

CENTRAL WYOMING OUTPATIENT SURGERY CENTER

Otolaryngology Procedures Delineation of Privileges

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

Requested	Procedure	Approved	Denied
	Adenoidectomy		
	Antral puncture/windows		
	Arch bar removal		
	Blephroplasty		
	Bronchoscopy		
	Caldwell Luc		
	Chin Implants		
	Cleft Palate Repair		
	Cryo Surgery		
	Cyst excision		
	Endoscopy of Sinuses--diagnostic and therapeutic (certificate from course or verification from training program)		
	Esophagoscopy--with or without dilation		
	Ethmoidectomy		
	Exam under Anesthesia		
	Excision of Branchial Cleft cyst		
	Excision of Sub Mandibular Mass		
	Face Lift		
	Fistulectomy		
	Foreign body excision		
	Fracture Repair of Nasal and Mandibular--open and closed		
	Frenotomy		
	Graft--split thickness, and pedicle		
	Incision and Drainage (including neck abscess)		
	Inferior Turbinate Fracture Reduction		
	Laryngoscopy--direct, indirect with or without polypectomy		
	Laryngeal polypectomy		
	Lesion excision		
	Liposuction		
	Mastoidectomy		
	Mandibular Wiring		

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Requested	Procedure	Approved	Denied
	Mass excision		
	Middle ear exploration		
	Myringotomy and Tube Insertion		
	Myringoplasty		
	Nasal Cauterization		
	Nasal Polypectomy		
	Nasal Septal Reconstruction		
	Oral lesion excision		
	Otoplasty		
	Otoscopy with/without foreign body removal		
	Palatal Biopsy		
	Repair Zygoma Fx, Blow-out Fx		
	Rhinoplasty		
	Salivary Gland and Duct Surgery		
	Septoplasty		
	Septorhinoplasty		
	Sinus irrigation		
	Skin Laceration Repair and Closure		
	Stapedectomy		
	Submucous Resection		
	Submaxillary Gland Excision		
	Thyroglossal Duct Cyst Excision		
	Tonsillar tag excision		
	Tonsillectomy		
	Tympanoplasty		
	Vocal cord biopsy		

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.)