

SCOB, LLC

Delineation of Privileges for Manipulation Under Anesthesia

Applicant Name: _____

Category: Initial Appointment Reappointment Other: _____

Procedure Name	Requested	Approved	Denied
23700 Manipulation under anesthesia, shoulder joint, including application of fixation apparatus (dislocation excluded)			
24300 Manipulation, elbow, under anesthesia			
27570 Manipulation of knee joint under general anesthesia (includes application of traction or other fixation devices)			
27194 Closed treatment of pelvic ring fracture, dislocation, diastasis or subluxation; with manipulation, requiring more than local anesthesia			
21073 Manipulation of temporomandibular joint(s) (TMJ), therapeutic, requiring an anesthesia service (i.e., general or monitored anesthesia care)			
22505 Manipulation of spine requiring anesthesia, any region			
25259 Manipulation, wrist, under anesthesia			
26340 Manipulation, finger joint, under anesthesia, each joint			
27275 Manipulation, hip joint, requiring general anesthesia			
27860 Manipulation of ankle under general anesthesia			

Provider Acknowledgement: I have requested privileges marked in the above list. I certify that I have training and experience in performing these procedures and have never been denied or have never relinquished (voluntary or involuntary) privileges to perform these procedures at other institutions. I attest that I do not have any health issues which could impact my ability to perform the privileges I requested.

Signature of Requesting Provider: _____ Date: _____

RECOMMENDATION: I have reviewed the applicant's request for the above privileges/procedures and recommend that the requested privileges be approved and granted.

Medical Director Signature: _____ Date: _____

Board of Directors Confirmation by: _____ Date: _____