

BAYLOR SCOTT & WHITE TEXAS SPINE & JOINT HOSPITAL

Initial Appointment / Reappointment / Update
(Circle One)

NAME: _____

CRITERIA

REQUESTED	PRIVILEGE	REQUIRED	HAS DONE	APPROVED	PROCTORED	DENIED
PAIN BLOCKS						
	Blood Patch - CERV BP = CESI PRIV, THOR & LUM BP = LESI PRIV	CESI MET/LESI MET				
	Hardware Block	5				
	Intradural/Intrathecal Injection-At least 3mo. ACGME pain fellowship	10				
CERVICAL PAIN BLOCKS						
	Discogram/Disc Biopsy - Cervical	3				
	Intralaminar Epidural Injection - Cervical Steroid, Baclofen, Hypertonic	10				
	Medial Branch Block - Cervical	5				
	Facet Joint - Cervical	10				
	Transforaminal Selective Epidural/ Selective Nerve Block - Cervical	10				
	Suprascapular Nerve Block	3				
THORACIC PAIN BLOCKS						
	Discogram/Disc Biopsy - Thoracic	3				
	Intralaminar Epidural Injection - Thoracic Steroid, Baclofen, Hypertonic	10				
	Medial Branch Block - Thoracic	10				
	Facet Joint - Thoracic	10				
	Transforaminal Selective Epidural / Selective Nerve Block - Thoracic	10				
LUMBAR PAIN BLOCKS						
	Discogram/Disc Biopsy - Lumbar	5				
	Intralaminar Epidural Injection - Lumbar Steroid, Baclofen, Hypertonic	15				
	Medial Branch Block - Lumbar	5				
	Sacral Lateral Branch Block	5				
	Facet Joint - Lumbar	5				
	Transforaminal Selective Epidural/Selective Nerve Block - Lumbar	10				
	Transforaminal Selective Epidural/Selective Nerve Block - Sacral	10				
	Epidural - Caudal with & w/o cath	5				
	Sacroiliac Joint Injection	5				
	Genicular NB	5				
	Opturator NB	5				
	Coccyx	2				
SPECIALTY PAIN BLOCKS						
	Vertebralplasty or Kyphoplasty Course +3 proctored cases with a Surgeon or Pain MD that has implant priv.	3				
	MILD / VERTOS Course + 3 cases	3				
	Stellate Ganglion Block	3				
	Sympathetic Block -Cervical	3				
	Sympathetic Block -Lumbar	3				
	Sympathetic Block -Thoracic	completion of L-Symp + 3 proctored T-symp cases				
	Splanchnic Block	3				
	Splanchnic Neurolysis	3 blocks + 2 proctored				
	Hypogastric Plexus Block	3 blocks				
	Hypogastric Plexus Neurolysis	3 blocks + 2 proctored				
	Celiac Plexus Block	3				
	Trigeminal nerve block	3				
	Brachial Plexus Block	3				
	Occipital Nerve Block	3				
	Peripheral Nerve Block - Other	3				
	Inguinal Nerve Block / Femoral	2				
	Intercostal Nerve Block (a.k.a. rib block)	3				

*NOTE *MUST BE PROFICIENT IN LUMBAR DISCOGRAPHY BEFORE STARTING CERVICAL DISCOGRAPHY

REQUESTED	PRIVILEGE	REQUIRED	HAS DONE	APPROVED	PROCTORED	DENIED
	Epidural Catheter w/ External Reservoir w/o laminectomy special request	3 mth. Pain+ 3 cases				
	Lumbar Drain / intrathecal Cath	3 mth. Pain+ 3 cases				
	Neuromy/ Rhizotomy - Lumbar	5				
	Neuromy/rhizotomy - Sacral	LRF + 5				
	Neuromy/ Rhizotomy - Cervical	LRF+5 cases				
	Neuromy/ Rhizotomy - Thoracic	T-MBB+LRF				
	Neuromy/ Rhizotomy - Dorsal Root Ganglion	CRF+ 2 proctored cases				
	Neuromy / Rhizotomy - Genicular RF -- * 5 cases from fellowship or	* 5 cases or 3 proctored cases				
	Neuromy / Rhizotomy - Opturator RF -- *5 cases from fellowship or	* 5 cases or 3 proctored cases				
	Neuromy/ Rhizotomy - Trigeminal	trigeminal + 2 proctored cases				
	Neuromy/ Rhizotomy - Sphenopalatine Ganglia	sphenopalatine + 2 proctored cases				
	Neuromy/ Rhizotomy - Sympathetic - Cervical	symp blk + 2 proctored RF cases				
	Neuromy/ Rhizotomy - Sympathetic - Lumbar	symp blk + 2 proctored RF cases				
	Neuromy/ Rhizotomy - Sympathetic - Thoracic	symp blk + 2 proctored RF cases				
	Supra Scapular Nerve Block / Neuromy -- * 5 cases from fellowship or	* 5 cases or 3 proctored cases				
	Random Joint Injection					
	Random Joints	3				
	Triggers					
	Trigger Point Injection	3				
	Bursa Injection	3				
	Femoral Nerve Block	3				
	Spinal Cord Stimulator (a.k.a. DCS:Dorsal Column Stimulator)					
	Placement of Neuroelectrodes for Trial	3 proctored cases				
	Refilling / Check Pump / Catheter	3				
	Catheter Replacement or Revision Injection of Substance or other than Anesthetic (Lioresal)	3				
	Intrathecal Drug Delivery Pumps (BSWTSJH only) Trials	3 proctored cases				
	Incision & Implant Pulse Generator (Stimulator) or Revision	10 proctored cases				
	Revise or Remove Stimulator Generator, Electrodes, Receiver 2.**					
	Insertion or Revision of Intrathecal Drug Delivery Pumps 2.**					
	Insertion Subarachnoid Catheter W / Reservoir w/o Laminectomy 2.**					
	Vertiflex (training certificate required) 2.**					
	2. **Indicates needs at least 3 total of any combination with a proctor and letter of competence from proctor					
	OTHER/ MISC					
	Conscious Sedation (see attached request letter)					

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 Baylor Scott & White Texas Spine & 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
Protor's Signature	Date
Proctor's Signature	Date
Proctor's Signature	Date
Proctor's Signature	Date

I, _____, am requesting privileges to perform conscious sedation at Baylor Scott & White Texas Spine & 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