

Name _____

Date _____

DELINEATION OF PRIVILEGES - REHABILITATION MEDICINE

Credentialing Period effective for 2 years

Outpatient Care: Evaluation & Treatment

LEVEL I (CORE) PRIVILEGES

Level 1 (core) privileges are those able to be performed after successful completion of an accredited residency program in that core specialty. The removal or restriction of these privileges would require further investigation as to the individual’s overall ability to practice, but there is no need to delineate these privileges individually.

<u>LEVEL I (CORE) PRIVILEGES</u>
<i>Physicians must have satisfactorily completed an ACGME approved Rehabilitation Medicine Residency Program</i>
A. He/She is qualified for adolescent and adult physiatrist management of:
History and Physical for Diagnosis and Treatment
Stroke
Non-traumatic Brain Dysfunction
Traumatic Brain Dysfunction
Neurologic conditions including: multiple sclerosis, Parkinsonism, polyneuropathy, Guillain-Barre’ Syndrome, poliomyelitis(late effects), motor neuron disease
Non-traumatic spinal cord dysfunction
Traumatic spinal cord dysfunction
Amputations of upper and lower extremities including prosthetic evaluation and prescription
Fractures
Joint Replacement
Major multiple trauma
Rheumatic Diseases
Cardiac Rehabilitation
Burns
Congenital disorders including: cerebral palsy, spina bifida, myelomeningocele
Debility
Pressure sores
Motor Unit Diseases including: neuropathies, myopathies, and muscular dystrophies
Neurogenic bladder and bowel
Soft tissue injuries
Cervical, thoracic, and lumbar spine disorders

<u>LEVEL I (CORE) PRIVILEGES (CON’T)</u>
A. He/She is qualified for adolescent and adult physiatrist management of:
Peripheral vascular disorders
Neuromusculoskeletal pain syndrome, acute and chronic
Pulmonary rehabilitation
Custom seating and wheelchair evaluation and other adaptive equipment to restore function
Orthotic evaluation and prescription
B. He/She may treat medical diseases routinely encountered in this practice, such as:
Respiratory diseases, acute and chronic, uncomplicated
Endocrine disorders, specifically diabetes mellitus, acute and chronic, uncomplicated
Nervous disorders, acute and chronic, uncomplicated
Gastrointestinal disorders, acute and chronic, uncomplicated
Urinary tract disorders, acute and chronic, uncomplicated
Hypertension and cardiac disorders, acute and chronic, uncomplicated
Metabolic and allergic disorders, acute and chronic, uncomplicated
C. He/She may perform:
Venipuncture
Arterial puncture
Arthrocentesis
Soft tissue injections

PLEASE NOTE: Please check the box for each privilege requested. Do not use an arrow or line to make selections. We will return applications that ignore this directive.

LEVEL II PRIVILEGES <i>He/she is qualified by virtue of completion of PM&R residency and documentation of current clinical competency based on a minimum volume/year (in parentheses) and submission of 2 reports at time of credentialing for each privilege requested to perform and interpret:</i>	PHYSICIAN REQUEST	Granted	Not Granted*	With Following Requirements** (Provide Details)
Diagnostic electromyography and electrodiagnosis (10)				
Motor and sensory nerve conduction testing (10)				
Somatosensory evoked potentials (5)				
Auditory and visual evoked potentials (5)				
Intraoperative monitoring (5)				
Intra-articular joint injections (5)				
Tracheostomy tube replacement (5)				
Intrathecal baclofen pump management (5)				
PEG tube removal (5)				
Trigger point injection (5)				
Visco supplementation (5)				

LEVEL III PRIVILEGES	PHYSICIAN REQUEST	Granted	Not Granted*	With Following Requirements** (Provide Details)
<i>Procedures- He/she is qualified by virtue of fellowship training or attendance at an approved regional or national workshop plus a minimum number of procedures under direct supervision of a credentialed MD {shown in brackets} and has submitted documentation of current clinical competency based on a minimum volume/year (shown in parentheses) and submission of 2 reports at time of credentialing for review.</i>				
Lumbar epidural injection {10} (10)				
Cervical epidural injection {10} (10)				
Selective nerve root blocks {10} (5)				
Facet joint injections {10} (5)				
Nerve and motor point blocks {5} (5)				
Botox injection {5} (5)				
Prolotherapy {5} (5)				
Radiofrequency Ablation {10} (5)				
Spinal Cord Stimulator Insertion {10} (5)				
Spinal Cord Stimulator Removal {10} (5)				
Sacroiliac joint injection under fluoroscopic guidance – <i>need documentation of at least 5 cases or 5 cases with proctoring</i>				

KEY	*NOT GRANTED DUE TO: Provide Details Below	**WITH FOLLOWING REQUIREMENTS Provide Details Below
1) Lack of Documentation		1) With Consultation
2) Lack of Required Training/Experience		2) With Assistance
3) Lack of Current Competence (Databank Reportable)		3) With Proctoring
4) Other (Please Define) (i.e., Exclusive Contract)		4) Other (Please Define)

DETAILS: _____

National Practitioner Databank Disclaimer Statement

Kaleida Health must report to the National Practitioner Data Bank when any clinical privileges are not granted for reasons related to professional competence or conduct. (Pursuant to the Health Care Quality Improvement Act of 1986 (42 U.S.C. 11101 et seq.)

_____/_____
Signature of Applicant **Date**

_____/_____
Signature of Clinical Chief **Date**

APPLICANT: PLEASE RETAIN A COPY OF THIS SIGNED DELINEATION FOR YOUR RECORDS