

Casper Surgical Center

Orthopedic Procedures Delineation of Privileges

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

Requested	Procedure	Approved	Denied
	Amputations--toes, fingers, and thumbs		
	Anrthroscopy of Joints--wrist, elbow, shoulder, knee, and ankle		
	Anterior Cruciate Ligament--repair or replacement		
	Arthrocentesis, Arthroplasty		
	Arthroscopy--diagnostic and therapeutic		
	Arthrotomy--Menisectomy (removal lose body)		
	Bone Cyst Excision		
	Bone graft, minor		
	Bone Marrow Biopsy		
	Bursectomy		
	Bunionectomy		
	Callus Excision		
	Carpal Tunnel Decompression--endoscopic		
	Carpal Tunnel Decompression--open		
	Cast Application		
	Cast Change--with or without manipulation		
	Cast Removal		
	Closed Reduction of Fractures		
	Condylectomy		
	Corn Excision		
	Cyst excision		
	Debridement--soft tissue		
	DeQuervain's Release		
	Dislocations and Fractures - patella, tibial, fibular, and ankle		
	Dupuytren's Release		
	Excision of Mass/Skin Lesion		
	Excision of Synovial Cyst		
	Exostosis Excision		
	Fasciotomy/Fasciectomy		
	Ganglion Excesion		
	Grafts--split thickness, pedicle, and tendon		

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Requested	Procedure	Approved	Denied
	Hammer toe repair		
	Incision and Drainage		
	Injections--tendon sheath, ligaments, trigger points, or bursa		
	Joint Manipulation		
	Lower Extremity Fractures		
	Metatarsal Head Excision		
	Morton's Neuroma excision		
	Muscle Biopsy		
	Nail Removal		
	Nerve Block--epidural		
	Nerve Decompression		
	Nerve Repair		
	Neurolysis		
	Open reduction fracture, simple, small bones		
	Orthopedic Hardware Placement or Removal		
	Osteotomy		
	Patellar shaving		
	Pinning--talus, calcaneous, navicular, metatarsal, and phalanges		
	Release of Joint Contracture		
	Release of tendon sheath		
	Removal Foreign Body		
	Repair Lesions--Foot and finger		
	Repair of Tendon		
	Repair/Closure Skin Laceration		
	Rotator Cuff Repair-open & arthroscopic		
	Shoulder Dislocations/Fractures--ORIF		
	Syndactaly release		
	Synovectomy		
	Tendon Graft, Tendon Slide Procedure		
	Tenotomy/Tenolysis--upper and lower extremities		
	Trigger Finger/Thumb Release		

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.)