

**UPMC | University of Pittsburgh Medical Center**

**For Reference Only**

**DENTAL MEDICINE 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:**

PUHSS= UPMC Presbyterian South Surgery Center

<b>Privilege</b>	<b>PUHSS</b>
<b>Core privileges</b>	<b>X</b>
<b>Consultation privileges</b>	<b>X</b>
Restorative Dentistry Crown & Bridge prep	<b>X</b>
Endodontic procedures (basic)	<b>X</b>
Endodontic procedures, (advanced, ie. Apicoectomy)	<b>X</b>
Excision of radicular or simple cysts	<b>X</b>
Extraction of teeth: single uncomplicated	<b>X</b>
Extraction of teeth: multiple uncomplicated	<b>X</b>
Removal of soft tissue or partial bony impacted teeth	<b>X</b>
Placement of Dental Implants	<b>X</b>
Replantation & Splinting of teeth	<b>X</b>
Incision & drainage (intra-oral)	<b>X</b>
Biopsy of intraoral tissues	<b>X</b>
Orthodontics; limited or basic	<b>X</b>
Orthodontics; comprehensive	<b>X</b>
Periodontal procedures	<b>X</b>
Periodontal procedures, advanced (Soft and hard tissue grafting)	<b>X</b>
Prosthodontic procedures basic	<b>X</b>
Maxillofacial Prosthodontic procedures: Oral prosthesis or obturators for malformations of the face, jaws, & mouth (congenital, pathological, or traumatic)	<b>X</b>
Processing and Interpretation of Histologic and Pathology specimens for Oral, Head and Neck hard & soft tissue specimens	<b>X</b>
<b>ANESTHESIA</b>	
Moderate sedation	<b>X</b>

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Privilege	PUHSS
Deep sedation	N/A
<b>LASER</b>	
CO2	X
<b>FLUOROSCOPY (Certificate Required)</b>	X
<b>TELEMEDICINE</b>	N/A

Revised: 2/27/14