

LIST OF CLINICAL PRIVILEGES – PROSTHODONTICS

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, date 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
P387579	The scope of privileges in Prosthodontics includes the evaluation, diagnosis, consultation, management, and treatment for patients of all ages presenting with disabilities incident to loss of teeth and supporting structures. Prosthodontists may assess, stabilize, and determine disposition of these patients and construct corrective prostheses to restore proper mastication, phonetics and facial contour.		
Diagnosis and Management (D&M)		Requested	Verified
	N/A		
Procedures		Requested	Verified
P387583	Mandibular movement recording		
P387585	Fixed and removable prostheses involving precision attachments		
P387590	Full-mouth reconstruction with alteration of vertical dimension		
P387594	Implant supported complete arch fixed dental prosthesis		
P387596	Implant Restorations - Removable (must also be privileged for precision attachment denture)		
P387598	Implant supported/implant retained removable partial denture		
P387600	Implant supported/implant retained complete denture		
P387602	Surgical placement of endosteal implant		
P390210	Complete occlusal adjustment		
P391641	Full-mouth reconstruction without alteration of vertical dimension		
P390671	Restoration of multiple anterior dental implants		
P387002	Jaw relations records		
P387006	Nonsurgical management of temporomandibular disorders		
P387010	Occlusal analysis		
P387145	Ceramic labial veneer		
P387147	Obstructive sleep apnea appliance		
P387157	Inlays, Onlays, Crowns (Ceramic or Metal)--Machined		
P387185	Provisional splinting		

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Procedures (Cont.)		Requested	Verified
P387195	Restoration of single anterior implant		
P387193	Restoration of single posterior implant		
P387197	Restoration of multiple posterior dental implants		
P387201	Complete and partial overdentures		
P387203	Resin bonded fixed partial dentures		
P387205	Immediate dentures		
P387209	Repair of dental implant prosthesis		
P387211	Implant abutment placement		
Procedure Advanced Privileges (Requires Additional Training):		Requested	Verified
P387527	Partial and total maxillectomy impressions		
P387535	Custom nasal masks for CPAP devices		
P387545	Obturator prostheses (surgical, interim, definitive)		
P387569	Surgical splint (i.e., gunning splint)		
P384974	Earmold fabrication, fitting and modification		
P387173	Gingivectomy		
P387213	Facial moulage		
P390193	Limited / adjunctive orthodontic treatment		
P390183	Occlusal analysis and adjustment (complete)		
P390197	Fixed and removable appliances		
Other (Facility or provider-specific privileges only):		Requested	Verified
SIGNATURE OF APPLICANT		DATE	

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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