

UPMC | University of Pittsburgh Medical Center

For Reference Only

ORAL MAXILLOFACIAL 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:

UHRN = UPMC Horizon

Privilege	UHRN
Core Privileges	X
Consultation Privileges	X
MAXILLA	
Antrostomy	
Radical resection of malignant neoplasm	N/A
Reconstruction midface, LeFort II or LeFort III osteotomies w/wo bone grafts	X
Endoscopic sinonasal surgery	X
MANDIBLE	
Application of distraction osteogenesis device	N/A
Excision of malignant tumor of mandible with associated modified or radical neck dissection	X
NECK	
Open treatment of hyoid fracture	X
Excision of malignant tumor of soft tissues of the neck with associated neck dissection	X
Tracheostomy; planned or emergency	X
TMJ	
Arthroscopy; diagnostic	X
Arthroscopy; surgical	X
Arthroplasty; total prosthetic joint replacement	X
Condylectomy	
Coronoidectomy	
NOSE	
Rhinoplasty; primary, lateral & alar cartilages	X

For Reference Only

ORAL MAXILLOFACIAL 2013

Privilege	UHRN
w/wo nasal tip. Including secondary revision of same	
Septoplasty; isolated and not in conjunction w LeFort I osteotomy	X
EAR	
Cartilage graft; ear to nose or TMJ	X
Otoplasty for protruding ear	X
ORBITS	
Reconstruction of orbit by osteotomies w/wo grafts	N/A
Reconstruction of orbit by osteotomies w/wo grafts for hypertelorism	N/A
SKULL	
Reconstruction of superior & lateral orbital rims/walls with forehead advancement w/wo grafts	N/A
Orbital repositioning by osteotomies for hypertelorism	N/A
Orbital repositioning w frontal advancement	N/A
Extracranial reconstruction by contouring of skull (i.e. fibrous dysplasia)	N/A
Craniectomy or repositioning of skull bones for craniosynostosis	N/A
Open treatment of complicated frontal sinus fracture involving posterior table via coronal approach & intracranial exposure	N/A
SOFT TISSUE	
Radical resection of malignant tumor of scalp, face or neck	N/A
Blepharoplasty	X
Repair of eyelid retraction; ectropion or entropion	N/A
Rhytidectomy/Facelift or necklift, repair of brow ptosis/forehead lift	X
Submental lipectomy, liposuction	N/A
Chemical peel or dermabrasion	X
PALATE	
Resection of palate: extensive	N/A
Palatopharyngoplasty	N/A
Palatoplasty for cleft palate deformity: alveolar ridge w bonegraft; repair of nasiolabial fistula	N/A
Palatoplasty for cleft lip & palate deformity; pharyngeal flap, vomer flap	X
OTHER	
Reconstruction of lips; post-traumatic or cleft lip deformity	N/A

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ORAL MAXILLOFACIAL 2013

Privilege	UHRN
Glossectomy; partial or total with modified or radical neck dissection	X
Excision of malignant parotid tumor w/wo facial nerve dissection	N/A
Cartilage graft; costochondral/rib to face, chin, or nose	N/A
Fascia lata graft	N/A
Free osteocutaneous flap with microvascular anastomosis	N/A
Neuroplasty or secondary repair of Trigeminal nerve (extracranial), Note: Decompression (extracranial)) is part of Core OMS privileges (64722)	N/A
Nerve grafting for Trigeminal nerve branches	N/A
MAXILLOFACIAL PROSTHETICS	
Preparation of surgical obturator for maxillectomy or palatal lift	N/A
Preparation and insertion of orbital prosthesis	N/A
Preparation and delivery of auricular prosthesis	N/A
Preparation and insertion of facial or nasal prosthesis	N/A
ANESTHESIA	
Moderate sedation	X
Deep sedation	
FLUOROSCOPY (Certificate Required)	X
LASER	
CO2	X
Diode- 532 nm	N/A
Diode- 630 nm	N/A
Diode- 810 nm	N/A
TELEMEDICINE	N/A