEEG) (1,2)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Percutaneous radiofrequency facet rhizotomy (1,2)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Revision of vagus nerve stimulator (1,2)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Rhizotomy - glossopharyngeal (1,2)

# 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 OTHER**

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Rhizotomy - other cranial nerve (1,2)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Rhizotomy - spinal (1,2)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Rhizotomy - trigeminal (1,2)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Rizotomy - vestibular (1,2)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Shuntogram (1,2)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Stereotactic radiosurgery privileges* (1,2) (*Must satisfy certain credentialing criteria to be approved)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Superficial temporal artery to middle cerebral artery bypass or other extracranial-intercranial bypass procedure (1,2)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Thoracic sympathectomy (1,2)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Tracheostomy (1,2)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Transsphenoidal pituitary procedures (1,2)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Vascular - carotid endarterectomy (1,2)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	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:

_____	_____	____/____/____
Title	Signature	Date
_____	_____	____/____/____
Title	Signature	Date
_____	_____	____/____/____
Title	Signature	Date
_____	_____	____/____/____
Title	Signature	Date
_____	_____	____/____/____
Title	Signature	Date