

CHRISTUS CABRINI SURGERY CENTER

REQUEST AND APPROVAL OF PRIVILEGES - PODIATRY

Physician		Date		
Procedures				
Procedure	Requested	Not Requested	Approved	Denied
Soft Tissue Procedures				
Avulsion of nail plate, partial				
Avulsion of nail plate, complete				
Excision of nail and nail matrix, partial/complete (partial nail radical, total nail radical)				
Skin and Subcutaneous Tissue				
Incision and drainage of abscess				
Incision and removal of foreign body in subcutaneous tissue or muscle				
Excision of verrucae, nevi, inclusion cysts, etc.				
Drainage hematoma				
Biopsy/excision of skin and subcutaneous tissue with simple closure				
Repair of recent wound resulting in linear repair				
Capsulotomy of metatarsal phalangeal or interphalangeal joint				
Tenotomy, subcutaneous, of extensor or flexor tendons of digits or adductor hallicus tendon				
Tendon lengthening or shortening procedures of flexor or extensor tendons of digits				
Excision of Morton's neuroma				
Excision of subcutaneous tumor, cyst, ganglion, etc.				
Plantar fasciotomy				
Fasciectomy, plantar, complete				
Fasciectomy, plantar, partial				
Complex repair or wound closure (e.g., skin graft)				
Excision and/or repair of wound by adjacent tissue transfer (e.g., "Z plasty, rotation flap, advancement flap, double pedicle flap, etc.)				
Creation of syndactylism				
Repair of congenital syndactylis				
Neuroplasty (e.g., for tarsal tunnel syndrome)				
Endoscopic plantar fasciotomy				
Osseous / Digital Procedures				
Partial phalangectomy (arthrorplasty, exostectomy, subungual exostectomy, etc.)				
Total phalangectomy (e.g., middle phalangectomy)				
Interphalangeal fusion				
Excision of bone cyst or benign bone tumor				
Open reduction of fracture with or without internal fixation				
Osteotomy with internal fixation (e.g., Akin Procedure)				
Amputation of Digit				
Metatarsal Procedures				
Partial metatarsectomy (metatarsal head resection, plantar condylectomy, arthroplasty, etc.)				

Procedure	Requested	Not Requested	Approved	Denied
Osteotomy of lesser metatarsals without internal fixation (e.g., "V" osteotomy, periarticular metatarsal osteotomy, osteoclasts)				
Osteotomy of first metatarsals with internal fixation				
Open reduction of fractures w/ or w/o internal fixation				
Excision of bone cyst				
Metatarsectomy, complete				
Clayton procedure				
Osteotomy, base wedge for metatarsus adductus				
Metatarsal Phalangeal Joint Procedures				
Hallux Valgus reduction (e.g. Mitchell, closing or opening wedge, crescentic, derotational, angulational, and transpositional, cartilaginous articulation preservation (CAP and Reverdin)				
Excision of Accessory Bone and Sesamoids				
Excision of interphalangeal sesamoid				
Excision of fibular or tibial sesamoid				
Excision of navicular				
Excision of trigonum				
Excision of intermetatarsum				
Calcaneal Procedures				
Resection of plantar calcaneal				
Resection of plantar exostosis (heel spur)				
Resection of prominent posterior superior tuberosity (Haglund's deformity)				
Excision of ossification or calcification of Achilles tendon at insertion				
Open reduction of fracture w/ or w/o internal fixation				
Excision of bone cyst or benign tumor				
Osteotomy				
Advanced Rearfoot Procedures				
Subtalar arthrodesis				
Osteotomy for tarsal coalition				
Skin transfers/rotation flaps, donor and host sites in foot				
Osteotomies, tarsal bones				
Fusion, metatarsal/tarsal				
Joint implant procedures, Rearfoot				
Tarsal coalition repair				
Capsulotomy of mid or Rearfoot				
Tendon transfer or redirection of metatarsal bone, metatarsus, Rearfoot				
Tendo-Achilles lengthening				
Open repair of fracture, Rearfoot				
Tarsal tunnel release				
Excision, osseous tumor, Rearfoot				
Subtalar arthroereisis				
Ankle Procedures				
Primary repair of medial and/or lateral collateral ligaments of the ankle				

Procedure	Requested	Not Requested	Approved	Denied
Secondary repair of lateral ankle stabilization procedures				
Closed reduction of ankle fractures				
Open reduction with internal fixation of open or closed ankle fracture				
Ankle Arthroscopy				
Ankle Arthroplasty				
Other:				

Comments: _____

Applicant's Signature

_____ Date: _____

Medical Director Approval of Temporary Privileges

_____ Yes No Date: _____

Administrator's Approval of Temporary Privileges

_____ Yes No Date: _____

Governing Board Approval of Privileges

_____ Yes No Date: _____

Category of Staff

Active
Date: _____

Courtesy
Date: _____

Temporary
Date: _____

Emergent
Date: _____