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#### 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 <u>NOT</u> having a privilege/service available, you will <u>NOT</u> be considered for that privilege at that individual facility. Any request made that is identified as <u>not available</u> 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:**

UHRN= UPMC Horizon

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

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Privilege	UHRN
Canaloplasty	X
LASER PROCEDURES (CERTIFICATE REQUIRED)	
Anterior Segment/Glaucoma	
Trabeculoplasty by laser surgery	X
Severing adhesions of anterior segment laser technique	X
Iridoplasty	X
Iridoplasty by photocoagulation	X
Discission of secondary membranous cataract	X
Pupilloplasty	X
Ciliary body destruction	X
Vitreolysis	X
Posterior Segment	
Prophylaxis of retinal detachment with laser photocoagulation	X
Destruction of localized lesion of retina	X
Destruction of localized lesion of choroid, photodynamic therapy	X
Treatment of extensive or progressive retinopathy	X
Treatment of retinopathy in preterm infant, birth up to 1 year of age	N/A
OCULOPLASTIC PROCEDURES (EYELIDS)	
Repair eye socket or orbit	N/A
Conjunctivorhinostomy (fistulization of conjunctiva	N/A
to nasal cavity) Without tube	
Blepharoplasty repair of dermatochalasis and	X
blepharochalasis	<b>X</b> 7/A
Exenteration of orbit	N/A
Modification of ocular implant with placement or replacement of pegs	X
Insertion of ocular implant secondary	X
Reinsertion of ocular implant	X
Removal of ocular implant	X
Orbitotomy	X
Insertion of implant	X
Reinsertion of implant	X
Optic nerve decompression (eg,incision or fenestration of optic nerve sheath)	N/A
Blepharorrhaphy-suture, Z-plasty	X
Repair of blepharoptosis; frontalis muscle technique	X
Repair of blepharoptosis, superior rectus technique	X
Reduction of overcorrection of ptosis	X
Correction of lid retraction	X
Correction of lagophthalmos	X
Reconstruction of eyelid	X
Conjunctivoplasty	X
Repair of symblepharon, with graft	X

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Privilege	UHRN
Incision, drainage of lacrimal gland	X
Incision, drainage of lacrimal sac (dacryocystotomy	X
or dacryocystostomy)	
Excision of lacrimal gland	X
Biopsy of lacrimal gland	X
Excision of lacrimal sac (dacryocystectomy)	X
Excision of lacrimal gland tumor	X
Plastic repair of canaliculi	X
Dacryocystorhinostomy (fistulization of lacrimal	X
sac to nasal cavity)	
Conjunctivorhinostomy	X
Trichiasis	X
Excision tumors	X
Skin grafts	X
Eyelash, eyebrow grafts	X
Epicanthus	X
PEDIATRIC OPHTHALMOLOGY (FOR	
PHYSICIANS NOT APPLYING TO	
CHILDRENS)	
Strabismus surgery	X
Repair of blepharoptosis; superior rectus technique	X
with fascial sling	
REFRACTIVE	
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
RETINA	
Removal of foreign body, intraocular, from	X
posterior segment	7.
Removal of lens material; pars plana approach	X
Aspiration or release of vitreous, subretinal or	X
choroidal fluid, pars plana approach	
Injection of vitreous substitute, pars plana or limbal	X
approach	
Implantation of intravitreal drug delivery system	X
Victrectomy, mechanical, pars plana approach	X
Repair of retinal detachment	X
Release of encircling material	X
Removal of implanted material, posterior segment,	X
extraocular or intraocular	
Prophylaxis of retinal detachment	X
Destruction of localized lesion of retina	X
Photo-Dynamic Therapy- 630 nm	N/A
Radiation Plaque Therapy	N/A
ANESTHESIA	
Moderate sedation	X
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Privilege UHRN

Trigger point injections N/A

FLUOROSCOPY (Certificate Required) N/A

TELEMEDICINE

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