

Union West Surgery Center

PRIVILEGE REQUEST: Plastic Surgery

Provider Printed Name: _____

Provider Signature: _____

Date: _____

PROCEDURE	REQUESTED	APPROVED
COSMETIC:		
ABDOMINOPLASTY		
AUGMENTATION/REDUCTION MAMMOPLASTY		
BLEPHAROPLASTY		
BOTOX INJECTION		
BROW LIFT		
CHIN IMPLANT/AUGMENTATION		
COLLAGEN INJECTION		
EARLOBE/LIP/NASAL REVISION		
EVACUATION OF HEMATOMA		
EXPLANATATION BREAST IMPLANTS; CAPSULECTOMY; CAPSULOTOMY; CAPSULORRHAPHY		
FAT INJECTION: FACE, NECK		
LIPOSUCTION: CHIN, NECK, ABDOMEN, FLANK, BUTTOCK, KNEE, THIGH, ARM		
LOWER LID WEDGE RESECTION		
MASTOPEXY		
MOH'S SURGERY		
NECK LIFT		
NERVE DECOMPRESSION		
OTOPLASTY		
REMOVAL OF FOREIGN BODY		
RHINOPLASTY/SEPTOPLASTY		
THYTIPECTOMY (FACELIFT) PARTIAL, FULL		
SUCTION ASSISTED LIPECTOMY		
TARSORRAPHY		
TRANSCONJUNCTIVAL BLEPHAROPLASTY W/CO2 LASER		
VERMILONECTOMY OF LIP(S)		
WEDGE RESECTION OF LIP		
Z PLASTY REPAIR		
RECONSTRUCTIVE:		
BREAST BIOPSY		
BREAST RECONSTRUCTION WITH/WITHOUT INSERT OF EXPANDER		
BURN TREATMENT INCLUDING INITIAL EVALUATION AND TREATMENT		

INCLUDING ESCHAROTOMY, TANGENTIAL EXCISION, DEBRIDEMENT		
CAPSULECTOMY, CAPSULOTOMY, CAPSULORRHAPHY		
CLEFT LIP/ PALATE REPAIR (UNILATERAL, BILATERAL)		
CLOSED/OPEN REDUCTION OF NASAL FRACTURE		
CONTRACTURE RELEASE		
CORRECTION OF PRESSURE ULCERS		
DEBRIDEMENT OF WOUNDS, ULCERS		
EXCISION OF MALIGNANCIES OF FACE, JAWS, NECK WITH RECONSTRUCTION INCLUDING RADICAL NECK DISSECTION		
FASCIECTOMY, FASCIOTOMY		
GYNECOMASTIA EXCISION		
MELOPLASTY		
NEURORRHAPHY, TENORRHAPHY		
NIPPLE/BREAST RECONSTRUCTION		
OSTEOTOMY		
PLACEMENT/REMOVAL OF ARCH BARS		
SOFT TISSUE RECONSTRUCTION WITH FLAPS/GRAFTS		
SUBCUTANEOUS MASTECTOMY		
SURGICAL THERAPY FOR FACIAL PARALYSIS		
TENDON REPAIR		
TENDON TRANSFER		
TENOLYSIS/NEUROLYSIS (INTRA/EXTRANEURAL)		
TISSUE EXPANSION		
GRAFTS:		
BONE		
CARTLIAGE		
COMPOUND (COMPOSITE COMBINATION)		
DERMIS		
FASCIA		
FAT		
FULL THICKNESS SKIN GRAFTING		
MUCOUS MEMBRANE		
SPLIT THICKNESS SKIN GRAFTING		
FLAPS:		
FASCIOCUTANEOUS		
FREE FLAP MICROSURGICAL RECONSTRUCTION		
LOCAL FLAP RECONSTRUCTION-ADVANCEMENT, ROTATION INCLUDING DELAY		
MUSCULOCUTANEOUS		
PEDICLE OR DISTANT FLAP		
PHAYNGEAL		
IMPLANTS:		
BREAST		
CHIN		
PHARYNGEAL		

SKIN SUBCUTANEOUS:		
ELECTRODESSICATION/SHAVE SKIN LESION		
EXCISION SKIN LESION, VASCULAR LESION, PIGMENTED LESION, LIPOMA, CYST, CLEFT, TUMOR, MASS		
KELOID RESECTION		
LASER SURGERY FOR WARTS		
MAJOR SCAR REVISION INCLUDING GRAFTS AND FLAPS		
MINOR SCAR REVISION		
RECONSTRUCTION SOFT TISSUE DEFECTS INCLUDING GRAFTS AND FLAPS		
REPAIR LACERATION, FISTULA		
OTHER PROCEDURES:		
ANESTHESIA LOCAL		
ANESTHESIA REGIONAL		
ANESTHESIA TOPICAL		
HISTORY AND PHYSICAL		
SUPERVISION OF NON-PHYSICIAN PERSONNEL		

Medical Executive Committee - Approved By:	Approval Date:
Board of Managers — Approved By:	Approval Date: