

CENTRAL WYOMING OUTPATIENT SURGERY CENTER

Podiatry Procedures Delineation of Privileges

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

Requested	Procedure	Approved	Denied
	Amputation--digital		
	Arthrodesis--digital, forefoot, midtarsal, rearfoot,		
	Arthroplasty--digital		
	Avulsion of toenail		
	A-O Fixation--forefoot		
	Bunionectomy--capsulo-tendon balance, with arthrodesis, with gase/neck osteotomy, with prosthesis or with joint resection		
	Capsulotomy (IPJ and MPJ)		
	Cast Application		
	Digital Exostectomy		
	Digital Tendon Transfer		
	Dorsal Exostectomy		
	Endoscopic - Plantar Fasciotomy (EPF)		
	Endoscopic Decompression - Inter metatarsal nerve (EDIN)		
	Excision exostosis		
	Excision Intermetatarsal Neuroma		
	Excision Accessory Bones-- forefoot, and rearfoot		
	Excision of Bone Tumor--metatarsal, midfoot, phalanges		
	Excision of Cutaneous Lesion		
	Excision of Soft Tissue Tumor--forefoot, or rearfoot		
	Fasciotomy/Fasciectomy Decompression Fascia		
	Fracture or Trauma--forefoot and tarsal closed or ORIF		
	Ganglion Cystectomy - foot		
	Gastrocnemius Recession		
	Hallux Rigidus Correction		
	Hallux Valgus repair		
	Heel Spur Excision		
	Incision and Drainage--foot		
	Management of Osteomyelitis		
	Metatarsal Head Resection		
	Metatarsal Adductus Correction		

CENTRAL WYOMING OUTPATIENT SURGERY CENTER

Podiatry Procedures Delineation of Privileges

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

Requested	Procedure	Approved	Denied
	Metatarsectomy		
	Microscopic Assisted Surgery--foot		
	Neurectomy		
	Neurolysis--foot and ankle		
	Osteotomy--lesser metatarsal		
	Osteotomy—rearfoot, calcaneous, and tarsal		
	Pan Metatarsectomy		
	Permanent Toe Nail Correction		
	Phalangectomy		
	Plantar Fasciotomy/Fasciectomy		
	Plastic Repair/Trauma--soft tissue foot and ankle		
	Pronation Correction		
	Removal Foreign Body--forefoot or rearfoot		
	Sesamoidectomy		
	Sinus Tarsi Decompression		
	Skin Plastic Procedure--foot		
	Supination Correction		
	Surgical Syndactylism		
	Tendon Achilles Lengthening		
	Tarsectomy--partial and total		
	Tendon Lengthening--extensor		
	Tendon Transfer--extensor and flexor		
	Tenoplasty--extensor and flexor		
	Tenotomy		

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.)