

Union West Surgery Center

PRIVILEGE REQUEST: Podiatry

Provider Printed Name: _____

Provider Signature: _____

Date: _____

PROCEDURE	REQUESTED	APPROVED
ANESTHESIA LOCAL		
ANESTHESIA REGIONAL		
ANESTHESIA TOPICAL		
HISTORY AND PHYSICAL		
INTERPRETATION OF X-RAYS		
SUPERVISION OF NON-PHYSICIAN PERSONNAL		
GROUP II		
ARTHROPLASTY LESSER DIGITS		
AVULSION OF TOENAIL		
CAPSULOTOMY (DIGITS AND M-P JOINTS)		
CLOSED REDUCTION DIGIT		
DIGITAL EXOSTECTOMY		
ELECTROSURGERY/CURETTAGE OF VERRUCA		
EXCISION OF SUPERFICIAL SOFT TISSUE		
INCISION AND DRAINAGE (I&D) SUPERFICIAL ABSCESS		
NEOPLASMS		
ONYCHOPLASTY		
TENDON SLIDE DIGITAL		
TENOTOMY DIGITAL		
GROUP III		
DIGITAL FUSIONS LESSER DIGITS		
EXCISION OF ACCESSORY OSSICLES FOREFOOT		
EXCISION OF TIBIAL AND/OR FIBULAR SESAMOIDS		
FOREIGN BODIES FOREFOOT		
METATARSAL HEAD RESECTION PARTIAL OR COMPLETE		
RESECTION OF METATARSAL EXOSTOSIS BENIGN SOFT		
SILVER TYPE BUNIONECTOMY		
TERMINAL SYMES LESSER DIGITS		
TISSUE TUMORS OF FOREFOOT INCLUDING NEUROMA		
GROUP IV		
EXCISION OF OSTRIGONUM		
EXCISION OF PLANTAR FIBROMATOSIS		
FUSIONS FOREFOOT		

HALLIUX REPAIR		
HALLUX VALGUS SURGICAL TREATMENT		
HEEL SPURS PLANTAR AND POSTERIOR		
NERVE ENTRAPMENT DECOMPRESSION DISTAL TO TARSUS		
PARTIAL RESECTION OF HYPERTROPHIED TARSAL BONE		
PLANTAR FACSOTMY		
SYNDACTYLIZATION		
TENDON REPAIR TRANSFER GRAFT		
TERMINAL SYME HALLUS		
USE OF "K" SIRES, STAPLES, SCREWS, PLATES, IMPLANTS AND WIRE TO FIXATION DISTAL TO TARSAL BONES		
WEDGE OSTEOTOMY METATARSAIS I-V		
GROUP V		
ARTHRODESIS OF TARSUS (NOT INCLUDING SUBTALAR OR TRIPLE ARTHRODESIS)		
NEUROMA EXCISION REAR FOOT		

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