

**UPMC | University of Pittsburgh Medical Center**

**For Reference Only**

**OTOLARYNGOLOGY 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:**

CHPNS=Childrens Hospital of Pittsburgh of UPMC North

<b>Privilege</b>	<b>CHPNS</b>
<b>Core privileges</b>	N/A
<b>Harmar Outpatient Center- Core Privileges</b>	N/A
<b>Consultation privileges</b>	N/A
<b>LIPS</b>	
Cleft lip and palate repair	N/A
<b>NECK</b>	
Endoscopic Assisted Thyroidectomy / Parathyroidectomy	N/A
Laryngectomy, partial	N/A
Laryngectomy	N/A
Arytenoidectomy	N/A
Cervical tracheal resection with repair	N/A
Laryngotracheal Reconstruction	N/A
Cervical esophagectomy / pharyngectomy	N/A
Cricotracheal Resection	N/A
Endoscopic Zenker's Diverticulotomy	N/A
<b>NOSE AND MAXILLA</b>	
Lateral rhinotomy	N/A
Maxillectomy with or without orbital exenteration	N/A
Endoscopic frontal sinusotomy	N/A
Choanal atresia repair	N/A
Advanced Endoscopic neurosurgical application	N/A
Endoscopic resection of sinus on skull base tumor	N/A
Repair CSF Leak	N/A
Excision nasopharyngeal tumor	N/A
<b>OTOLOGY/NEUROTOLOGY</b>	
Canalplasty	N/A
Stapedectomy	N/A
Excision of tumor of ear and mastoid	N/A

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Privilege	CHPNS
Facial nerve decompression	N/A
Facial nerve reanimation procedures	N/A
Tympanic neurectomy	N/A
Labyrinthectomy	N/A
Endolymphatic sac operations	N/A
Bone Hearing Aid Surgical Insertion (BAHA)	N/A
Cochlear Implantation	N/A
Atresia reconstruction	N/A
Microtia reconstruction	N/A
Petrous apicectomy	N/A
Resection acoustic neuroma	N/A
Vestibular nerve section	N/A
Excision periauricular cyst	N/A
Temporal bone resection	N/A
Skull base surgery	N/A
Ossicular reconstruction	N/A
Middle cranial fossa approach to the internal auditory canal	N/A
Singular neurectomy	N/A
Trans retrolabyrinthine surgery	N/A
<b>PLASTIC AND RECONSTRUCTIVE OTOLARYNGOLOGY</b>	
Dermabrasion, chemical peel	N/A
Facial Augmentation	N/A
Rhytidectomy	N/A
Blepharoplasty	N/A
Liposuction	N/A
<b>SALIVARY GLANDS</b>	
Sialoendoscopy	N/A
<b>ULTRASOUND</b>	
<b>ANESTHESIA</b>	
Moderate sedation	N/A
<b>LASER</b>	
CO2	N/A
Nd:YAG	N/A
Ho:YAG	N/A
KTP-YAG	N/A
Excimer-193 nm	N/A
Excimer- 308 nm	N/A
<b>FLUOROSCOPY (Certificate Required)</b>	N/A
<b>ROBOTICS (Certificate Required)</b>	N/A
<b>TELEMEDICINE</b>	N/A

**PRIVILEGES ONLY FOR PRACTITIONERS APPLYING TO CHILDRENS HOSPITAL OF PITTSBURGH OF UPMC (CHP):**

Privilege	CHPNS
<b>Core privileges - General Otolaryngology</b>	N/A
<b>Core privileges –Pediatric Otolaryngology</b>	N/A

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Privilege	CHPNS
<b>Core privileges—Pediatric Otolaryngology Satellite Core A</b>	<b>X</b>
<b>Core privileges—Pediatric Otolaryngology Satellite Core B</b>	<b>X</b>
Bone Anchored Hearing Aid (BAHA)	N/A
Cleft lip & palate, pharyngeal flap	N/A
Cochlear implant	N/A
Cranial Base Surgery	N/A
Otoneurologic procedures	N/A
Re-animation of facial function	N/A
Rib resection for grafts in laryngoplasty procedures	N/A
Laryngotracheal reconstruction	N/A
Rib resection for grafts in microtia repair	N/A
Salivary excision (parotid, submandibular, and sublingual)	N/A
Stapedectomy	N/A
Aural atresia repair	N/A
Microtia reconstruction	N/A
Frontal sinus surgery (endoscopic and open)	N/A
Endoscopic sinus surgery (of all sinuses)	N/A
Microtia	N/A
Otoplasty	N/A
Tympanoplasty with fascia graft, mastoidectomy or stapedectomy	N/A
Tympanomastoidectomy	N/A
Mastoidectomy (simple) for acute mastoiditis	N/A
Moderate sedation	<b>X</b>
Deep sedation	<b>X</b>
Fluoroscopy (Certificate Required)	N/A
Robotics (Certificate Required)	N/A
Telemedicine	<b>X</b>
<b>Laser assisted procedures</b>	
CO2	N/A
KTP	N/A
Argon	N/A
Nd:YAG	N/A
YAG	N/A