

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 military service.

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, 3, 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 local facility privilege list. Use of this code is reserved for the Credentials Committee/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:

ADDRESS:

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

I Scope		Requested	Verified
P391543	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 operating room.		
Diagnosis and Management (D&M)		Requested	Verified
P390658	Sialography		
P390191	Interceptive orthodontic treatment		
Procedures		Requested	Verified
P390662	Direct compacted gold restorations		
P390214	Surgical placement of endosteal implant		
P390210	Complete occlusal adjustment		
P390665	Oroantral fistula procedure		
P390667	Tooth transplantation		
P390220	Hard tissue biopsy		
P390669	Repair soft/hard tissue defect		
P390671	Restoration of multiple anterior dental implants		
P390673	Implant supported/retained removable partial denture		
P390675	Implant supported/retained complete denture		
P390224	Vestibuloplasty		
P390677	Excision of soft tissue tumor (> 1 cm)		

P390679	Periradicular surgery		
P386895	Extraction of soft and hard tissue impaction (include surgical removal of soft tissue implants only)		
P387002	Jaw relations records		
CLINICAL PRIVILEGES – COMPREHENSIVE DENTISTRY (CONTINUED)			
Procedures (Cont.)		Requested	Verified
P387004	Cephalometric radiograph analysis		
P387006	Nonsurgical management of temporomandibular disorders		
P387010	Occlusal analysis		
P387012	Minor tooth movement		
P387014	Protective stabilizing device		
P387139	Nitrous oxide for anxiolysis		
P387145	Ceramic labial veneer		
P387147	Obstructive sleep apnea appliance		
P387157	Inlays, Onlays, Crowns (Ceramic or Metal)--Machined		
P387169	Endodontic re-treatment (uncomplicated)		
P387171	Internal repair of perforation		
P387173	Gingivectomy		
P387185	Provisional splinting		
P387189	Local delivery of antimicrobials		
P387193	Restoration of single posterior implant		
P387195	Restoration of single anterior implant		
P387201	Complete and partial overdentures		
P387203	Resin bonded fixed partial dentures		
P387205	Immediate dentures		
P387209	Repair of dental implant prosthesis		
P387211	Implant abutment placement		
P387219	Surgical removal of erupted tooth		
P387225	Surgical removal of residual roots		
P387235	Removal of foreign body		
P387237	Frenectomy		
P387239	Soft tissue biopsy		
P387241	Excision of soft tissue tumor (< 1 cm)		
P387243	Habit correction appliances		
P387245	Fixed and removable retainers		
P387249	Root canal therapy (deciduous teeth)		
P387251	Space maintenance		
P387141	Minimal oral sedation / anxiolysis (single agent) (patients over 12 years old)		
P387177	Osseous surgery / crown lengthening		
P387187	Ridge preservation		
Other (Facility or provider-specific privileges only):		Requested	Verified
SIGNATURE OF APPLICANT		DATE	

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