

**UPMC | University of Pittsburgh Medical Center**

**For Reference Only**

**OPHTHALMOLOGY 2013**

**Summary of Services and Availability (by location)**

Each location has sufficient space, equipment, staffing and financial resources in place or available in sufficient time as required to support each requested privilege. On an ongoing basis, the organization consistently determines the resources necessary for each requested privilege related to the facility's scope of service.

Please review the following **Summary of Services and Availability by Location** prior to making your selections. If a facility is specifically identified below as NOT having a privilege/service available, you will NOT be considered for that privilege at that individual facility. Any request made that is identified as not available at an individual site will be considered Not Applicable for that site(s), and will be identified as such on your final approved Delineation of Privileges form.

**“x” means Privilege is Available at that location.**

**“C” means contractual arrangement restricts granting this privilege.**

**“N/A” means Privilege Not Available at that location.**

**Facility Codes:**

CHPNS= Childrens Hospital of Pittsburgh of UPMC

<b>Privilege</b>	<b>CHP</b>
<b>Core Privileges</b>	<b>N/A</b>
<b>Consultation Privileges</b>	<b>N/A</b>
<b>BOTULINUM TOXIN INJECTIONS</b>	<b>N/A</b>
<b>TEMPORAL ARTERY BIOPSY</b>	<b>N/A</b>
<b>ACUPUNCTURE</b>	<b>N/A</b>
<b>CORNEA</b>	
Corneal tattooing	<b>N/A</b>
Keratoplasty	<b>N/A</b>
Backbench preparation of corneal endothelial allograft prior to transplantation	<b>N/A</b>
Keratoprosthesis	<b>N/A</b>
Keratotomy	<b>N/A</b>
Ocular surface reconstruction	<b>N/A</b>
Excision of ring of conjunctiva around cornea	<b>N/A</b>
Conjunctivoplasty with conjunctival graft or extensive rearrangement/ with buccal mucous membrane graft	<b>N/A</b>
Repair of symblepharon, conjunctivoplasty without graft	<b>N/A</b>
Conjunctival flap, total	<b>N/A</b>
Debridement and grafting of burns	<b>N/A</b>
<b>GLAUCOMA</b>	
Aspiration or release of vitreous, subretinal or choroidal fluid, pars plana approach (posterior sclerotomy)	<b>N/A</b>
Severing adhesions of anterior segment of eye, incisional technique; posterior synechiae	<b>N/A</b>
Removal of implanted material, anterior segment of eye	<b>N/A</b>

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## OPHTHALMOLOGY 2013

<b>Privilege</b>	<b>CHP</b>
Revision or repair of operative wound of anterior segment	N/A
Canaloplasty	N/A
<b>LASER PROCEDURES (CERTIFICATE REQUIRED)</b>	
<b>Anterior Segment/Glaucoma</b>	
Trabeculoplasty by laser surgery	N/A
Severing adhesions of anterior segment laser technique	N/A
Iridoplasty	N/A
Iridoplasty by photocoagulation	N/A
Dissection of secondary membranous cataract	N/A
Pupilloplasty	N/A
Ciliary body destruction	N/A
Vitreolysis	N/A
<b>Posterior Segment</b>	
Prophylaxis of retinal detachment with laser photocoagulation	N/A
Destruction of localized lesion of retina	N/A
Destruction of localized lesion of choroid, photodynamic therapy	N/A
Treatment of extensive or progressive retinopathy	N/A
Treatment of retinopathy in preterm infant, birth up to 1 year of age	N/A
<b>OCULOPLASTIC PROCEDURES (EYELIDS)</b>	
Repair eye socket or orbit	N/A
Conjunctivorhinostomy (fistulization of conjunctiva to nasal cavity) Without tube	N/A
Blepharoplasty repair of dermatochalasis and blepharochalasis	N/A
Exenteration of orbit	N/A
Modification of ocular implant with placement or replacement of pegs	N/A
Insertion of ocular implant secondary	N/A
Reinsertion of ocular implant	N/A
Removal of ocular implant	N/A
Orbitotomy	N/A
Insertion of implant	N/A
Reinsertion of implant	N/A
Optic nerve decompression (eg, incision or fenestration of optic nerve sheath)	N/A
Blepharorrhaphy-suture, Z-plasty	N/A
Repair of blepharoptosis; frontalis muscle technique	N/A
Repair of blepharoptosis, superior rectus technique	N/A
Reduction of overcorrection of ptosis	N/A
Correction of lid retraction	N/A
Correction of lagophthalmos	N/A
Reconstruction of eyelid	N/A

## For Reference Only

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<b>Privilege</b>	<b>CHP</b>
Conjunctivoplasty	N/A
Repair of symblepharon, with graft	N/A
Incision, drainage of lacrimal gland	N/A
Incision, drainage of lacrimal sac (dacryocystotomy or dacryocystostomy)	N/A
Excision of lacrimal gland	N/A
Biopsy of lacrimal gland	N/A
Excision of lacrimal sac (dacryocystectomy)	N/A
Excision of lacrimal gland tumor	N/A
Plastic repair of canaliculi	N/A
Dacryocystorhinostomy (fistulization of lacrimal sac to nasal cavity)	N/A
Conjunctivorhinostomy	N/A
Trichiasis	N/A
Excision tumors	N/A
Skin grafts	N/A
Eyelash, eyebrow grafts	N/A
Epicanthus	N/A
<b>PEDIATRIC OPHTHALMOLOGY (FOR PHYSICIANS NOT APPLYING TO CHILDRENS)</b>	
Strabismus surgery	N/A
Repair of blepharoptosis; superior rectus technique with fascial sling	N/A
<b>REFRACTIVE</b>	
Photo Therapeutic Keratectomy	N/A
LASIK	N/A
INTACS (Refractive and Medical)	N/A
Custom PRK	N/A
Conductive Keratoplasty	N/A
Intralase	N/A
<b>RETINA</b>	
Removal of foreign body, intraocular, from posterior segment	N/A
Removal of lens material; pars plana approach	N/A
Aspiration or release of vitreous, subretinal or choroidal fluid, pars plana approach	N/A
Injection of vitreous substitute, pars plana or limbal approach	N/A
Implantation of intravitreal drug delivery system	N/A
Vitrectomy, mechanical, pars plana approach	N/A
Repair of retinal detachment	N/A
Release of encircling material	N/A
Removal of implanted material, posterior segment, extraocular or intraocular	N/A
Prophylaxis of retinal detachment	N/A
Destruction of localized lesion of retina	N/A
Photo-Dynamic Therapy- 630 nm	N/A
Radiation Plaque Therapy	N/A

For Reference Only

**OPHTHALMOLOGY 2013**

Privilege	CHP
<b>ANESTHESIA</b>	
Moderate sedation	N/A
Trigger point injections	N/A
<b>FLUOROSCOPY (Certificate Required)</b>	N/A
<b>TELEMEDICINE</b>	N/A

**PRIVILEGES ONLY FOR PRACTITIONERS APPLYING TO CHILDRENS HOSPITAL OF PITTSBURGH OF UPMC (CHP):**

Privilege	CHP
<b>Core privileges- General Ophthalmology</b>	<b>X</b>
<b>Core privileges- Pediatric Ophthalmology</b>	<b>X</b>
<b>Core privileges- Pediatric Ophthalmology Satellite</b>	N/A
Moderate sedation	<b>X</b>
Deep sedation	<b>X</b>
Fluoroscopy (Certificate Required)	N/A
Telemedicine	<b>X</b>
<b>LASER</b>	
YAG (Certificate Required)	N/A
Diode- 532 nm (Certificate Required)	N/A
Diode- 810 nm (Certificate Required)	N/A

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