

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:

HAMOT= UPMC Hamot

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

For Reference Only

OTOLARYNGOLOGY 2013

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