

**MILLARD FILLMORE SURGERY CENTER**

Name \_\_\_\_\_

Date \_\_\_\_\_

**DELINEATION OF PRIVILEGES - PODIATRY**

Credentialing period effective for 2 years

<b>LEVEL I PRIVILEGES</b> <i>Must have NYS license in Podiatry in good standing.</i>	<b>CPT CODES</b>	<b>PHYSICIAN REQUEST</b>	<b>Granted</b>	<b>Not Granted*</b>	<b>With Following Requirements** (Provide Details)</b>
Nail Surgery	11730-11765				
Skin Lesions	11420-11426				
<b>LEVEL II PRIVILEGES</b> <i>Podiatrists must be Board Certified or Board Qualified, residency trained, in the American Board of Podiatric Surgery.</i>	<b>CPT CODES</b>	<b>PHYSICIAN REQUEST</b>	<b>Granted</b>	<b>Not Granted*</b>	<b>With Following Requirements** (Provide Details)</b>
C02 Laser-for lesions of lower extremities (feet). Must provide documentation of training or documentation of competency	11750 1700-17004 17110-17111				
Administration of Local Anesthesia					
Amputation, Digital	28820-28825				
Amputation, Forefoot	28800-28825				
Amputation, Midfoot	28800-28810				
Arthrodesis, Digital	28755-28760				
Arthrodesis, Forefoot	28730-28740				
Arthrodesis, Rearfoot/Hindfoot	28705-28725				
Arthroplasty, Digital	28285-28286				
Bunionectomy					
Capsulotendon Balance	28289-28299				
With Arthrodesis	28750, 28760				
With Base Osteotomy	28296				
With Neck Osteotomy	28296				
With Prosthesis	28293				
With Joint Resection	28293				
Capsulotomy (IPJ & MPJ)	28272, 28270				
C-Arm Radiology Equipment –Prescribe, Use & Interpret					
Digital Tendon Transfer	28234				
Dorsal Exostectomy	28120-28122				
Excision of Intermetatarsal Neuroma	28080				
Excision of Accessory Bones, Forefoot	28315				
Bone Tumor, Metatarsal	28173				
Bone Tumor, Midtarsal	28171				
Bone Tumor, Phalanges	28175				
Tumor, Forefoot, Soft Tissue	28043-28046				
Tumor, Rearfoot, Soft Tissue	28043-28046				
Fracture, Forefoot	28470-28530				
Fracture, Rearfoot	28400-28465				
Incision and Drainage	10060-10180				
Metatarsal Head Resection	28110-28114				
Neurolysis	64752, 28035				
Osteotomy	28306-28309				
Metatarsal surgical neck					
Metatarsal base					
Partial Metatarsectomy	28110-28114				
Plantar Fasciotomy (without endoscope)	28008				
Plastic Repair, Soft Tissue	14040				

<b>LEVEL II PRIVILEGES (CON'T)</b>	<b>CPT CODES</b>	<b>PHYSICIAN REQUEST</b>	<b>Granted</b>	<b>Not Granted*</b>	<b>With Following Requirements** (Provide Details)</b>
Removal Foreign Body-Deep	28192-28193				
Sesamoidectomy	28315				
Sinus Tarsi Decompression	28070				
Skin Plastic Procedure	12001-13132				
Surgical Desyndactylism	26585				
Syndactylism (Toes)	28280				
Tendon Lengthening (Extensor/Flexor)	28234, 28261				
Transfer (Extensor/Flexor)	28760				
<b>LEVEL III PRIVILEGES</b>	<b>CPT CODES</b>	<b>PHYSICIAN REQUEST</b>	<b>Granted</b>	<b>Not Granted*</b>	<b>With Following Requirements** (Provide Details)</b>
<i>Additional postgraduate study must be completed and a copy of the certificate of completion must be filed with the application for privileges. This course should include didactic work, hands-on work and video application. The podiatrist will be proctored a minimum of two (2) cases by a surgeon who has these privileges.</i>	28760				
Endoscopic Plantar Fasciotomy (patients > 17 yrs of age)	29893				
<i>Additional postgraduate study must be completed and a copy of the certificate of completion must be filed with the application for privileges. This course should include didactic work and hands-on work.</i>					
Decompression / neurolysis intermetatarsal nerve with or without endoscope	64704				

<b>KEY</b>	
<b>*NOT GRANTED DUE TO:</b> Provide Details Below	<b>**WITH FOLLOWING REQUIREMENTS</b> Provide Details Below
1) Lack of Documentation	1) With Consultation
2) Lack of Required Training/Experience	2) With Assistance
3) Lack of Current Competence (Databank Reportable)	3) With Proctoring
4) Other (Please Define) (i.e., Exclusive Contract)	4) Other (Please Define)

DETAILS: \_\_\_\_\_

**National Practitioner Databank Disclaimer Statement**

Kaleida Health must report to the National Practitioner Data Bank when any clinical privileges are not granted for reasons related to professional competence or conduct. (Pursuant to the Health Care Quality Improvement Act of 1986 (42 U.S.C. 11101 et seq.)

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Signature of Applicant                      Date

\_\_\_\_\_/\_\_\_\_\_  
Signature of Clinical Chief, Podiatry                      Date

\_\_\_\_\_/\_\_\_\_\_  
Signature of Clinical Chief, Orthopedics                      Date

**APPLICANT: PLEASE RETAIN A COPY OF THIS SIGNED DELINEATION FOR YOUR RECORDS**