

LIST OF CLINICAL PRIVILEGES – ORAL AND MAXILLOFACIAL SURGERY

AUTHORITY: Title 10, U.S.C. Chapter 55, Sections 1094 and 1102.

PRINCIPAL PURPOSE: To define the scope and limits of practice for individual providers. Privileges are based on evaluation of the individual's credentials and performance.

ROUTINE USE: Information on this form may be released to government boards or agencies, or to professional societies or organizations, if needed to license or monitor professional standards of health care providers. It may also be released to civilian medical institutions or organizations where the provider is applying for staff privileges during or after separating from the Air Force.

DISCLOSURE IS VOLUNTARY: However, failure to provide information may result in the limitation or termination of clinical privileges

INSTRUCTIONS

APPLICANT: In Part I, enter Code 1, 2, or 4 in each REQUESTED block for every privilege listed. This is to reflect your current capability. Sign and date the form and forward to your Clinical Supervisor

CLINICAL SUPERVISOR: In Part I, using the facility master privileges list, enter Code 1, 2, or 4 in each VERIFIED block in answer to each requested privilege. In Part II, check appropriate block either to recommend approval, to recommend approval with modification, or to recommend disapproval. Sign and date the form and forward the form to the Credentials Office.

CODES: 1. Fully competent within defined scope of practice.

2. Supervision required. (Unlicensed/uncertified or lacks current relevant clinical experience.

3. Not approved due to lack of facility support. (Reference facility master Strawman. Use of this code is reserved for the Credentials Function.)

4. Not requested/not approved due to lack of expertise or proficiency, or due to physical disability or limitation.

CHANGES: Any change to a verified/approved privileges list must be made in accordance with Service specific credentialing and privileging policy

NAME OF APPLICANT

NAME OF MEDICAL FACILITY

Dental providers requesting privileges in this specialty must also request privileges in General Dentistry.

I Scope		Requested	Verified
P386867	The scope of privileges in oral and maxillofacial surgery includes the evaluation, diagnosis, consultation, and treatment to patients of all ages presenting with illnesses, injuries, and disorders of both the functional and aesthetic aspects of the hard and soft tissues or the oral and maxillofacial regions. This includes pre-, intra-, and postoperative care, performing surgical procedures, and order and initial interpretation of radiographs. Practitioners may admit (to include performing a comprehensive history and physical) and provide care to patients in the intensive care setting in accordance with MTF policies. Oral and maxillofacial surgeons also assess, stabilize, and determine the disposition of patients with emergent conditions consistent with medical staff policy.		
Diagnosis and Management (D&M)		Requested	Verified
P389662	Refer patients to other practitioners as appropriate		
Procedures		Requested	Verified
P388923	General anesthesia		
P386875	Deep IV sedation		
P386877	Pediatric sedation/anxiolysis		
P386879	Manipulation under anesthesia		
	Trauma:	Requested	Verified
P386885	Hyoid suspension		
P386887	Antrostomy (sublabial or transnasal)		
P386891	Repair and management of facial fractures: frontal, alveolar, maxillary, mandibular, nasoethmoidal, zygomatic, orbital and nasal		
P386893	Maxillofacial reconstruction		
P384105	Tracheostomy		
P390389	Repair of complex intraoral/extraoral soft tissue lacerations		
	Dentoalveolar surgery:	Requested	Verified
P386895	Extraction of soft and hard tissue impaction (include surgical removal of soft tissue implants only)		
P386897	Sequestrectomy		
P386900	Stomatoplasty		
P386904	Ridge augmentation and contouring (hard and soft tissue)		

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Procedures (Con't)		Requested	Verified
	Dentoalveolar surgery (Con't):		
P386906	Osseointegrated implants		
P386908	Oroantral, oronasal fistula repair		
P387237	Frenectomy		
P387229	Removal of exostosis		
P387235	Removal of foreign body		
P387227	Surgical exposure of unerupted tooth		
	Temporomandibular joint:	Requested	Verified
P386910	Temporomandibular joint surgery (arthrotomy, arthroscopy, arthrocentesis, total joint reconstruction)		
	Maxillofacial skeletal deformities/Reconstructive oral and maxillofacial surgery:	Requested	Verified
P386912	Local and regional flap reconstruction		
P386914	Orthognathic procedures		
P386922	Craniofacial analysis		
P386924	Extracranial facial osteotomies (ilium, rib, tibia, mandible, cranium)		
P386928	Augmentation, contouring, reductions of hard and soft tissue		
P386930	Grafts - hard and soft tissues, autologous and allogeneic		
P386932	Alveolar cleft repair/graft		
P386938	Frontal sinus ablation		
P386936	Orbital exploration/reconstruction		
P386940	Implants, craniofacial		
P386946	Pathology: removal of skin lesions, lip shave/resection, excision of benign lesion, excision of malignant tumor, salivary gland removal; management of oral manifestations of chronic systemic diseases, management of osteo-radio-necrosis, vermilionectomy, wedge resection of the lip, partial resection of the maxilla, partial resection of the mandible		
P386950	Distraction osteogenesis		
P386952	Microneural repair		
P386954	Salivary gland procedures		
P386046	Tissue expander placement/removal		
	Preprosthetic surgery:	Requested	Verified
P386956	Vestibuloplasty, mucogingival surgery		
	Maxillofacial cosmetic surgery:	Requested	Verified
P386958	Cleft lip and palate repair		
P386960	Tarsorrhaphy		
P386978	Lipectomy		
P386984	Turbinectomy		
P386989	Injectible fillers		
P383804	Septoplasty		
P383802	Rhinoplasty		
P383806	Blepharoplasty		
P383810	Rhytidectomy		
P383207	Dermabrasion		
P383818	Chemical peels		
P383967	Otoplasty		

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Procedures (Con't)				
Maxillofacial cosmetic surgery (Con't):			Requested	Verified
P384029	Scar revision			
P383824	Liposuction / suction assisted lipectomy			
P383808	Brow / forehead lift			
P389771	Botox injections			
Procedure Advanced Privileges (Requires Additional Training):			Requested	Verified
P386991	Laser surgery			
P386993	Neck dissection			
P386995	Microvascular reconstruction			
P386997	Uvulopalatoplasty			
Other (Facility- or provider-specific privileges only):			Requested	Verified
SIGNATURE OF APPLICANT			DATE	

LIST OF CLINICAL PRIVILEGES – ORAL AND MAXILLOFACIAL SURGERY (CONTINUED)

II CLINICAL SUPERVISOR'S RECOMMENDATION

RECOMMEND APPROVAL

RECOMMEND APPROVAL WITH MODIFICATION
(Specify below)

RECOMMEND DISAPPROVAL
(Specify below)

STATEMENT:

CLINICAL SUPERVISOR SIGNATURE

CLINICAL SUPERVISOR PRINTED NAME OR STAMP

DATE