

UPMC | University of Pittsburgh Medical Center

For Reference Only

ORAL MAXILLOFACIAL

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:

EAST = UPMC East

Privilege	EAST
Core Privileges	X
Consultation Privileges	X
Alveolar & gingival and mucogingival surgical procedures	X
Antrotomy, Antrostomy	X
Arthroctomy, Arthroscopy, Arthrotomy for TMJ	X
Arthroplasty, TMJ	X
Arthroscopic & Endoscopic procedures	X
Blepharoplasty	X
Catheterization of salivary duct (sialography)	X
Condylectomy	X
Coronoidectomy	X
Corticotomy of maxilla or mandible	X
Decompression of nerves	X
Dilation of mouth	X
Eminectomy	X
Endoscopic sinonasal surgery	X
Grafting procedures including bone, skin, gingival, inlay, and pedicle	N/A
Ligation of salivary duct	X
Lip, palatal cleft, & tongue surgery (including shave and wedge resection)	X
Mandibulectomy	N/A
Maxillectomy including radical w/ orbital exenteration	N/A

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Privilege	EAST
Mentoplasty	X
Nasal Septoplasty	X
Oral prosthesis for malformation of face, jaw, mouth including congenital, pathological & traumatic	N/A
Osteotomy, inferior border symphysis	X
Otoplasty	X
Palatoplasty	N/A
Partial glossectomy for orthognathic surgery considerations	N/A
Reanastomosis of nerves	X
Repositioning of muscles, nerves, and ducts	X
Rhytidectomy	X
Surgical procedures of salivary gland/duct	X
Tracheostomy and/or Tracheotomy	X
ANESTHESIA	
Moderate Sedation	X
FLUOROSCOPY (Certificate Required)	X
LASER	
CO2	N/A
Diode- 532 nm	N/A
Diode- 630 nm	N/A
Diode- 810 nm	N/A