

# CENTRAL WYOMING OUTPATIENT SURGERY CENTER

## General and Vascular Surgery Procedures Delineation of Privileges

*Applicant should mark an "X" in the "Requested" column corresponding to the clinical privilege requested.*

Requested	Procedure	Approved	Denied
	<b>GENERAL</b>		
	Appendectomy, incidental		
	Axillary Node--aspiration, biopsy, or excision		
	Biopsy of Peritonum or Omentum		
	Bone Marrow Biopsy / Aspiration		
	Breast Biopsy with/without needle localization		
	Bronchoscopy		
	Debridement		
	Dilation and Curettage		
	Electrocautery Anal Condylomata		
	ESLC, Endoscopic Lap Cholecystectomy		
	Exam under Anesthesia		
	Excision Gynecomastia		
	Excision, I & D Repair--mouth, tongue, lip, nose, throat, and auricle		
	Excisional Biopsy--tumor, mass, lesion, cyst,lymph node, verruca, and lipoma		
	Fistulotomy/Fissurectomy/Fistulectomy		
	Foreign Body Excision--with or without x-ray		
	Frenotomy/Frenectomy		
	Ganglion Excision		
	Grafts--split thickness and pedicle		
	Hematoma drainage		
	Hemorrhoidectomy - including cautery or laser		
	Herniorrhaphy--adult or pediatric, femoral, umbilical, small ventral, and inguinal, incisional, bilateral, unilateral		
	Incision and Drainage of Abcess		
	Liver Biopsy		
	Muscle Biopsy		
	Parotidectomy		
	Peritoneal Lavage/Paracentesis		

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Requested	Procedure	Approved	Denied
	Pilonidal Cystectomy		
	Rectal Dilation		
	Rectal Polypectomy		
	Sigmoidoscopy--flexible or rigid		
	Simple Mastectomy		
	Sinus Tract Excision		
	Stump Revision		
	Temporal Artery Biopsy		
	Thoracentesis		
	Thyroglossal Duct Cyst Excision		
	Thyroidectomy (partial)		
	Tonsillectomy and/or Adenoidectomy		
	Varicocelectomy		
	Varicose Vein Ligation--with or without stripping		
	Vasectomy		
	Vasectomy Reversal		
	Vein Sclerotherapy		
	Wound Closure--secondary		
	<b>VASCULAR</b>		
	AV Fistula/Revision/Graft		
	Catheterization, Cut Down		
	Thoracentesis		
	Permacath, Insertion		
	Permacath, Removal		
	Permacath, Revision		
	Wound Closure		
	Shunt/Fistula		
	Temporal Artery Biopsy		
	Vein Stripping/Ligation		



# ***Central Wyoming Outpatient Surgery Center***

## **MEDICARE ATTESTATION ACKNOWLEDGEMENT STATEMENT NOTICE TO PHYSICIANS**

“Medicare payment to Ambulatory Surgery Centers is based on each patient’s procedures performed, as attested to by the patient’s attending physician by virtue of his or her signature in the medical record. Anyone who misrepresents, falsifies, or conceals funds, may be subject to fine, imprisonment, or civil penalty under applicable Federal laws.”

I, \_\_\_\_\_, the undersigned, acknowledge having received the above notice.  
(print or type name)

\_\_\_\_\_  
(legal signature)

\_\_\_\_\_  
(date)

(Legal signature means that which you would normally use on documents such as a Will, checks, etc. Initials are not acceptable.)