

**UPMC | University of Pittsburgh Medical Center**

**For Reference Only**

**ORTHOPAEDICS 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:**

PUH= UPMC Presbyterian

<b>Privilege</b>	<b>PUH</b>
<b>Core privileges</b>	<b>X</b>
<b>Consultation privileges</b>	<b>X</b>
<b>OPERATIONS ON THE BONES, JOINTS, LIGAMENTS, TENDONS, MUSCLES AND NERVES OF THE LIMBS</b>	
Bone biopsy and excision of cyst, spur, mass except of the face and skull	<b>X</b>
Excision of loose bodies from joints	<b>X</b>
Osteotomy/ revision of bone length	<b>X</b>
External fracture fixation application and removal	<b>X</b>
Arthroscopy for diagnosis, debridement, meniscectomy, and repair	<b>X</b>
Manipulation of joints	<b>X</b>
Metal removal from bones and joints	<b>X</b>
Arthrotomy	<b>X</b>
Arthrodesis	<b>X</b>
Arthroplasty (partial, total, and revision)	<b>X</b>
Ligament Repair/reconstruction	<b>X</b>
Tendon repair, releases, lengthening or shortening	<b>X</b>
Muscle repair	<b>X</b>
Nerve repair/transposition or decompression in limbs	<b>X</b>
Operations on acromioclavicular joint	<b>X</b>
Patellectomy, excision prepatellar bursa, and other patellar procedures	<b>X</b>

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Privilege	PUH
Ganglion, bursa excision and synovectomy except of the face	X
Limb salvage procedures including fasciotomy	X
Amputations/ amputation revisions and disarticulations of the limbs	X
Forequarter Amputations	X
Implantation prosthetic limb devices	X
<b>MISCELLANEOUS OTHER LIMB OPERATIONS</b>	
Excision/implant radial head	X
Exploration brachial plexus	X
Release of Dupuytren's contracture	X
Coccygectomy	X
Girdlestone procedure	X
Hemipelvectomy	X
Corrective osteotomies for congenital hip dislocations and/or dysplasia	X
Epiphysiodesis	X
Fasciectomy (foot)	X
Excision of bunion	X
Excision plantar wart	X
Excision Morton's neuroma	X
Hallux valgus reconstruction	X
Excision accessory navicular	X
Syndactylization	X
Clubfoot repair	X
Treatment of nonunion	X
Epiphysial stapling	X
Osteoclasia	X
Implantation and removal bone stimulator	X
Allograft procedures	X
<b>OPERATIONS ON THE SPINE</b>	
Halo application and removal	X
Costotransversectomy	X
Vertebrectomy	X
Kyphoplasty	X
Excision/destruction of intervertebral disc	X
Laminectomy/hemilaminectomy	X
Laminoplasty	X

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<b>Privilege</b>	<b>PUH</b>
Sacrectomy	<b>X</b>
Spine, Occiput to C-2 fusion	<b>X</b>
Spine, Sacral fixation	<b>X</b>
<b>Anterior/posterior decompression, fusion, application and removal of prosthetics, instrumentation, wiring</b>	
Cervical (C3-C7)	<b>X</b>
Thoracic	<b>X</b>
Lumbar	<b>X</b>
<b>MICROVASCULAR OPERATIONS</b>	
Free pedical graft	<b>X</b>
Vascularized bone graft	<b>X</b>
<b>ANESTHESIA</b>	
Moderate sedation	<b>X</b>
<b>FLUOROSCOPY (Certificate Required)</b>	<b>X</b>
<b>LASER</b>	
Ho:YAG	<b>X</b>
<b>ROBOTICS (Certificate Required)</b>	<b>X</b>
<b>TELEMEDICINE</b>	<b>N/A</b>

Revised: 4/29/14