

## LIST OF CLINICAL PRIVILEGES – COMPREHENSIVE DENTISTRY

**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, date 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>P391543</b>	The scope of privileges in comprehensive dentistry includes the evaluation, diagnosis, consultation, management, and provision of therapy and treatment for patients of all ages presenting with simple or complex/multidisciplinary conditions or disorders involving the oral cavity and its associated structures. Comprehensive dentists may assess, stabilize, and determine disposition of patients with dental diseases and disabilities or dysfunctions. They order and interpret radiographs and advanced diagnostic tests to determine the type and extent of dental diseases. Comprehensive dentists restore health and function of carious, fractured, otherwise defective teeth and perform routine or complex preventive, periodontal, oral surgery, endodontic, and prosthodontic treatments. Comprehensive dentists also may provide care in the hospital or operatingroom.		
Diagnosis and Management (D&M)		Requested	Verified
<b>P390658</b>	Sialography		
<b>P390191</b>	Interceptive orthodontic treatment		
Procedures		Requested	Verified
<b>P390662</b>	Direct compacted gold restorations		
<b>P390214</b>	Surgical placement of endosteal implant		
<b>P390210</b>	Complete occlusal adjustment		
<b>P390665</b>	Oroantral fistula procedure		
<b>P390667</b>	Tooth transplantation		
<b>P390220</b>	Hard tissue biopsy		
<b>P390669</b>	Repair soft/hard tissue defect		
<b>P390671</b>	Restoration of multiple anterior dental implants		
<b>P390673</b>	Implant supported/retained removable partial denture		
<b>P390675</b>	Implant supported/retained complete denture		
<b>P390224</b>	Vestibuloplasty		
<b>P390677</b>	Excision of soft tissue tumor (> 1 cm)		
<b>P390679</b>	Periradicular surgery		
<b>P386895</b>	Extraction of soft and hard tissue impaction (include surgical removal of soft tissue implants only)		
<b>P387002</b>	Jaw relations records		

**CLINICAL PRIVILEGES – COMPREHENSIVE DENTISTRY (CONTINUED)**

<b>Procedures (Cont.)</b>		<b>Requested</b>	<b>Verified</b>
<b>P387004</b>	Cephalometric radiograph analysis		
<b>P387006</b>	Nonsurgical management of temporomandibular disorders		
<b>P387010</b>	Occlusal analysis		
<b>P387012</b>	Minor tooth movement		
<b>P387014</b>	Protective stabilizing device		
<b>P387139</b>	Nitrous oxide for anxiolysis		
<b>P387145</b>	Ceramic labial veneer		
<b>P387147</b>	Obstructive sleep apnea appliance		
<b>P387157</b>	Inlays, Onlays, Crowns (Ceramic or Metal)--Machined		
<b>P387169</b>	Endodontic re-treatment (uncomplicated)		
<b>P387171</b>	Internal repair of perforation		
<b>P387173</b>	Gingivectomy		
<b>P387185</b>	Provisional splinting		
<b>P387189</b>	Local delivery of antimicrobials		
<b>P387193</b>	Restoration of single posterior implant		
<b>P387195</b>	Restoration of single anterior implant		
<b>P387201</b>	Complete and partial overdentures		
<b>P387203</b>	Resin bonded fixed partial dentures		
<b>P387205</b>	Immediate dentures		
<b>P387209</b>	Repair of dental implant prosthesis		
<b>P387211</b>	Implant abutment placement		
<b>P387219</b>	Surgical removal of erupted tooth		
<b>P387225</b>	Surgical removal of residual roots		
<b>P387235</b>	Removal of foreign body		
<b>P387237</b>	Frenectomy		
<b>P387239</b>	Soft tissue biopsy		
<b>P387241</b>	Excision of soft tissue tumor (< 1 cm)		
<b>P387243</b>	Habit correction appliances		
<b>P387245</b>	Fixed and removable retainers		
<b>P387249</b>	Root canal therapy (deciduous teeth)		
<b>P387251</b>	Space maintenance		
<b>P387141</b>	Minimal oral sedation / anxiolysis (single agent) (patients over 12 years old)		
<b>P387177</b>	Osseous surgery / crown lengthening		
<b>P387187</b>	Ridge preservation		
<b>Other (Facility or provider-specific privileges only):</b>		<b>Requested</b>	<b>Verified</b>
<b>SIGNATURE OF APPLICANT</b>		<b>DATE</b>	

**LIST OF CLINICAL PRIVILEGES – COMPREHENSIVE DENTISTRY (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**