

CENTRAL WYOMING OUTPATIENT SURGERY CENTER

Urology Procedures Delineation of Privileges

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

Requested	Procedure	Approved	Denied
	Amputation Penis		
	Basket Extraction		
	Biopsy (bladder, prostate)		
	Brachy Therapy		
	Change of Indwelling Tubes or Catheters (ureteral, bladder, renal)		
	Circumcision		
	Contigen injection		
	Cystometric Studies		
	Cystoscopy--with dilation, with meatotomy, transurethral bladder, prostate biopsy, fuluration, ureteral stent placement or removal, and stone manipulation		
	Cystoscopy--with direct vision interanal urethrotomy		
	Cystourethroscopy--with or without cauterization/biopsy		
	Destruction Vulvar Lesion		
	Electrohydraulic Disintegration - general skin lesion		
	Epididymectomy		
	Epididymovasostomy		
	ESWL - Extracorporeal Shock Wave Lithotripsy		
	Exam under Anesthesia		
	Excision—Bartholin's Cyst, Condylomata, Muellierian Duct/Cyst, Penile lesion, scrotal lesion		
	Excision of Peyromme's Plaque		
	Foreign Body Removal/Excision - Bladder/Urethral/Genitalia		
	Holmium Laser - Lithotripsy or tumor destruction or scar excision ureter, bladder or urethra		
	Hydrocelectomy--with or without hernia repair		
	Hypospadias repair		
	I & D Abcess - Genitalia/Prostate		
	Irrigation of Corpus Cavernosum		
	Lesion Excision - Genitalia		
	Marsupialization Bartholin's Gland/Cyst		

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Requested	Procedure	Approved	Denied
	Meatotomy		
	Orchectomy		
	Orchiopexy		
	Penile condylomata excision		
	Penile Implant		
	Penile Surgery		
	Plastic Repair GU System		
	Prostate, Needle, Biopsy		
	Removal Caruncle		
	Removal/Repair Stents/Prosthesis		
	Resection of Scrotum		
	Scrotal Exploration		
	Scrotoplasty		
	Spermatic vein ligation		
	Spermatocoele ligation		
	Spermatocoelectomy		
	Suture/Repair Testicular Injury		
	Testicular biopsy		
	Testicular Prosthesis insertion		
	Transurethral resection bladder tumor, small		
	TU prostate biopsy - ultrasound guided		
	TU incision of bladderneck contracture		
	TUMT (microwave therapy of prostate)		
	Tumor Excision (bladder)		
	Undescended testes repair		
	Ureteroscopy, with or without stone removal		
	Urethral Dilation or Cauterization		
	Urethral Polypectomy		
	Urethroplasty		
	Urethroscopy		
	Urethrotomy		

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.)