

DELINEATION OF PRIVILEGES

Orthopaedics - Page 1

Physician Name: _____

Date: _____

Some privileges may be granted with consultation or limitations posed for cause by the Board of Directors, subject to the authority of the Medical Advisory Committee to grant delineated privileges. Privileges may be increased only with documentation or justification for change. **You must be able to document that you have the same privileges in another hospital** before being granted privileges at the Center. Please place a check mark in front of each procedure which you are requesting privileges to perform.

- Amputation, supernumerary digits
- Application of cast
- Arthroctomy, hand/finger
- Arthrocentesis
- Arthodesis

Arthroplasty

- Elbow
- Foot/toe
- Hand/finger
- Knee

- Arthrotomy, elbow

Arthroscopy

- Ankle
- Elbow
- Knee
- Shoulder
- Wrist

- Aspiration, bone marrow for biopsy

Biopsy

- Aspiration, synovial fluid knee
- Bone
- Muscle

- Bunionectomy

- Bursectomy

- Carpal tunnel release

- Capsulorrhaphy, coded by site

Capsulotomy

- Elbow
- Toe

- Chemonucleolysis

Debridement

- Bone
- Patella

- Division, muscle – soft tissue; Scalenus anticus and sternocleidomatoid for torticollis

Excision

- Baker's cyst
- Blood vessel, lower limb
- Bone - local, of lesion or tissue
- Epicondyle, elbow
- Fat pad, knee and patella
- Lesion
 - Bone
 - Joint
 - Hand and finger

- Knee

- Toe and foot

- Tendon sheath

- Neuroma, Morton's

- Sinus tract, toe

- Exostectomy

Exploration

- Hand, soft tissue
- Hand, tendon sheath

Fasciectomy

- Hand
- Plantar fascia

- Fasciotomy

- Finger fracture ORIF

- Fixation, internal of bone w/fx reduction

Fusion

- Joint, interphalangeal
- Toe

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|--|---|
| <ul style="list-style-type: none"> <input type="checkbox"/> Ganglionectomy, hand <input type="checkbox"/> Graft, bone <input type="checkbox"/> Hammer toe repair Injection <ul style="list-style-type: none"> <input type="checkbox"/> Cortisone <input type="checkbox"/> Harvest Platelet Rich Plasma <input type="checkbox"/> Steroid into joint or ligament Insertion of fixation device <ul style="list-style-type: none"> <input type="checkbox"/> Humerus <input type="checkbox"/> Metacarpal <input type="checkbox"/> Metatarsal <input type="checkbox"/> IV Sedation <input type="checkbox"/> Lengthening of heel cord <input type="checkbox"/> Ligation, dermal appendage, extra toe <input type="checkbox"/> Manipulation of joints <input type="checkbox"/> Meniscectomy, knee <input type="checkbox"/> Metatarsal head excision <input type="checkbox"/> Muscle transfer <input type="checkbox"/> Osteo Articular Allograft Transplant <input type="checkbox"/> Osteoclasia, radius and ulnar Ostectomy <ul style="list-style-type: none"> <input type="checkbox"/> Clavical <input type="checkbox"/> Sternum, partial <input type="checkbox"/> Metatarsal <input type="checkbox"/> Radius and ulna Phalangectomy <ul style="list-style-type: none"> <input type="checkbox"/> Partial <input type="checkbox"/> Toe <input type="checkbox"/> Total | <ul style="list-style-type: none"> <input type="checkbox"/> Reduction dislocation, closed Reduction fracture <ul style="list-style-type: none"> <input type="checkbox"/> Arm <input type="checkbox"/> Fibula and tibia, open w/internal fixation <input type="checkbox"/> Foot, open w/internal fixation <input type="checkbox"/> Hand, closed <input type="checkbox"/> Phalange, hand, open w/internal fixation <input type="checkbox"/> Simple, other sites Removal <ul style="list-style-type: none"> <input type="checkbox"/> Cast <input type="checkbox"/> Fixation device <ul style="list-style-type: none"> <input type="checkbox"/> Carpal, metacarpal <input type="checkbox"/> Femur <input type="checkbox"/> Fibula, tibia <input type="checkbox"/> Humerus <input type="checkbox"/> Other site <input type="checkbox"/> Patella <input type="checkbox"/> Radius and ulna <input type="checkbox"/> Tarsal, metatarsal Foreign body <ul style="list-style-type: none"> <input type="checkbox"/> Foot w/incision <input type="checkbox"/> Foot w/o incision <input type="checkbox"/> Hand, soft tissue <input type="checkbox"/> Knee <input type="checkbox"/> Shoulder |
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- | | |
|---|---|
| <ul style="list-style-type: none"> <input type="checkbox"/> Nail, removal <input type="checkbox"/> Stimulator, skeletal muscle Repair <ul style="list-style-type: none"> <input type="checkbox"/> Joints <ul style="list-style-type: none"> <input type="checkbox"/> Shoulder <input type="checkbox"/> Knee <input type="checkbox"/> Nerve <input type="checkbox"/> Tendon <input type="checkbox"/> Tendon of hand <input type="checkbox"/> Vessels, blood <input type="checkbox"/> Replacement of cast Resection <ul style="list-style-type: none"> <input type="checkbox"/> Joint capsule, ligament/cartilage <input type="checkbox"/> Muscle <input type="checkbox"/> Revision amputation, stump <input type="checkbox"/> Scapulopexy <input type="checkbox"/> Shaving, knee | <ul style="list-style-type: none"> Synovectomy <ul style="list-style-type: none"> <input type="checkbox"/> Elbow <input type="checkbox"/> Foot <input type="checkbox"/> Hand <input type="checkbox"/> Knee <input type="checkbox"/> Shoulder <input type="checkbox"/> Talectomy Tendolysis <ul style="list-style-type: none"> <input type="checkbox"/> Hand <input type="checkbox"/> Shoulder <input type="checkbox"/> Tendon graft (from a distance) coded by site <input type="checkbox"/> Tendoplasty, hand <input type="checkbox"/> Tenosynovectomy <input type="checkbox"/> Transposition, ulnar nerve Treatment fracture <ul style="list-style-type: none"> <input type="checkbox"/> Rib, closed <input type="checkbox"/> Sternum, closed <input type="checkbox"/> Xray Interpretation <input type="checkbox"/> Other _____ |
|---|---|

Physician's Signature

Date

Chairman, Medical Advisory Committee,
The Center For Surgery

Date