

UPMC | University of Pittsburgh Medical Center

For Reference Only

RADIOLOGY 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.

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:

UALT= UPMC Altoona

Privilege	UALT
Core privileges	X
TELERADIOLOGY	
General diagnostic radiology	X-C
CT	X-C
MRI	X-C
Ultrasound	X
Mammography	X-C
PET CT	X-C
Nuclear Medicine (Diagnostic, CT, PET CT, Stress Testing)	X
FLUOROSCOPY (Certificate Required)	X
ANESTHESIA	
Infiltrative – local	X
Moderate sedation	X
BREAST IMAGING PROCEDURES	
Breast aspiration	X
Breast MRI	X-C
Ductography	X-C
Mammography	X-C
Needle/wire localizations	X
Radioactive seed localization (Certificate of Training Required)	N/A
Sentinel lymph node injection	X
Tomosynthesis (Certificate of Training Required)	X-C
Ultrasound guided breast drainage	X
Breast Biopsy	
Stereotactic	X
Ultrasound	X
MR guided	X-C

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Privilege	UALT
NON-VASCULAR INTERVENTIONS	
Ablative therapies	X
Arthrography	X
Aspirations, biopsies, and drainage procedures	X
Dacrocystogram and Sialogram	X-C
Hepatobiliary procedures	X
Hysterosalpingogram	X
Joint injections	X
Urological procedures	X
BONE DENSITOMETRY – DEXA (ISCD Certificate Required)	X
SPINE INTERVENTIONS	
Discography	X
Epidural injection	N/A
Epidural Blood Patch	N/A
Facet injection	N/A
Intradiscal therapy	N/A
Myelogram	X-C
Vertebral augmentation	X
NUCLEAR MEDICINE PROCEDURES	
Nuclear Medicine I-131 therapies for hyperthyroidism and thyroid cancer	X
Nuclear stress testing	X
Nuclear stress testing interpretation	X
Other nuclear medicine therapies (as approved)	X
PET CT	X-C
VASCULAR PROCEDURES	
Diagnostic angiography/venography	X
Embolization therapy	X-C
Intravascular catheter placement	X
IVC filter placement	X
Lower ext venous, arterial, and carotid doppler	X
Vascular ultrasound	X

PART B - INTERVENTIONAL VASCULAR PROCEDURES

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