

UPMC | University of Pittsburgh Medical Center

For Reference Only

RADIOLOGY 2012

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:

UNW=UPMC Northwest

Privilege	UNW
Core privileges – General Radiology	CX
Core privileges – Community Division	N/A
TELERADIOLOGY	
General diagnostic radiology	CX
CT	CX
MRI	CX
Ultrasound	CX
Mammography	CX
PET CT	CX
Nuclear Medicine (Diagnostic, CT, PET CT, Stress Testing)	CX
FLUOROSCOPY (Certificate Required)	X
ANESTHESIA	
Infiltrative – local	X
Moderate sedation	X
ABDOMINAL IMAGING PROCEDURES	
Aspirations, Biopsies, and Drainage Procedures	X
Ablative Therapies	X
PET CT	CX
Hepatobiliary Procedures	X
Urological Procedures	X
Vascular Ultrasound	CX
Lower ext venous, arterial, and carotid doppler	CX
BREAST IMAGING PROCEDURES	
Mammography	CX
Breast MRI (including biopsy)	CX

For Reference Only

RADIOLOGY

Privilege	UNW
Tomosynthesis (Certificate Required)	N/A
Needle/Wire localizations	X
Ductography	N/A
Radioactive seed localization	X
Breast aspiration	X
Ultrasound guided breast drainage	X
Biopsy	
Stereotactic	X
Ultrasound	X
MR guided	N/A
WOMEN'S IMAGING PROCEDURES	
Aspirations, Biopsies, and Drainage Procedures	X
Hepatobiliary Procedures	X
Urological Procedures	X
Hysterosalpingogram	X
Vascular Ultrasound	CX
Lower ext venous, arterial, and carotid doppler	CX
PET CT	CX
Bone Densitometry –DEXA (Certificate Required)	X
INTERVENTIONAL RADIOLOGY PROCEDURES	
Interventional Radiology Core – including Aspirations, Biopsies, and Drainage Procedures, Hepatobiliary Procedures, Urological Procedures, Diagnostic Angiography/Venography, Embolization Therapy, IVC Filter Placement, Intravascular Catheter Placement, Vascular Ultrasound, Lower ext venous, arterial, and carotid Doppler	X
Vertebral Augmentation	N/A
Sacroiliac Joint Injections	X
Ablative Therapies	X
Spine intervention other than myelogram	
Epidural	N/A
Facet	X
Discography	X
Intradiscal therapy	N/A
Epidural Blood Patch	N/A
PET CT	X
Myelogram	X
Hysterosalpingogram	X
MUSCULOSKELETAL PROCEDURES	
Arthrography	X
Myelogram	X
Sacroiliac Joint Injections	X
Aspirations, Biopsies, and Drainage	X

For Reference Only

RADIOLOGY

Page 3 of 3

Privilege	UNW
Procedures	
Spine intervention other than myelogram	
Epidural	N/A
Facet	X
Discography	X
NEURORADIOLOGY PROCEDURES	
Neuroradiology Core – including Myelogram, Aspirations, Biopsies and Drainage Procedures	X
Epidural Blood Patch	N/A
Spine Procedures	
Vertebral Augmentation	N/A
Sacroiliac Joint Injections	X
Epidural	N/A
Facet	X
Discography	X
Intradiscal therapy	N/A
Ablative Therapies	N/A
ENT Procedures	
Dacrocystogram and Sialogram	N/A
PET CT	X
NUCLEAR MEDICINE PROCEDURES	
PET CT	X
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)	N/A
THORACIC IMAGING PROCEDURES	
PET CT	X

PART B - INTERVENTIONAL VASCULAR PROCEDURES

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

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