

## LIST OF CLINICAL PRIVILEGES – ORTHODONTICS

**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 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
<b>P390187</b>	The scope of privileges in orthodontics includes the ability to evaluate, diagnose, consult, manage, and provide therapy and treatment for patients of all ages presenting with conditions or disorders involving irregularities and malocclusion of teeth and malrelation of jaws. Orthodontists may assess, stabilize, and determine disposition of these patients and determine types of appliances to move and guide teeth and jaws into proper positions and relationships.		
<b>Diagnosis and Management (D&amp;M)</b>		<b>Requested</b>	<b>Verified</b>
<b>P390189</b>	Comprehensive orthodontic treatment		
<b>P390191</b>	Interceptive orthodontic treatment		
<b>P390193</b>	Limited/adjunctive orthodontic treatment		
<b>Procedures</b>		<b>Requested</b>	<b>Verified</b>
<b>P390195</b>	Positioners		
<b>P390197</b>	Fixed and removable appliances		
<b>P390199</b>	Intraoral and extraoral traction		
<b>P390201</b>	Orthopedic appliances		
<b>P390203</b>	Functional appliances		
<b>P390183</b>	Occlusal analysis and adjustment (complete)		
<b>P390206</b>	Surgical placement: temporary anchorage device without surgical flap		
<b>P387243</b>	Habit correction appliances		
<b>Other (Facility- or provider-specific privileges only):</b>		<b>Requested</b>	<b>Verified</b>
<b>SIGNATURE OF APPLICANT</b>		<b>DATE</b>	

