



# Non-Hospital Surgical Facility - Application for Privileges Orthopedic Surgery Procedure Checklist

This document must be completed and attached to your NHSF Application for Privileges. ONLY check (✓) those procedures for which you are requesting NHSF approval. You must also indicate the number of procedures performed in the past 12 months in all NHSFs and hospitals.

Applicant Last Name: \_\_\_\_\_  
(Please Print)

Given/First Names: \_\_\_\_\_  
(Please Print)

Facility Name: \_\_\_\_\_

| Type/Description of Procedure                              | ONLY check (✓) those procedures for which you are requesting NHSF approval | You <b>MUST</b> include total number of procedures performed in the <u>past 12 months</u> (all NHSFs and hospitals) |
|--|--|---|
| <i>Example: Orthopedic Surgery Procedure</i>               | <i>check (✓)</i>   | <i># of procedures (e.g. 8)</i>   |
| <b>Arthroscopy</b>   |  |   |
| • Diagnostic   |  |   |
| • Repair and reconstruction of ligaments                   |  |   |
| • Meniscectomy, meniscal repair and arthroplasty           |  |   |
| • Excision meniscal cysts, loose bodies and foreign bodies |  |   |
| <b>Amputation</b>  |  |   |
| • Finger through MCP or IP joints, hand                    |  |   |
| • Toe – through TP or IP joints foot                       |  |   |
| • Single ray amputation hand or foot                       |  |   |
| <b>Arthrodesis</b>   |  |   |
| • Hand and wrist   |  |   |
| • Foot and ankle   |  |   |
| <b>Arthroplasties</b>                                      |  |   |
| • Acromio-clavicular and sterno-clavicular joints          |  |   |
| • Radial head arthroplasty                                 |  |   |
| • Wrist and hand joints                                    |  |   |
| • Foot   |  |   |
| <b>Osteotomies</b>   |  |   |
| • Hand/wrist/foot/ankle                                    |  |   |

continued ...

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|---|---|---|
| <b>Repair recurrent dislocation/ligament reconstruction</b>       |   |   |
| • Shoulder  |   |   |
| • Elbow   |   |   |
| • Wrist   |   |   |
| • Hand  |   |   |
| • Knee  |   |   |
| • Ankle and foot  |   |   |
| <b>Tendons or muscles – repair/transplant/transfer</b>            |   |   |
| • Transfers repairs and transplants at or distal to elbow or knee |   |   |
| • Decompression/repair rotator cuff at shoulder                   |   |   |
| <b>Fascia/tendon sheath</b>                                       |   |   |
| • Plantar fasciotomy/fasciectomy of hand or foot                  |   |   |
| • Release or excision Dupuytren’s contracture                     |   |   |
| • Excision of minor hand tumors including ganglions               |   |   |
| • Carpal tunnel release   |   |   |
| • Excision tendon sheaths: wrist, forearm or hand                 |   |   |
| <b>Arthrotomy/synovectomy</b>                                     |   |   |
| • Shoulder  |   |   |
| • Elbow   |   |   |
| • Wrist and hand  |   |   |
| • Knee  |   |   |
| • Ankle and foot  |   |   |
| • Excision Baker’s cyst   |   |   |
| <b>Excision bursae &amp; ganglion</b>                             |   |   |
| <b>Musculo-Skeletal tumors</b>                                    |   |   |
| • Biopsy of peripheral tumors                                     |   |   |
| • Needle biopsy only of tumors of the spine                       |   |   |
| • Excision of minor tumors  |   |   |

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|---|--|---|
| <b>Dislocations</b>   |  |   |
| • Open reduction acromio-clavicular joint   |  |   |
| • Closed or open reduction of joints of upper extremity   |  |   |
| • Closed reduction of dislocated total hip  |  |   |
| • Closed or open reduction of patello-femoral joint   |  |   |
| • Closed or open reduction of ankle, hindfoot, midfoot or forefoot  |  |   |
| <b>Fractures: Upper Extremities</b>   |  |   |
| • Closed and open reduction clavicle, humerus, radius/ulna, wrist and hand                                    |  |   |
| • Closed reduction of scapula   |  |   |
| <b>Fractures: Lower Extremities</b>   |  |   |
| • Closed and open reduction of patella, fibula, ankle and foot  |  |   |
| • Closed reduction of tibia   |  |   |
| <b>Other</b>  |  |   |
| • Single level lumbar discectomy and/or decompression – uncomplicated   |  |   |
| • Lumbar spine decompression:<br>microdiscectomy  |  |   |
| minimally invasive lateral recess and central decompression – 3 levels or less                                |  |   |
| minimally invasive lumbar foraminotomy (with or without central stenosis)                                     |  |   |
| • Cervical spine decompression:<br>posterior minimally invasive foraminotomy (or laminoforaminotomy)          |  |   |
| posterior minimally invasive laminotomy for decompression of focal cervical canal stenosis – 2 levels or less |  |   |
| • Procedures listed under podiatric surgery   |  |   |
| • Removal of hardware including plates, pins, screws, nails and wires   |  |   |
| • Peripheral nerve surgery – repairs, decompression or grafts   |  |   |
| • Saucerization   |  |   |
| • Sequestrectomy  |  |   |
| • Joint manipulation (under general anesthesia or IV sedation)  |  |   |
| • Harvesting of bone graft  |  |   |