

Texas Spine and Joint Hospital, Ltd.

Initial Appointment / Reappointment / Update
(Circle One)

NAME: _____

CRITERIA

REQUESTED	PRIVILEGE	REQUIRED	HAS DONE	APPROVED	DENIED
	PAIN BLOCKS				
	Blood Patch	>50 LESI's			
	Hardware Block	5			
	Epidurogram				
	Fluoroscopy				
	Intradural/Intrathecal Injection-At least 3mo. ACGME pain fellowship	10			
	Manipulation of Spine, any level, w/sedation	BC/BE Anesthesia only			
	CERVICAL PAIN BLOCKS				
	Discogram - Cervical	10			
	Epidural Steroid Injection - Cervical	20			
	Hypertonic Saline Injection - Cervical	10			
	Medial Branch Block - Cervical	5			
	Facet Joint - Cervical	10			
	Selective Epidural - Cervical	20			
	Selective Nerve Block - Cervical	20			
	Suprascapular Nerve Block	10			
	THORACIC PAIN BLOCKS				
	Discogram - Thoracic	30 L then 5 T			
	Epidural Steroid Injection - Thoracic	10			
	Hypertonic Saline Injection - Thoracic	20 L then 2T			
	Medial Branch Block - Thoracic	10			
	Facet Joint - Thoracic	10			
	Selective Epidural - Thoracic	10			
	Selective Nerve Block - Thoracic	10			
	LUMBAR PAIN BLOCKS				
	Discogram - Lumbar	30			
	Epidural, Steroid Injection - Lumbar	50			
	Epidural Neurolytic Block - Lumbar				
	Injection for Lysis of adhesion - Lumbar	20			
	Medial Branch Block - Lumbar	10			
	Facet Joint - Lumbar	25			
	Selective Epidural - Lumbar	25-L1-L5 & 25 S1			
	Selective Nerve Block - Lumbar	25-L1-L5 & 25 S1			
	Epidural, Continuous, Caudal (Sacral)	10 w/cath 10 w/o cath			
	Epidural, Steroid Injection - Caudal	10 w/cath 10 w/o cath			
	Injection for Lysis of adhesion - Caudal				
	Sacroiliac Joint Injection	15			
	Coccyx	2			
	SPECIALTY PAIN BLOCKS				
	IDET *see note below	50 disco's + course			
	Disctrode *see note below	50 disco's + course			
	Neucleoplasty *see note below	50 disco's + course			
	Dekompressor *see note below	50 disco's + course			
	Vertebralplasty or Kyphoplasty	50 disco's + course			
	MILD / VERTOS				

***NOTE**

For those that currently have privileges for lumbar epidurals, lumbar facets and or sacroiliac joint injections you will need to do at least 50 lumbar discograms and complete a certified cadaveric course for IDETs, Discrodes and Neucleoplasties. For those who do not currently have privileges for lumbar epidurals, lumbar facets and or sacroiliac joint injections you will need to do at least 100 lumbar discograms and complete

****NOTE**

For all who have completed an Anesthesia, PM&R, Radiology, Neurology or Orthopedic residencies you must complete 100 lumbar procedures before training for cervical or thoracic procedures. For those that do not meet the above criteria you must complete 500 lumbar procedures and have at least six months experience doing lumbar procedures prior to learning cervical or thoracic procedures. **For all new physicians coming into Pain Management at TSJH you must be board eligible or certified before privileges will be granted.**

REQUESTED	PRIVILEGE	REQUIRED	HAS DONE	APPROVED	DENIED
	IV Infusion				
	IV Infusion-Regitine/Lidocaine	2			
	Transdiscal	same as idet			
	Epidural Catheter w/ External Reservoir w/o laminectomy	3 mth. Pain+10			
	Lumbar Drain	same as above			
	Neurotomy/ Rhizotomy - Lumbar	10			
	Neurotomy/ Rhizotomy - Cervical	LRF+5 cases			
	Neurotomy/ Rhizotomy - Thoracic	T-MBB+LRF			
	Neurotomy/ Rhizotomy - Dorsal Root Ganglion	CRF+C-sel			
	Neurotomy/ Rhizotomy - Trigeminal	trigeminal+5			
	Neurotomy/ Rhizotomy - Sphenopalatine Ganglia	sphenopalatine+5			
	Neurotomy/ Rhizotomy - Sympathetic - Cervical				
	Neurotomy/ Rhizotomy - Sympathetic - Lumbar	5			
	Neurotomy/ Rhizotomy - Sympathetic - Thoracic	symp blk + L-RF			
	Radio-Frequency - Caudal/Stellate Ganglion/Sympathectomy				
	Stellate Ganglion Block	10			
	Sympathetic Block -Cervical				
	Sympathetic Block -Lumbar	5			
	Sympathetic Block -Thoracic	completion of L-Symp T-disco or T-sele			
	Sympathetic Neurolysis - Cervical				
	Sympathetic Neurolysis - Lumbar	5			
	Sympathetic Neurolysis - Thoracic				
	Sympathectomy - Thoracic				
	Splanchnic Block	10			
	Splanchnic Neurolysis	10 splan. Blks + 5			
	Hypogastric Plexus Block				
	Hypogastric Plexus Neurolysis				
	Auxiliary Nerve Block	10			
	Celiac Plexus Block				
	Trigeminal nerve block	10			
	Brachial Plexus Block	10			
	Brachial Plexus Nerve Block	10			
	Occipital Nerve Block	5			
	Peripheral Nerve Block				
	Plexus Block - Cervical				
	Plexus Block - Lumbar				
	Psoas Compartment Block				
	Inguinal Nerve Block				
	Intercostal Nerve Block (a.k.a. rib block)	5			
	Supraclavicular Block	10			

REQUESTED	PRIVILEGE	REQUIRED	HAS DONE	APPROVED	DENIED
	Random Joint Injection				
	Wrist Joint Block				
	Hip Injection	5			
	Shoulder Injection				
	Knee Injection				
	Ankle Injection				
	Elbow Injection				
	Triggers				
	Trigger Point Injection	5			
	Bursa Injection				
	Femoral Nerve Block				
	Sternal Block				
	Spinal Cord Stimulator (a.k.a. DCS:Dorsal Column Stimulator)				
	Placement of Neuroelectrodes for Trial	3 mth.pain+10			
	Analysis of Pulse Generator	3 mth.pain+10			
	Analysis of Pulse Generator w/ reprogramming	3 mth.pain+10			
	Anesthetic (Lioresal)	3 mth.pain+10			
	Refilling of Pump	3 mth.pain+10			
	Intrathecal Drug Delivery Pumps (TSJH only)	3 mth.pain+10			
	Incision & Implant Pulse Generator**				
	Co-Surgeon - must have 5 cases with proctor unless anesthesia trained				
	Revise or Remove Stimulator Generator, Electrodes, Receiver**				
	Insertion or Revision of Intrathecal Drug Delivery Pumps**				
	Insertion Subarachnoid Catheter W / Reservoir w/o Laminectomy**				
	**Indicates needs at least 3 total of any combination with a proctor and letter of competence from proctor				
	MISCELLANEOUS				
	Conscious Sedation (see attached request letter)				

OTHER					

Acknowledgment of Practitioner

I am qualified to perform the privileges I have requested based on my licensure, education, training, experience and current competence. I certify that I am able to perform the privileges I have requested.

Furthermore, if I am requesting privileges for procedures that I have not previously been granted at Texas Spine and Joint Hospital I have attached education documentation, certificates, licensure, etc....for the committee to review.

A minimum of 100 procedures (accrued over a 24 month period) is required for re-appointment

Practitioner's Signature

Date

I, _____, am requesting privileges to perform conscious sedation at Texas Spine and Joint Hospital. I am qualified to perform conscious sedation based on my licensure, education, training, experience and current competence

My current ACLS card is attached.

Thank You,

Practitioner's Signature

Approved	Denied