

**UPMC | University of Pittsburgh Medical Center**

**For Reference Only**

**PODIATRY 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.

**Key**

“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:**

MERCYSSC= UPMC Mercy South Side Surgery Center

| <b>Privilege</b>   | <b>MERCYSSC</b> |
|--|-----------------|
| <b>Core privileges – General Podiatry and Forefoot/Midfoot</b> | <b>X</b>        |
| <b>Core privileges – Hind Foot/Ankle and Miscellaneous</b>     | <b>X</b>        |
| <b>Consultation Privileges</b>                                 | <b>X</b>        |
| <b>PRIVILEGES THAT MAY REQUIRE ADDITIONAL DOCUMENTATION</b>    |                 |
| Arthroplasty, ankle  | <b>X</b>        |
| Open Repair of fractures of the talar and calcaneal bones      | <b>X</b>        |
| Neuroplasty  | <b>X</b>        |
| Ankle arthroscopy  | <b>X</b>        |
| A-O fixation or application or removal of external frame       | <b>X</b>        |
| Total joint replacement of ankle                               | <b>X</b>        |
| <b>ANESTHESIA</b>  |                 |
| Moderate Sedation  | <b>X</b>        |
| <b>LASER</b>   |                 |
| Nd:YAG   | <b>X</b>        |
| CO2  | <b>X</b>        |
| KTP:YAG  | <b>X</b>        |
| <b>FLUOROSCOPY (Certificate Required)</b>                      | <b>X</b>        |
| <b>TELEMEDICINE</b>  | <b>N/A</b>      |

Revised: 4/29/14