

CENTRAL WYOMING OUTPATIENT SURGERY CENTER

Plastic Surgery Procedures Delineation of Privileges

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

Requested	Procedure	Approved	Denied
	Abdominoplasty		
	Arch bar removal/application		
	Basal cell excision		
	Blepharoplasty--upper and lower		
	Breast Biopsy		
	Breast Reconstruction		
	Browlift		
	Capsulotomy--closed and open		
	Carpal Tunnel Release, open or endoscopic		
	Chemical Peel--chest, facial, and hand		
	Chin Implant		
	Cleft Ear Lobe Repair		
	Cleft Palate Repair/Cleft Lip Repair		
	Closed Reduction Nasal Fracture		
	Congenital GU Correction		
	Contracture Release		
	Dacryocystectomy		
	Dacryocystorhinostomy		
	Debridement		
	Dermabrasion		
	Digital Reconstruction, minor		
	Dressing Change		
	Ear Lobe Tear Repair		
	Endoscopic Plastic Surgery		
	Excision Ganglion		
	Excision Lymph Node		
	Excision--lesion, tumor, mass, lipoma, cyst, and nerve		
	Eyelid Revision		
	Face Lift--full or modified		
	Face Peel, Chemical		
	Facial Reconstruction		

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Requested	Procedure	Approved	Denied
	Fasciectomy		
	Flap advancement/revision		
	Flap revision, release		
	Gynecomastia Excision		
	Hair Transplant		
	Hand and Finger Fracture Reduction		
	Hand Surgery		
	Incision and Drainage		
	Keloid Resection		
	Laceration Repair and Suturing		
	Laser Therapy		
	Lip and Tongue Surgery		
	Lipectomy/Liposuction--abdominal, ankle, arm, back, flanks, hip, knee, neck, chin and chest		
	Malar and Submalar Implant		
	Mammoplasty--augmentation, reconstruction, and reduction		
	Mandibular wiring, reduction, uncomplicated		
	Mastopexy (breast lift)		
	Maxilla Fractures--open and closed		
	Mentoplasty		
	Nasal Fracture Reduction--open and closed		
	Neuroma Excision		
	Nipple Reconstruction or Revision		
	Otoplasty		
	Palatal repair, minor		
	Palmar Fasciotomy/Fasciectomy		
	Parotid Gland Surgery		
	Phalangectomy		
	Release/Repair of Tendon Sheath		
	Rhinoplasty		
	Salivary Gland Surgery		

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Requested	Procedure	Approved	Denied

Physician Signature

Date

Medical Director Signature

Date

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.)