

**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:**

CHP=Childrens Hospital of Pittsburgh of UPMC

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

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

**PART B - INTERVENTIONAL VASCULAR PROCEDURES**

Privilege	CHP
<b>Peripheral Interventions</b>	N/A
Aortoiliac & Brachiocephalic Vessels	N/A
Renal & Abdominal Visceral Vessels	N/A
Infra-inguinal Vessels	N/A
<b>Intracerebral Interventions</b>	N/A
<b>Carotid Arteriography</b>	N/A
<b>Carotid Interventions</b>	N/A

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

Privilege	CHP
<b>Core privileges-Pediatric</b>	<b>X</b>
Pediatric Angiography/ interventional Procedures	<b>X</b>
Pediatric Vascular Intervention	<b>X</b>
Pediatric Non-vascular Intervention	<b>X</b>
Pediatric Nuclear Medicine - Therapeutics	<b>X</b>
Pediatric Nuclear Medicine – Diagnostic Imaging	<b>X</b>
Pediatric Nuclear Medicine – Diagnostic Non-imaging	<b>X</b>
Pediatric Musculoskeletal Imaging	<b>X</b>
Pediatric Body Imaging	<b>X</b>
Pediatric Neuroimaging	<b>X</b>
Pediatric Neuroradiology	<b>X</b>
Pediatric moderate sedation	<b>X</b>
Pediatric deep sedation	<b>X</b>
Pediatric Fluoroscopy ( <b>Certificate Required</b> )	<b>X</b>

Revised: 1/13/14