

NAME: _____

DATE: _____

**FIFTH AVE SURGERY CENTER
PODIATRY DELINATION OF PRIVILEGES**

Name _____		
DESCRIPTION	Requested	Approved
Incision and drainage of abscess (eg, carbuncle, suppurative hidradenitis, cutaneous or subcutaneous abscess, cyst, furuncle, or paronychia); simple or single		
Incision and removal of foreign body, subcutaneous tissues; complicated		
Incision and drainage of hematoma, seroma or fluid collection		
Puncture aspiration of abscess, hematoma, bulla, or cyst		
Incision and drainage, complex, postoperative wound infection		
Debridement of extensive eczematous or infected skin; up to		
Debridement; skin, partial thickness		
Debridement; skin, full thickness		
Debridement; skin, and subcutaneous tissue		
skin, subcutaneous tissue, and muscle		
Debridement; skin, subcutaneous tissue, muscle, and bone		
Paring or cutting of benign hyperkeratotic lesion (e.g. corn or callus); single lesion		
Paring or cutting of benign hyperkeratotic lesion (e.g. corn or callus); two to four lesions		
Paring or cutting of benign hyperkeratotic lesion (e.g. corn or callus); more than four lesions		
Excision, benign lesion, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; lesion diameter 0.6 to 1.0 cm		
Excision, benign lesion, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; lesion diameter 1.1 to 2.0 cm		
Excision, benign lesion, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; lesion diameter 2.1 to 3.0 cm		
Trimming of nondystrophic nails, any number		
Debridement of nail(s) by any method(s); one to five		
Debridement of nail(s) by any method(s); six or more		
Avulsion of nail plate, partial or complete, simple; single		
Avulsion of nail plate, partial or complete, simple; each additional nail plate		
Excision of nail and nail matrix, partial or complete, (eg, ingrown or deformed nail) for permanent removal;		
Reconstruction of nail bed with graft		
Wedge excision of skin of nail fold (eg, for ingrown toenail)		
Injection, intralesional; up to and including seven lesions		

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Procedure	Requested	Approved
Layer closure of wounds of neck, hands, feet and/or external genitalia; 2.6 cm to 7.5 cm		
Adjacent tissue transfer or rearrangement, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands &/or feet;		
Destruction by any method, including laser, with or without surgical curettement, all benign facial lesions or premalignant lesions in any location, or benign lesions other than cutaneous vascular proliferative lesions, including local anesthesia; one lesion		
Destruction by any method, including laser, with or without surgical curettement, all benign or premalignant lesion (e.g. actinic keratoses) other than skin tags or cutaneous vascular proliferative lesions, including local anesthesia; second through 14 lesions, each (list separataely in addition ot code for first lesion)		
Injection, tendon sheath, ligament, trigger points or ganglion cyst		
Arthrocentesis, aspiration and/or injection; small joint, bursa or ganglion cyst (eg, fingers, toes)		
Arthrocentesis, aspiration and/or injection; intermediate joint, bursa or ganglion cyst (e.g. temporomandibular, acromioclavicular, wrist, elbow or ankle, olecranon bursa)		
Removal of implant; deep (eg, buried wire, pin, screw, metal band, nail, rod or plate)		
Arthrotomy, ankle, with joint exploration, with or without biopsy, with or without removal of loose or foreign body		
Closed treatment of bimalleolar ankle fracture, (including Potts); without manipulation		
Arthrotomy, with exploration, drainage or removal of loose or foreign body; intertarsal or tarsometatarsal joint		
Excision, tumor, foot, subcutaneous tissue		
Excision, tumor, foot; deep, subfascial, intramuscular		
Excision of interdigital (Morton) neuroma, single, each		
Excision of lesion of tendon or fibrous sheath or capsule (including synovectomy) (cyst or ganglion); foot		
Excision of lesion of tendon or fibrous sheath or capsule (including synovectomy) (cyst or ganglion); toes		
Excision or curettage of bone cyst or benign tumor, talus or calcaneus;		
Excision or curettage of bone cyst or benign tumor, phalanges of foot		
Ostectomy, partial excision, fifth metatarsal head (bunionette) (separate procedure)		
Ostectomy, complete excision, first metatarsal head		

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Ostectomy, calcaneus;		
Name _____		
Procedure	Requested	Approved
Partial excision(craterization, saucerization, sequestrectomy, or diaphysectomy) bone (eg, osteomyelitis or bossing); talus or calcaneus		
Partial excision (craterization, saucerization, or diaphysectomy) of bone (eg, for osteomyelitis or dorsal bossing), phalanx of toe		
Condylectomy, phalangeal base, single toe, each		
Resection, head of phalanx, toe		
Hemiphalangectomy or interphalangeal joint excision, toe, single, each		
Advancement of posterior tibial tendon with excision of accessory navicular bone (Kidner type procedure)		
Hammertoe operation; one toe (eg, interphalangeal fusion, filleting, phalangectomy)		
Correction, cock-up fifth toe, with plastic skin closure (e.g. Ruiz-Mora type procedure)		
Ostectomy, partial, exostectomy or condylectomy, single, metatarsal head, first through fifth, each metatarsal head		
Hallus rigidus correction with cheilectomy, debridement & capsular release of the first metatarsophalangeal joint		
Correction, hallux valgus(bunion)with or without sesamoidectomy; simple exostectomy		
Hallux valgus (bunion) correction, with or without sesamoidectomy; Keller, McBride or Mayo type procedure		
Hallux valgus (bunion) correction, with or without sesamoidectomy; with metatarsal osteotomy (e.g. Mitchell, Chevron, or concentric type procedures)		
Osteotomy, with or without lengthening, shortening or angular correction, metatarsal; first metatarsal		
Osteotomy, metatarsal, base or shaft, single, with or without lengthening, for shortening or angular correction; other than first metatarsal		
Open treatment of talus fracture, with or without internal or external fixation		
Treatment of tarsal bone fracture (except talus and calcaneus); without manipulation, each		
Closed treatment of metatarsal fracture; without manipulation, each		
Open treatment of fracture, phalanx or phalanges, other than great toe, with or without internal or external fixation, each		
Open treatment of metatarsophalangeal joint dislocation, with or without internal or external fixation		
Amputation, foot; transmetatarsal		

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Amputation, metatarsal, with toe, single		
Amputation, toe, metatarsophalangeal joint		
Application of long leg cast (thigh to toes);		
Application of short leg cast (below knee to toes);		
Strapping; Unna boot		
NAME _____		
Procedure	Requested	Approved
Arthroscopy, ankle, surgical; excision of osteochondral defect of talus and/or tibia, including drilling of the defect		
Endoscopic plantar fasciotomy		
Ligation, division, and/or excision of recurrent or secondary varicose veins (clusters), one leg		
Injection, anesthetic agent; other peripheral nerve or branch		
Destruction by neurolytic agent; other peripheral nerve or branch		
Physician Signature: _____	Date: _____	
Physician Name Printed: _____		
Approved by: _____	Date: _____	

Physician Job Description

Reports To: Medical Director and Board of Directors

Position Summary: The Surgeon should be a highly visible, working physician representing the Center to the medical community and the public.

The Physician should participate in and understand the centers budget. He/she should work in a collegiate way with the Administrator and the Nurse Manager to affect efficient and profitable operations.

Qualifications:

A Physician shall be a physician who has successfully completed a residency program Accredited by the Accreditation Council for Graduate Medical Education or Approved by the American Osteopathic, or successfully achieved Podiatry Licensure. Member of the Medical Staff as a licensed independent practitioner, with active clinical privileges appropriate to the Center. Keeps abreast of national and federal regulations.

Responsibilities:

1. Participates in orientation and educational activities.
2. Participates in staff orientation and staff educational activities.
3. Assures quality care is rendered in the Center.

Work Environment and Hazards:

Hazards include risk of exposure to communicable diseases and hazardous substances, and the risk of physical injury from moving/ lifting patients and equipment, as well as operation of equipment. Work may be stressful at times. Interaction with others is constant and interruptive. Contact may involve with dealing with sick/and or persons under high stress/anxiety. While occasionally exposed to fumes or airborne particles and or toxic or caustic chemicals. The noise level in the work environment is usually moderate.

Special Physical Demands: The physical demands described here are representative of those that may be met by an employee to successfully perform the essential functions of this job. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions.

While performing the duties of this job, the employee is regularly required to stand, use hands, talk and hear. The employee must occasionally climb, stoop, or balance; kneel, sit, walk, use hands to finger, handle or feel objects, tool or controls; and reach with hands and arms. The employee must occasionally lift and/or move fifty (50) pounds and occasionally lift/move more than one hundred (100) pounds. Specific vision abilities required by this job include close vision, distance vision, peripheral vision, and the ability to adjust to focus

The above statements reflect the general outline considered necessary to describe the principal functions of this job. It shall not be construed as a detailed description of all work requirements of the job.

Signature

Date _____