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# **RADIOLOGY 2012**

### 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.

### 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:**

UBED=UPMC Bedford

Privilege	UBED
Core privileges – General Radiology	X
Core privileges – Community Division	X
TELERADIOLOGY	
General diagnostic radiology	Х
CT	Х
MRI	Х
Ultrasound	Х
Mammography	Х
PET CT	N/A
Nuclear Medicine (Diagnostic, CT, PET CT, Stress Testing)	X
FLUOROSCOPY (Certificate Required)	Х
ANESTHESIA	
Infiltrative – local	Х
Moderate sedation	N/A
ABDOMINAL IMAGING PROCEDURES	
Aspirations, Biopsies, and Drainage Procedures	X
Ablative Therapies	N/A
PET CT	N/A
Hepatobiliary Procedures	Х
Urological Procedures	Х
Vascular Ultrasound	Х
Lower ext venous, arterial, and carotid	X
doppler	
BREAST IMAGING PROCEDURES	
Mammography	X
Breast MRI (including biopsy)	N/A
Tomosynthesis (Certificate Required)	X

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UBED Privilege Х Needle/Wire localizations Ductography Х Х Radioactive seed localization Х Breast aspiration Х Ultrasound guided breast drainage Biopsy N/A Stereotactic Ultrasound Х N/A MR guided WOMEN'S IMAGING PROCEDURES Х Aspirations, Biopsies, and Drainage Procedures X Hepatobiliary Procedures Х Urological Procedures Х Hysterosalpingogram Х Vascular Ultrasound Х Lower ext venous, arterial, and carotid doppler PET CT N/A Х Bone Densitometry –DEXA (Certificate Required) INTERVENTIONAL RADIOLOGY **PROCEDURES** Х Interventional Radiology Core – including Aspirations, Biopsies, and Drainage Procedures, Hepatobiliary Procedures, Urological Procedures, Diagnostic Angiography/Venography, Embolization Therapy, IVC Filter Placement, Intravascular Catheter Placement, Vascular Ultrasound, Lower ext venous, arterial, and carotid Doppler Vertebral Augmentation N/A Sacroiliac Joint Injections X N/A Ablative Therapies Spine intervention other than myelogram N/A Epidural Х Facet N/A Discography N/A Intradiscal therapy N/A Epidural Blood Patch PET CT N/A Х Myelogram Х Hysterosalpingogram MUSCULOSKELETAL PROCEDURES Arthrography Х Х Myelogram Х Sacroiliac Joint Injections Х Aspirations, Biopsies, and Drainage Procedures

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UBED Privilege Spine intervention other than myelogram Х Epidural Х Facet Discography N/A NEURORADIOLOGY PROCEDURES Х Neuroradiology Core – including Myelogram, Aspirations, Biopsies and Drainage Procedures N/A Epidural Blood Patch Spine Procedures N/A Vertebral Augmentation Sacroiliac Joint Injections N/A N/A Epidural Facet N/A N/A Discography Intradiscal therapy N/A N/A Ablative Therapies ENT Procedures Dacrocystogram and Sialogram Х N/A PET CT NUCLEAR MEDICINE PROCEDURES PET CT N/A Nuclear Medicine I-131 Therapies for Х hyperthyroidism and thyroid cancer Х Nuclear Stress Testing Nuclear Stress Testing Interpretation Х Х Other Nuclear Medicine Therapies (as approved) THORACIC IMAGING PROCEDURES PET CT N/A

### PART B - INTERVENTIONAL VASCULAR PROCEDURES

Privilege	UBED
Peripheral Interventions	N/A
Aortoiliac & Brachiocephalic Vessels	N/A
Renal & Abdominal Visceral Vessels	N/A
Infra-inguinal Vessels	N/A
Intracerebral Interventions	N/A
Carotid Arteriography	N/A
Carotid Interventions	N/A

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