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OTOLARYNGOLOGY 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 <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:

UNW=UPMC Northwest

Privilege	UNW
Core privileges	X
Harmar Outpatient Center- Core Privileges	N/A
Consultation privileges	X
LIPS	
Cleft lip and palate repair	N/A
NECK	
Parathyroidectomy	
Endoscopic Assisted Thyroidectomy /	X
Parathyroidectomy	
Laryngectomy, partial	
Laryngectomy	
Arytenoidectomy	N/A
Cervical tracheal resection with repair	X
Laryngotracheal Reconstruction	N/A
Cervical esphagectomy / pharyngectomy	
Cricotracheal Resection	N/A
Endoscopic Zenker's Diverticulotomy	X
NOSE AND MAXILLA	
Lateral rhinotomy	
Maxillectomy with or without orbital exenteration	
Endoscopic frontal sinusotomy	
Choanal atresia repair	X
Advanced Endoscopic neurosurgical application	N/A
Endoscopic resection of sinus on skull base tumor	N/A
Repair CSF Leak	X
Excision nasopharyngeal tumor	X
OTOLOGY/NEUROTOLOGY	
Canalplasty	X
Stapedectomy	N/A

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Privilege	UNW
Excision of tumor of ear and mastoid	X
Facial nerve decompression	N/A
Facial nerve reanimation procedures	N/A
Tympanic neurectomy	N/A
Labyrinthectomy	N/A
Endolymphatic sac operations	N/A
Bone Hearing Aid Surgical Insertion (BAHA)	X
Cochlear Implantation	N/A
Atresia reconstruction	N/A
Microtia reconstruction	N/A
Petrous apicectomy	N/A
Resection acoustic neuroma	N/A
Vestibular nerve section	N/A
Excision periauricular cyst	X
Temporal bone resection	N/A
Skull base surgery	N/A
Ossicular reconstruction	X
Middle cranial fossa approach to the internal	N/A
auditory canal	
Singular neurectomy	N/A
Trans retrolabyrinthe surgery	N/A
PLASTIC AND RECONSTRUCTIVE OTOLARYNGOLOGY	
Dermabrasion, chemical peel	N/A
Facial Augmentation	N/A
Rhytidectomy	N/A
Blepharoplasty	N/A
Liposuction	N/A
SALIVARY GLANDS	
Parotidectomy	
Sialoendoscopy	N/A
ULTRASOUND	X
ANESTHESIA	<u> </u>
Moderate sedation	N/A
LASER	IVA
CO2	X
	N/A
Nd:YAG Ho:YAG	N/A N/A
	N/A N/A
KTP-YAG	N/A N/A
Excimer-193 nm	N/A N/A
Excimer- 308 nm	
FLUOROSCOPY (Certificate Required)	N/A
ROBOTICS (Certificate Required)	N/A
TELEMEDICINE	

Revised: 1/9/14