

UPMC | University of Pittsburgh Medical Center

For Reference Only

OPHTHALMOLOGY 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.

“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:

MAGEE= Magee Womens Hospital of UPMC

Privilege	MAGEE
Core Privileges	X
Consultation Privileges	X
BOTULINUM TOXIN INJECTIONS	N/A
TEMPORAL ARTERY BIOPSY	N/A
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	N/A
Ocular surface reconstruction	N/A
Excision of ring of conjunctiva around cornea	N/A
Conjunctivoplasty with conjunctival graft or extensive rearrangement/ with buccal mucous membrane graft	N/A
Repair of symblepharon, conjunctivoplasty without graft	N/A
Conjunctival flap, total	N/A
Debridement and grafting of burns	N/A
GLAUCOMA	
Aspiration or release of vitreous, subretinal or choroidal fluid, pars plana approach (posterior sclerotomy)	N/A
Severing adhesions of anterior segment of eye, incisional technique; posterior synechiae	N/A
Removal of implanted material, anterior segment of eye	N/A
Revision or repair of operative wound of anterior segment	N/A

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

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

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Privilege	MAGEE
Trigger point injections	N/A
FLUOROSCOPY (Certificate Required)	N/A
TELEMEDICINE	N/A

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